Practice Standards Scheme

Modules and Awards

Farm Animal

Version 3.3 (September 2024)

Contents

Introduction

This document outlines all of the Practice Standards Scheme (PSS) modules and requirements for Farm Animal accreditation and Awards.

It is important to note that whilst this document may appear complex, under the new Scheme the bespoke IT system will lead practices through accreditation in a step-by-step process and will only show the requirements that are relevant to the accreditation level and Awards the practice seeks to achieve.

Each of the modules will contain: Requirements, listing what a practice is expected to achieve in an Award or accreditation; Behaviours and Guidance notes, providing advice how to achieve the requirements, background information about the requirement or links to other organisations which also provide advice; and Documents, which details what supporting evidence might be expected at a PSS assessment.

If a document is accompanied by the  symbol it is expected that it will be uploaded to the PSS IT system and assessed before a visit to practice.

Accreditation Levels

Farm Animal practices can apply for the following accreditations:

- Core Standards
- General Practice (GP)

Core Standards

Core standards are relevant to all veterinary practices and reflect mainly legal requirements which must be met in running a veterinary practice, together with guidance as set out in the *RCVS Code of Professional Conduct*.

Every practice premises within the Scheme must meet Core Standards for all species treated at that site.

To achieve Core Standards practices must meet the Core requirements in all relevant modules. Thus if a practice did not undertake any surgery at the premises then it would be exempt from the requirements of this module.

General Practice

General Practice accreditation reflects the requirements of a primary care practice which also aims to facilitate the achievement of high standards of clinical care.

General Practices must meet the Core Standards and General Practice requirements in all of the modules.

Farm Animal Awards

In addition to accreditation under the Practice Standards Scheme, Farm Animal practice premises are eligible to apply to be assessed for additional PSS Awards in:

- Team and Professional Responsibility
- Client Service
- Advisory/Consultation Service
- Diagnostic Service
- **NEW** Environmental Sustainability

Practice premises will be designated as ‘Good’ or ‘Outstanding’ within the Awards they select and will be free to promote themselves as such

Within each of the Modules there are award points which go above and beyond accreditation requirements and focus upon behaviours and outcomes. Every clause within the Awards Points section is given a weighting in terms of the points it is allocated. In order to be designated as ‘Good’ in a module a practice premises will need to achieve 60% of the available points. A practice premises which achieves 80% or more will be designated as ‘Outstanding’.

The Modules fit together to form the Awards. Practice premises that wish to achieve an Award must be ‘Good’ or ‘Outstanding’ in every module in the Award. In order to be designated as ‘Outstanding’ within an Award a practice premises must be ‘Outstanding’ in all the Modules in that particular Award.

Assessors visiting practices applying for Awards will expect to see that behaviours and systems of work have been in place for at least three months and that any necessary training has occurred at least two months before the assessment.

The tables below indicate how the Awards are formed from the Modules and the award points that are available. Some modules, such as Infection Control contribute to more than one Award:

Award 1: Team and Professional Responsibility				
Required Modules:	**Pages**	**Award Points Available:**	**Good:**	**Outstanding:**
Clinical Governance	15 – 24	320	190	260
Infection Control and Biosecurity	53 – 61	310	190	250
Medicines	81 – 105	510	310	410
Practice Team	140 – 176	730	440	580

Award 2: Client Service				
Required Modules:	**Pages**	**Award Points Available:**	**Good:**	**Outstanding:**
Client Experience	25 – 40	560	340	450

Award 3: Advisory/Consultation Service				
Required Modules:	**Pages**	**Award Points Available:**	**Good:**	**Outstanding:**
Infection Control and Biosecurity	53 – 61	310	190	250

Farm Consultation	123 – 135	470	280	380
Pain Management and Welfare	136 – 139	110	70	90
Surgery	181 – 186	400	240	320
Medicines	81 – 105	510	310	410

Award 4: Diagnostic Service				
Required Modules:	**Pages**	**Award Points Available:**	**Good:**	**Outstanding:**
Diagnostic Imaging	41 – 52	150	90	120
Laboratory and Clinical Pathology	67 – 80	390	230	310

Award 5: Environmental Sustainability				
Required Modules:	**Pages**	**Award Points Available:**	**Good:**	**Outstanding:**
Environmental Sustainability	187 - 207	470	280	380

The Awards will be available to all practice premises whether they are accredited to Core Standards or General Practice.

For a practice premises accredited to Core Standards some of the Awards may not be achievable due to the constraints of the premises or the work undertaken, however we would expect that they would be able to attain Awards in Team and Professional Responsibility and Client Service.

Where a Core Standards practice premises would like to apply for an Award it would also need to comply with the General Practice requirements within the applicable modules.

Modules and Awards

Module 1: Anaesthesia

Core Standards

Point	Requirements	Guidance notes	Documents
1.1.1	Only a veterinary surgeon can administer general anaesthesia if the induction dose is either incremental or to effect.		
1.1.2	Epidural anaesthetic techniques are used regularly as appropriate.		
1.1.3	Local and regional anaesthetic techniques are used as appropriate.		
1.1.4	A record must be kept of every anaesthesia procedure performed.		

Module 1: Anaesthesia

General Practice

To achieve a General Practice accreditation you will need to adhere to all of the points below and those included under Core Standards.

Point	Requirements	Guidance notes	Documents
1.2.1	A patient assessment is performed by a veterinary surgeon prior to the administration of any premedication, sedation or anaesthetic and is recorded.		
1.2.2	A risk assessment is performed immediately before administration of any sedation, premedication or anaesthetic.	There must be consideration for the safety of the patient and all personnel present.	
1.2.3	Anaesthetic equipment, if used, must be subject to professional maintenance according to the manufacturers' recommendations.	Regular service records must be produced for all anaesthetic equipment (or the installation certificate for anaesthetic machines under 12 months old).	Service records (or installation certificate for anaesthetic machines under 12 months old).

Module 1: Anaesthesia

Award Points

There are no Award Points available in this module.

Module 2: Clinical Governance

Core Standards

Point	Requirements	Guidance notes	Documents
2.1.1	Veterinary surgeons must ensure that clinical governance forms part of their professional activities.	Clinical governance is a framework to enable the practice to deliver good quality care by reflecting on clinical cases, analysing and continually improving professional practice as a result and for the benefit of the animal patient and the client/owner. Clinical effectiveness measures how well a particular procedure achieves the desired outcome. For practices to be clinically effective they need access to the best available evidence in order to discuss and draw up protocols, guidelines and checklists, and monitor how effectively they are using clinical audit, significant event reviews and benchmarking. Evidence-based veterinary medicine is a key focus of RCVS Knowledge; https://www.rcvs.org.uk/rcvsk-ebvm. Further information on Clinical Governance can be found on the RCVS Knowledge's website: https://www.rcvs.org.uk/rcvsk-qi. Practical suggestions of how the practice can fulfil this requirement can be found in Chapter 6 of the supporting guidance to the RCVS Code of Professional Conduct: https://www.rcvs.org.uk/clinicalgovernance. Examples which the practice should be able to demonstrate include, but are not limited to, practice meetings, Clinical Audits, Significant Event Audits, and Morbidity and Mortality rounds. Information on this developing area of practice is also available through other veterinary organisations e.g. BVA, BEVA, SPVS, BCVA etc.	
2.1.2	Veterinary surgeons must refer cases as appropriate.	There should be protocols for referral that are regularly reviewed and known to all the practice team.	Referral protocol. 

		Assessors will expect to see records of recent referrals or of case discussions with referral practices. Veterinary surgeons should be aware of the lawful basis for sharing personal information when referring a case. Please refer to this guidance for more information: https://www.rcvs.org.uk/gdpr.	
2.1.3	There is a system for updating relevant team members on the use of all new equipment, procedures and new medicines used in the practice.		

Module 2: Clinical Governance

General Practice

To achieve a General Practice accreditation you will need to adhere to all of the points below and those included under Core Standards.

Point	Requirements	Guidance notes	Documents
2.2.1	The practice must have a system in place for regularly monitoring and discussing clinical cases, analysing and continually improving professional practice as a result.	Clinical meetings should be held at least quarterly. Evidence of changes made as a result of the analysis. This could be recorded on the practice management system e.g. under client record “clinical governance”. A toolkit with guidance, examples and templates to assist practices with clinical audit can be found on RCVS Knowledge’s Tool and Resources page: https://www.rcvs.org.uk/rcvsk-qi.	Written evidence of continual improvement, regular clinical meetings, journal clubs or clinical protocols and guidelines.
2.2.2	There is evidence of development of practice guidelines and protocols.		
2.2.3	Where appropriate, copies of clinical protocols/guidelines are available for new team members and locum induction.	Consistent information is provided to all new team members. Evidence of induction records and training.	Induction and training records.
2.2.4	There is evidence of either clinical audit (process or outcome), significant event audit, or M&M meetings.	The practice must engage with at least one of these.	Evidence of either clinical audit (process or outcome),

			significant event audit, or M&M meetings. 

Award Points

This module contributes towards the Award in Team and Professional Responsibility; you will also need to have completed all of the points listed under Core Standards and General Practice.

Point	Requirements	Behaviours	Guidance notes	Documents	Points
2.5.1	Clinical governance CPD has been undertaken in the last four years by a team member and there is evidence of dissemination to the rest of the team.		This might include an external course, webinar, online resources or documented self-study. Course length should be one day if given by a course provider or 5 hours in length if self-study or webinar is undertaken. Assessors will expect team members to be able to discuss what they have learnt from CPD and what changes to practice have been made as a result.	Documented proof of Clinical Governance CPD.	20
2.5.2	At least one MRCVS or RVN has completed a module of the CertAVP (or equivalent) in clinical governance.		Assessors will expect the team members to be able to discuss what they have learnt from the module and what changes to practice have been made as a result.	Proof of module.	20

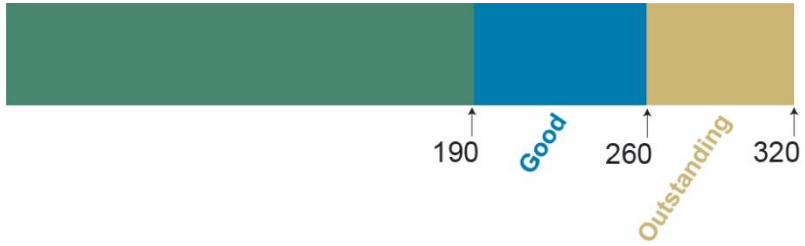
2.5.3	The practice runs regular journal clubs.		This forms part of the review of best practice. Support in running journal clubs is provided through RCVS Knowledge Library https://www.rcvs.org.uk/rcvsk-journal-club.	Records of journal club meetings. 	20
2.5.4	There is a designated person in the practice responsible for overseeing clinical governance.				30
2.5.5	The practice has regular clinical meetings to which all clinical team members can input items for discussion, with the objective to improve clinical care.	Open, honest discussions with clear actions and no barriers to feedback.	Meetings should be monthly as a minimum and do not necessarily need to be face-to-face.	Minutes of meetings and evidence and impact of change. Evidence of monitoring to assess whether that change has led to an improvement. 	20

2.5.6	Following a significant event (e.g. unexpected medical or surgical complication, anaesthetic death, accident or serious complaint), a 'no-blame' meeting is held as soon as possible to consider what, if anything, could have been done to avoid it.	Open, honest discussions with clear actions and no barriers to feedback. The emotional impact of the event on team members is explicitly addressed in a supportive environment.	The meeting is recorded and any changes in procedure as a result are communicated to all team members. Team members needing additional support in the aftermath of a significant event should be signposted to Vetlife or their GP. Guidance, including examples and templates to assist practices with significant events can be found on RCVS Knowledge's Tools and Resources page: https://www.rcvs.org.uk/rcvsk-qi.	Significant event reports and meeting minutes.	30
2.5.7	Information from significant event meetings is shared with the profession in order to enable learning.		This could be shared within a practice group, via RCVS Knowledge's online forum (https://www.rcvs.org.uk/rcvsk-qi-case-study), or via VetSafe (http://www.rcvs.org.uk/vetsafe).		10
2.5.8	The clinical records system is set up in such a way as to allow data mining for the purposes of clinical governance, clinical audit, benchmarking, clinical research etc.		The records system can search e.g. name of procedure.		20

2.5.9	Clinical protocols and guidelines are drawn up and reviewed following team discussion considering the evidence base.	The practice reviews current evidence to inform local practise.	Evidence of reviews of procedures and changes made as a result of review. Examples and templates to assist practices in the creation and review of guidelines and protocols can be found on RCVS Knowledge's Tools and Resources page: https://www.rcvs.org.uk/rcvsk-qi.	Clinical protocols or guidelines.	20
2.5.10	There is an organisational commitment to continual improvement.		This should be demonstrated at the practice level. Assessors will expect to see evidence of quality improvement activities.	Practice continual quality improvement policy. 	20
2.5.11	Information learned from referral reports is shared with the clinical team.				10

2.5.12	Regular morbidity and mortality discussions are held to discuss the outcome of clinical cases. There are records of discussions and changes in procedures as a consequence.	Open, honest discussions with clear actions and no barriers to feedback. These discussions explicitly address the emotional impact of clinical cases with a poor outcome.	There are records of discussions and changes in procedures as a consequence. Discussions should be ongoing or at least monthly and would ideally be face-to-face. Evidence of changes made as a result of such meetings. Team members needing additional support should be signposted to Vetlife or their GP. See RCVS Knowledge's Tools and Resources page for advice: https://www.rcvs.org.uk/rcvsk-qi.	Minutes of meetings. 	20
2.5.13	The practice is contributing data towards professional benchmarking or clinical data collection, or data for future potential publication.	Sharing of information to facilitate research and/or improve best practice.	This could include contributing data towards undergraduate projects or clinical data to organised multicentre studies for potential publication (e.g. Veterinary Evidence (https://www.rcvs.org.uk/veterinary-evidence), vetAUDIT (https://www.rcvs.org.uk/vetaudit) or VetCompass (https://www.rcvs.org.uk/vetcompass)).		40

2.5.14	The practice contributes to the evidence base.		This could be by writing RCVS Knowledge summaries (https://www.rcvs.org.uk/rcvsk-knowledge-summaries, research publications, or using BestBETS for Vets (https://www.rcvs.org.uk/bestbetsforvets).		10
2.5.15	Clinical procedures carried out in the practice are audited, any changes are implemented as a result and then re-audited.		There is evidence that some commonly used procedures are audited and that any changes required are implemented. This could be process or outcome audit. This forms part of the regular review of best practice. See RCVS Knowledge's Tools and Resources page for advice: https://www.rcvs.org.uk/rcvsk-qi.	Audit reports and actions.	30
			TOTAL POINTS AVAILABLE:		**320**
			OUTSTANDING:		**260**
			GOOD:		**190**



Module 3: Client Experience

Core Standards

Point	Requirements	Guidance notes	Documents
3.1.1	The practice must have an effective means of communication with its clients.	The practices should provide clients, particularly those new to the practice, with comprehensive written information on the nature and scope of their services, including: - The provision, initial cost and location of the out-of-hours emergency service - Information on the care of in-patients - The practice's complaints handling policy - Full terms and conditions of business to include, for example: • Surgery opening times • Normal consulting hours operating times • Fee or charging structures • Procedures for second opinions and referrals • Use of client data • Access to and ownership of records - The practice's privacy policy notice to include, for example: • Practice contact details • How client data will be used and processed • The purposes for which the client data is being processed and the legal basis for doing so • The circumstances in which personal data may be shared with third parties e.g. debt recovery agencies, laboratories etc. • The data retention period or how such period is determined • The client's rights as a data subject (e.g. the right to withdraw consent to the processing of his/her data, the to access the data, the right to rectification or erasure,	Information for new clients or terms and conditions. 

		the right to data portability and the right to restrict processing) • The data subjects rights and any relevant information needed to lodge a complaint with the Information Commissioners Office Evidence could include client information leaflets, newsletters, emails to clients and reminders. This information should be displayed on the website, provided to new clients and displayed in the surgery. In keeping with GDPR regulations, practices must have a 'lawful basis' for sending or presenting electronic marketing communications to the client (see https://www.rcvs.org.uk/ico-lawful-basis). Where the lawful basis relied upon is consent, practices should ensure that communications are only sent where (a) the client has given clear and specific consent, and (b) they were given the opportunity to opt out of email marketing at the time their email address was collected, and each time an email is sent. Consent should be freely given and there should be a specific opt-in by the client. It is not acceptable to rely on a pre-ticked box or infer consent from silence. There should be systems and processes in place to keep the consent up to date and veterinary surgeons and veterinary nurses should comply promptly if the individual withdraws their consent. For further information please refer to: https://www.rcvs.org.uk/gdpr. Where requested practices must provide information in alternative formats to accommodate disability, neurodiversity and learning differences. Consideration should be given to font	

		size and colours used. Web pages should be presented in an accessible format and written in plain English. See guidance on accessible communication formats: **https://www.gov.uk/government/publications/inclusive-communication/accessible-communication-formats** **https://www.gov.uk/service-manual/helping-people-to-use-your-service/making-your-service-accessible-an-introduction** **https://www.gov.uk/service-manual/helping-people-to-use-your-service/understanding-wcag** **Home - UK Association for Accessible formats (ukaaf.org)** **https://siteimprove.com/en-gb/accessibility/uk-accessibility-laws/** Assessors will want to see evidence of this provided through web links to practice information or in the form of document upload. Information should be available in a way that demonstrates awareness of the community which the practice serves. This may include providing key information in a different language(s), especially where the practice is located in an area with a high ethnic diversity. Language apps can help with this. Local councils may have access to interpretation and translation services. There are also companies who specialise in providing these services for the healthcare sector, the police and government agencies.	

		For list of resources and services see: https://www.rcvs.org.uk/pss-resources Information about disabled access to buildings and facilities should be provided on the practice website. Assessors will want to see evidence of this, for example, provided through web links to practice information or in the form of document upload.	
3.1.2	There is a system for updating the clients on fees on a frequent basis and for alerting the client as soon as practicable when fees reach or exceed the estimate or agreed fee interval.	The practice must be able to demonstrate how fee estimates are generated and show the procedures for updating and informing clients of ongoing costs. Ideally for hospitalised animals updates would be daily. Written evidence is required, for example client feedback forms or notes on client records. Practices should be aware of their obligations under GDPR when communicating with clients. For further information please refer to: https://www.rcvs.org.uk/gdpr.	
3.1.3	The practice must have a means of recording and considering client complaints.	For further information please refer to: https://www.rcvs.org.uk/gdpr.	Record of client complaints.
3.1.4	Veterinary surgeons must respond promptly, fully and courteously to clients' complaints and criticisms.	All team members should be aware of the practice's complaints procedure and know what to do in the event of a complaint or criticism.	Complaints procedure. 
3.1.5	There is an effective system for referring all patients.	Referral communications are personal and directed from veterinary surgeon to veterinary surgeon. Relevant clinical	

		team members understand the process of referral and can describe how a referral is made. This includes referrals and communication with paraprofessionals.	
3.1.6	There is a written protocol for cremation, destination of ashes etc.		Written protocol for cremation.

Module 3: Client Experience

General Practice

To achieve a General Practice accreditation you will need to adhere to all of the points below and those included under Core Standards.

Point	Requirements	Guidance notes	Documents
3.2.1	There must be sufficient telephone capacity and human resources to meet the workload of the practice.	It could be that the practice carries out a regular audit of time taken to answer calls.	
3.2.2	Clients are aware of the identity of clinicians primarily responsible for the care of their units.	Pictures on notice boards, name badges, websites, social media, and newsletters. Practices will be expected to update websites and RCVS Find a Vet regularly.	
3.2.3	The practice holds client meetings at least twice a year.	It is acceptable for meetings to be held jointly with another practice(s). Assessors will expect to see evidence of the meetings/training, for example, the contents of meetings, issues focused upon, as well as a record of the key points discussed.	
3.2.4	The practice must produce regular newsletters.	These should be at least quarterly. Please note the GDPR specific guidance in 3.2.9 below.	
3.2.5	All relevant team members are trained in offering appropriate treatment options, considering animal welfare, financial considerations and client expectations.	There should be a written protocol and evidence of training.	

3.2.6	There is an efficient system for regular and timely invoicing.	Statements should be provided at least monthly and sent in a timely fashion.	
3.2.7	Team members should be effective at the prioritisation of emergency cases.	The practice team who are responsible for answering phones should be aware of cases that require immediate emergency attention and how to communicate and liaise with a veterinary surgeon to provide appropriate attendance. Examples of acute trauma that may require urgent attention include fractures, wounds causing massive blood loss, staggers, milk fever, collapsed animals, calvings, lambings etc. Assessors will expect to speak to a cross-section of the team.	Protocol for recognising and dealing with requests for emergency treatment. 
3.2.8	There must be a written policy to deal with clients' complaints or criticisms and the practice must keep a record of complaints received and the responses made.	This should be in line with guidance provided by the VDS or similar organisation and should include at least: - Details of who deals with complaints in the practice - How complaints are dealt with - Timescales for responding to clients about complaints	Written complaints policy. 

3.2.9	The practice is aware of government funding and other initiatives that are available to aid in the management of farm animal health and welfare.	Practice team to provide up-to-date information and actively promote to clients. In keeping with GDPR regulations, any electronic marketing communications presented or sent to the client should, however, only be sent where (a) the client has given clear and specific consent, and (b) they were given the opportunity to opt out of email marketing at the time their email address was collected, and each time an email is sent. Consent should be freely given and there should be a specific opt-in by the client. It is not acceptable to rely on a pre-ticked box or infer consent from silence. There should be systems and processes in place to keep the consent up to date and veterinary surgeons and veterinary nurses should comply promptly if the individual withdraws their consent. For further information please refer to: https://www.rcvs.org.uk/gdpr.	
3.2.10	The practice must access and use animal health data from farms under their care.	Evidence must be available of proactive farm health management. Assessors will expect to see the use of farm data. This may take the form of access to Herd Companion, Interherd, CIS (Cattle Information Service) records as well as ready access to farm records, farm-specific advisory notes for some or all of the practice clients.	

Module 3: Client Experience

Award Points

This module contributes towards the Award in Client Service; you will also need to have completed all of the points listed under Core Standards and General Practice.

Point	Requirements	Behaviours	Guidance notes	Documents	Points
3.5.1	A member of the team has undertaken training in the last four years in communication and handling difficult situations.		This might include an external course, webinar, online resources or documented self-study. Course length should be one day if given by a course provider or 5 hours in length if self-study or webinar is undertaken.	Documented proof of communication CPD.	10
3.5.2	Team members can discuss what they have learnt from training in communication and handling difficult situations and what changes have been made to the practice as a result.		Evidence that the knowledge gained from training in communication and handling difficult situations has been disseminated to other staff members.		20

3.5.3	Team members have received training on customer service within the last four years.		This does not have to be veterinary specific training. This includes all members of the practice team, clinical and non-clinical. Within a 4 year period 50% of the team should have attended customer service training (internal or external). All new team members must attend customer service training within the initial 12 months of employment. This might include an external course, webinar, online resources or documented self-study. Course length should be one day if given by a course provider or 5 hours in length if self-study or webinar is undertaken.	Proof of customer service CPD. 	10
3.5.4	Team members can discuss what they have learnt from training in customer service and what changes have been made as a result.		Evidence that the knowledge gained from customer service training has been disseminated to other staff members.		20

3.5.5	Team members have attended training in consultation skills.		This might include an external course, webinar, online resources or documented self-study. Course length should be one day if given by a course provider or 5 hours in length if self-study or webinar is undertaken.	Proof of training in consultation skills. 	10
3.5.6	Team members can discuss what they have learnt from training in consultation skills and what changes have been made as a result.				20
3.5.7	The practice has an online presence which is updated with the latest information on opening times, services and team members.				10
3.5.8	A range of media is used to communicate and interact with clients.		This might include social media, newsletters etc. When using social media practices should be respectful of and protect the privacy of others and comply with the data protection laws and their own practice's privacy policy. For further information please refer to: https://www.rcvs.org.uk/gdpr.		20

3.5.9	There are current and relevant notice boards in the public areas of the practice.		These could be details of current topical items or education.		20
3.5.10	There is an appointment system for forward booking named veterinary surgeons.				10
3.5.11	Clients are provided with a designated veterinary contact.	The practice places a high value on customer focus.			10
3.5.12	The time taken to answer the telephone is monitored.				20
3.5.13	The practice has a means of monitoring client perceptions and feedback via a systematic gathering process.	A consistent and systematic approach to gathering feedback.	Practices should be aware under GDPR that feedback is likely to be clients' personal data unless it is truly anonymous, and should be covered in the practice's privacy policy. For further information please refer to: https://www.rcvs.org.uk/gdpr.	Analysis of feedback. 	10

3.5.14	The practice has a means of monitoring client perceptions and feedback and there is evidence that the practice acts upon such feedback.	Evidence that analysis is done to determine any required action.	Practices should be aware under GDPR that feedback is likely to be clients' personal data unless it is truly anonymous and should be covered in the practice's privacy policy. For further information please refer to: https://www.rcvs.org.uk/gdpr. Analysis of actions and feedback as a result.	Analysis of actions in response to feedback. 	40

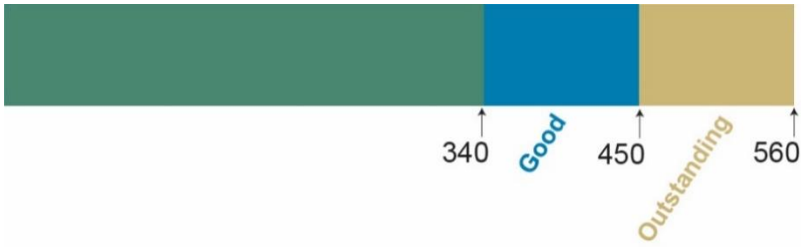
3.5.15	Use of RCVS PSS client questionnaire.		Please contact the Practice Standards Team, who will provide you with the number of clients you need to send the questionnaire will be based on the size of your practice. For a farm animal practice 10 responses per FTE vet is expected from the last two months. PSS will provide you with a set of questions to share with clients. The results will need to be provided to the assessor on the day and these will be discussed. For referral or secondary service providers 25 responses per FTE vet is expected from the last two months.		20

3.5.16	The practice has achieved a Net Promoter Score (NPS) of 80 or over in the pre-PSS assessment client questionnaire.		To organize your results, group your responses from Question 2 into Detractors (0-6), Passives (7-8), and Promoters (9-10). To calculate your NPS using the following equation: Total % of promoters – total % of detractors = net promoter score.		20
3.5.17	The practice carries out client focus groups to monitor client perceptions and feedback.		This should be at least annually.		10
3.5.18	There is evidence that the practice acts upon feedback from client focus groups.				20
3.5.19	A method is in place to monitor the client understanding of the advice provided by the practice.				10

3.5.20	Monthly newsletters with up-to-date information on local initiatives and relevant issues are produced to enable farmers to develop their skills in the area of farm animal health and welfare.	Keeps abreast of changes in the sector and pro-active in informing clients.	Practice team to keep up-to-date with farm issues and offers that are available. The team must communicate this in variety of ways e.g. written, email, website or social media. Please note the GDPR specific guidance for requirement 3.2.9 which also applies here. When using social media practices should be respectful of and protect the privacy of others and comply with the data protection laws and their own practice's privacy policy. For further information please refer to: https://www.rcvs.org.uk/gdpr.	Copy of last three months newsletters. 	20
3.5.21	The practice provides regular training events for clients on key topics to enable farmers to develop their skills in the area of farm animal health and welfare.	Develops effective partnerships with clients.	Topics may include AI, foot-trimming, responsible use of medicines.	Evidence of training events. 	30
3.5.22	There is a documented annual review of appointment scheduling procedure.		This enables an assessment to be made regarding demand for early/late/weekend appointments. The practice considers clients' suggestions and implements where practical.		10

3.5.23	There is a method of informing clients when consultations/visits are running behind.				10
3.5.24	Team members understand PSS.		Evidence is required that team members know their practice accreditation level and any Awards achieved, what the Scheme means and why the practice participates.		30
3.5.25	The practice communicates to its clients what PSS means.		Information could be provided in client welcome packs, on the practice website or on waiting room displays.		20
3.5.26	The PSS Communications Toolkit is used by the practice to promote its Accreditations and Awards.		Assessors will expect to see examples of where the toolkit has been used in social media, advertising etc.		20
3.5.27	Systems are in place for written reports to be provided as routine.	Farm to be provided with written reports from advisory visits, laboratory investigations and herd health planning. Any action points are to be discussed with plan made and followed up.	This may be written or emailed, but must be made available or attached to clinical records.	Written reports.	50
3.5.28	There is a written protocol for continuity where clinically applicable.			Written protocol for continuity. 	10

3.5.29	There should be a culture of whole team reviewing and learning together from positive and negative feedback and complaints, with follow up to change procedures and systems where necessary.	It should be evident in discussions that complaints are seen as a positive way to engage with clients.	Evidence of a record of the feedback and, where appropriate, investigation and action as a result. Assessors will speak to team members to understand better the attitude towards clients.	Analysis of feedback and complaints.	40
3.5.30	Regular (annual) audit of herd/flock sizes are undertaken.			Evidence of audit.	10
			TOTAL POINTS AVAILABLE		**560**
			OUTSTANDING:		**450**
			GOOD:		**340**



Module 4: Diagnostic Imaging

Core Standards

If the practice does not have an X-ray machine, only requirement 4.1.1 is applicable.

If the practice has an X-ray machine, practices must meet requirements 4.1.2-4.1.18.

Point	Requirements	Guidance notes	Documents
4.1.1	Core practices must be able to demonstrate what system/procedure/protocol is in place if a patient requires an X-ray and offer this facility if it is not available within the practice.	Practice protocols/team members can explain.	
4.1.2	The practice must inform the Health and Safety Executive (HSE) of their use of ionising radiations.	There is a three-tier system of informing the HSE of the use of ionising radiation. All practices have to resubmit under IRR17. The three tiers are notification, registration and consent. Veterinary practices must register with the HSE. Use of open sources or linear accelerators additionally requires consent. Applications are per employer, not per practice and is online. Re-application is only required if there is a material change in circumstances. Practices must also notify the HSE if they exceed the radon threshold.	Evidence of registration and/or consent. 
4.1.3	The X-ray machine must have a functional collimator.	The X-ray beam must be collimated so as to leave a margin of unexposed film on all edges of the radiograph.	

4.1.4	There must be suitable radiographic processing facilities (analogue or digital) used and maintained in accordance with the manufacturer's instructions to avoid wasted exposures.	Good processing techniques are essential to avoid unnecessary exposures.	
4.1.5	For wet processing of film the processing area must be ventilated and chemicals handled and disposed of according to current legislation and best practice guidelines.	If wet processing is used, an SOP should be in place. In particular, the development time, temperature and replenishment must be in accordance with the manufacturer's instructions. All X-ray chemicals must be stored safely and disposed of in an appropriate manner. See BVA Good practice guide to handling veterinary waste for further information: https://www.rcvs.org.uk/bva-vet-waste. Advice of relevant local water authorities must be obtained and recorded unless all material is disposed of by a registered contractor. Silver traps may be used in accordance with guidance/approval from the relevant local water authority.	SOP for wet processing.  Advice of water authority. 
4.1.6	There must be sufficient provision for the non-human restraint of patients during radiography. Sufficient means of mechanical and chemical restraint must be provided for the range of species treated.	No animal should be held unless there are clinical reasons why they cannot be restrained by other means. Positioning aids such as sand bags, cradles, wedges and ties must be suitable for the range of species routinely treated. Suitable drugs and equipment for anaesthesia or sedation must be available.	

4.1.7	Sufficient Personal Protective Equipment must be provided and examined at regular intervals. All protective clothing must be thoroughly examined on an annual basis and a record kept. Regular inspection of safety equipment must be recorded.	When necessary, the practice must provide at least one protective apron, and, if animals are ever held during radiography, must provide hand, forearm and thyroid protectors with a lead equivalence of not less than 0.5mm, sufficient for all personnel involved. When not in use, aprons should be stored and transported appropriately to avoid damage. The practice should have agreed with their RPA whether or not lead glasses are needed for farm radiography. Assessors will check team members' understanding of appropriate use. The risk assessment should be reviewed at least annually.	Protocol and records for examining PPE. 
4.1.8	The X-ray machine must be serviced according to manufacturer's requirements and there must be written evidence of a satisfactory service record.	Assessors will ask to see the X-ray machine's service records (or the installation certificate for machines under 12 months old). Service engineers should be registered with the HSE.	X-ray machine service records (or installation certificate for machines under 12 months old). 
4.1.9	Evidence must be provided of diagnostic quality imaging by or on behalf of the practice for the range of species treated.	Assessors will wish to see a range of diagnostic images and/or reports as appropriate e.g. radiographs, ultrasound images, and endoscopic images etc. covering appropriate regions of the body.	

4.1.10	The practice must appoint a radiation protection adviser (RPA) who possesses appropriate knowledge and experience relevant to veterinary practice.	Assessors will ask to see an agreement with an RPA, including the scope of the activities upon which advice is required. Assessors will ask to see a copy of the last RPA report, together with evidence that any recommendations have been complied with. The precise frequency of visits by an RPA will be discussed and agreed between the RPA and the practice. Material changes in e.g. equipment or workload must be notified to the RPA, who will decide if a visit is required. Practices should note that a Certificate of Competency issued to an RPA does not automatically denote experience of veterinary practice and suitable enquiries should be made. A list of the RPA 2000 Certificate holders is available here: https://www.rcvs.org.uk/rpa-cert-holders.	Letter of appointment of RPA.  RPA report. 
4.1.11	The practice must appoint a Radiation Protection Supervisor (RPS) in writing.	Assessors will ask to see the written appointment of one or more suitable RPSs. The RPS should be a veterinary surgeon or RVN and command sufficient authority to supervise the work so that it is performed in accordance with the local rules and have an adequate understanding of the requirements of the Ionising Radiation Regulations. They must also know what to do in an emergency. HSE require any RPS to have had recent relevant radiation protection training within the last 5 years. Assessors will expect to speak to the RPS(s) during the visit.	Letter of appointment of RPS.  Evidence of training of RPS. 

4.1.12	A suitable and sufficient assessment of the risks of ionising radiations must be made for the purpose of identifying the measures to restrict exposures to employees and other persons, this should be reviewed annually or earlier if there are material changes of circumstance.	The risk assessment must be sufficient to demonstrate that: - All hazards with a potential to cause a radiation accident have been identified - The nature and magnitude of the risks have been evaluated Where the risk assessment shows the existence of a risk of a reasonably foreseeable radiation accident, the radiation employer shall take all reasonable steps to: - Prevent any such accident - Limit the consequences of any such accident - Provide employees with such instruction and training as is necessary to restrict their exposure A list of what is required in the risk assessment can be found at HSE Working with ionising radiation: Approved Code of Practice and guidance https://www.rcvs.org.uk/hse-ir-guidance.	Risk assessment for ionising radiations. 

4.1.13	Written local rules must be approved by the RPA and clearly displayed to all team members.	Local rules must be displayed in or near each X-ray area. They must contain: - Name of RPS - Controlled area – when and where it exists - Dose investigation level - Contingency plan - Written arrangements - Duties of RPS - How entry to controlled area is restricted Optional: - Name, address and telephone number of RPA - Arrangements for maintenance of equipment - Dosimetry arrangements - Use, storage and inspection of Personal Protective Equipment (PPE) Clinical team members involved with radiography must sign to indicate that they have read and understood the local rules.	Local Rules for Radiography.
4.1.14	A controlled area must be designated in accordance with advice from the RPA. It must also be adequately described in the local rules, physically demarcated where practical and provided with suitable and sufficient signs and warnings, all in accordance with the RPA's advice. Automatic warning lights are required at every entrance to the controlled area.	Within practice premises a specified room or rooms must be designated for radiography. It is desirable but not essential that the room is used solely for radiography. It is required that appropriate warnings are provided at the entrances to controlled areas. These lights should fail to safety where reasonably practical. There is a tiered approach to fail-safe lighting. The goal is always to minimise the risk of inadvertent or inappropriate entry into a controlled area.	

4.1.15	There must be a system of personal dose monitoring for all persons entering the controlled area as agreed with the appointed RPA. Records must be maintained of the doses received for at least two years.	The arrangements for personal dose monitoring must be made in consultation with the RPA. Any personal dose meters should normally be worn on the trunk. They must not be left inside a controlled area when not being worn and must be stored away from sources of ionising radiations and extremes of temperature. They must only be worn by the person to whom they are issued. Personal dose monitoring arrangements should include locum vets.	Dose monitoring records.
4.1.16	A copy of the most recent edition of the Ionising Radiation guide for Veterinary Practices must be available to all members of the practice.	These guidance notes do not seek to give detailed and comprehensive advice on all aspects of the use of ionising radiations in the veterinary profession and the practice must have consulted an RPA. A guide to Ionising Radiations is available from the BVA website: https://www.rcvs.org.uk/bva-ir-guide.	Copy of guidance notes.
4.1.17	The practice has a written protocol in place for radiography away from the premises which has been approved by the RPA.		

4.1.18	A record of all X-ray exposures, which contains a chronological record of the patient details, date, region radiographed, exposure factors and personnel involved, and the quality of the resultant radiograph; must be available/easily retrievable.	The practice must provide a permanent record of all X-ray exposures and records and identify the personnel involved. Digital systems should also have a recording of exposures, not just to ensure the settings work but to record the personnel involved. If digital systems have a section for reporting the quality of images, this can be recorded there. Suitable back-up must be provided for any electronic records. An exposures guide should also be available. A chart or specific list of commonly used exposures is more accessible than an X-ray logbook and helps to reduce the number of incorrect exposures. If manual restraint is used, this should be highlighted on the record. Team members may be asked to retrieve an example exposure. Team members should be proficient in recognising film faults.	X-ray record and exposure guide.

Module 4: Diagnostic Imaging

General Practice

To achieve a General Practice accreditation you will need to adhere to all of the points below and those included under Core Standards.

Point	Requirements	Guidance notes	Documents
4.2.1	Ultrasound machines, appropriate for the species treated, are available and used.	For cattle practices this should be the appropriate number of scanners in order to perform routine visits.	
4.2.2	The practice must have the ability to record ultrasound images.		
4.2.3	If the practice has an X-ray machine, it must be visited by a radiation protection adviser (RPA) at least every 4 years who possesses appropriate knowledge and experience relevant to veterinary practice.	The assessor will expect to see evidence that an RPA (or representative) has visited and inspected the site, or submitted a written statement confirming the practice remains compliant with IRR17**.** All local rules should be IRR17 compliant and either compiled by, or approved by, the RPA.	RPA report.

Module 4: Diagnostic Imaging

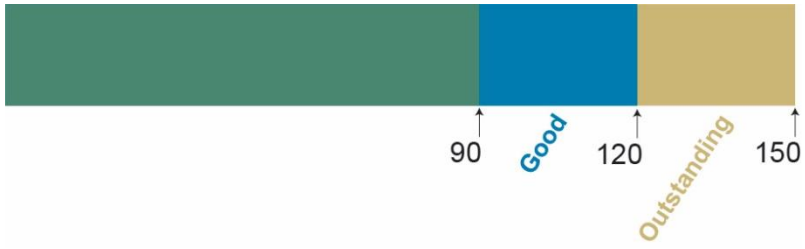
Award Points

This module contributes towards the Award in Diagnostic Service; you will also need to have completed all of the points listed under Core Standards and General Practice.

Point	Requirements	Behaviours	Guidance notes	Documents	Points
4.5.1	General diagnostic imaging CPD has been undertaken in the last four years by a team member and there is evidence of dissemination to the rest of the team.		This might include an external course, webinar, online resources or documented self-study. Course length should be one day if given by a course provider or 5 hours in length if self-study or webinar is undertaken. Assessors will expect team members to be able to discuss what they have learnt from CPD and what changes to practice have been made as a result.	Documented proof of imaging CPD.	10
4.5.2	Evidence is provided of training or CPD for team members in use and routine maintenance of all imaging equipment available within the practice.		Reference material must be available and team members will be interviewed by assessors.	Training records.	10

4.5.3	Facilities are available for transmission and distribution of copies of diagnostic images to other practices and owners in DICOM format.		This could be via email, CDs, memory sticks etc. Images should be in DICOM format. If the diagnostic images contain personal data of the client, it is strongly advised that they are kept secured and password-protected when sending electronically.		10
4.5.4	CPD reference material is available.		This could be text books or electronic resources.		10
4.5.5	A range of images are available for reference.		Images of normal patients and those with common conditions.		20
4.5.6	Training has been undertaken and facilities are available for the ultrasonography of the reproductive tract.			Training records.	50
4.5.7	The practice has the ability to record ultrasound images.				10
4.5.8	The practice has the ability to record endoscopy.				10
4.5.9	The practice maintains records of the findings of all diagnostic imaging studies.				20

			TOTAL POINTS AVAILABLE		150
			OUTSTANDING		120
			GOOD		90



Module 5: Infection Control and Biosecurity

Core Standards

Point	Requirements	Guidance notes	Documents
5.1.1	The practice must have disinfection and/or sterilisation facilities suitable for the work undertaken. There must be adequate facilities for sterilisation, and a recognised method of sterilisation must be employed. The practice must provide an autoclave, vacuum or non-vacuum or other recognized sterilisation systems, for the effective sterilisation of instruments and equipment.		

5.1.2	For all autoclaves, and dental compressors greater than 250 bar litres, a separate Written Scheme of Examination and Certificate of Inspection are required.	A Written Scheme of Examination must be titled as such, and must specify how and when the autoclave(s) must be inspected. Practices must also have a Certificate of Inspection under the regulations. It will be titled Certificate of Inspection under the Pressure Systems Safety Regulations (2000). Only pressure vessels over 250 bar litres are covered by the Pressure Systems Safety Regulations (2000). All autoclaves would come into this category and each would require both a Written Scheme of Examination and Certificate of Inspection. Dental machines are unlikely to work at such high pressure and so are usually exempt from the provisions. See HSE guidance on pressure systems for further information: https://www.rcvs.org.uk/hse-pressure-systems. N.B. a service is not necessarily an inspection under the regulations, and a note of the last service is not a Written Scheme of Examination. A Written Scheme of Examination may be obtainable from the manufacturers.	Written Scheme of Examination for autoclave. Certificate of Inspection for autoclave.
5.1.3	Hand washing facilities must be available for all team members.	Separate hand washing facilities should be available for clinical and non-clinical teams where appropriate.	
5.1.4	Washing and disinfecting facilities must be provided in areas where animals are accommodated.	The expectation is that each clinical area will have its own hand washing facilities. Hand sanitisers alone are not suitable. It is expected that team members will wash their hands between each patient.	

5.1.5	Appropriate PPE is readily available and used.	Protective clothing should be worn at all times on farm. This can be in the form of either disposable overalls or cleanable waterproof clothing which is thoroughly cleaned and disinfected between units. Disposable examination / arm length gloves should be worn at all times. Wellies should also be worn and thoroughly cleaned and disinfected between units.	
5.1.6	Each clinical area must have facilities for safe disposal of sharps, hazardous and non-hazardous waste.	This includes practice vehicles. Team members should be trained in safe disposal. See BVA Good practice guide to handling veterinary waste in England and Wales for further information: https://www.rcvs.org.uk/bva-vet-waste.	
5.1.7	Procedures must be in place to minimise cross-infection in all areas. Cleaning and disinfection materials must be readily available and used.	Risk based disinfection of all areas must be carried out between patients. This can include floor, equipment and hand touch areas such as doors, door handles and keyboards. A Defra-approved disinfectant at the recommended dilution should be used. A list of approved disinfectants can be found on the Defra website: https://www.rcvs.org.uk/defra-disinfectants. Risk based deep cleans should be carried out as required.	Cleaning and disinfection schedules for all areas.
5.1.8	Procedures must be in place to minimise cross-infection between patients for all equipment used.	All equipment should be cleaned before and after use.	SOP for cleaning and disinfection of equipment. 

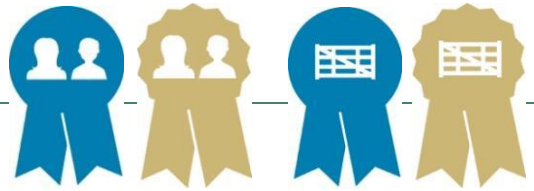
5.1.9	Vehicles used for practice must be clean and well maintained. There must be clear segregation of clean and contaminated items and protective clothing and safe storage and transport of waste materials including sharps.	There should be an SOP for the cleaning of vehicles. A log book should be used to record when cleaning has been carried out. A checklist should be used to record and monitor the contents of vehicles, and to ensure that stocks of equipment such as protective clothing and consumables are maintained.	SOP for cleaning vehicles. 
5.1.10	The practice must have a biosecurity policy.	The practice biosecurity policy should include requirements for personal hygiene, cleanliness of premises and equipment, cleanliness and disinfection of personal protective equipment and clothing, and cleanliness of vehicles. There should be a protocol for disinfection between farms. A 'barrier' should be created between clinical and non-clinical areas. Veterinary surgeons returning from calls should consider the cleanliness of their clothing.	Biosecurity policy. 
5.1.11	The practice must have a written policy for dealing with zoonotic cases that is known to all team members.	Team members must be trained to implement the SOP, which must include: - Details of waste disposal - Protective clothing to be worn - Disinfection of all utensils/equipment - Designated persons to be responsible - Reference to COSHH - Health and Safety information pertaining to the risks of dangerous pathogens and zoonoses	Written policy on dealing with zoonotic cases. 

Module 5: Infection Control and Biosecurity

General Practice

To achieve a General Practice accreditation you will need to adhere to all of the points below and those included under Core Standards.

Point	Requirements	Guidance notes	Documents
5.2.1	Clean and appropriate clothing is worn for the clinical task being undertaken.	This should be appropriate for the biosecurity required.	
5.2.2	If animals are admitted there must be facilities for adequate hygienic safe storage and disposal of bedding.		
5.2.3	Written cleaning protocols for all vehicles and all areas of the practice are required and must be regularly audited and recorded.	The frequency of cleaning will vary according to the area and caseload. There should be different sets of cleaning materials and colour coded cleaning equipment for each area.	Cleaning protocols and audit.
5.2.4	The practice has a policy on the use of multi-injection guns and where clients are required to use these, correct instructions are given.	Includes McLintock syringes and multi-injectors.	



Awards Points

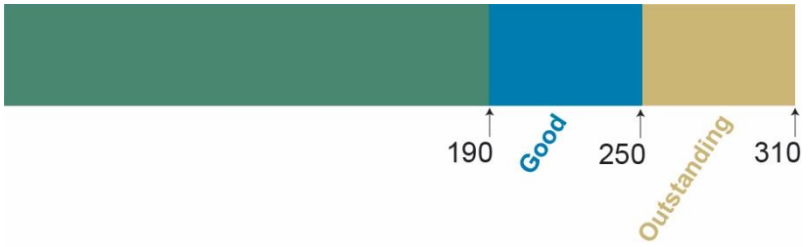
This module contributes towards the Awards in Team and Professional Responsibility and Advisory/Consultation Service; you will also need to have completed all of the points listed under Core Standards and General Practice.

Point	Requirements	Behaviours	Guidance notes	Documents	Points
5.5.1	Infection control CPD has been undertaken in the last four years by a team member and there is evidence of dissemination to the rest of the team.		Assessors will expect team members to be able to discuss what they have learnt from CPD and what changes to practice have been made as a result.	Proof of infection control CPD.	10
5.5.2	The practice has a designated individual responsible for infection control who monitors compliance with infection control policies.	The practice has adequate internal quality controls.	Ideally this would be a veterinary surgeon or RVN.	Name of designated person and list of their responsibilities.	30
5.5.3	Shower facilities are available for team members.		There must be hot and cold running water.		20
5.5.4	The practice has written protocols in place for infection control, which are known to all relevant team members and evidence can be produced that these are being used. These cover cleansing and	Team members show awareness of policy and procedures and any areas of practice that would increase infection risks.		Written protocols.	20

	disinfection of equipment between farms.				
5.5.5	The practice has written protocols in place for infection control, which are known to all relevant team members and evidence can be produced that these are being used. These cover cleansing and disinfection of vehicles.	Team members show awareness of policy and procedures and any areas of practice that would increase infection risks.		Written protocols. 	20
5.5.6	The practice has written protocols in place for infection control, which are known to all relevant team members and evidence can be produced that these are being used. These cover correct preparation and use of disinfectants.	Team members show awareness of policy and procedures and any areas of practice that would increase infection risks.		Written protocols. 	20
5.5.7	The practice has protocols in place for the identification and management of cases of infection involving antimicrobial resistant bacteria.			Protocols for multi-resistant bacteria. 	30
5.5.8	The practice provides advice and education to its clients on antimicrobial resistance, anthelmintics, zoonoses, infection control and biosecurity.		Detailed biosecurity protocols will be provided as a part of health plans. The practice could also provide educational materials on biosecurity and infectious diseases. See BVA website for further information:		50

			BVA antimicrobials advice: https://www.rcvs.org.uk/bva-amr. BVA anthelmintics advice: https://www.rcvs.org.uk/bva-anthelmintics.		
5.5.9	The practice has procedures in place to ensure team members are aware of emerging infectious diseases.	Proactively anticipates and addresses risks.			20
5.5.10	The practice has procedures in place to ensure clients are aware of emerging infectious diseases.	Proactively anticipates and addresses risks.			20
5.5.11	The practice has procedures in place to ensure clients are aware of biosecurity.	Proactively anticipates and addresses risks.			10
5.5.12	The practice participates in a surveillance scheme for infectious diseases.		For example VetCompass.		20
5.5.13	The practice has a protocol in place for hand hygiene, which includes the use of World Health Organization (WHO) posters and signage at hand washing points.		Tools and resources can be downloaded from the WHO website: https://www.rcvs.org.uk/who-tools.		20

5.5.14	There should be regular audits of infection control.	Open, honest analysis with clear actions and no barriers to feedback.	For example, outcome audits of post-operative infection and process audits of cleaning and disinfection procedures.	Audit report.	20
			TOTAL POINTS AVAILABLE:		**310**
			OUTSTANDING:		**250**
			GOOD:		**190**



Module 6: In-patients

Core Standards

This module is only applicable to practices with in-patient facilities.

Point	Requirements	Guidance notes	Documents
6.1.1	Any housing should be compliant with the government Code of Practice for animal welfare.		
6.1.2	A suitable range of bedding, feed stuffs and forage is available. Clean fresh water is available at all times.	This should include bedding for recumbent animals. Arrangements for the disposal of soiled bedding must be in place.	
6.1.3	There must be suitable provision for the storage and preparation of food.		
6.1.4	The area used for unloading, loading and examination of animals must be able to be secured to prevent escape of the patient.	It would be acceptable to tailgate into a building so long as the vehicle was driven right up to the building. If unloading takes place into an open car park, there must be a gate to close off the car park.	
6.1.5	The practice must have a written policy for the overnight care of in-patients detailing who is responsible, frequency of checks etc.	The practice should demonstrate that provisions are made to ensure animal welfare where there are animals on site but no team members present.	Written policy for overnight care.
6.1.6	The owners must be informed in writing of the level of overnight supervision during an overnight stay.	Clients must be made aware if someone is on the premises overnight or if not how often checks are made e.g. last thing at night/first thing in morning.	Information for owners on level of

		Remote supervision is acceptable.	overnight care. 

Module 6: In-patients

General Practice

To achieve a General Practice accreditation you will need to adhere to all of the points below if applicable and those included under Core Standards.

Point	Requirements	Guidance notes	Documents
6.2.1	The practice must provide facilities and an adequate team for the care of any in-patients.		
6.2.2	There must be appropriate facilities in which animals can be safely restrained and examined, as well as for diagnostic procedures and surgery to be performed.		
6.2.3	The practice must provide a range of intravenous fluids, suitable administration sets and catheters for the species treated.		
6.2.4	Feeding and mucking-out equipment must be cleaned and maintained to an appropriate standard.		
6.2.5	An appropriate area out of sight of the general public must be available for the safe euthanasia of animals.		

6.2.6	All hospitalised animals (other than minor procedures admitted as day cases) must have in-patient sheets recording basic husbandry parameters, with timed and initialled entries, including: - Temperature - Pulse - Respiration - Treatments - Food and water intake - Urine and faeces output - Clinical signs		In-patient sheets.
6.2.7	There must be a positive means of identifying the patient while on the premises.	This may involve tagging the patient and/or well-identified accommodation. Assessors will want to see evidence of how this is maintained as the patient moves around the practice premises.	
6.2.8	All clinical team members must be provided with written guidelines for managing the clinical emergencies encountered commonly in the practice. There must be formal evidence of induction of team members at the outset of their employment.	If the practice can demonstrate that new clinical team members have access at all hours to a senior clinician to discuss cases, written guidelines would not be required although still advisable. The assessor would wish to confirm this arrangement with relevant clinicians.	Induction/training records.

Module 6: In-patients

Awards Points

There are no Award Points available in this module.

Module 7: Laboratory and Clinical Pathology

Core Standards

If the practice does not have an in-house laboratory only points 7.1.1-7.1.14 apply.

Point	Requirements	Guidance notes	Documents
7.1.1	Laboratory procedures must be performed in a clean and tidy designated area used specifically for that purpose.	The designated area does not have to be a separate room and may, for example, be part of the dispensary or the preparation area. However, the designated area/bench must be clearly used only for laboratory purposes and must be made of impervious material.	
7.1.2	There must be adequate facilities for storage of specimens and reagents, including refrigeration, and disposal of waste materials.	It is acceptable for laboratory samples which are already securely packaged and in a separate closed box to be stored in the same fridge where vaccines and other medications are kept.	
7.1.3	Where pathological samples are sent to external organisations, a suitable range of containers, envelopes and forms must be available.	If a client's personal data will be collected with or connected to the samples from their animal, a consent form should be provided which will give clear information about how that data will be used, by whom and for what purpose(s). The form can ask for consent to the collection and processing of the data, or it may be more appropriate to rely on another legal basis, for example if it is necessary to process the data for compliance with a statutory obligation, to perform the contract with the client, to perform a task in the public interest, or possibly for the purposes of the veterinary surgeon's legitimate purposes. The form should make clear which basis is being relied on. For further information please refer to: https://www.rcvs.org.uk/gdpr.	

7.1.4	Adequate post-mortem facilities must be available or other arrangements made. Post-mortem examinations on site must be performed in an area not concurrently used for clinical work. This may be achieved by performing the examination after clinical work has ceased, or an external laboratory may provide facilities, in which case, adequate licensed arrangements must be in place for the transport of carcasses. There must be an SOP for external post-mortem examinations so that all staff know where to send specimens.	When conducting post-mortem examinations full consideration must be given to the health and safety issues. Adequate risk assessment and protocols need to be undertaken and consideration must be given to the provision of suitable protective clothing to guard against zoonoses and spread of infection.	Risk assessment for post-mortems.  SOP for external post-mortems (if applicable). 
7.1.5	PPE is available and used.		
7.1.6	The practice identifies specimens with: - Farm name and holding number - Patient ID - Date of collection - Tests required - Method of collection if applicable - Location of sample - Nature of sample		
7.1.7	There must be an SOP for the post and packaging of pathological samples which complies with current packaging regulations.	A copy of current postal and other carriers' requirements should be available.	SOP for post and packing. 
7.1.8	The practice has a log or system for tracking to ensure that, for samples sent to outside labs, results are received, reviewed by a veterinary surgeon and conveyed to the client and archived.	The log should include: - Farm and patient ID - Date of sample collection - ID of outside laboratory - Tests ordered	Log.

		- ID of practice team member requesting test - Date results received - Date of client notification - ID of practice team member informing client Test requests should be tracked so that arrival or non-arrival of results can be flagged and followed up as appropriate.	
7.1.9	The results of all laboratory tests must be stored so as to permit easy retrieval. Data must be stored safely in an easily retrievable form.	Team members may be asked to retrieve data.	
7.1.10	When making arrangements for a post-mortem examination the practice must ensure that clients are made aware of the level of procedure being undertaken.	The practice must ensure that clients are aware whether or not an autopsy will involve a full pathological examination with detailed autopsy and tissue sampling, as well as the costs involved and whether post-mortem is carried out by the same practice group or otherwise.	
7.1.11	The practice has a system in place to ensure suspected notifiable diseases are reported to the appropriate authority.		Protocol for reporting notifiable diseases. 
7.1.12	Where potential zoonotic agent is suspected protocols for control of spread are followed.	Adequate risk assessment and protocols need to be undertaken and consideration must be given to the use of active filtered air extraction, the provision of suitable additional adequate protective clothing and the use of glove boxes or similar, to guard against zoonoses. Team members, clients and statutory authorities are informed.	Risk assessment for zoonoses. 
7.1.13	The practice has reference materials applicable to the tests carried out.		

7.1.14	The practice has designated resources e.g. books, manuals etc. that identify external laboratory tests available to the practice team.		
7.1.15	The laboratory has: - Adequate space for performance of tests - Adequate space for storage of reagents - Surfaces which permit efficient handling of specimens - Adequate space for equipment - Countertops and sinks of suitable construction - Adequate heating and lighting - Adequate electrical circuits and outlets - Adequate facilities for hand washing	The designated area does not have to be a separate room and may, for example, be part of the dispensary or the preparation area. However, the designated area/bench must be clearly used only for laboratory purposes and must be made of impervious material. There must be a sink in the laboratory area or a sink accessible to team members without touching door handles. There must be an SOP in place for accessing hand washing facilities in an adjacent room if none is available in the laboratory.	
7.1.16	The practice laboratory meets any statutory requirements.		
7.1.17	Equipment is used and maintained according to manufacturers' instructions and this is recorded.		Equipment maintenance records.
7.1.18	Reagents are stored according to manufacturer's instructions.		
7.1.19	The practice disposes of test kits and reagents upon expiration in the correct manner.		
7.1.20	Only trained personnel perform laboratory tests.	Evidence must be provided of training or CPD for team members in use of all equipment. A list of people trained in handling laboratory specimens and in the risk of laboratory work must be kept.	List of persons trained in lab work. 

		The practice must have a system in place to know where to send the samples for suitable testing.	Training records.
7.1.21	The in-house laboratory has a log or system for tracking to ensure results are received and reviewed by a veterinary surgeon, conveyed to the client and archived.	The log should include: - Farm and patient ID - Date of sample collection - Time of sample collection - Tests ordered - ID of practice team member requesting test - Date results received - Date of client notification - ID of practice team member informing client Test requests should be tracked so that arrival or non-arrival of results can be flagged and followed up as appropriate.	Log.
7.1.22	There must be suitable arrangements for quality control of automated practice laboratory tests.	Periodic controls as per the manufacturer's instructions to test the machine is running correctly and is calibrated correctly, the results documented and acted upon where necessary.	
7.1.23	Reference range values are available for each species commonly dealt with by the practice.		Reference ranges.

Module 7: Laboratory and Clinical Pathology

General Practice

To achieve a General Practice accreditation you will need to adhere to all of the points below and those included under Core Standards.

Point	Requirements	Guidance notes	Documents
7.2.1	The practice has laboratory capability either in the field or on practice premises for the following: - Method of measuring PCV - Binocular microscopy (with a range of objective lenses and light source) - Refractometer - Cytology stains - Urine dip stick	Evidence will be required that some of the following tests are being performed and should be appropriate to caseload of the practice: - Cytology (e.g. urine, skin scrape, semen) - Worm egg counts - Urine specific gravity - Serum specific gravity (TP) - PCV - Dip stick tests - Snap tests - Serum IgG estimation	
7.2.2	In addition to internal quality control of automated laboratory tests, external quality assurance, by internal analysis of external samples via a QA scheme or by comparing internal samples to external labs, must be routinely undertaken and the results documented and acted on where necessary.	EQA is the analysis of samples by reference to an external laboratory performed either by internal analysis of control reagent received from the laboratory through a QA scheme or by comparing samples run internally with the same paired sample run externally. This should also be undertaken for tests carried out using Point of Care (POC) devices. The frequency of testing should be related to the number of tests undertaken. It is expected that this will be at least quarterly.	Results of external EQA scheme or results of comparison of paired samples.

7.2.3	The practice actively engages with its clients (e.g. through HHPs, newsletters or educational events) on the importance of routine disease surveillance and laboratory testing for diseases such as mastitis.		Evidence of client information. 

Award Points

This module contributes towards the Award in Diagnostic Service; you will also need to have completed all of the points listed under Core Standards and General Practice.

Point	Requirements	Behaviours	Guidance notes	Documents	Points
7.5.1	Veterinary clinical pathology CPD has been undertaken in the last four years by a team member and there is evidence of dissemination to the rest of the team.		This might include an external course, webinar, online resources or documented self-study. Course length should be one day if given by a course provider or 5 hours in length if self-study or webinar is undertaken. Assessors will expect team members to be able to discuss what they have learnt from CPD and what changes to practice have been made as a result.	Documented proof of pathology CPD.	10
7.5.2	Histopathology and specialist cytology is performed by pathologists with relevant qualifications.		For example a pathologist with expertise in tissues/species being examined.	Proof of qualification.	10

7.5.3	Cytology (e.g. blood smears, faecal smears, peritoneal fluid, BALs) is performed by team members specifically trained in this discipline.		This includes veterinary surgeons that have undertaken relevant CPD in the last four years.	Training/CPD records.	20
7.5.4	Post-mortem examinations are undertaken by individuals with further training.		Individuals have attended appropriate CPD in the last four years.	Proof of CPD or access to on-line records. 	30
7.5.5	There is a nominated person in overall charge of the laboratory facilities and they must have completed relevant training.			Name of designated person and list of their responsibilities.  Evidence of relevant training. 	30
7.5.6	Practice team members' training in laboratory procedures is updated annually and documented.		This could be in-house training. Evidence provided through training records.	Training records.	20

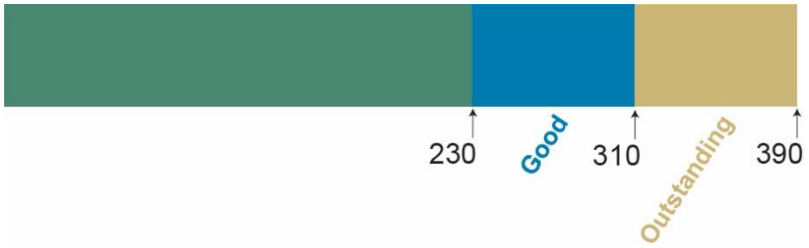
7.5.7	The practice has an in-house laboratory that is in a designated room, which is not used for any other purpose.				30
7.5.8	The practice performs routine bacteriology relevant to its workload (e.g. mastitis and calf scour samples).				20
7.5.9	The practice monitors culture and sensitivity/MIC results to follow local trends in bacterial resistance and informs treatment regimes.	Treatment procedures are informed by results.	Assessors will look for evidence of changes to treatment regimes following a review of test data. See Infection Control Module.		20
7.5.10	The practice routinely performs worm egg counts and records results.		Results of faecal egg count reduction tests are recorded as an indication of anthelmintic resistance.		20
7.5.11	The practice has a means of measuring BHB in ruminants.				10
7.5.12	The practice has a method of measuring somatic cell counts in milk samples.				10

7.5.13	The practice makes use of pen-side diagnostic tests to inform treatment decisions for commonly encountered conditions such as calf scour.				20
7.5.14	The practice makes pen-side diagnostic tests available to farmers along with suitable training.				10
7.5.15	The practice has equipment for on-farm nutritional monitoring.				10
7.5.16	The practice has a microscope with a heated stage for assessment of semen samples.				10
7.5.17	The practice has the ability to record semen assessments and to store the video.				10
7.5.18	The practice performs cytology of effusions and synovial fluids where appropriate.				10

7.5.19	If bacteriology is undertaken on site, adequately trained technicians must be available. If bacteriology is not undertaken on site, there should be evidence that samples are being regularly sent to an appropriate external laboratory.	Evidence of appropriate training for accurate interpretation and regular quality control of bacterial cultures is required.		Evidence of training. 	20
7.5.20	The practice has arrangements in place that allow for a full post-mortem to be undertaken on all species they deal with. This includes all sizes of animal up to and including adult cattle.				30
7.5.21	Outside laboratory services should be provided by a laboratory affiliated with the appropriate disease eradication/monitoring schemes.				20

7.5.22	Practices should demonstrate how they have verified manufacturers' claims for automated analyser performance or alternatively demonstrate how they have determined the limitations of their laboratory methods.		This would involve checking: - whether the practice's own machine gives accurate, reproducible results - if there is any published (or unpublished if not) independent evidence that shows that the make of machine used by the practice provides accurate, reproducible results - whether there are circumstances where the make of machine might not produce accurate, reproducible results - how the make of machine compares to other machines Further guidance is available from BSAVA: https://www.rcvs.org.uk/bsava-lab.		10
7.5.23	The practice carries out a regular laboratory sample technique audit. There is evidence that any unexpected or erroneous results have been re-tested.		This should include records of artefacts e.g. lipaemia, haemolysis etc. in order to identify potentially rectifiable problems.	Audit report. 	10

			TOTAL POINTS AVAILABLE:		**390**
			OUTSTANDING:		**310**
			GOOD:		**230**



Module 8: Medicines

Core Standards

Point	Requirements	Guidance notes	Documents
8.1.1	The dispensary must be operated in accordance with the Veterinary Medicines Regulations (VMR).	BVA Good Practice Guide on Veterinary Medicines or BSAVA Guide to the use of Veterinary Medicines, or similar may provide further information in addition to the VMD's Veterinary Medicines online	T28 / SEPA certificate 
8.1.2	A record of premises and other places where medicines are stored or kept must be available.	A means of recording the transfer of VMPs to other premises, stores or vehicles should be implemented to ensure traceability and enable stock reconciliation.	Record of premises where medicines are stored. 
8.1.3	All medicinal products must be stored in a clean and tidy location in accordance with manufacturers' recommendations and appropriate records kept.	All VMPs should be stored on appropriate and secure shelving; in such a way as to be protected from adverse effects of light, temperature extremes and moisture. It is acceptable for small quantities of drugs to be in consulting rooms for use during consultation. These should be kept to a minimum and should be in drawers/cupboards. POM-Vs should be placed out of sight in closed cupboards (not glass-fronted) or drawers, but there is no requirement for cupboards to be locked. Products must be stored in accordance with the product label and SPC (this includes during transport) This will generally relate to specific temperature requirements but may include other conditions such as protecting the medicine from light	
8.1.4	Medicines must not be available for self-service except those with a category of AVM-GSL.	The advertising of POM-V and POM-VPS products may only be aimed at appropriate persons, which do not include the general	

	POM-Vs, POM-VPSs and NFA-VPSs should be stored in areas that are not accessible to the public.	public. This includes adverts on websites, brochures and those displayed in retail areas to which the general public have access. No person qualified to prescribe or supply veterinary medicinal products may solicit or accept any gift, pecuniary advantage, benefit in kind, hospitality or sponsorship prohibited by this regulation There are specific rules regarding hospitality and promotional products which must be adhered to. https://www.legislation.gov.uk/uksi/2024/567/regulation/8/made	
8.1.5	Accurate records of POM-V and POM-VPS medicines received and supplied must be kept.	See VMD guidance, Record keeping requirements for veterinary medicines: https://www.rcvs.org.uk/vmd-records. Records for POM-V or POM-VPS medicines must include: - The date - The name, pharmaceutical form and strength of the veterinary medicinal product - The batch number (except that, in the case of a product for a non-food-producing animal, this need only be recorded either on the date of receipt of the batch or the date a veterinary medicinal product from the batch is first supplied) - The expiry date - The quantity - The name and address of the supplier or recipient - If there is a written prescription, the name and address of the person who wrote the prescription and a copy of the prescription Records must be kept for 5 years.	Medicines records.

8.1.6	Monitoring and recording of environmental temperatures wherever medicines are stored must be undertaken (including consulting rooms, prep rooms, refrigerators and vehicles).	There must be proper monitoring and recording of maximum and minimum temperatures wherever medicines are stored, and where temperatures have been recorded outside the appropriate ranges, there must be evidence of an action plan to remedy such deviations, and to deal with affected medicines. Consideration should be given to the use of alarms to indicate when temperatures stray out of set parameters. Data loggers and maximum/minimum thermometers will provide constant monitoring. However, for those without an alarm to warn of temperature deviations, and for maximum/minimum thermometers, checks are required to be made daily and assessors will ask to see written records, produced on a weekly basis, showing the results for the week. Ideally temperature sensitive medicines should only be taken out in vehicles on a “by use” basis, but whether being stored or transported, measures should be taken to ensure that products remain within the temperature range specified on their SPC e.g. by use of a cool box or refrigerated unit. The suitability of such measures should be demonstrated.	SOP for recording of environmental temperatures.  Action plan for temperatures outside of the appropriate ranges. 
8.1.7	If it is stipulated that a medicine be used within a specific time period, it must be labelled with the opening date or use by date, once broached.	Medicines should be checked on a regular basis to ensure they are within the specific time period, and they should be disposed of if this has been exceeded.	
8.1.8	Records of medicines administered to food-producing animals must include batch numbers.	A veterinary surgeon who administers POM medicines to food producing animals must personally enter the following information into the livestock keeper’s record book or give written information to the livestock keeper to enter as soon as is reasonably practicable: - Name of the veterinary surgeon - Name of the product and the batch number - Date of administration of the product - Amount of product administered	Medicines records.

		- Identification of the animals treated - Withdrawal period Entering this information in the invoice to the livestock keeper at the end of the month is not acceptable. The information must be sent as soon as practicably possible, without delay. Records of products administered to food-producing animals under the Cascade: A veterinary surgeon administering a VMP, which includes a human medicine or product imported under an SIC/STC, to food-producing animals under the Cascade (or another person under the veterinary surgeon's permission) must record: - Date of examination of the animal(s) - Name and address of the owner of the animal(s) - Identification and number of animals treated - Result of the veterinary surgeon's clinical assessment - Trade name of the product if there is one - Manufacturer's batch number shown on the product, if there is one - Name and quantity of the active substances - Doses administered or supplied - Duration of treatment - Withdrawal period When a whole herd/flock is treated with a medicine, it is acceptable to record "whole herd" or "whole flock" rather than every individual animal's number. New calculations for withdrawal periods are: (a)for eggs— (i)the longest withdrawal period in the summary of product characteristics for any species multiplied by a factor of 1.5; or	

		(ii)14 days, if the product is not authorised for animals producing eggs for human consumption (ii)for paragraph (b) substitute— (b)for milk— (i)the longest withdrawal period in the summary of product characteristics for any species multiplied by a factor of 1.5; (ii)7 days, if the veterinary medicinal product is not authorised for animals producing milk for human consumption; or (iii)1 day, if the medicinal product has a zero-hour withdrawal period;"; (iii)for paragraph (c) substitute— "(c)for meat and offal from food-producing mammals, poultry and farmed game-birds— (i)the longest withdrawal period provided in its summary of product characteristics for meat and offal, multiplied by a factor of 1.5; (ii)28 days if the veterinary medicinal product is not authorised for food-producing animals; or (iii)1 day, if the veterinary medicinal product has a zero-day withdrawal period;"; (iv)for paragraph (d) substitute— "(d)for aquatic species producing meat for human consumption— (i)the longest withdrawal period for any of the aquatic species in the summary of product characteristics multiplied by a factor of 1.5 and expressed as degree-days;	

		(ii)if the medicinal product is authorised for food-producing terrestrial animal species, the longest withdrawal period for any of the food-producing animal species in the summary of product characteristics multiplied by a factor of 50 and expressed as degree-days; or (iii)25 degree-days if the highest withdrawal period for any animal species is zero. See: https://www.legislation.gov.uk/uksi/2024/567/regulation/121/made	
8.1.9	An adequate supply of medicines and materials used in the treatment of patients must be readily available. There must be an efficient stock control system to ensure a continuous supply of all medicines and removal of out-of-date medicines in accordance with the current legislation. It is not acceptable to use an out-of-date medicine due to poor stock control.	Procedures should be in place to quarantine, and ultimately dispose of, out of date medicines and leaking, broken or unwanted containers and to deal with spillages and leakages	
8.1.10	At least once a year a detailed audit must be carried out and recorded. Incoming and outgoing medicines reconciled with medicines held in stock and any discrepancies recorded. Records of audit and any discrepancies must be kept for 5 years.	At least once a year, a practice selling prescription only veterinary medicinal products must carry out a detailed audit of stock and compare the incoming and outgoing veterinary medicinal products recorded with products currently held and make a record of this audit. Where, as a result of the audit the practice identifies a discrepancy the practice must make a record of this. Discrepancies include any unaccounted stock as well as out-of-date stock. In addition, assessors will ask to see a full audit and reconciliation of all Schedule 2 Controlled Drugs i.e. the Register. See 10.1.14	Controlled Drug audit records.

8.1.11	Medicines should be disposed of in accordance with the current legislation.	Stock of Schedule 2 Controlled Drugs must be destroyed in the presence of an authorised witness and the resulting destroyed products and containers appropriately disposed of. Authorised witnesses include: - An inspector appointed under regulation 33 of the Veterinary Medicines Regulations - A veterinary surgeon independent of a practice where the destruction takes place. This would include those who have no personal, professional or financial interest in the veterinary practice where the drug is being destroyed. Temporary team members and family members are specifically excluded - A person authorised to witness the destruction of Controlled Drugs under the MDR 2001 or the MDR (NI) 2002 such as a Police CD Liaison Officer; a list of Police CD Liaison Officers can be found at: https://www.rcvs.org.uk/cdlos A record must be made of the date of destruction and the quantity destroyed, which the witness must sign. It is also good practice to record the name of the CD, form, strength and quantity. A separate record should be kept of client returned Schedule 2 Controlled Drugs and they should not be re-entered in the Controlled Drugs Register. They do not need to be destroyed in the presence of an authorised witness, but, it is considered good practice to do so. Any special handling or disposal requirements, such as for cytotoxic medicines, must be observed. If practices are denaturing Controlled Drugs prior to their disposal they must have a T28 exemption certificate from the	T28 / SEPA certificate. 

		environment agency. See GOV.UK guidance: https://www.rcvs.org.uk/t28.	
8.1.12	If Controlled Drugs are kept, these must be stored according to current legislation. Schedule 2 Controlled Drugs and certain Schedule 3 Controlled Drugs must be kept in a secure, lockable and immovable receptacle that can only be opened by a veterinary surgeon or a person authorised by him or her.	Controlled Drugs are regulated by the Misuse of Drugs Act 1971 and the Misuse of Drugs Regulations 2001 as amended. These regulations classify such drugs into 5 schedules, numbered in decreasing order of severity of control. Schedule 1: Includes LSD, cannabis, and other hallucinogenic drugs, which are not used medicinally. Possession and supply are prohibited except in accordance with Home Office Authority. Schedule 2: Includes ketamine, etorphine, fentanyl, morphine, papaveretum, pethidine, methadone and quinalbarbitone. Drugs must be kept under safe custody (locked secure cabinet). Quinalbarbitone is not legally subject to safe custody, but it is a Core requirement that all Schedule 2 drugs are locked away equivalent to safe custody. Drugs may not be destroyed except in the presence of a person authorised by the Secretary of State. Failure to comply with this Act can lead to prosecution. Veterinary surgeons should ensure that Schedule 2 controlled drugs under safe custody in practice vehicles are kept in a locked receptacle which is fixed within the car. If the car cannot be modified in such a way, it may be reasonable to secure the receptacle to a structure in the car, for example, using a metal cable tethered to an anchor point, such as the seat runners or seatbelt post, or bolting the lockable receptacle to the floor of	

		the car. In any case, the receptacle should be kept out of sight. The secure container would ideally be fixed to the frame of the vehicle, but using a secure, lockable glove compartment or a secure container chained to the inside of the vehicle (e.g. passenger seat) would also be acceptable. Examples of secure containers include car safes, laptop safes and lockable cash tins. When transporting Schedule 2 controlled drugs, veterinary surgeons should avoid leaving the secure container unattended. Where this is unavoidable, the vehicle and container should remain locked and the time unattended kept to a minimum. Wherever possible, controlled drugs should be returned to the controlled drugs cabinet at the practice for storage overnight. Where this is not possible, controlled drugs may be stored in locked vehicle, but they should be inside a locked receptacle secured to the structure of the vehicle and kept out of sight. For more information, see VMD Guidance Controlled drugs: Veterinary medicines and RCVS guidance on Controlled Drugs. Schedule 3: Includes tramadol, buprenorphine, pentazocine, gabapentin, pregabalin, the barbiturates and others. They are not legally subject to safe custody except buprenorphine, diethylpropion and temazepam which must be kept under safe custody (locked secure cabinet); but it is a Core requirement that all Schedule 3 drugs must be locked away.	

		Schedule 4: Includes most of the benzodiazepines and androgenic and anabolic steroids e.g. clenbuterol. Schedule 5: Includes preparations (such as several codeine products) which, because of their strength, are exempt from virtually all Controlled Drug requirements other than the retention of invoices for five years. Assessors will ask to see the Controlled Drugs cabinet. Where Controlled Drugs which are subject to special storage conditions are transported in a vehicle, they must be kept securely within a locked receptacle in the vehicle and the vehicle must be locked when not attended. See VMD Guidance Controlled drugs: Veterinary medicines: https://www.rcvs.org.uk/vmd-cds	
8.1.13	If Controlled Drugs are kept, these must be recorded according to current legislation.	A register of such drugs obtained, supplied and used must be kept in accordance with the Misuse of Drugs Act 1971 and the Misuse of Drugs Regulations 2001, as amended. Schedule 2: Record all purchases and each individual supply (within 24 hours). Registers must be kept for two calendar years after the last entry. Schedule 3, 4 and 5: No requirement for recording in Register but invoices must be retained for 5 years. A Register should be kept for each Controlled Drug and prescriptions against which supplies of Controlled Drugs of Schedule 2 and 3 have been made, to confirm in particular: - That appropriate records are kept - That any out-of-date Controlled Drugs have been destroyed by an authorised person	Controlled Drugs register. 

		For supplies of Controlled Drugs of Schedules 2 and 3, against other veterinary surgeon's prescriptions: - The prescriptions have been retained at least two years - The date on which the supply was made is marked on the retained prescriptions - The supply of Controlled Drugs was made within 28 days of the appropriate date on the prescription (also for supplies of Controlled Drugs of Schedule 4) - The name of the person who collected the Controlled Drugs is recorded in the Controlled Drugs Register (for Controlled Drugs of Schedule 2 only) An example of a Controlled Drugs Register which details the information that needs to be recorded can be found at: https://www.rcvs.org.uk/cd-register.	
8.1.14	The practice must carry out a full audit and reconciliation of all Schedule 2 Controlled Drugs. There must be SOPs for storage and recording of Controlled Drugs.	It is expected that running totals will be kept and checks against stock carried out at least weekly. It is considered good practice to have a written SOP setting out who is authorised to access the Controlled Drugs cabinet and for what purposes. The SOP may also cover ordering (requisition), receipt, supply and disposal of Controlled Drugs as well as the regular changing of codes if a keypad safe is used. The SOPs should include details of: - Who has access to Controlled Drugs - Who is responsible for checking stock against the Register Who to alert in the event of a discrepancy	Controlled Drug SOPs. 
8.1.15	All medicines, including those prescribed under the Cascade, must be prescribed and supplied according to current legislation.	**POM-Vs:** A veterinary surgeon who prescribes a POM-V medicine must first carry out a clinical assessment of the animal and the animal must be under his or her clinical care. See Chapter 4 of	Copies of three written prescriptions

		the supporting guidance to the RCVS Code of Professional and changes and the 'Under care new guidance' on the RCVS website: https://www.rcvs.org.uk/setting-standards/advice-and-guidance/code-of-professional-conduct-for-veterinary-surgeons/supporting-guidance/veterinary-medicines/ Whether a physical examination is necessary for the prescription of POM-Vs is a matter for the veterinary surgeon's judgement depending on the circumstances of each individual case (please note that the Animals (Scientific Procedures) Act 1986 should be followed where it applies). For controlled drugs, antibiotics, antifungals, antiparasiticides and antivirals, a physical examination should be carried out at the time of prescribing unless there are exceptional circumstances. **POM-VPS:** POM-VPS medicines may be prescribed and supplied by a veterinary surgeon, pharmacist or suitably qualified person (SQP). Alternatively, medicines may be prescribed and a prescription written by a veterinary surgeon, pharmacist or SQP and the supply made by another veterinary surgeon (or a pharmacist or SQP) on the authority of that prescription. Anyone who prescribes POM-VPS medicine must be satisfied that the person who will use the product will do so safely and intends to use it for the purpose for which it is authorised. There should be appropriate protocols, certificate records and/or clinical records for evidence of compliance with prescribing requirements. If a veterinary surgeon supplies a POM-V or POM-VPS medicine, in addition to the requirements for prescribing generally they must: • Advise on its safe administration and, as necessary, on any warnings or contraindications on the label or package leaflet • Not supply more than the minimum amount required for the treatment (see exemptions in Schedule 3 paragraph 7 of the VMR)	(this could include prescriptions for in feed medications; from the last 2 months prior to upload). 

		The reason for prescribing a veterinary medicinal product must be recorded (unless supplied from a written prescription). Clinical notes are adequate to demonstrate this. In the case of an SQP, a record of the reason for prescribing the product must be made (enough information to justify the right product has been prescribed) and these records must be retained for 5 years. Internet suppliers of veterinary medicines must be registered with the VMD and state on each part of the website where the product is offered: (a) the statement "registered internet retailer of veterinary medicines"; (b) the contact details of the Secretary of State; and (c) a link to the published register. Further information is available at: https://www.legislation.gov.uk/uksi/2024/567/regulation/98/made Any online retailer of medicines must be registered and assessed by the VMD otherwise they are unable to sell medicines online.	
8.1.16	If a veterinary surgeon prescribes by written prescription (for supply by another veterinary surgeon or a pharmacist), in addition to the requirements for prescribing generally, he or she must: - Each time he or she prescribes the medicine advise on its safe administration and as necessary on any warnings or contra-indications on the label or package leaflet - Not prescribe more than the minimum amount required for	Use of the BVA prescription form is recommended. Use of the BVA Prescription form is recommended. Copies of written prescription forms must be available for the assessor to view. Details of written prescription requirements are available at: https://www.legislation.gov.uk/uksi/2024/567/regulation/101/made	Copies of three written prescriptions (this could include prescriptions for in feed medications;

	the treatment (see exemptions in Schedule 3 paragraph 7 of the VMR. There are specific requirements for the prescription of medicated feedingstuffs containing a veterinary medicinal product, as laid out in Schedule 5, paragraph 19 of the Veterinary Medicines Regulations (VMRs).	A written prescription must include: (a)the full name, address and contact details of the person prescribing the product, including that person's professional registration number (if available); (b)the full name, address and contact details of the animal owner or keeper; (c)the identification (including the species) of the animal or group of animals to be treated; (d)the premises at which the animals are kept if this is different from the address of the owner or keeper; (e)the issue date; (f)the signature or electronic signature of the prescriber; (g)the name and amount of the product prescribed; (h)the pharmaceutical form and strength of the product; (i)as regards veterinary medicinal products that are antibiotics which are prescribed for prophylactic purposes or metaphylactic purposes (as the case may be), a statement to that effect; (j)the dosage regimen; (k)any warnings necessary to ensure the proper use, including, where relevant, to ensure prudent use of antimicrobials; (l)the words "It is an offence under the Veterinary Medicines Regulations 2013 for a person to alter a written prescription unless authorised to do so by the person who signed it";	from the last 2 months prior to upload). 

		(m)for food-producing animal species, the withdrawal period or a statement that the withdrawal period is equal to zero days; and (n)if the prescription relates to a product prescribed under the cascade, a statement to that effect. Medicated feed prescription requirements have changed, these now required to state the disease to be treated/prevented, and the keeper must start feeding the animals within 5 days of the prescription being issued. Veterinary surgeons will need to work with feed mills to ensure the feed can get to the farmer within 5 days. Further information on Medicated Feedingstuffs prescriptions (MFSps) can be found in paragraphs 19 and 20 of Schedule 5 of the VMR. Please note, prescriptions for medicated feed follow a different format and must include: a) -the name and address of the person prescribing the product b) -the qualifications enabling the person to prescribe the product c) -the name and address of the keeper of the animals to be treated d) -the species of animal, identification and number of the animals e) -the premises at which the animals are kept if this is different from the address of the keeper f) -the diagnosed disease to be treated, or, if an immunological or antiparasitic without antimicrobial effect, prevented g) -the date of the prescription h) -the signature or other authentication of the person prescribing the product i) -the name, the active substance, the amount of the product prescribed and the inclusion rate of the medicinal premix and resulting inclusion rate of the active substance	

		j) -the dosage and administration instructions k) -any necessary warnings l) -a statement that the prescription may not be re-used m) -the withdrawal period n) -the manufacturer or the distributor of the feedingstuffs; who must be authorised for the purpose, whichever is the supplier to the end user o) -if the validity exceeds one month, a statement that not more than 31 days' supply may be provided at any time p) -the name, type and quantity of feedingstuffs to be used q) -the overall amount of feedingstuff to be supplied under the prescription r) -any special instructions s) -the percentage of the prescribed feedingstuffs to be added -to the daily ration -if it is prescribed under the cascade, a statement to that effect.	
8.1.17	Having prescribed a POM-V, POM-VPS or a veterinary medicine under the cascade, if the veterinary surgeon is not present when the medicine is handed over, they must: - Authorise each transaction individually before the medicine is supplied - Be satisfied that the person handing it over is competent to do so.	• A veterinary surgeon could meet the requirement to authorise each transaction by: Handing over a medicine personally following a consultation, or instructing a fellow team member to supply the medicine • Making a note on a client's record that repeat prescriptions could be supplied to the client • A team member taking a call from a client and putting a medicine aside for the veterinary surgeon to authorise before being supplied • In the case of a client unexpectedly coming into the practice, by a phone call to the veterinary surgeon, to authorise the supply Note: - A Suitably Qualified Person (SQP) under the VMR is under similar requirements for the prescription and supply of POM-VPS medicines.	

		- For Prescribing POM-V's, please see Under Care guidance changes: 'Under care' - new guidance - Professionals (rcvs.org.uk)	
8.1.18	If a veterinary surgeon or SQP supplies an NFA-VPS they must: - Be satisfied that the person who will use the medicine will do so safely, and intends to use it for the purpose for which it is authorised - Each time the medicine is supplied, advise on its safe administration and on any warnings or contraindications on the label or package leaflet - Not supply more than the minimum amount required for the treatment (see exemptions in Schedule 3, paragraph 7 of the VMR) -	In the case of SQPs, assessors will ask to see an SOP for procedures for supplying POM-VPS/NFA-VPS. The reason for prescribing a veterinary medicinal product must be recorded (unless supplied from a written prescription). Clinical notes are adequate to demonstrate this. In the case of an SQP, a record of the reason for prescribing the product must be made (enough information to justify the right product has been prescribed) and these records must be retained for 5 years.	
8.1.19	In the case of supply of sheep dips, the customer/user must provide a certificate of competence in the safe use of sheep dips and must be provided with two pairs of gloves with every product prescribed and supplied, as well as a laminated notice. Sheep dip certificate numbers must be retained for at least three years.		
8.1.20	All containers and outer packs dispensed by the practice must be legibly and indelibly labelled with sufficient information.	Medicines other than POM-Vs: All such medicines supplied by the practice must be labelled in accordance with the VMR. Generally, such medicines must be supplied in a container (with labelling) specified in the marketing authorisation for the medicine. It is advised that, in addition, such medicines are labelled with the name and address of the practice supplying the medicine.	

		POM-V: All POM-V medicines supplied by the practice must be labelled with the following information: - The name and address of the animal owner - Name of the veterinary surgeon who has prescribed the product. A veterinary surgeon's initials or a code may only be used where they can be traced back to an individual. - The name and address of the veterinary practice supplying the medicine - The date of supply - The words "keep out of the reach of children" - The words "for animal treatment only" unless the package or container is too small for it to be practicable to do so - The words "for external use only" for topical preparations - The name and quantity of the product, its strength and directions for use Medicines supplied for use under the Cascade: Medicines for supply under the Cascade, must include the following additional information: - Identification (including species) of the animal or group of animals And, unless already specified on the manufacturer's packaging: - Any special precautions - The expiry date - Any necessary warnings for the user, target species, administration or disposal of the product - A specified withdrawal period.	

8.1.21	Veterinary medicinal products must be supplied in appropriate containers.	For loose tablets, gloves must be worn when handling. Loose tablets and capsules must be dispensed in crush-proof and moisture-proof containers. Sachets and manufacturers' strip or blister pack medicines should be dispensed in paperboard cartons, wallets or paper envelopes. A veterinary surgeon may break open any package containing a VMP. Where VMPs are supplied in a container other than that specified in the MA, the veterinary surgeon must ensure that the container is suitably labelled and must supply sufficient written information to enable the product to be used safely e.g. a copy of the SPC or package leaflet can be provided, or appropriate information such as usage instructions, warnings and contraindications can be included on the dispensing label.	
8.1.22	Practices must make clients aware that they can request a prescription.	Advise clients, by means of a large and prominently displayed sign or signs (in the waiting room or other appropriate area), with reference to the following: - "Prescriptions are available from this practice." - "You may obtain Prescription Only Medicines Veterinary, (POM-Vs) from your veterinary surgeon OR ask for a prescription and obtain these medicines from another veterinary surgeon or a pharmacy." - "Your veterinary surgeon may prescribe POM-Vs only for animals under their care." - "A prescription may not be appropriate if your animal is an in-patient or immediate treatment is necessary." - "You will be informed, on request, of the price of any medicine that may be dispensed for your animal." - "The general policy of this practice is to re-assess an animal requiring repeat prescriptions every [xx] months, but this may vary with individual circumstances. The standard charge for a re-examination is £ [xx]." - "Further information on the prices of medicines is available on request."	Copy of notice and information for new clients. 

		The practice should provide new clients with a written version of the information set out in the sign or signs referred to above, which may be set out in a practice leaflet or client letter or terms of business document. On a continuing basis, the practice should take reasonable steps to ensure that all clients are provided with a written version of the information set out in the sign or signs referred to above, which may be set out in a practice leaflet or client letter. Reasonable steps may include a combination of practice leaflets, client letters, and information on practice websites.	
8.1.23	The practice must provide the price of any relevant veterinary medicinal product stocked or sold, to clients or other legitimate enquirers making reasonable requests.	If requested, the practice must inform clients of the price of any medicine to be prescribed or dispensed. Where possible and relevant, inform clients of the frequency and charges regarding further examinations of animals requiring repeat prescriptions. Provide clients with an invoice that distinguishes the price of relevant veterinary medicinal products from other charges and, where practicable, provide clients with an invoice that distinguishes the price of individual relevant veterinary medicinal products.	
8.1.24	Medicines must be used in accordance with the legislation commonly referred to as the Cascade.	Assessors will wish to see evidence that Cascade medicines are clearly identified to owners who give informed consent for their use. Written forms for signature are expected. Human generic preparations must not be used other than under Veterinary Medicines Guidance Note The Cascade: Prescribing unauthorised medicines, which allows for the welfare of animals to be a primary consideration in the choice of treatment: https://www.rcvs.org.uk/vmd-cascade. In the first instance a veterinary surgeon should prescribe a medicine authorised in the jurisdiction where they are practising, for use in the target species, for the condition being treated, and used at the manufacturer's recommended dosage. Where there is no such medicine available, the veterinary	Protocol for unauthorised medicine use. 

		surgeon responsible for treating the animal(s) may, in particular to avoid unacceptable suffering, treat the animal(s) in accordance with the Cascade. See paragraphs 4.14 to 4.22 of the supporting guidance for the Code of Professional Conduct for further guidance on prescribing under the cascade: https://www.rcvs.org.uk/vetmeds. Misuse of the cascade: A person must not promote or facilitate any purported use of the cascade.	
8.1.25	Consent for products supplied under the Cascade is required.	Assessors will wish to see evidence that Cascade medicines are clearly identified to owners who give informed consent for their use. Written forms for signature are expected. It is not acceptable to use an all embracing "general" lifelong consent for any and all off-label products that might be given to any animal. Specific consent needs to be obtained for each unauthorised medicine used, however it is acceptable where there is a specific ongoing condition requiring unauthorised medicine for a lifelong consent form to be used for that particular medicine in that particular animal. Similarly in the case of exotics where there are no licensed products available, it is acceptable to use lifetime consent. Assessors will ask to see completed off-label forms not just that a stock of blank forms is held. Copies of prescriptions must be available for the assessor to view. The VDS can supply a suitable template for these consent forms: https://www.rcvs.org.uk/vds.	Completed consent forms.

8.1.26	A suspected adverse event or lack of efficacy to a veterinary medicine must be reported promptly to the VMD and/or manufacturer.	A protocol is required that recognises when the use of adverse event reporting is necessary. This should be noted on the clinical records. Reporting forms are available on the VMD's website: https://www.rcvs.org.uk/vmd-ad-react.	Protocol for suspected adverse event reporting. 
8.1.27	No wholesale dealing must take place of medicines unless the practice holds an appropriate Wholesale Dealers Authorisation (WDA).	Emergency supply of medicines to another practice would be permitted. Only a holder of a manufacturing authorisation or the holder of a wholesale dealer's authorisation may supply a veterinary medicinal product wholesale or be in possession of it for that purpose. If the supply is to a veterinary surgeon, a pharmacist or a suitably qualified person, the medicines it must be delivered to the registered practice premises. https://www.gov.uk/guidance/apply-for-a-veterinary-medicine-wholesale-dealers-authorisation-wda#when-you-need-a-wda	
8.1.28	A practice must be able to demonstrate that when using antimicrobials, it does so responsibly and is accountable for the choices made in such use. A person who prescribes antimicrobials must ensure that the product is prescribed for the most limited period that is consistent with the risk to be addressed.	When prescribing antibiotics, antifungals, antiparastics and antivirals, please see Under Care new guidance: 'Under care' - new guidance - Professionals (rcvs.org.uk) A veterinary surgeon may not prescribe a veterinary medicinal product which is an antibiotic for prophylactic purposes except in exceptional circumstances. In these circumstances, the rationale for prescribing must be clearly recorded (for example in the clinical notes) by the veterinary surgeon prescribing it and a management review is carried out by the be the veterinary surgeon at, or as soon as practicable, to identify factors and implement measures to eliminate the need for any future such administration. Prophylactic use must not be used routinely; (a) to compensate for poor hygiene, inadequate animal husbandry, or poor farm management practices; or	Protocol for responsible use of antimicrobials and anthelmintics. 

		(b) used to promote growth or increase yield A veterinary surgeon who prescribes a veterinary medicinal product which is an antibiotic must make a record of the satisfaction of the relevant conditions for the purposes of its use and keep that documentation for at least five years. The development and spread of antimicrobial resistance is a global public health problem that is affected by use of these medicinal products in both humans and animals. Veterinary surgeons must be seen to ensure that when using antimicrobials they do so responsibly, and be accountable for the choices made in such use. Resistance to anthelmintics in grazing animals is serious and on the increase; veterinary surgeons must use these products responsibly to minimise resistance development Antimicrobials advice is available from the BVA: https://www.rcvs.org.uk/bva-amr as well as their antimicrobials poster for use in practice: https://www.rcvs.org.uk/bva-amr-plan Examples of what assessors might look at - policy, medical records, poster, meetings where they created perioperative antibiotic protocol. Assessors will also talk to practice team members. Examples of what assessors might look at - policy, medical records, poster, meetings where they created perioperative antibiotic protocol. Assessors will also talk to practice team members. Farm Vet Champions - The free learning modules cover technical species-specific modules, vet-farmer communication skills and behaviour change principles, the legal use of veterinary medicines, policies, and One Health aspects of antibiotic prescribing and stewardship. https://www.rcvs.org.uk/setting-standards/practice-standards-scheme/pss-training-and-resources/	

8.1.29	For medicines requiring special handling e.g. cytotoxic/cytostatic/certain hormones the practice has in place SOPs for their storage, administration and disposal.	The development and spread of antimicrobial resistance is a global public health problem that is affected by use of these medicinal products in both humans and animals. Veterinary surgeons must be seen to ensure that when using antimicrobials they do so responsibly, and be accountable for the choices made in such use. Resistance to anthelmintics in grazing animals is serious and on the increase; veterinary surgeons must use these products responsibly to minimise resistance development. Antimicrobials advice is available from the BVA: https://www.rcvs.org.uk/bva-amr as well as their antimicrobials poster for use in practice: https://www.rcvs.org.uk/bva-amr-plan Examples of what assessors might look at - policy, medical records, poster, meetings where they created perioperative antibiotic protocol. Assessors will also talk to practice team members.	SOP for cytotoxic medicine use. 
8.1.30	A practice has a written policy regarding the prescribing of HP-CIA (highest priority critically important antibiotics which consist of fluoroquinolones, 3rd and 4th generation cephalosporins and colistin). This will include culture and sensitivity to show that no other, non-critical antimicrobials could be used in the place of a HP-CIA as a first-line treatment. It will also include the requirement that, if an HPCIA is used in exceptional circumstances (e.g. in a critical situation or pending culture results), an explicit justification should be included on the animal's clinical record.	The development and spread of antimicrobial resistance is a global public health problem that is affected by use of these medicinal products in both humans and animals. The aim is to reduce the use of antibiotics considered to contribute to antimicrobial resistance. In each and every situation where HP-CIAs are deemed necessary, culture and sensitivity should be carried out. If the farm history suggests that an HP-CIA is the most appropriate choice, these can be used only while awaiting results of diagnostics. Ongoing use of HP-CIAs is justified only with evidence of continued resistance to alternative treatments being demonstrated. Disc diffusion is the standard method of assessing antimicrobial sensitivity in diagnostic laboratories. The results are recognised as providing a useful guide, but in vitro sensitivity or resistance does not always correlate with in vivo sensitivity or resistance. The results should, therefore, be used in the context of the clinical response on-farm and the	Written policy on prescribing HP-CIAs. 

		pharmacokinetic/pharmacodynamic properties of each antimicrobial.. Information on the antimicrobials contained within the group HP-CIA can be found on https://www.rcvs.org.uk/noah-cias . The RUMA Guidelines on Responsible Use of Antimicrobials can be found on https://www.ruma.org.uk/antimicrobials/. The Pig Veterinary Society (PVS) have published guidance on antimicrobial use which can be found on the open part of its website https://www.rcvs.org.uk/pvs . Farm Vet Champions - The free learning modules cover technical species-specific modules, vet-farmer communication skills and behaviour change principles, the legal use of veterinary medicines, policies, and One Health aspects of antibiotic prescribing and stewardship. https://www.rcvs.org.uk/setting-standards/practice-standards-scheme/pss-training-and-resources	
8.1.31	A practice must be able to demonstrate that when using endoparasiticides, it does so responsibly, and is accountable for the choices made in such use.	*As regards prescribing endoparasiticides, please see Under Care new guidance: 'Under care' - new guidance - Professionals (rcvs.org.uk)* *Endoparasiticides are linked to various environmental concerns such as the development of resistance.*	

		In particular, the resistance to anthelmintics in animals is serious and on the increase; veterinary surgeons must use these products responsibly to minimise resistance development. *Examples of what assessors might look at include: policy, medical records, poster, meetings where anthelmintics has been discussed. Assessors will also talk to practice team members.*	
8.1.32	A practice must be able to demonstrate that when using ectoparasiticides, it does so responsibly, and is accountable for the choices made in such use.	*As regards prescribing ectoparasiticides, please see Under Care new guidance: 'Under care' – new guidance – Professionals (rcvs.org.uk)* *Ectoparasiticides are linked to various environmental concerns such as the development of resistance and damage to ecosystems. A recent study highlighted ectoparasiticides as a source of pollution for aquatic ecosystems (Potential role of veterinary flea products in widespread pesticide contamination of English rivers - ScienceDirect).*	
8.1.33	When prescribing antimicrobials, antifungals, antiparasiticides and antivirals in production animals, the veterinary surgeons should have attended and inspected the premises and physically examined at least one representative animal prior to prescribing, or recently enough unless there are exceptional circumstances.	As per the Under Care guidance changes: 'Under care' – new guidance – Professionals (rcvs.org.uk) Veterinary surgeons should be prepared to justify their decision in cases where these medicines are prescribed without a physical examination ever having taken place and/or where there has been not attendance at the premises, and an	

		explanation of the relevant exceptional circumstances should be set out in the clinical records. When prescribing antibiotics, antifungals, antiparasitics or antivirals for production animals, farmed aquatic animals and game, veterinary surgeons should ensure they have an in-depth knowledge of the premises, including its production systems, the environment, disease challenges and the general health status of the herd, flock or group. Veterinary surgeons should have attended and inspected the premises and physically examined at least one representative animal prior to prescribing, or recently enough to ensure they have adequate current information and knowledge to prescribe responsibly and effectively, taking into account any available production data and diagnostic laboratory results. In exceptional cases where this is not possible, or in sectors such as large-scale commercial poultry and fish enterprises, and antimicrobials are prescribed without conducting a physical examination, veterinary surgeons should be prepared to justify their decision and to record this justification in the clinical notes. For the factors relevant to whether a physical examination is required, please see paragraph 4.14 of the RCVS' guidance, linked above. Where samples are obtained for the purpose of testing following a physical examination, it is acceptable for a veterinary surgeon to prescribe antibiotics, antifungals, antiparasiticides and antivirals based on the results of those contemporaneous tests without the need for a further physical examination	

8.1.34	When prescribing a controlled drug to an animal, veterinary surgeons should in the first instance carry out a physical examination in all but exceptional circumstances.	The veterinary surgeon must be prepared to justify their decision where no physical examination has taken place. This justification should be recorded in the clinical notes. It is acceptable to issue a further prescription for that controlled drug without a physical examination, however veterinary surgeons should carry out a further clinical assessment to ensure they have enough information to do so safely and effectively. Please read our further guidance on prescribing controlled drugs.	
8.1.35	Practices must be able, on a 24/7 basis, to attend the premises and physically examine one representative animal if required.	Where a veterinary surgeon is not able to provide this service themselves, another veterinary service provider may do so on their behalf. It is the veterinary surgeon's responsibility to make these arrangements and it is not sufficient for the client to be registered at another practice. This arrangement should be in line with paragraphs 3.4 -3.6 of Chapter 3: 24-hour emergency first-aid and pain relief, made in advance before veterinary services are offered and confirmed in writing as part of the conditions of service agreed by the client. Veterinary surgeons should provide clients with full details of this arrangement, including relevant telephone numbers, location details, when the service is available and the nature of service provided. Where an animal is under the care of more than one veterinary surgeon, those veterinary surgeons should keep each other informed of any relevant clinical information.	

Module 8: Medicines

General Practice

To achieve a General Practice accreditation you will need to adhere to all of the points below and those included under Core Standards.

Point	Requirements	Guidance notes	Documents
8.2.1	All team members involved in dispensing medication must be trained and there must be protocols in place, including systems to reduce errors.	Training can be internal by means of SOPs. Systems to reduce errors should include double checking systems for dispensed medicines.	
8.2.2	All labels must be mechanically or machine produced, handwritten labels are not acceptable.	Handwritten labels for ambulatory practitioners or those on visits are considered acceptable for reasons of practicality, as the majority of details (i.e. veterinary practice address) are pre-printed onto labels the additional information can be added by hand.	
8.2.3	The practice has a protocol for antimicrobial use in common conditions encountered.	These should have been drawn up following clinical team discussion and considering the evidence base. This will encourage clinical discussion and consistency but should not interfere with clinical freedom. Assessors will require an example of a written protocol.	Written protocol.
8.2.4	If unauthorised medicines are prescribed under the cascade there is a treatment protocol made available for the client to follow.		
8.2.5	The practice regularly reviews the medicines usage on the farms under their care.		

Award Points

This module contributes towards the Awards in Team and Professional Responsibility and Advisory/Consultation Service; you will also need to have completed all of the points listed under Core Standards and General Practice.

Point	Requirements	Behaviours	Guidance notes	Documents	Points
8.5.1	A team member has recently attended further training in dispensing and medicines legislation.	Team members that receive the training ensure that there is transfer of knowledge to other members of the practice team.	This might include an external course, webinar, online resources and documented self-study. Course length should be one day if given by a course provider e.g. BSAVA dispensing course or 5 hours in length if self-study or webinar is undertaken. Evidence through team members' training records that the knowledge gained from such a course has been disseminated to other team members.	Evidence of attendance at course or access to online CPD records.	30
8.5.2	The practice has a designated person responsible for the running of the dispensary.		This person would be expected to ensure that dispensary SOPs are available and the team is trained in their use.	Name of designated person and list of their responsibilities.	30
8.5.3	The practice has a designated person responsible for auditing Controlled Drugs by checking the		This person must be a veterinary surgeon or RVN.	Name of designated person and list	20

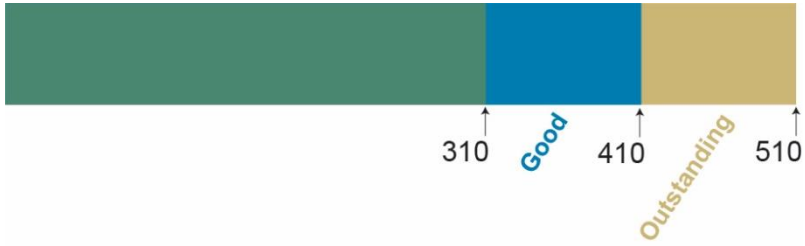
	Register balance and the amount in stock at least weekly.		In the absence of the designated person an appropriate deputising system is in place.	of their responsibilities. 	
8.5.4	The practice employs a Suitably Qualified Person (SQP).		An SQP as defined by AMTRA / Vet Skill / Vetpol.	Copy of SQP certificate. 	10
8.5.5	The practice has appointed an antibiotic guardian(s) to oversee the appropriate use of HP-CIAs and adherence to the written policy on the prescription of these.		The antibiotic guardian(s) should be appointed in writing and there should be a list of their duties.	Letter of appointment of antibiotic guardian(s).  List of duties. 	30
8.5.6	The practice has systems in place to monitor the appropriate use of HP-CIAs.				20
8.5.7	The dispensary has a clearly demarcated work surface for the preparation of prescriptions and medications.				10
8.5.8	The PMS identifies unauthorised products used under the Cascade and prompts the user to label correctly and use appropriate consent forms.				20

8.5.9	The PMS automatically labels unauthorised products used under the Cascade correctly and automatically produces a consent form.				10
8.5.10	There is a system in place for the collection of medicines out-of-hours.		A degree of secure access and environmental controls should be considered.	SOP or protocol. 	10
8.5.11	There is a system in place for the delivery or collection of dispensed medicines.		This applies to systems inside the clinic and to out-of-hours medicine collection arrangements. There is a clear storage system for medications awaiting collection by clients, or delivery to clients, that ensures they are held under the appropriate conditions. There should be a system in place to audit those medicines not collected.		10
8.5.12	Injectable medicines drawn up into syringes are appropriately labelled if they are not to be used immediately.		Identification of the product, when it was drawn up and by whom. A protocol is in place to ensure syringes are correctly disposed of within an appropriate timeframe if not used.		10
8.5.13	The practice uses SOPs, which should include systems in place for handling veterinary medicines.	Assessors will look for evidence that the SOPs are used and their use is monitored.		SOPs. 	10

8.5.14	The practice uses SOPs, which should include systems in place for stock and date control.	Assessors will look for evidence that the SOPs are used and their use is monitored.		SOPs. 	10
8.5.15	The practice uses SOPs, which should include systems in place for placing orders.	Assessors will look for evidence that the SOPs are used and their use is monitored.		SOPs. 	10
8.5.16	The practice uses SOPs, which should include systems in place for unpacking drug orders.	Assessors will look for evidence that the SOPs are used and their use is monitored.		SOPs. 	10
8.5.17	The practice uses SOPs, which should include systems in place for labelling medicines.	Assessors will look for evidence that the SOPs are used and their use is monitored.		SOPs. 	10
8.5.18	The practice uses SOPs, which should include systems in place for temperature and environmental monitoring protocols.	Assessors will look for evidence that the SOPs are used and their use is monitored.		SOPs. 	10
8.5.19	The practice uses SOPs, which should include systems in place for disposal of out of date and returned medicines.	Assessors will look for evidence that the SOPs are used and their use is monitored.		SOPs. 	10
8.5.20	The practice uses SOPs, which should include systems in place to prevent errors when dispensing medicines.	Assessors will look for evidence that the SOPs are used and their use is monitored.		SOPs. 	10
8.5.21	The practice has a system in place for updating all members of the practice team on new products or	The practice updates team members regularly.	This could be via a new product notice board, monthly updates at		20

	changes in the SPCs for current products.		practice meetings or NOAH updates.		
8.5.22	The practice has a protocol for endo-parasiticide and ecto-parasiticide use.		These should have been drawn up following clinical team discussion and considering the evidence base. This will encourage clinical discussion and consistency but should not interfere with clinical freedom. Assessors will require an example of a written protocol.	Written protocol. 	30
8.5.23	The practice communicates to its clients how repeat prescriptions are ordered and dispensed.				10
8.5.24	The practice provides information to its clients on appropriate and responsible medicine usage.				20
8.5.25	Clients are guided by their vets with regards to responsible and knowledgeable medicine use.		On farm treatment protocols for farmers are provided for the most common conditions seen on that farm.		30
8.5.26	The practice works with clients to ensure the appropriate use of antimicrobials and anthelmintics.				20
8.5.27	Client education is provided to help farmers deal with and avoid future bulk milk tank failures.		For example, through the MilkSure course (https://www.rcvs.org.uk/milksure).		20

8.5.28	The practice provides training for farm staff members responsible for administering medicines.		This should ensure competence in: - Medicine handling - Administration - Storage - Recording requirements - Avoiding residues - Appropriate use		30
8.5.29	The practice has ready access to appropriate and current reference materials relevant to the use of medicinal products.		These could be the BVA guide, the BSAVA formulary, the BEVA formulary app and/or VMD guidance notes.		10
8.5.30	If the practice is an internet retailer they are accredited by the VMD under the Accredited Internet Retailer Scheme (AIRS).				10
8.5.31	Dispensing procedures are subject to clinical audit.	Open, honest analysis with clear actions and no barriers to feedback.	These could be outcome, process or significant event audits. Near misses should also be discussed.	Audit report.	20
			TOTAL POINTS AVAILABLE:		**510**
			OUTSTANDING:		**410**
			GOOD:		**310**



Module 9: Medical Records

Core Standards

Point	Requirements	Guidance notes	Documents
9.1.1	The practice must maintain an efficient system of documenting and filing clinical records. It must also comply with the General Data Protection Regulations.	See chapter 13 in the supporting guidance for the *RCVS Code of Professional Conduct*: https://www.rcvs.org.uk/records. The GDPR is important because it increases the regulatory burden and obligations on organisations and strengthens the rights of individuals. Practices should make themselves aware of their obligations under the GDPR. 'GDPR - RCVS information and Q&As' can be downloaded from the RCVS website at: https://www.rcvs.org.uk/gdpr-qandas-2. We would also like to draw your attention to the RCVS supplementary guidance on this area as GDPR arises in a variety of different aspects of practice. Please refer to this link for supplementary guidance: https://www.rcvs.org.uk/gdpr. For retention of clinical records, we do not specify a period for retention but would highlight that the indemnity insurers have historically advised such records are retained for seven years (six years is the maximum limitation period for most civil claims, plus one year). Practices will be aware that record-keeping requirements for veterinary medical products are set out within the Veterinary Medicines Regulations. Furthermore, records for the retail supply (incl. administration) of POM-V and POM-VPS medicines must be kept for five years. If the personal data you hold is no longer necessary for the specified purpose, then you should either delete it altogether or anonymise the information that would identify the person in	

		question. If in doubt speak to the ICO and your professional indemnity insurer. Under previous data protection law, organisations that process personal information are required to notify the ICO, as data controllers (unless exempt https://www.rcvs.org.uk/ico-gdpr), and explain what personal data is collected and what is done with it. Organisations are also required to pay a notification fee, based on their size which is currently £35 to £500. Under GDPR there is no longer be a requirement to notify the ICO in this way, however there will still be a legal requirement for data controllers to pay the ICO the data protection fee outlined above.	
9.1.2	Records must be maintained for each animal or group. There must be adequate back-up for computerised records.		Protocol for back-up of computerised records. 
9.1.3	Records must be maintained so that any veterinary surgeon coming into the practice may, by reading the records, be able to proceed with the continuity of care of the patient.	Clinical and client records should include details of examination, treatment administered, procedures undertaken, medication prescribed and/or supplied, the results of any diagnostic or laboratory tests (including, for example, radiograph, ultrasound or electrocardiogram images or scans), provisional or confirmed diagnoses, and advice given to the client (whether over the telephone or in person). They should also include outline plans for future treatment or investigations, details of proposed follow-up care or advice, notes of telephone conversations, fee estimates or quotations, consents given or withheld, contact details and any recommendations or discussion about referral or re-direction.	

		The utmost care is essential in writing records or recording a client's personal details to ensure that they are clear, legible, accurate and appropriately detailed. Clinical and client records should be objective and factual, and veterinary surgeons and veterinary nurses should avoid making personal observations or assumptions about a client's motivation, financial circumstances or other matters.	
9.1.4	Any alterations or corrections to clinical records, whether written or electronic, are clearly recorded in an audit trail.	If clinical records are altered after initial entry, the changes must be logged (date and time, and by whom).	
9.1.5	At the request of a client or veterinary surgeon, copies of any relevant clinical and client records and similar documents including results of imaging, must be provided within a reasonable period.	See chapter 13 in the supporting guidance for the *RCVS Code of Professional Conduct*: https://www.rcvs.org.uk/records. Veterinary surgeons must keep clear, accurate and detailed clinical and client records. Team members must be aware of the requirements of relevant General Data Protection Regulations.	
9.1.6	Before any diagnostic or surgical procedure is performed on an animal, informed consent must be obtained.	Informed consent, which is an essential part of any contract, can only be given by a client who has had the opportunity to consider a range of reasonable diagnostic and treatment options (including euthanasia), with associated fee estimates and had the significance and main risks explained to them e.g. record of verbal discussion or consent forms. For non-urgent procedures, the consent discussion should take place in advance of the day of the treatment/procedure where possible. Further guidance on informed consent is available from the RCVS website: https://www.rcvs.org.uk/consent. It is recognised that in an emergency it may be necessary to perform procedures without prior consent.	

9.1.7	Likely charges must be discussed with clients and updated as necessary.	Discussion should take place with the client covering a range of diagnostic and treatment options and prognoses (including euthanasia), and the likely charges (including ancillary or associated charges, such as those for medicines/anaesthetics and likely post-operative care) so as to ensure that the client is in a position to give informed consent. The practice must be able to provide written financial estimates on request and an agreement on any financial limits. The practice should be able to demonstrate procedures in place to update and inform clients of ongoing costs. This is particularly important when ongoing costs are about to exceed the previously agreed estimate.	
9.1.8	Itemised invoices must be available at the request of the client.	Itemised invoices may be produced by computer or manually and must include a breakdown of services, drugs and consumables, VAT and any surcharges.	Itemised invoices.

9.1.9	Veterinary surgeons are aware of their professional obligations in relation to their communications with each other and when sharing or taking over care of a new client.	When an animal is initially presented, a veterinary surgeon should ask whether the animal is already receiving veterinary attention or treatment and, if so, when it was last seen; then, contact the original veterinary surgeon for a case history. It should be made clear to the client that this is necessary in the interests of the patient. If the client refuses to provide information, the case should be declined. Where different veterinary surgeons are treating the same animal, or group of animals, each should keep the other informed of any relevant clinical information, so as to avoid any danger that might arise from conflicting advice, or adverse reactions arising from unsuitable combinations of medicines. Even where two veterinary surgeons are treating different groups of animals owned by the same client, each should keep the other informed of any problem that might affect their work. See Chapter 5 in the supporting guidance for the *RCVS Code of Professional Conduct* for further information: https://www.rcvs.org.uk/communication.	

Module 9: Medical Records

General Practice

To achieve a General Practice accreditation you will need to adhere to all of the points below and those included under Core Standards.

Point	Requirements	Guidance notes	Documents
9.2.1	Complete records must contain the following information, where applicable: - Owner identification: • Name • Address • Contact telephone numbers - Patient identification: • Species • Breed • Age • Sex • Ear-tag number and freeze-brand - Clinical information: • Dates of all examinations, investigations, treatments • Author of clinical records • History and details of clinical examination, investigations provisional diagnosis and treatments • Medicine batch numbers and withdrawal periods • Special considerations e.g. abnormal drug reactions by patient or client, concurrent clinical conditions • Repeat prescriptions e.g. authorisation and review date - External communications: • Referrals and laboratory reports • Consent forms and estimates	It is prudent to include plans for future treatment or investigations, details of proposed follow-up care or advice, notes of telephone conversations, fee estimates or quotations, consents given or withheld and contact details. The practice should have the ability to separate clinical and financial records so that clinical records can be forwarded without financial information. Clinical and client records should include details of examination, treatment administered, procedures undertaken, medication prescribed and/or supplied, the results of any diagnostic or laboratory tests, provisional or confirmed diagnoses, and advice given to the client. See Chapter 13 of the supporting guidance to the *RCVS Code of Professional Conduct* for further information: https://www.rcvs.org.uk/records.	Clinical records.

9.2.2	There is easy access to the farm medical record from associated clinical documentation; digitalised, scanned or paper.	E.g. laboratory reports, herd/flock health plans, Defra reports.	
9.2.3	Where there are hospitalised animals they must have in-patient sheets recording basic husbandry parameters, with timed and initialed entries: - Temperature - Pulse - Respiration - Treatments - Food and water intake - Urine and faeces output - Clinical signs - Demeanour		Hospital sheets.
9.2.4	The practice uses a computerised practice management system.	The computerised clinical records are accessible at all premises within the same practice group.	
9.2.5	The practice system is capable of passing patient records between premises within the same practice group.		
9.2.6	The practice system is capable of allowing vets to access medical records via a mobile device or via previous dockets left on a farm, to ensure clinical continuity.		
9.2.7	Signed consent forms are usually required for all clinical procedures when the patient is admitted to the care of a veterinary surgeon. This will include diagnostics, medical treatments, surgery and euthanasia.	Consent follows from discussions with the client. If treatment changes during the course of investigation, telephone consent is allowed, but should be recorded in the clinical records.	Signed consent forms.

9.2.8	The practice seeks written consent for major surgery and euthanasia.	Written consent follows from discussions with the client. It is accepted that in some emergency situations written consent may not be possible. This applies to animals seen at the owner's premises or at the practice.	Signed consent forms.

Module 9: Medical Records

Award Points

There are no Award points in this module.

Module 10: Technicians and Paraprofessionals

Core Standards

Point	Requirements	Guidance notes	Documents
10.1.1	Where veterinary nurses are carrying out work under Schedule 3 of the Veterinary Surgeons Act 1966, assessors will require evidence of suitable training.	Student veterinary nurses must be under direct and continuous supervision by a registered veterinary nurse or veterinary surgeon.	Training records.
10.1.2	Any practice team members that are involved in assisting with clinical animal activities are required to have appropriate training.	Evidence may be provided verbally, with assessors speaking to a cross-section of the team.	Training records.
10.1.3	Any member of the team carrying out triage or first aid on an animal must have had appropriate training.	Evidence may be provided verbally, with assessors speaking to a cross-section of the team.	Training records.

Module 10: Technicians and Paraprofessionals

General Practice

To achieve a General Practice accreditation you will need to adhere to all of the points below and those included under Core Standards.

Point	Requirements	Guidance notes	Documents
10.2.1	Paraprofessionals undertaking work for the practice must be appropriately trained.	This includes external paraprofessionals contracted by the practice. Their work should be monitored and reviewed by the practice. Best practice would involve including paraprofessionals in the practice arrangements for clinical governance.	Training records.
10.2.2	The practice has a written policy for liaison with veterinary paraprofessionals.	This would be expected to include an outline of role and responsibilities, and should be in place even where paraprofessionals (e.g. foot trimmers or veterinary technicians) are employed by the practice.	Written policy for liaison with veterinary para-professionals. 

Module 10: Technicians and Paraprofessionals

Award Points

There are no Award Points available in this module.

Module 11: Out-of-Hours

Core Standards

Point	Requirements	Guidance notes	Documents
11.1.1	Practices must take steps to provide 24-hour emergency cover for those species treated by the practice during normal working hours. For referral practices, this must include 24-hour availability in all disciplines, or they should, by prior arrangement, direct referring veterinary surgeons to an alternative source of appropriate assistance.	See Chapter 3 in the supporting guidance to the *RCVS Code to Professional Conduct* for further information: https://www.rcvs.org.uk/247care. Veterinary surgeons taking steps to provide emergency first aid and pain relief for animals should provide protocols for on-duty veterinary surgeons.	
11.1.2	Practices should facilitate the provision of first aid and pain relief to species not normally covered.	See Chapter 3 in the supporting guidance to the *RCVS Code to Professional Conduct* for further information: https://www.rcvs.org.uk/247care. Practices must demonstrate availability of information for species/cases outside of their competencies is available to on duty veterinary surgeons.	
11.1.3	It is acceptable for clients' initial contact to be with an automated or remote device such as an answering machine used to give a duty telephone number.	Where non-veterinary surgeons answer the phone the practice must demonstrate the provisions for contacting the duty veterinary surgeon.	

11.1.4	Practices should inform all clients of their out-of-hours (OOH) arrangements.	Clients should be provided with information on the emergency service, including relevant telephone numbers, location details and the likely initial costs of a consultation / visit. A written duty rota or formal written arrangement with an alternative veterinary surgeon/practice and by what means the practice informs clients of the out-of-hours arrangements should be available. Assessors may interview clients as to how they are informed of OOH arrangements. Practices should be aware that under GDPR rules, they do not require explicit consent of clients to notify of 24-hour emergency cover provision. Notifications about emergency cover may be sent without the explicit consent of the client, including by email. For further information please refer to: https://www.rcvs.org.uk/gdpr.	Client information on out-of-hours arrangements . 
11.1.5	When covering for another practice or providing out-of-hours services a written agreement must be entered into, including a protocol for handover of cases.		Copy of written agreement with other practice. 
11.1.6	Ideally informed consent and discussion of costs should precede treatment however in acute emergencies immediate first aid and pain relief should not be delayed.	Team members are aware of practice protocols in the case of acute emergencies.	
11.1.7	Proper safety precautions must be taken for team members on duty at night. An appropriate protocol for dealing with night-time calls must be in place. Suitable means must be	See Chapter 3 of the supporting guidance for the *RCVS Code of Professional Conduct* for further information: https://www.rcvs.org.uk/247care.	Protocol for night callers

	available to enable team members to call for immediate assistance when necessary.		and lone working. 
11.1.8	Limited-service providers should provide, or provide access to, 24-hour emergency cover that is proportionate to the service they offer.	Veterinary surgeons working for limited-service providers should ensure that the 24-hour emergency cover provision covers any adverse reaction or complication that could be related to procedures or examinations carried out, or medicines prescribed or used. limited-service providers do not have to provide this service themselves and may engage another veterinary provider to do so on their behalf. Where another provider is engaged, the arrangement should be in line with paragraphs 3.4 -3.6 of the supporting guidance, made before veterinary services are offered and confirmed in writing as part of the conditions of service agreed by the client. For most practices, the current day time opening hours and OOH arrangements will suffice. Practices offering remote services which include, or might include, prescribing POM-Vs to animals outside of their usual client base, will need to demonstrate the ability to attend the premises if required.	
11.1.9	Limited-service providers should provide, or provide access to, 24-hour emergency cover that is proportionate to the service they offer.	Veterinary surgeons working for limited-service providers should ensure that the 24-hour emergency cover provision covers any adverse reaction or complication that could be related to procedures or examinations carried out, or medicines prescribed or used. limited-service providers do not have to provide this service themselves and may engage another veterinary provider to do so on their behalf. Where another provider is engaged, the arrangement should be in line with paragraphs 3.4 -3.6 of the supporting guidance, made	

		before veterinary services are offered and confirmed in writing as part of the conditions of service agreed by the client. For most practices, the current day time opening hours and OOH arrangements will suffice. Practices offering remote services which include, or might include, prescribing POM-Vs to animals outside of their usual client base, will need to demonstrate the ability to physically examine the animals in question.	

Module 11: Out-of-hours

General Practice

To achieve a General Practice accreditation you will need to adhere to all of the points below and those included under Core Standards.

Point	Requirements	Guidance notes	Documents
11.2.1	Practices can only outsource their OOH provision to practices that meet or exceed their own level of accreditation.	This refers to the base categories of Core/General Practice for the species covered. This requirement does not relate to any Awards.	
11.2.2	If OOH cover is provided by veterinary surgeons not normally working with that species, or who are inexperienced, then suitable training, CPD and backup must be demonstrated.		CPD records or access to online CPD records.

Module 11: Out-of-hours

Award Points

There are no Award Points available in this module.

Module 12: Farm Consultation

Core Standards

Point	Requirements	Guidance notes	Documents
12.1.1	Consulting areas whether mobile or static should have equipment appropriate for the range of species treated in that area.	Minimum of a stethoscope and thermometer must be available for clinical examination. Minor surgical instruments such as scissors and forceps must be available. All equipment should be cleaned and disinfected after use between farms. A dynamic risk assessment should be performed to assess the suitability of the area.	
12.1.2	The practice must have a means of estimating the weight of species routinely treated.	Weight should be determined as accurately as possible using either scales or weight tapes.	
12.1.3	Equipment should be stowed so as not to risk accident or injury.		
12.1.4	A dynamic risk assessment of handling facilities must be performed.	Assessors will wish to discuss with team members how dynamic risk assessments are performed and see evidence of training in performing them.	
12.1.5	Contaminated items, waste materials (including sharps) must be transported and disposed according to regulations.	See Infection Control Module, Core Standard Requirement 5.1.10 regarding biosecurity policy and Practice Team Module, Core Standards requirement 14.1.33 regarding waste management. See also the BVA Good practice guide to	

		handling veterinary waste in England and Wales: https://www.rcvs.org.uk/bva-vet-waste.	
12.1.6	Vehicles routinely used for practice must be clean, tidy and well maintained and equipped sufficiently to enable basic procedures to be performed at the client's premises.	Assessors will view as many vehicles as practicable (ideally 50% of all vehicles) to be reasonably sure that this standard is met.	
12.1.7	If mobile phones have to be used whilst driving vehicles, a hands free kit must be available.	Hands free kits should not encourage mobile communication whilst driving.	
12.1.8	All vehicles should contain a clinical waste area and sharps bin.		
12.1.9	A client database should be provided with post codes for satellite navigation, and grid references for OS maps if relevant. This can be either in hard copy format (updated at least quarterly) or an online database accessible via a digital device.	Practices should be aware of their obligations under GDPR when handling client address details.	Client database.

Module 12: Farm Consultation

General Practice

Requirement 12.2.1 only applies if the practice sees patients at its premises. To achieve a General Practice accreditation you will need to adhere to all of the relevant points below and those included under Core Standards.

Point	Requirements	Guidance notes	Documents
12.2.1	The area used for unloading, loading and examination of large animal patients must be able to be secured to prevent escape of the patient.	The consultation area could, in certain circumstances, be in the back of a trailer. However, if animals are being off-loaded (and not examined on-trailer) the area must be secure. It would be acceptable to tailgate into a building so long as the vehicle was driven right up to the building. If unloading takes place into an open car park, there must be a gate to close off the car park. If unloading occurs there should be adequate restraint and handling facilities available to maintain safety of staff.	
12.2.2	All clinical team members must be provided with written guidelines for managing the clinical emergencies encountered commonly in the practice. There must be formal evidence of induction of team members at the outset of their employment.	If the practice can demonstrate that new clinical team members have access at all hours to a senior clinician to discuss cases, written guidelines would not be required although still advisable. The assessor would wish to confirm this arrangement with relevant clinicians.	Induction/ training records.
12.2.3	The practice must have access to advice from a service providing veterinary specific advice on the management of poisons.	It is not necessary to have a formal annual contract. An SOP to show how information is being accessed, for example via websites on a 'pay-as-you-go' basis would be acceptable. Evidence of a current contract should be provided or an SOP must show how to access the information in an emergency.	SOP or contract.

Award Points

This module contributes towards the Award in Advisory/Consultation Service; you will also need to have completed all of the points listed under Core Standards and General Practice.

Point	Requirements	Behaviours	Guidance notes	Documents	Points
12.5.1	CPD relevant to flock or herd health and production has been undertaken in the last four years by a team member and there is evidence of dissemination to the rest of the team.		This might include an external course, webinar, online resources or documented self-study. Course length should be one day if given by a course provider or 5 hours in length if self-study or webinar is undertaken. Assessors will expect team members to be able to discuss what they have learnt from CPD and what changes to practice have been made as a result.	Documented proof of farm animal practice CPD.	10
12.5.2	At least one MRCVS has completed a module of the CertAVP (or equivalent) relevant to farm animal practice and there is evidence of dissemination to the rest of the team.		This could be in sheep/cattle/camelids/pigs/poultry etc. Assessors will expect the team members to be able to discuss what they have learnt from the module and what changes to practice have been made as a result.	Proof of module.	20

12.5.3	At least one MRCVS has a post-graduate qualification relevant to farm animal practice and there is evidence of dissemination to the rest of the team.	This person will be expected to be involved in drawing up and implementing protocols and team training in farm animal practice.	This includes AP status or a relevant old style Certificate. If the individual concerned is not a permanent team member they should make regular visits to the practice appropriate to the case load and discipline concerned and they should play an active role in developing protocols and behaviours in that discipline.	Proof of qualification. 	30
12.5.4	Provision of advanced reproductive services (female).		The practice has at least one team member who is suitably trained and has the necessary equipment to perform embryo transfer.		20
12.5.5	Provision of advanced reproductive services (male).		The practice has at least one team member who is suitably trained and has the necessary equipment to perform fertility testing on male farm animals.		20
12.5.6	Provision of mobile handling facilities.	The practice has access to mobile handling facilities suitable for the type of stock regularly dealt with.			20

12.5.7	Written management guidelines/recommendations are in place for lameness.	This will encourage clinical discussion and consistency but should not interfere with clinical freedom.	These should have been drawn up following clinical team discussion and considering the evidence base. Assessors will look for evidence that the guidelines are used and their use is monitored. This includes seeing practical examples looking at case records and talking to team members. This helps to provide continuity of care when locums are used or new veterinary surgeons are employed.	Written management guidelines.	10
12.5.8	Written management guidelines/recommendations are in place for nutritional management.	This will encourage clinical discussion and consistency but should not interfere with clinical freedom.	These should have been drawn up following clinical team discussion and considering the evidence base. Assessors will look for evidence that the guidelines are used and their use is monitored. This includes seeing practical examples looking at case records and talking to team members. This helps to provide continuity of care when locums are used or new veterinary surgeons are employed.	Written management guidelines.	10

12.5.9	Written management guidelines/recommendations are in place for mastitis and milk quality.	This will encourage clinical discussion and consistency but should not interfere with clinical freedom.	These should have been drawn up following clinical team discussion and considering the evidence base. Assessors will look for evidence that the guidelines are used and their use is monitored. This includes seeing practical examples looking at case records and talking to team members. This helps to provide continuity of care when locums are used or new veterinary surgeons are employed.	Written management guidelines.	10
12.5.10	Written management guidelines/recommendations are in place for respiratory disease.	This will encourage clinical discussion and consistency but should not interfere with clinical freedom.	These should have been drawn up following clinical team discussion and considering the evidence base. Assessors will look for evidence that the guidelines are used and their use is monitored. This includes seeing practical examples looking at case records and talking to team members. This helps to provide continuity of care when locums are used or new veterinary surgeons are employed.	Written management guidelines.	10

12.5.11	Written management guidelines/recommendations are in place for biosecurity.	This will encourage clinical discussion and consistency but should not interfere with clinical freedom.	These should have been drawn up following clinical team discussion and considering the evidence base. Assessors will look for evidence that the guidelines are used and their use is monitored. This includes seeing practical examples looking at case records and talking to team members. This helps to provide continuity of care when locums are used or new veterinary surgeons are employed.	Written management guidelines.	10
12.5.12	Written management guidelines /recommendations are in place for notifiable diseases.	This will encourage clinical discussion and consistency but should not interfere with clinical freedom.	These should have been drawn up following clinical team discussion and considering the evidence base. Assessors will look for evidence that the guidelines are used and their use is monitored. This includes seeing practical examples looking at case records and talking to team members. This helps to provide continuity of care when locums are used or new veterinary surgeons are employed.	Written management guidelines.	10

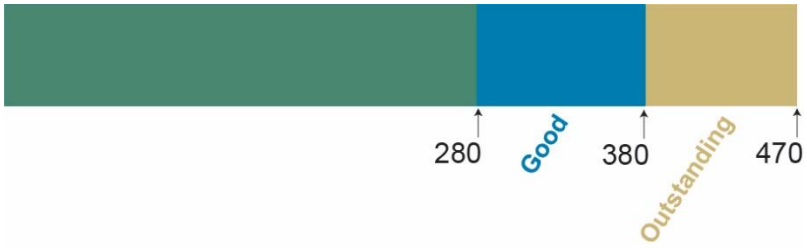
12.5.13	Written management guidelines /recommendations are in place for dystocia and obstetrical emergencies.	This will encourage clinical discussion and consistency but should not interfere with clinical freedom.	These should have been drawn up following clinical team discussion and considering the evidence base. Assessors will look for evidence that the guidelines are used and their use is monitored. This includes seeing practical examples looking at case records and talking to team members. This helps to provide continuity of care when locums are used or new veterinary surgeons are employed.	Written management guidelines.	10
12.5.14	Written management guidelines /recommendations are in place for endoparasites.	This will encourage clinical discussion and consistency but should not interfere with clinical freedom.	These should have been drawn up following clinical team discussion and considering the evidence base. Assessors will look for evidence that the guidelines are used and their use is monitored. This includes seeing practical examples looking at case records and talking to team members. This helps to provide continuity of care when locums are used or new veterinary surgeons are employed.	Written management guidelines.	10

12.5.15	Written management guidelines /recommendations are in place for ectoparasites.	This will encourage clinical discussion and consistency but should not interfere with clinical freedom.	These should have been drawn up following clinical team discussion and considering the evidence base. Assessors will look for evidence that the guidelines are used and their use is monitored. This includes seeing practical examples looking at case records and talking to team members. This helps to provide continuity of care when locums are used or new veterinary surgeons are employed.	Written management guidelines.	10
12.5.16	Written management guidelines /recommendations are in place for vaccination and infectious disease control.	This will encourage clinical discussion and consistency but should not interfere with clinical freedom.	These should have been drawn up following clinical team discussion and considering the evidence base. Assessors will look for evidence that the guidelines are used and their use is monitored. This includes seeing practical examples looking at case records and talking to team members. This helps to provide continuity of care when locums are used or new veterinary surgeons are employed.	Written management guidelines.	10

12.5.17	Written management guidelines /recommendations are in place for fertility.	This will encourage clinical discussion and consistency but should not interfere with clinical freedom.	These should have been drawn up following clinical team discussion and considering the evidence base. Assessors will look for evidence that the guidelines are used and their use is monitored. This includes seeing practical examples looking at case records and talking to team members. This helps to provide continuity of care when locums are used or new veterinary surgeons are employed.	Written management guidelines.	10
12.5.18	The practice has written guidance on the control/prevention and eradication of commonly encountered infectious diseases.		This must be reviewed at regular intervals and at least annually.	Written guidance on infectious diseases. 	10
12.5.19	The practice has written guidance on parasite control encompassing monitoring and treatments.		This must be reviewed at regular intervals and at least annually.	Written guidance on parasite control. 	10
12.5.20	There is a protocol in place for dealing with unusual/uncommon presentations and suspected notifiable diseases.		This could be a laminated list of phone numbers and/or web links.		10
12.5.21	There should be an SOP in place for acquiring access to equipment			Copy of SOP.	10

	needed for more complex procedures.				
12.5.22	The team members are aware of the practices protocol for euthanasia.		This should include consideration of location e.g. away from public rights of way and vehicle access for disposal of carcass.	Protocol for euthanasia. 	20
12.5.23	Team members can provide contact details/options for collection of carcasses.				20
12.5.24	Records include diagnostic, therapeutic and ongoing disease surveillance plans.		This should be in a form that is understandable to the whole practice team, ideally using standardised medical nomenclature.	Clinical records.	30
12.5.25	The practice vehicles have appropriate facilities for the carriage of medicinal products.		This includes controlled drugs.		20
12.5.26	Equipment within vehicles should be appropriately packaged and protected.		Veterinary drugs and equipment should be packaged in order to protect against damage.		20
12.5.27	All vehicles are fitted with a bulkhead to protect driver and passengers from injury should the vehicle stop suddenly.	The practice identifies and minimises risks to team members.	If such an item is not available for the vehicle every effort should be made to secure heavy items to the floor/seats of the car.		20

12.5.28	The practice vehicles are routinely serviced and tyres checked.		This includes private vehicles used for business. Written records are required. Insurance cover should be adequate for the business undertaken and passengers carried e.g. students/clients.		20
12.5.29	All vehicles must have appropriate health and safety equipment.	The practice identifies and minimises risks to team members.	This will include human first aid kit, high vis jacket, warning triangle and fire extinguisher.		20
12.5.30	Vehicle trackers are used.	The practice identifies and minimises risks to team members.			10
12.5.31	An awareness of biosecurity and provision within the vehicle to set up an area of temporary isolation.		This could include tape, appropriate disinfectant and coveralls.		20
			TOTAL POINTS AVAILABLE:		**470**
			OUTSTANDING:		**380**
			GOOD:		**280**



Module 13: Pain Management and Welfare

Core Standards

Point	Requirements	Guidance notes	Documents
13.1.1	Pain is routinely assessed and appropriate analgesia provided.	See the *RCVS Code of Professional Conduct* Guidance note 3 for further information: https://www.rcvs.org.uk/247care.	
13.1.2	The practice must provide information to its farm clients about the Animal Welfare Act Section 9.	Section 9 of the Animal Welfare Act may be found at: https://www.rcvs.org.uk/awa-9.	

Module 13: Pain Management and Welfare

General Practice

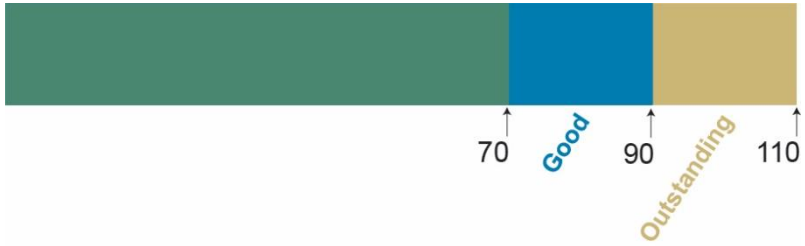
Point	Requirements	Guidance notes	Documents
13.2.1	The practice provides a livestock health plan written in conjunction with the farmer and reviewed on a yearly basis. The plan is farm specific and available to all who handle livestock.	Examples of livestock health plans (LHPs) should be made available and, where appropriate, these should adhere to accreditation schemes e.g. Red Tractor. LHPs should contain elements relating to the following areas: farm health and performance; treatment protocols and on-farm training provided to farm staff regarding medicine usage, especially analgesia; infectious disease monitoring; vaccination protocols; mastitis treatment protocols (dairy herds); lameness and footcare; cow comfort; farm biosecurity protocols; casualty animals.	

Award Points

This module contributes towards the Award in Advisory/Consultation Service; you will also need to have completed all of the points listed under Core Standards and General Practice.

Point	Requirements	Behaviours	Guidance notes	Documents	Points
13.5.1	Members of the clinical team have received additional training on recognising pain.		Evidence of this training, how the practice assesses the impact of training and how they retained or changed pain control policy based on this assessment.	Training records.	20
13.5.2	Pain is reassessed regularly throughout procedures which have the potential to cause pain and during follow-up.		Evidence that this reassessment has led to recorded decisions. This could take the form of a follow-up telephone call.	Clinical records.	20
13.5.3	Practice utilises pre-emptive pain control.		Evidence that all relevant personnel recognise the need of pre-emptive pain control and that this is a recorded step in each case.		20
13.5.4	The practice provides a holistic approach to pain relief.		This could include overall management of the patient and the use of non-pharmaceutical pain relief. The practice should be able to demonstrate an appropriate protocol.		10

13.5.5	Patients with chronic conditions e.g. lameness are reassessed regularly.		Evidence of the reassessment and that the resulting decisions are recorded.	Clinical records.	10
13.5.6	Clients are given verbal and written information about recognising pain and the benefits of treatment as well as potential adverse reactions.		Evidence that the information was delivered in a clear manner and that the practice has taken clients' comments into account.	Client information.	20
13.5.7	Team members know how to access relevant reference materials on pain assessment and control.		This could be reference texts or materials held in the practice or online resources.		10
			TOTAL POINTS AVAILABLE:		**110**
			OUTSTANDING:		**90**
			GOOD:		**70**



Module 14: Practice Team

Core Standards

Point	Requirements	Guidance notes	Documents
14.1.1	All veterinary surgeons and veterinary nurses working in the practice must currently be registered with the RCVS.	RCVS registration numbers for veterinary surgeons and veterinary nurses should be pre-submitted before inspection. This should include locums.	List of team with RCVS numbers. 
14.1.2	All veterinary surgeons and RVNs employed by the practice have professional indemnity insurance in place.		Copy of indemnity insurance certificate. 
14.1.3	The practice must have employer's liability insurance.	The certificate must be displayed for all team members to see.	Employer's liability insurance certificate. 
14.1.4	The practice must have public liability insurance.		Public liability insurance certificate. 
14.1.5	All team members must be provided with a 'written statement of employment particulars' that sets out the main terms and conditions of employment. This information could be included in a written contract.	See the government website for more advice on written statements and contracts, including a list of the information that must be included: https://www.rcvs.org.uk/contracts.	Written statement of employment particulars (or

	The main document ('principal statement') of the written statement must be provided on or before the first day of employment and the wider written statement must be provided within 2 months of the start of employment.		written contract containing the same information).
14.1.6	Team members are clear what their roles and responsibilities are.	Team members can describe what they are responsible for and what is expected of them. It may be useful to support this with a recorded list of responsibilities. This should be reviewed annually.	
14.1.7	Clinical team members are supported with regular reviews to plan their professional development.	Team members can describe the plans that have been agreed for their development and how they discuss their progress. We would expect this to occur as appropriate to the individual but at least annually.	
14.1.8	All professional team members must comply with the RCVS requirements for CPD.	Each team member must evidence their own CPD indicating topics covered and hours in an aggregate form. From January 2022, it is mandatory that this is recorded using the RCVS online CPD platform, 1CPD https://onecpd.rcvs.org.uk/login/. CPD records will be audited by the RCVS Education department via 1CPD. New graduates are expected to complete Veterinary Graduate Development Programme (VetGDP) and be supported by a fully resourced VetGDP adviser. The VetGDP adviser will have completed the RCVS online training package, valid for a 5 year period, and engaged with any updates. In order for a practice or workplace to be able to support graduates on the VetGDP they need to be an RCVS-	CPD records.

		Approved Graduate Development Practice/Workplace and meet the criteria set out in the VetGDP guidance:https://www.rcvs.org.uk/news-and-views/publications/vetgdp-programme-guidance-2021/ https://www.rcvs.org.uk/vetgdp-programme-guidance. New graduates enrolled on PDP before 1 June 2021 must continue to engage with the Professional Development Phase and be supported by a fully resourced mentor until June 2024. The PDP mentor should have undergone mentor training and should keep this training up to date by undertaking a one day course given by a course provider (or 5 hours in length if self-study or webinar is undertaken) per year, in any year that the member is mentoring a new graduate. The practice should allow the mentor time to support the new graduate and where possible match working patterns. The PDP participant should be provided with the opportunity to master the Year 1 Skills by having access to relevant cases. The ratio of new graduates to mentor should not exceed 3:1.	
14.1.9	Team members understand the practice's responsibilities to their employees, potential employees, clients and external parties under the Equality Act 2010 and how it impacts their role in the practice.	See the Government's guidance on the Equality Act: https://www.rcvs.org.uk/equality-act. See also the Equality and Human Rights Commission: https://www.equalityhumanrights.com/en/advice-and-guidance/guidance-employers The practice should develop a written EDI Policy which all employees are made aware of as part of their induction. This should cover staff, external parties and clients. This should be made available on the staff intranet and practice website and displayed in prominent areas on the premises.	Policy on equal opportunities.

		Assessors will ask to see the policy and will want to speak to the management and team members about the policy and how it is implemented. For guidance on producing an EDI policy, see: https://www.acas.org.uk/improving-equality-diversity-and-inclusion/making-your-workplace-inclusive and https://www.acas.org.uk/equality-policy-template Employees should understand the importance of treating clients and colleagues with dignity and respect, regardless of protected characteristics or other personal differences such as socio-economic status. The practice should demonstrate compliance with the Equality Act in making reasonable adjustments for team members with disabilities (including mental health conditions). The practice should demonstrate a commitment to diversity and that is has taken steps, where possible, to recruit a diverse workforce. Team members involved with recruitment should be provided with guidance on inclusive recruitment practices. The CIPD provides some useful resources: https://www.cipd.co.uk/knowledge/fundamentals/relations/diversity/factsheet#gref and https://www.cipd.co.uk/knowledge/fundamentals/relations/diversity#gref The practice should demonstrate compliance with the Equality Act in making reasonable adjustments for team members and potential employees with disabilities (including mental health conditions).	

		Information and advice is available from the following sources: https://www.gov.uk/government/publications/reasonable-adjustments-a-legal-duty/reasonable-adjustments-a-legal-duty https://www.acas.org.uk/reasonable-adjustments Reasonable adjustments for workers with disabilities or health conditions - GOV.UK (www.gov.uk) https://www.citizensadvice.org.uk/law-and-courts/discrimination/what-are-the-different-types-of-discrimination/duty-to-make-reasonable-adjustments-for-disabled-people/ https://www.equalityhumanrights.com/en/multipage-guide/building-or-other-place-where-services-are-delivered https://www.citizensadvice.org.uk/law-and-courts/discrimination/what-are-the-different-types-of-discrimination/duty-to-make-reasonable-adjustments-for-disabled-people/ Disabled Access to Public Buildings Important Information (goaccess.co.uk) The practice should communicate clearly in adverts and interviews that it values staff mental health, as this sends a strong signal that disclosure will not lead to discrimination. For example, the practice could include a statement such as: 'As an employer, we are committed to promoting and protecting the physical and mental health of all our staff.' Where possible, the practice should be prepared to make reasonable accommodations for reasons of religious belief where these are requested by employees, including students	

		on EMS placements. This may include the accommodation of religious clothing and articles, where this does not contravene local infection control policies and health and safety regulations, which must take precedence. Requests for time off for religious observances should be considered and granted if this can be reasonably accommodated by the business. A generic guidance document on religious clothing and belief which can be adapted for local use is provided by the RCVS/VSC. See PSS additional resources page: https://www.rcvs.org.uk/pss-resources See also: religion-belief-discrimination-guide.pdf (acas.org.uk) The practice should demonstrate a zero-tolerance approach to discrimination, harassment and bullying. The practice should have a system in place to deal with reports of discrimination, harassment and bullying. See guidance from the government and ACAS: https://www.gov.uk/workplace-bullying-and-harassment https://www.acas.org.uk/discrimination-bullying-and-harassment https://www.acas.org.uk/handling-a-bullying-harassment discrimination-complaint	
14.1.10	The practice must have clear requirements for a professional standard of behaviour, personal hygiene and appearance to	Evidence of how this is communicated to team members.	Policy for behaviour, personal hygiene and appearance.

	be maintained by all team members of the practice at all times.	A recorded policy may be useful. This policy is to help portray a professional image and comply with health and safety advice.	
14.1.11	The practice takes reasonable care to prevent issues surrounding mental health in the workplace from occurring, and to deal with them appropriately when they do.	Mental health is explicitly addressed within practice policies e.g. H&S, Sickness and Absence etc. Information about mental health support is made available to all team members e.g. posters, intranet, employee handbook, flyers etc. Team members and line managers should also show understanding of the importance of sufficient downtime from work and the impact of this on both staff wellbeing and standards of care. This should include team members being encouraged to use their annual leave entitlements. Team members can describe the measures in place to support them at work in the event of a mental health issue (e.g. group reflective practice). Line managers can describe the practice's approach to managing mental health in the practice, and have an understanding of where to seek advice and guidance if necessary. The practice is compliant with the Equality Act and makes reasonable adjustments for individuals with a mental health condition. See the Government's guidance on the Equality Act: https://www.rcvs.org.uk/equality-act. The practice records absences for work-related mental health issues and can demonstrate the steps taken to address these. Advice and guidance is available from Mind (https://www.rcvs.org.uk/mind), ACAS	Practice policies addressing mental health. 

		(https://www.rcvs.org.uk/acas), NHS, vetlife (https://www.rcvs.org.uk/vetlife), Mentalhealthatwork.org.uk, and the RCVS Mind Matters Initiative (https://www.rcvs.org.uk/mmi).	
14.1.12	The practice must have a clear health and safety policy which is known to, and understood by, all team members. This must be updated on a regular basis and updates communicated to team members.	The practice's policy should be set out in a document which is given to, or displayed for, all team members. The practice must set out its policy for health and safety under the Health and Safety at Work Act 1974, employers are required to have a policy setting out how they ensure that risks to Health and Safety to employees, contractors and customers are kept as low as is reasonably practicable. Where five or more people are employed (even if this is only temporarily) this policy must be set down in writing. Such a written policy must include: - A statement of general policy - Delegated responsibilities for dealing with specific areas (e.g. equipment, substances, training, first aid, fire, reporting of accidents etc.) - General instructions to team members arising out of the significant findings of the risk assessments - Such a document must aim to be concise, pointing the reader to more detailed guidance where necessary See the HSE website for guidance on writing a health and safety policy: https://www.rcvs.org.uk/hse-policy. The law applies when people are at work so will also apply to farm/equine practitioners working mainly from vehicles but also from home, and where locums are used. Employers have duties to ensure the health and safety of their employees and this includes situations where work is carried out at, or from, home. These duties extend to: - Workers who work from home and mobile workers (e.g. farm vets, mobile practices)	Practice health and safety policy. 

		- Members of the public – clients, contractors, work experience, visitors - Temporary workers (e.g. locums). - Shared workplaces = If you share a workplace with another business, you will need to consider how your work affects others and how their work affects you and your team. Work together to make sure controls are in place. (this is important e.g. ECC shared with daytime, grooming business with vets) Advice on self-employed persons - https://www.rcvs.org.uk/hse-self-employed.	
14.1.13	The practice must have a completed up-to-date Health and Safety Law poster, which is displayed for all team members to see.	Assessors will check the poster is completed and displayed. Alternatively, team members may be provided with the equivalent leaflet.	
14.1.14	There are designated persons with agreed responsibilities for health and safety.	People with delegated responsibilities for health and safety should be clearly identified within the practice, and their responsibilities should be agreed in writing. This may include: - A Fire officer - First aiders and/or appointed persons - A Radiation protection supervisor (and RPA) - An Employee safety representative - Area safety officers	List of persons with H&S responsibilities and a list of their duties. 
14.1.15	Team members are consulted appropriately in all matters of health and safety activity.	People can describe how they are consulted about their safety at work and can describe how they would raise any concerns they have day to day. Consulting employees on health and safety matters is a legal requirement. It is a two way process, allowing team members to contribute and influence safety decision making. See the	Minutes of meetings on H&S. 

		HSE guidance on consulting workers on health and safety: https://www.rcvs.org.uk/hse-consult. Any change which may substantially affect their health and safety at work i.e. in procedures, equipment or ways of working, must be communicated to the team, highlighting any dangers. Evidence of this may include team meeting minutes relating to health and safety, safety reporting systems and / or improvement ideas.	
14.1.16	The practice has carried out risk assessments in all areas of activity.	Risk assessments are a legal requirement. They should be recorded if five or more people are employed. Risk assessments must - Identify the hazards - Decide who might be harmed and how - Evaluate the risks and decide on precautions - Record significant findings - Be reviewed and updated as necessary See the HSE guidance on risk management: https://www.rcvs.org.uk/hse-risk. Risk assessments should consider workers with particular requirements, for example young workers, new or expectant workers, or people with disabilities. Third parties should be considered, for example members of the public, contractors etc. If the workplace is shared, risk assessments should consider, and be drawn up with, the other business or businesses.	Copies of relevant risk assessments.

		This includes on farm risk assessment before commencing work.	
14.1.17	Team members understand and work according to the standard procedures adopted.	Team members can describe how they access standard procedures to maintain a safe working environment. All team members should be able to describe their own and their employer's responsibilities with regard to working safely.	Team H&S manual.
14.1.18	The practice must have undertaken an assessment of the risks arising from the use of veterinary medicines substances hazardous to health within the practice.	COSHH is the law that requires employers to control substances that are hazardous to health. You can prevent or reduce workers exposure to hazardous substances by: - Finding out what the health hazards are - deciding how to prevent harm to health (risk assessment) - Providing control measures to reduce harm to health - Making sure they are used - Keeping all control measures in good working order - Providing information, instruction and training for employees and others - Providing monitoring and health surveillance in appropriate cases e.g. anaesthetic gas monitoring - Planning for emergencies Examples of substances hazardous to health include: - Veterinary medicines – low risk can be grouped together e.g. antibiotics, high risk should be assessed specifically e.g. carcinogenic substances - Cleaning products - Agents that can cause allergies e.g. latex, penicillin - Infectious agents e.g. bacteria, viruses - Substances e.g. dust A safety data sheet is not a risk assessment. Gathering information from safety data sheets is the first stage in the assessment process of gathering knowledge.	COSHH assessment.

		See the HSE guidance on COSHH: https://www.rcvs.org.uk/hse-coshh.	
14.1.19	Equipment used within the practice is well maintained and regularly serviced according to manufacturers' recommendations.	Evidence of maintenance and servicing of all equipment, including but not limited to: anaesthetic machines, autoclaves, monitors, laboratory equipment, X-ray apparatus, air conditioning, heating appliances, maintained fire alarms, emergency lighting and fire extinguishers. Frequency of servicing is determined by the manufacturer or a competent person's recommendation. Damaged or failed equipment should be clearly identified and removed from use until repaired. Equipment used at home for work purposes also needs to comply with health and safety regulations and would be subject to maintenance and testing.	Servicing records for all equipment. 
14.1.20	Lifting equipment is suitable for purpose and regularly inspected.	Team members can describe safety procedures in use and how inspection is carried out. The practice must be aware of The Lifting Operations and Lifting Equipment Regulations 1998 and must carry out the necessary examination/testing of any equipment covered by the Regulations prior to use and thereafter have the equipment inspected regularly.	
14.1.21	The practice must have a written programme for the inspection and testing of all its electrical equipment, based on its specific risk assessment.	The written programme containing the findings of the risk assessment, together with: - Evidence of inspection of the electrical installation by a competent person (frequency dictated by competent person)	Inspection of electrical installation. 

		- Portable appliance testing (PAT) testing and visual inspection records will be required. (records on item label and/or database)(interval determined by risk assessment and competent person) - Failed or damaged equipment must be identified clearly and removed from use See the HSE guidance on electrical safety at work: https://www.rcvs.org.uk/hse-electricity.	PAT testing and visual inspection. 
14.1.22	All gas appliances are required to be maintained in a safe condition.	Assessors will ask to see gas safety certificates. Carbon monoxide detectors should be in place and regularly tested wherever combustible fuels are burned. Advice should be sought from a suitably qualified person regarding an on-going programme of examination.	Gas safety certificates. 
14.1.23	Team members are prepared for emergencies.	Team members are familiar with protocols for turning off water supply, electricity, oil, heating gas and compressed gases. This information should be displayed in the practice.	Emergency protocols. 
14.1.24	Team members understand the fire evacuation protocol and how to alert others in case of a fire.	Team members have received training and have practised fire evacuation. Evidence should be provided of suitable hazard training. Team members who are permitted to use fire equipment e.g. extinguishers have been trained to do so. If a person is unable to leave the building unaided for example, due to impaired mobility, the practice should ensure that they should have their own Personal Emergency Evacuation Plan (PEEP), an individualised plan for employees who may need assistance to evacuate a building or reach a place of safety in	

		the event of an emergency. A PEEP should be in place for someone with an impairment or disability, for example such as: • Mobility impairment • Sight impairment • Hearing impairment • Cognitive impairment • A medical condition or injury which might cause them to need assistance to evacuate safely. The requirement for a PEEP should be considered as part of induction and when there is a long-term change circumstance. A PEEP may be required temporarily, for instance, someone who is using a wheelchair because of a broken leg. For further information see: https://www.gov.uk/government/publications/fire-safety-risk-assessment-means-of-escape-for-disabled-people/fire-safety-risk-assessment-means-of-escape-for-disabled-people-accessible-version Disabled workers - Resources - HSE https://www.worksafe.uk.com/emergency-planning-for-employees-with-a-disabillity/#:~:text=Under%20current%20fire%20safety%20legislation,plan%20or%20PEEP%20is%20require Assessors will ask to see any PEEPs drawn up for employees by the practice.	
14.1.25	Wherever patients are hospitalised, smoke and/or heat detectors must be placed appropriately to alert team members who may be in remote parts of the premises.	These may be standalone smoke detectors or a maintained fire alarm system.	

14.1.26	Where team members are on the premises working alone or resting, automatic fire detection devices must be in place.	Fire exits and routes must be clearly identified and unobstructed and circulation areas kept clear. Fire doors should be closed or maintained by appropriate hold-open devices to allow closure in case of fire. A premises checklist may be useful.	
14.1.27	There must be regular maintenance of fire alarms and equipment.	There should be a Fire log, or similar recording, in place detailing: - Tests of alarms and equipment - Servicing - Emergency lighting - Call point testing - Regular maintenance A schedule of regular workplace inspections (premises checklist) may be useful.	Fire log.
14.1.28	The practice must have performed a fire risk assessment and regular fire practice evacuations.	Employers (and / or building owners or occupiers) must carry out a fire safety risk assessment and keep it up to date. Based on the findings of the assessment, employers need to ensure that adequate and appropriate fire safety measures are in place to minimise the risk of injury or loss of life in the event of a fire. To help prevent fire in the workplace, the risk assessment should identify what could cause a fire to start i.e. sources of ignition (heat or sparks) and substances that burn, and the people who may be at risk. See the HSE guidance on fire safety: https://www.rcvs.org.uk/hse-fire. The practice must also have appointed, in writing, a fire officer, and drawn up a written list of the practice fire officer's duties.	Fire risk assessment.

		Assessors will ask to see a list of the practice fire officer's duties and the fire risk assessment, including procedures for raising the alarm and evacuation.	
14.1.29	A first aid needs assessment should be carried out.	The assessment should consider: - The workplace - The team - The hazards present The assessment will help you to decide whether you need: - Appointed person(s) - First aider(s) – level of training identified by the needs assessment e.g. emergency first aid There must always be someone available to take charge of the first aid arrangements, namely: - Looking after the equipment and facilities - Calling the emergency services when required Arrangements should be made for an appointed person to be available to undertake these duties at all times when people are at work.	First aid needs assessment. List of appointed persons and / or trained first aiders. Evidence of any training undertaken.
14.1.30	First aid box(es) are readily available and stocked.	This includes for practice vehicles. Team members know the location of such items. Items should be in date and restocked after use. The items that are stocked depends on the needs assessment.	
14.1.31	The practice must have an accident book, or equivalent electronic version.	Team members should know where and how to complete an accident record and what to do with the form. Completed forms should be removed and stored securely in line with data security provisions under the GDPR and Data	Accident book.

		Protection Act 2018, and information kept for at least three years. Where a practice uses an alternative to the accident book, there must be evidence that the same details as in the accident book are recorded, that completed forms are securely stored and that accident reporting is freely accessible to team members. Accident forms should be audited regularly.	
14.1.32	The practice files reports under RIDDOR as required.	Responsible persons can explain how they should report under RIDDOR. Further information is available at: https://www.rcvs.org.uk/hse-riddor.	
14.1.33	The practice must have a policy for how they segregate, store and dispose of all forms of waste.	Team training: - Team members should be able to describe how they handle different forms of waste Storage: - Adequate waste receptacles should be used to allow immediate disposal of hazardous items - Full containers should be stored in hygienic conditions and be clearly identified - Hazardous waste (referred to as special waste in Scotland) must be appropriately segregated, safely stored and disposed of by a suitably permitted waste contractor. Recycle appropriate materials: Clinical and domestic waste streams are more costly and carbon intensive than recycling streams. Practices should ensure they have appropriate recycling facilities in place and that they are recycling everything that can be recycled. Appropriate recycling could be facilitated through signage.	Contract with waste contractor and waste policy.  Waste consignment notes.

		Assessors will ask to see evidence of: - The current waste audit should be available - A contract with a permitted waste contractor(s) - Policies and practice to segregate and label waste into appropriate streams and to store it hygienically - Consignment notes for hazardous waste disposal, which form the basis of a hazardous waste register for those practices in England and Wales - Waste transfer notes (which should be stored for two years) For both hazardous and non-hazardous waste, practices may wish to refer to the BVA Good Practice Guide to Handling Veterinary Waste for further guidance: https://www.rcvs.org.uk/bva-vet-waste. However, local variations exist, and practices should therefore consult the Environment Agency or their own local waste management authority for information.	
14.1.34	Where firearms are stored on the premises and / or used in the course of practice business firearms certificates for each individual using the equipment must be shown.	All applications for a firearms licence in respect of any firearms/tranquilizer and dart guns, for example are subject to standard police checks and an interview by a firearms enquiry officer (FEO) at their home and or practice address. Each application is assessed on a case-by-case basis. Individual veterinary surgeons must have been issued with the relevant firearms certificate. These should cover adequate storage arrangements and any other conditions attached to the licence. The authorised licenced users must have an SOP in place to highlight the safety measures taken whilst transporting a firearm to comply with government guidance. Including but not exclusive to:	Firearms certificates.

		- Where vehicles in which firearms are carried for professional use, are not fitted with immobilisers or alarms, then aftermarket systems should be fitted. - Firearms should always be stored in the locked boot or other secured, preferably unglazed, load carrying area of the vehicle. -The firearm and ammunition should not be stored together. Where the boot or load carrying area is the most practical place, ammunition should be locked in an appropriate container, secured to the vehicle. - If a handgun, it should be kept in a locked container secured to the vehicle. - Provision should be made for the securing of other firearms to the vehicles structure, e.g. security case, cage, cable or clamp https://www.gov.uk/government/publications/firearms-security-handbook Any other arms such as captive bolts, not caught by the legal definition of a firearm must have an SOP and risk assessment in place to highlight the safety measures in place, for staff, animals, safe storage, and transportation. The Assessor may ask to see an SOP and risk assessment in the day of assessment.	

14.1.35	Medical gas cylinders must be stored and handled safely. There must be signage and information for the emergency services.	Cylinders should be stored according to the following requirements: - Must be stored under cover, preferably outside - Adequate ventilation is required - They should be clean, dry and protected from extremes of temperature - Secured to prevent falling or misuse (either horizontal racks or > E size vertical with holder) - Sited away from any sources of heat or ignition - Different types of gas should be separated within the store A trolley is recommended for any movement within the practice. If cylinders are transported for emergency use, there must be evidence of specific training and risk assessment for this task. Cylinders should be checked to ensure the contents do not leak and securely stored to prevent damage in transit. Signage must indicate the location of the cylinder store (and area valve service units if applicable for piped gas) and the type of gas. There should also be appropriate warning, safety and prohibition labels e.g. prohibition of smoking and naked lights. All personnel handling compressed medical oxygen cylinders should have adequate knowledge of: - The properties of the gas used - The correct operating procedures for the cylinder - Precautions and actions to be taken in the event of an emergency	Risk assessment for storage and transport / movement of medical gas cylinders. SOP / practice guidelines relating to storage, handling and maintenance and safe use of medical gases. Evidence of team training.
14.1.36	Where hazardous sources of artificial optical radiation (AOR) (e.g. medical laser treatment) are used, control measures must be in place to reduce worker exposure to as low as is reasonably practicable.	Control measures should include: - Protective clothing – • Eye protection specific to the equipment used	Risk assessment (including an

		• Gloves and coveralls (surgical lasers only) - A designated treatment room (laser controlled area). This should have - • Restricted access • Clear signage • Blinds on windows and door portholes - Means to prevent nearby workers and third parties being injured by the AOR. - Provision of medical examination if workers are over exposed. It may be helpful to appoint a Laser Protection Supervisor. A log of AOR usage is recommended.	exposure limit value).  Evidence of review of risk assessment (to ensure all necessary controls are in place).  Procedure / SOP for AOR use (specific to the clinic).  Training records for all team members involved in the procedure.
14.1.37	The practice must assess whether or not it is in a radon affected area.	This is required for all practices, regardless of whether or not diagnostic imaging is used. An address search can be requested to find out if the practice is in a radon affected area. If it is, an additional radon survey should be carried out, and if the results of this show that the	

		radon level is high (above the UK Action Level of 200 Bq m^{-3}), remedial action should be taken. See the Public Health England (PHE) UKradon website for further information and to request a radon address search: https://www.rcvs.org.uk/radon.	
14.1.38	If the practice is located in a flood area, a flood plan should be in place and understood by the team.	A flood risk assessment is needed.	Flood risk assessment and plan.
14.1.39	The practice should demonstrate a zero-tolerance policy on harassment and bullying in the workplace. This should be stated explicitly as a written policy, with all employees being made aware of this as part of their induction.	This should include a written policy explicitly stating that the workplace has a zero-tolerance approach to bullying and harassment. Team members can describe a zero-tolerance approach to bullying and harassment in their workplace and know how to recognise and report such behaviours. The policy should define harassment and bullying behaviours and provide clear guidance on what employees should do if they are subjected to or witness behaviour of this nature. The policy should also provide details of the protocol in place to manage instances of harassment and bullying. The policy should be made available on the practice intranet or practice website and displayed in prominent areas on the premises. Assessors will ask to see the policy and evidence of how this implemented.	

Module 14: Practice Team

General Practice

To achieve a General Practice accreditation you will need to adhere to all of the points below and those included under Core Standards.

Point	Requirements	Guidance notes	Documents
14.2.1	The practice has a structured procedure for the induction of new team members which is appropriate to the role.	Some form of checklist or structured programme will be expected and people will be able to explain how the induction procedure is carried out and over what time period. From 1st July 2021 new graduates are expected to complete Veterinary Graduate Development Programme (VetGDP) and be supported by a fully resourced VetGDP adviser. The VetGDP adviser will have completed the RCVS online training package, valid for a 5 year period, and engaged with any updates. In order for a practice or workplace to be able to support graduates on the VetGDP they need to be an RCVS-Approved Graduate Development Practice/Workplace and meet the criteria set out in the VetGDP guidance: https://www.rcvs.org.uk/vetgdp-programme-guidance. New graduates enrolled on PDP before 1 June 2021 must continue to engage with the Professional Development Phase and be supported by a fully resourced mentor until June 2024. The PDP mentor should have undergone mentor training and should keep this training up to date by undertaking a one day course given by a course provider (or 5 hours in length if self-	Evidence of induction procedures.

		study or webinar is undertaken) per year, in any year that the member is mentoring a new graduate. The practice should allow the mentor time to support the new graduate and where possible match working patterns. The PDP participant should be provided with the opportunity to master the Year 1 Skills by having access to relevant cases. The ratio of new graduates to mentor should not exceed 3:1.	
14.2.2	Team member appraisals are performed.	This must be at least annually but can be more frequent.	Evidence of appraisals.
14.2.3	The practice has an agreed team development policy which is communicated to the team.	Team members can describe how they access development activities appropriate to them. As part of this, at least one member of the practice team should undertake one day of mental health awareness training. This applies to all team members, not just the clinical team.	
14.2.4	There are written records to show that regular reviews are held with clinical team members to support them to plan their professional development.		Written records.
14.2.5	All clinical team members are able to access reference materials appropriate to their role and activities in the practice.	Team members can explain how they use resource materials to keep up-to-date and can rapidly access essential current information for any clinical situation that may arise.	
14.2.6	The practice has a written policy on physical and mental health and wellbeing which is made available to all team members.		Written policy on physical and mental health and wellbeing. 

14.2.7	Line managers should have clear guidance on how to deal with mental health issues in the workplace.	Any internal training / induction for new line managers explicitly addresses mental health in the workplace. All team members with line management responsibility should have undertaken some form of training on mental health awareness. Line managers can describe their responsibilities with regard to the mental health and wellbeing of those they line manage, especially with regards to the Equality Act. See the Government's guidance on the Equality Act: https://www.rcvs.org.uk/equality-act. Policies and procedures are in place to assist managers in dealing with mental health issues, including crisis scenarios (self-harm, suicidal ideation, psychosis), and these are understood. Team members and line managers should be able to describe discriminatory behaviour and understand it's impact on mental health and well-being. Managers can describe where they would seek additional advice and guidance on issues around mental health. Advice and guidance is available from Mind (https://www.rcvs.org.uk/mind), ACAS (https://www.rcvs.org.uk/acas), HSE (https://www.rcvs.org.uk/hse-mh), and the RCVS Mind Matters Initiative Managers' training.	Evidence of line manager training on mental health awareness. 
14.2.8	Mental health and wellbeing is embedded in induction training for new starters.		

14.2.9	The practice offers a phased return to team members who have been on long-term sick leave.		
14.2.10	The practice displays information and resources on mental health and wellbeing e.g. Samaritans, Mind Matters, Vetlife.		
14.2.11	The practice has a sustainability policy.	This should include a recycling and waste reduction plan.	Waste reduction plan. 
14.2.12	The practice employs positive action statements as part of its recruitment policy, to encourage applications from under-represented groups.	Positive action statements can be general or they can focus on a particular characteristic (e.g. disability) to increase applications from this group if representation is low. An example of a general statement could be: 'We are committed to equality of opportunity for all and welcome applicants from diverse backgrounds.' An example of a statement specific to a particular characteristic which is known to be under-represented (in this case race and ethnic diversity) could be: 'We particularly welcome applications from Black, Asian and minority ethnic candidates as they are currently under-represented in our practice'. Positive action can take different forms. Practices are only required to consider the use of positive action statements to meet this requirement. See below for information on the positive action approach.	

		https://www.equalityhumanrights.com/en/advice-and-guidance/employers-what-positive-action-workplace https://www.acas.org.uk/improving-equality-diversity-and-inclusion/making-your-workplace-inclusive Employers: quick start guide to positive action in recruitment and promotion - GOV.UK (www.gov.uk)	

Award Points

This module contributes towards the Award in Team and Professional Responsibility; you will also need to have completed all of the points listed under Core Standards and General Practice.

Point	Requirements	Behaviours	Guidance notes	Documents	Points
14.5.1	At least one current member of the practice team has undertaken training in professional ethics in the last four years and provided internal training to the rest of the team.		This might include an external course, webinar, online resources or documented self-study. Course length should be one day if given by a course provider or 5 hours in length if self-study or webinar is undertaken. Assessors will expect team members to be able to discuss what they have learnt from CPD and what changes to practice have been made as a result.	CPD records or access to online CPD records.	20
14.5.2	At least one current member of the practice team has undertaken training in animal welfare in the last four years and provided internal training to the rest of the team.		This might include an external course, webinar, online resources or documented self-study. Course length should be one day if given by a course provider or 5 hours in length if self-study or webinar is undertaken. Assessors will expect team members to be able to discuss what they have learnt from CPD	CPD records or access to online CPD records.	20

			and what changes to practice have been made as a result.		
14.5.3	At least one current member of the practice team has undertaken training in communications in the last four years and provided internal training to the rest of the team.		This might include an external course, webinar, online resources or documented self-study. Course length should be one day if given by a course provider or 5 hours in length if self-study or webinar is undertaken. Assessors will expect team members to be able to discuss what they have learnt from CPD and what changes to practice have been made as a result.	CPD records or access to online CPD records. 	20
14.5.4	CPD and development activity is evaluated and planned by the practice team.	Helps employees identify areas for development and supports appropriate employee development opportunities.	Assessors will expect to see a plan and evaluations. Practices should be aware under GDPR of the need to anonymise any sensitive personal data e.g. that relating to health condition of a team member that may be contained in the CPD records. For further information please refer to ICO guidance: https://www.rcvs.org.uk/ico-gdpr.	CPD plan. 	10
14.5.5	CPD and development activity is evaluated by each individual.	The team member takes the initiative to learn new skills that would benefit the position and operational objectives.	Assessors may ask to see evaluations and discuss how they changed what they did as a result.	CPD evaluations. 	20

			Practices should be aware under GDPR of the need to anonymise any sensitive personal data e.g. that relating to health condition of a team member that may be contained in the CPD records. For further information please refer to ICO guidance: https://www.rcvs.org.uk/ico-gdpr.		
14.5.6	CPD and development activity is communicated to the rest of the team and information shared.		Assessors may ask to see evidence of information being shared e.g. meeting minutes or emails. There are changes in practice made as a result. Practices should be aware under GDPR of the need to anonymise any sensitive personal data e.g. that relating to health condition of a team member that may be contained in the CPD records. For further information please refer to ICO guidance: https://www.rcvs.org.uk/ico-gdpr.		20
14.5.7	CPD is recorded on the online CPD platform, 1CPD.		The applies to all veterinary surgeons and RVNs.	Access to online CPD records. 	20
14.5.8	The practice is an RCVS-Approved Graduate Development Practice	New graduates can describe how their VetGDP adviser / PDP mentor			10

	and new graduates completing their VetGDP are supported by a VetGDP adviser. New graduates enrolled on the PDP before 1 June 2021 are supported with regular development reviews with a named member of the practice team until June 2024.	and the practice has supported them.			
14.5.9	Team members are supported with regular reviews to plan their training needs.	Team members have action plans for their development which are recorded and reviewed.	It is expected that this occurs as appropriate to the individual but at least annually.	Action plans and reviews.	20
14.5.10	All team leaders have received training in risk assessment and are able to show how they use risk assessment in their day to day work.	Team members can describe how they approach a new task that requires risk assessment and where to seek advice if necessary.	Guidance can be found on the HSE website: https://www.rcvs.org.uk/hse-risk.	Risk assessment training records. 	20
14.5.11	All team members with line management responsibility have undertaken at least one day of mental health awareness training.		This might include an external course, webinar, online resources or documented self-study. Course length should be one day if given by a course provider or 5 hours in length if self-study or webinar is undertaken.	Evidence of mental health awareness training. 	30
14.5.12	At least one member of the practice team has undertaken some training in inclusion and diversity.			Evidence of inclusion and diversity training. 	20

14.5.13	The induction programme is tailored to the individual team member and supported by ongoing coaching and mentoring.	Individual team members can describe how they have been supported through their induction programme and how this has helped them integrate into the team.	Assessors may ask to see evidence of a documented induction process and speak to members of the team.		40
14.5.14	A buddy system is in place for all new team members.				20
14.5.15	The practice has a policy of accepting students for EMS and actively encourages this activity.		There will be evidence of the practice providing: - Objectives - Training - Feedback		20
14.5.16	The practice has an induction and integration policy for EMS students.			Induction policy for EMS students. 	10
14.5.17	The practice takes placement students.		For example, work experience pupils from local schools or college students on animal care courses.		10
14.5.18	Role responsibilities and day-to-day duties are reviewed regularly with input from the team member.	This should be supported with recorded role responsibilities and evidence of review.	A role description exists to define the role of the employee within the practice, their areas of responsibility and a clear understanding of their day-to-day duties.	Copies of role responsibilities.	20
14.5.19	Role responsibilities are communicated to the rest of the team.	Team members are able to describe the different roles and responsibilities of their colleagues	It may be useful to support this with a written list of responsibilities.	Copies of role responsibilities.	10

		and their own contribution to the overall functioning of the practice.			
14.5.20	Structured feedback for performance review is based on competencies and behaviours.	Team members can describe how they use documentation to ensure feedback is behaviour based and objective.		Structured performance reviews and feedback.	10
14.5.21	360 degree structured feedback is used.	Team members can describe how they give constructive feedback to colleagues.			10
14.5.22	Individuals have access to a range of suitable resources, including the internet, for research and communication for work purposes.		This could include access to a library, journals or databases. See RCVS Knowledge to learn more about the Library and Information Services, providing comprehensive resources and journal access for veterinary practitioners: https://www.rcvs.org.uk/rcvsk-library.		10
14.5.23	Membership of professional and representative associations is encouraged and supported appropriate to the practices needs.	Individuals can explain how membership of associations has assisted and informed their activities.	Assessors may ask for evidence of individuals' membership of professional bodies.	List of professional memberships. 	30
14.5.24	*[Requirement moved to Core Standards 14.1.39].*				

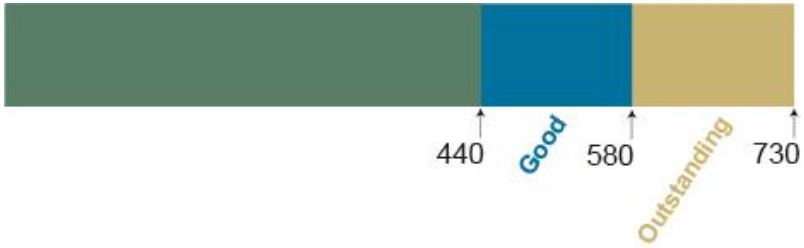
14.5.25	The practice has a policy for dealing with workplace stress.	Team members can explain the causes of stress in their workplace and the steps taken by their employer to address these.	This could include compassionate leave benefits, dealing with requests for flexible working hours and publicising access to VetLife. Guidance on workplace stress in a veterinary context can be found at: https://www.rcvs.org.uk/mmi-stress.	Protocol on managing workplace stress. 	30
14.5.26	The practice has a policy for dealing with substance and alcohol abuse.		This should include publicising access to VetLife and other resources.	Protocol on dealing with substance and alcohol abuse. 	30
14.5.27	The practice has a means of monitoring team member perceptions of how the practice considers their wellbeing via a systematic gathering process.	A consistent and systematic approach to gathering feedback.	One way to approach this could be by completing the SPVS / RCVS Vet Wellbeing Awards application process. See the Vet Wellbeing Awards website for information on the application process, and for further guidance on improving wellbeing within the practice: https://www.rcvs.org.uk/vwa. Practices should be aware under GDPR that feedback is likely to be team members' personal data unless it is truly anonymous, and should be covered in the practice's privacy policy. For further information please refer to: https://www.rcvs.org.uk/gdpr.	Analysis of feedback and actions.	10

14.5.28	The practice has a means of monitoring team member perceptions of how the practice considers their wellbeing and there is evidence that the practice acts upon such feedback.	Evidence that analysis is done to determine any required action.	Practices should be aware under GDPR that feedback is likely to be team members' personal data unless it is truly anonymous, and should be covered in the practice's privacy policy. For further information please refer to: https://www.rcvs.org.uk/gdpr.	Analysis of feedback and actions.	30
14.5.29	The practice has written policies on suicide prevention and postvention.				10
14.5.30	There are regular practice meetings where all team members are encouraged to contribute items to the agenda and participate during the meeting.	Open and frank discussions with no barriers to feedback.	Assessors will ask to see the minutes of the previous meeting and a schedule of future meetings involving all departments in the practice (expected to be at least quarterly). A general meeting of the whole team should occur at least annually.	Minutes of last full team meeting. 	40
14.5.31	The practice has a mission statement and the practice team understand their contribution to it.		Assessors will speak to team members to ascertain their understanding.		10
14.5.32	Communication of business performance to the team.	A holistic approach to performance measurement is encouraged in which financial measures are only one component.	This enables team members to understand how their roles contribute to the overall business performance.		10

14.5.33	There are specific risk assessments undertaken for routine/common procedures performed in farm animals.		See the HSE guidance on risk assessment when working with livestock (https://www.rcvs.org.uk/hse-livestock), and the Government guidance on Farm health and safety (https://www.rcvs.org.uk/farm-hands).		20
14.5.34	Accident records are regularly reviewed and action taken.	A proactive approach to risk management is encouraged.	Managers or team members can describe how accident records have led to review and give examples of changes made as a result of that review.	Accident records.	10
14.5.35	The practice holds detailed records of sickness absence, which include recording of work-related illness or injury, and these are held and used to analyse causes for absence.				20
14.5.36	The practice has a disaster recovery plan.		For example fire or flood. This should include a list of emergency numbers, a plan for the continuation of essential care and a business continuation plan.	Disaster recovery plan. 	20
14.5.37	The practice maintains equipment, premises and standard procedure information in an organised and accessible form.		Team members can describe how they can access equipment manuals and standard procedures relevant to their role.		10
14.5.38	The practice has clear personal security policies in place and has	Team members can describe the security measures in place to	Would include physical security e.g. locks, lighting, surveillance and	Risk assessments	10

	communicated these to team members.	enable safe working at all hours and in all areas.	panic alarms as required, as well as systems including checks and rules on lone working, training on dealing with difficult situations and aggressive animals.	for lone working and animal handling. 	
14.5.39	The practice has a system in place to ensure the safety and security of team members working alone.		The team members are aware of the practices lone worker policy. This might include vehicle trackers or a telephone back-up system.		20
14.5.40	The practice plays an active role in the local community.		For example, school visits, charity events and agricultural shows.		10
14.5.41	The practice has an automated external defibrillator (AED) suitable for use on humans and regularly serviced, available for emergency use by employees and clients.				10
14.5.42	The practice has a policy for cases of suspected animal abuse.		Members of the team should be aware of animal abuse and the potential link to human abuse. Training materials are available from the Links Group and through the Links Veterinary Training Initiative: https://www.rcvs.org.uk/links-group. See chapter 14 of the supporting guidance for the *Code of Professional Conduct* for further information and advice on the responsibilities of veterinary surgeons and veterinary nurses in recognising and reporting animal	Policy for suspected animal abuse. 	10

			and human abuse: https://www.rcvs.org.uk/confidentiality.		
14.5.43	*[Requirement deleted].*				
			TOTAL POINTS AVAILABLE:		**730**
			OUTSTANDING:		**580**
			GOOD:		**440**



Module 15: Premises

Core Standards

Point	Requirements	Guidance notes	Documents
15.1.1	The premises must be suitable and adequate for its intended purpose.	The premises may only be for administrative or storage purposes.	
15.1.2	The premises must be in good decorative order, clean and well maintained so as to create an atmosphere of clinical cleanliness and efficiency.		
15.1.3	The premises should be free of offensive odours.		
15.1.4	All parts of the premises must be adequately lit and ventilated.	Ventilation could include fans, windows that are escape proof (or other natural ventilation) or mechanical ventilation.	
15.1.5	Where consultations are carried out at the premises, the practice must have one or more consulting areas, which provide a clean, hygienic environment for consultations.	The consulting area may be used for other purposes, provided that hygiene is not compromised.	
15.1.6	The floor area and walls in the consulting area must be made of non-slip materials and be capable of being thoroughly cleaned.	Unsealed concrete would not be acceptable.	
15.1.7	Where clients have access to the premises there must be a waiting room or reception area of adequate size.	This should be an adequate size for the work load of the practice.	

15.1.8	The display of commercially retailed merchandise within the veterinary premises is permissible, provided the display is of an acceptably professional nature and of relevant goods.	Any animal food stuffs should be safely stored.	
15.1.9	Any other commercial businesses run from the practice must be of an acceptable professional nature.	Points to consider would include biosecurity, client dignity and client perceptions.	
15.1.10	Team members must have access to appropriate amenities. Appropriate amenities should include toilets and hand washing facilities, which should be maintained in a clean and orderly manner.	There are minimum requirements for team welfare relating to: - Provision of sanitary conveniences - Facilities to wash - Facilities to store clothing See HSE guidance on workplace health, safety and welfare: https://www.rcvs.org.uk/hse-hands-welfare. Public and team members can share toilet facilities.	
15.1.11	Team members' refreshments must not be prepared in clinical areas.	There are minimum requirements for team welfare relating to: - Facilities to rest and eat food See HSE guidance on workplace health, safety and welfare: https://www.rcvs.org.uk/hse-hands-welfare.	
15.1.12	Buildings must be heated to fulfil minimum legal requirements.	For offices and team member accommodation this would normally be a minimum of 16 degrees centigrade. Animal accommodation should comply with the government Code of Practice for Welfare.	

Module 15: Premises

General Practice

To achieve a General Practice accreditation you will need to adhere to all of the points below and those included under Core Standards.

Point	Requirements	Guidance notes	Documents
15.2.1	The area immediately surrounding the premises must be maintained in a clean and tidy state.	Team members are aware of the need to provide a hygienic and tidy area. This includes practice signage.	
15.2.2	Food preparation, storage and washing up facilities for team members must be separate from clinical areas. Team members' rest areas must be separate from clinical areas.	The necessity for separate facilities however will be considered in light of the size of the practice. For example, if there were three or less members of staff at a practice then they would not need to meet the additional requirements in order to achieve GP accreditation. This must be in place by 2025.	
15.2.3	Reception facilities, if provided, must be easily accessible to clients and team members as appropriate.	Reception desk could have a low area to cater for clients with specific needs. An SOP should be in place to ensure clients can easily access reception facilities.	

Module 15: Premises

Award Points

There are no Award Points in this module.

Module 16: Surgery

Core Standards

Requirement 16.1.2 only applies if surgery is carried out at the practice premises.

Point	Requirements	Guidance notes	Documents
16.1.1	All surgeries are performed by an MRCVS or a veterinary student under supervision.		
16.1.2	There is a designated area used for the conduct of surgical procedures. This area must have easily cleanable surfaces and a good source of illumination.	For field anaesthesia, environmental factors e.g. weather must be considered. Head torches and portable lamps are suitable forms of illumination.	
16.1.3	Lighting suitable for the accurate illumination of surgical sites on the patient must be provided in the operating area.		
16.1.4	The practice must provide a suitable range of sterile surgical instruments, consumables and suture materials for the work undertaken.		
16.1.5	If ethylene oxide sterilisation is used there is evidence of adequate training of team members and monitoring of exposure levels.		Evidence of training and monitoring exposure for ethylene oxide sterilisation. 

Module 16: Surgery

General Practice

To achieve a General Practice accreditation you will need to adhere to all of the points below and those included under Core Standards.

Point	Requirements	Guidance notes	Documents
16.2.1	Sterile packs for surgery must be available at all times. There must be a practice policy on sterilisation of instruments.	Sterile packs must be available in sufficient quantity for the workload of the practice. They must be labelled with the sterilisation date and there must be a written practice policy on when re-sterilisation will be required.	Practice policy on sterilisation of instruments. 
16.2.2	Appropriate internal and external sterility indicators for the system employed must be used to monitor the efficiency of the technique.	Sterile packs must be available in sufficient quantity for the workload of the practice. They must be labelled with the sterilisation date and there must be a written practice policy on when re-sterilisation will be required.	Practice policy on sterilisation of instruments. 

Award Points

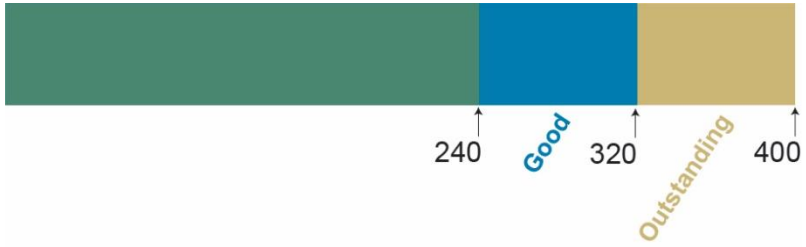
This module contributes towards the Award in Advisory/Consultation Service; you will also need to have completed all of the points listed under Core Standards and General Practice.

Point	Requirements	Behaviours	Guidance notes	Documents	Points
16.5.1	Surgery CPD has been undertaken in the last four years by a team member and there is evidence of dissemination to the rest of the team.		This might include an external course, webinar, online resources or documented self-study. Course length should be one day if given by a course provider or 5 hours in length if self-study or webinar is undertaken. Assessors will expect team members to be able to discuss what they have learnt from CPD and what changes to practice have been made as a result.	Documented proof of surgery CPD.	10
16.5.2	Team members have been adequately trained in cleaning, maintenance, sterilising and troubleshooting of instruments e.g. ultrasonic cleaning, lubrication and sharpening.		Evidence may be provided through team members training records and speaking to team members to check their understanding.	Training records.	30
16.5.3	Clinical team members wear dedicated, clean protective clothing for surgical procedures.				10

16.5.4	Any jewellery which may cause a potential breach of the sterile field is removed prior to performing surgery.		All team members are clear about required attire and comply with the rules.	Protocol for surgical attire. 	10
16.5.5	Sterile, disposable scrubbing brushes are used or a recognised brushless system is used.				10
16.5.6	Surgical sites are prepared using clippers fitted with an appropriate blade.				20
16.5.7	Clippers and blades are cleaned and maintained appropriately.		Evidence may be provided through team members training records and speaking to team members to check their understanding.	Training records.	20
16.5.8	Standards are in place to maintain the sterile field throughout the whole procedure.		Team members must be familiar with standard aseptic protocols. This can include non-touch techniques.	Aseptic protocol. 	30
16.5.9	Surgical packs are initialed and dated by the person packing them and labelled for contents where required.				10
16.5.10	Laparoscopic equipment is available and used appropriately.		Appropriate use includes training of team members in use, cleaning and maintenance.		10

16.5.11	The practice has a protocol for the follow up of all surgical cases.			Protocol for surgical case follow up. 	40
16.5.12	Appropriate communication is held with the owner/keeper, prior to surgery, explaining the potential risks and complications of the procedure.		This may be evidenced by an entry on the client record or a signed consent form including these details.		30
16.5.13	Clients are provided with detailed instructions on post-operative management.	Clients are kept well informed.	At discharge animals should leave with appropriate information for post-operative care provision by the client.		40
16.5.14	Immediately before surgery a check is performed on patient ID and procedure to be performed including anatomical location.		Assessors will ask to see surgery protocols or checklists.	Protocol or checklist. 	50
16.5.15	The practice routinely uses safe surgery surgical checklists.		Further information and a case study on implementing checklists can be found on the RCVS Knowledge website: https://www.rcvs.org.uk/rcvsk-checklists.		30
16.5.16	There is a check system in place to prevent loss of surgical equipment in the patient.		This should include gauze swabs.		20

16.5.17	Recording systems are in place that include all team members involved and location for each procedure.		This information could be combined with an anaesthetic record. This enables auditing of post-operative complications.	Record of all surgical procedures.	10
16.5.18	The practice carries out an audit of post-operative complications for surgical procedures.	Open, honest evaluations with clear actions and no barriers to feedback.	This should include an audit of surgical site infections.	Audit reports.	20
			TOTAL POINTS AVAILABLE:		**400**
			OUTSTANDING:		**320**
			GOOD:		**240**



Module 17: Environmental Sustainability

Core Standards

Point	Requirements	Guidance notes	Documents
17.1.1	The practice has a written environmental sustainability policy.	This should include a recycling and waste reduction plan. An environmental sustainability policy demonstrates a practice and its senior management's commitment to reducing its environmental impact whilst giving team members a backdrop to start making sustainability changes. The practice must share its sustainability policy with its team and should make it accessible to clients e.g., via their website. For guidance on producing a sustainability policy see: Environmental policy: Is this something we should have? (bva.co.uk) See resources list for a draft environmental sustainability policy template.	Sustainability policy

Module 17: Environmental Sustainability

General Practice

To achieve a General Practice accreditation you will need to adhere to all of the points below and those included under Core Standards.

Point	Requirements	Guidance notes	Documents
17.2.1	The practice has appointed a sustainability champion *or* created a sustainability team.	Evidence could be a nominated sustainability champion which is included in the sustainability policy. For solo vets having a written sustainability policy could be enough evidence.	Name of designated person(s).
17.2.2	The practice must have a system in place for team members to suggest sustainability ideas and improvements.	Veterinary surgeons, nurses and team members in practices are best placed to make sustainability improvements within their own practices. The practice should encourage all team members to identify areas which could be improved or considered for improvement. This could be through raising suggestions via the sustainability team/sustainability champion, having a sustainability suggestions board/box for team members, a page on the practice website or adding it to the agenda of team meetings. Assessors will want to see evidence of a suggestions board/box for team members, team meeting agenda, a page on the practice website etc, and will talk to team members to understand how they raise sustainability improvement ideas at their practice.	Record of suggestions and actions.

17.2.3	The practice communicates its sustainability achievements to its clients.	Information could be provided on the practice website, in the client welcome pack, via social media or on waiting room displays.	Evidence of sustainability achievements being communicated.
17.2.4	Routine appointments to and for clients are planned to reduce mileage.	Where possible, appointments in the same area are arranged on the same day to reduce mileage and save greenhouse gas emissions. Assessors will talk to team members to understand how routine appointments are planned.	
17.2.5	The practice advises clients to return unused medications to the practice for appropriate safe disposal.	Flushing medicines, pouring them down the sink or disposing of them via landfill (black bin) poses a risk to the environment. To comply with 17.2.4, practices should encourage clients to bring back unused medication during their appointments rather than making an additional trip. Example wording: unopened/unused/out of date medications can be returned to us for safe disposal.	
17.2.6	The practice demonstrates that they employ techniques to minimise anaesthetic gas usage.	Anaesthetic gases have a high environmental impact. Example techniques could include: -The practice considers using local and regional anaesthetic where appropriate. -The practice is optimising the flow rate. -The practice is reducing Nitrous Oxide -Practices regularly review their GA plan.	

		-Increasing the use of Partial Intravenous Anaesthesia (PIVA) / Total Intravenous Anaesthesia (TIVA) where clinically appropriate	
17.2.7	The practice provides resources on preventative healthcare.	Reducing the demand for healthcare through prevention will reduce the greenhouse gas emissions associated with healthcare. Examples could include: providing a page on the website with resources on preventative healthcare; offering obesity clinics, diabetes clinics, vaccinations, de-worming programmes, routine dental check-ups for horses horse health plans and herd health plans where members of the vet led team advise on preventative measures.	
17.2.8	The practice undertakes a waste survey at least annually and can demonstrate that the results are analysed and, where appropriate, action has been taken as a result.	Hazardous and domestic waste streams are more costly and carbon intensive than recycling streams. Carrying out a waste survey helps practices analyse their waste streams and ensures correct waste segregation. It also enables practices to identify items that are being thrown away frequently and highlights opportunities for reducing this item or swapping this item for reusables. How to conduct a waste survey (example): 1. Review your practices waste facilities - do you have enough recycling bins? Are bins labelled with what can/can't be disposed of. 2. Domestic and recycling waste streams: wear appropriate PPE and have a look through the bins. Record the type of waste within them and identify the types of waste you have most and least of. Is there waste in the domestic bins that could be recycled? What is the most commonly disposed item?	Evidence a survey was undertaken, and action taken.

		3. For hazardous waste streams, talk to team members to understand what they are disposing of and ensure they are not putting anything into hazardous waste streams that could go into domestic or recycling bins. Use your results to take action on improving waste segregation and/or reducing waste.	

Module 17: Environmental Sustainability

Award Points

This module contributes towards the Award in Environmental Sustainability; you will also need to have completed all of the points listed under Core Standards and General Practice in this module, as well as the following points in other modules:

Medicines – 8.1.9, 8.1.11, 8.1.28, 8.1.30, 8.1.31

Practice Team – 14.1.19, 14.1.33

Premises – 15.2.1

Point	Requirements	Behaviours	Guidance notes	Documents	Points
17.5.1	The practice has joined a sustainability network.	At least one current team member regularly checks the sustainability network.	At least one current team member from the practice has joined a sustainability network. Understanding sustainable best practice and sharing ideas between practices is key if the veterinary sector is to become more sustainable and reduce its impact on the environment. Veterinary professionals must work together to find solutions - collaboration is key. Example networks: Vet Sustain Facebook group, Vet Sustain mailing list for the monthly newsletter, Sustainable Vet Nurse		10

			Facebook group, zero waste veterinary Facebook group, The Centre for Sustainable Healthcare's sustainable operating theatres network or any other group with sustainability as its focus.		
17.5.2	The practice regularly shares the information learned through a sustainability network with the rest of the practice.	The practice updates team members regularly.	Team members share ideas on sustainable best practice with the team. This could be at team meetings, via emails, intranet pages, or social media groups which could serve as evidence for the assessors.		20
17.5.3	The practice has a system in place for clients to suggest sustainability ideas and improvements.	One team member to check monthly to see if sustainability ideas have been suggested by clients.	By engaging the local community in discussions about sustainability, the practice's efforts can be more far reaching. Examples could include a sustainability suggestion box in reception, a sustainability question added to a feedback form or a section on the website.	Record of suggestions and actions as a result.	10
17.5.4	The practice measures and monitors its annual energy consumption.		Understanding your practice's energy consumption is crucial to identifying opportunities for reduction - you can't manage what you don't measure. The data should be collected on a document and include: - Month of consumption - Electricity consumption recorded in kWh - Energy use for hot water and heating recorded in kWh	Comparison of annual energy consumption	10

			Energy consumption data for your practice can be found on invoices. If your practice is located in a building owned by another company such as a pet shop you can estimate your energy consumption based on the m2 of your practice space. To do this you'll need to know the annual energy consumption in kWh for the whole premises, floor space of the premises in m2, and the floor space of your practice area in m2. Divide the annual kWh by the total m2 of the whole premises, this will give you kWh per m2. Finally, multiply this figure by the floor space of your practice.		
17.5.5	The practice has undertaken an energy saving project over the last 4 years	All team members understand and if appropriate contribute to the energy saving project.	Examples could include: Carrying out a 'switch off campaign' to ensure everything that can be switched off at the end of the day, is. A lot of energy is wasted when lights and equipment such as AC units are left on unnecessarily or overnight. Installing LED lights. Switching inefficient bulbs to LEDs helps lower electricity bills and Greenhouse Gas emissions. Every traditional halogen bulb replaced with an LED saves £2-3 and 5 kgCO2e per year.		10

			Installing motion sensing light controls where appropriate. Upgrading inefficient equipment.		
17.5.6	The practice uses a green electricity supplier.		Review your practice's current electricity contract and supplier. If you are on a standard tariff, switch to a renewable tariff or switch to a supplier who produces renewable electricity.	Electricity contract or copy of green electricity certificate (REGO).	10
17.5.7	The practice generates some of its own electricity through onsite renewables.		Examples could include solar panels, wind turbines or investment in a local hydroelectric power scheme.	Amount of onsite electricity generated.	10
17.5.8	The practice uses sustainable technologies to provide some of its heating and hot water.		Examples could include ground source heat pumps, air source heat pumps, solar hot water, biogas.		10
17.5.9	The practice measures its scope 1 and 2 carbon footprint.	All team members understand their practice's carbon hotspots.	Scope 1 emissions include: fuels used for heating and hot water, anaesthetic gases, petrol/diesel used for fleet vehicles. Scope 2 emissions include: electricity purchased from the grid. Carbon emission factors from the Department for Business, Energy and Industrial Strategy (BEIS) can be used to calculate the carbon emissions associated with scopes 1 and 2: Government conversion factors for company reporting of greenhouse gas emissions - GOV.UK (www.gov.uk)	Record of scope 1 and 2 carbon footprint calculation.	20

			See 'Carbon footprinting how-to guide' on the PSS additional resources page: https://www.rcvs.org.uk/pss-resources		
17.5.10	The practice sets an annual carbon reduction target (for scopes 1 and 2), and it has been met each year.		The UK has committed to a legally binding target of net zero emissions by 2050. For this target to be met, all organisations must play their part in reducing their carbon footprint. Step 1: calculate your practices scope 1 and 2 annual carbon footprint. This could be for the previous year or a year you have the most available data for (see above requirement for how to calculate this and 'Carbon footprinting how-to guide' on the PSS additional resources page: https://www.rcvs.org.uk/pss-resources). Step 2: once you have measured your annual scope 1 and 2 carbon footprint, review this to understand your practices carbon hotspots. What is your practice's largest contributor to your carbon footprint? Identifying carbon hotspots will help you to understand the potential scale of the target you could achieve. Reducing carbon emissions can be done by either decarbonising sources (e.g., renewable energy	Evidence a target has been set and records showing comparison of annual energy consumption.	10

			generation or electric vehicles) or by reducing consumption of carbon sources (e.g., reducing energy consumption or reducing volatile anaesthetic gases). Can you start to identify opportunities for reduction? Step 3: set a carbon reduction target which you think is achievable (e.g., 5% or 10%). To find out if you have met your target at the end of the year, measure and review your new annual carbon footprint and compare with the previous years. You might want to include Key Performance Indicators (KPIs) such as carbon footprint per m2 or carbon footprint per animal treated. If you have increased the size of your practice or number of clients, KPIs can take this into account. For example, your carbon footprint could increase if you increase the size of your practice but might have decreased overall when you look at carbon footprint per m2. KPIs can be calculated by dividing your practice's carbon footprint by either the size of your practice (in m2) or by the number of animals treated last year.		
17.5.11	The practice measures its scope 3 carbon footprint.	All team members understand their practices scope 3 carbon hotspots.	Scope 3 emissions include: water, waste, staff commuting and business travel (non-fleet), procurement, (supply c hain and	Record of scope 3 carbon footprint result	10

			business services), Well-to-Tank and transmission and distribution losses. See 'Carbon footprinting how-to guide' on the PSS additional resources page: https://www.rcvs.org.uk/pss-resources In the initial award assessment, the calculation of a combination of scope 3 emissions categories will be accepted.		
17.5.12	The practice has developed an action plan which will be reviewed and updated at regular intervals (at least annually).	All team members should be aware of the actions the practice needs to undertake.	An action plan should detail all of the sustainability initiatives you're currently working on, planning for the future, or have already completed. The action plan should be a 'live' document that is regularly updated with new actions and progress on ongoing actions and should include: - The person/persons responsible for completing the action - The status of each action e.g., completed, ongoing, not started The action plan could be discussed at quarterly team meetings.	Evidence of an up-to-date action plan.	20

17.5.13	The practice takes measures to avoid water wastage.		The practice takes measures to minimise water wastage, for example through: -The installation of water saving devices such as low flow taps, toilets and fixtures -The regular inspection and repair of water pipes to reduce leakages.		10
17.5.15	The practice has undertaken an employee travel survey around commuting within the past year.	Team members take part in the travel survey.	A travel survey is a good way of engaging team members to think about their travel habits. The results of the travel survey should also be disseminated to all team members at the practice.	Travel survey analysis and feedback.	10
17.5.16	The practice has a sustainable travel policy.		The sustainable travel policy is an opportunity to outline how the practice might reduce unnecessary travel and promote sustainable travel options including: -How veterinary practices will inform its team members and clients about travel options to the veterinary practice, including active transport routes and public transport. This could be provided to team members in induction packs and be part of the welcome pack for clients. -How the practice encourages the use of sustainable travel options for team members travelling to	Sustainable travel policy.	10

			conferences, meetings, external events and CPD. This could also include consideration of virtual vs face to face where appropriate and where the quality of the delegate experience is not unduly compromised. -How travel to routine appointments is planned to reduce mileage. For further guidance see: Driving Tips for (Ecologically) Driven Vets - Fourth Sustainability Tip for Practices | British Equine Veterinary Association (beva.org.uk)		
17.5.17	Some of the practice's fleet are low emission vehicles.		The practice has either switched at least one of its fleet vehicles to a low carbon alternative or has a written policy demonstrating that when procuring new vehicles, the practice will only procure low emission vehicles. Low emission vehicles include all electric, hybrid and hydrogen.		20
17.5.18	The practice can demonstrate evidence of consolidating its orders and deliveries.		The practices should focus on consolidating its orders and deliveries from pet food, toys, PPE, etc. Veterinary groups with practices in the same geographical location could ensure they all get deliveries from the same supplier on the same day.		10

17.5.19	The practice can demonstrate measures they have implemented to reduce waste.		Completed projects could be included in the action plan.		20
17.5.20	The practice can demonstrate evidence of waste reduction.		Examples of this could include the practice tracking and measuring its domestic waste, as well as its recycling waste and hazardous waste. If appropriate, waste can be benchmarked with the number of total patients to allow for expansion of practice.	Comparison of annual hazardous and domestic waste reduction.	10
17.5.21	The practice uses reusable sharps bins.		Switching to reusable sharps containers reduces greenhouse gas emissions associated with manufacturing, transportation and packaging of new containers whilst reducing single-use plastic. See the NHS reusable vs disposable sharps case study: Before/after intervention study to determine impact on life-cycle carbon footprint of converting from single-use to reusable sharps containers in 40 UK NHS trusts | BMJ Open		10
17.5.22	The practice takes active steps to reduce medicine over prescribing.		Practices should be following clinical guidelines. The practice can demonstrate to the assessor that they are taking at least two measures to reduce medicine over prescribing and team		30

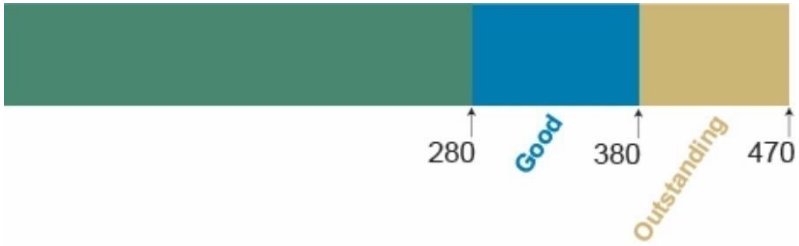
			members are aware how to prevent it. Examples could include: -The practice policy on dispensing addresses overprescribing/overstocking. -The use of BSAVA no antibiotic required 'non prescription' form and practice poster. Or the use of BEVA non prescription forms (No antibiotic prescription form.pdf (beva.org.uk)) -Worm egg counts are conducted in house. -Following up with clients that medication has been given.		
17.5.23	The practice minimises drug wastage.		Overstocking and poor medicine management can lead to drug wastage, unnecessary disposal and as a result in an increase in greenhouse gas emissions. Practices should review their medicine order habits and look at reducing/consolidating their medicine deliveries. There are systems utilised to minimise waste e.g., identification of short dated stock, centrally held stock for cars, active management of stock held in vehicles		20

17.5.24	The practice can demonstrate it has considered the environmental sustainability of its products.		Examples could include: -Practices changing a product to a more sustainable product. -Reviewing the sustainability credentials of some of its products e.g. pet food. Highlighting to suppliers where packaging is excessive or non-recyclable encourages change.		10
17.5.25	Where clinically appropriate, the practice avoids single use items.		The practice can demonstrate that they have analysed the single use items that they use and minimise this where they can. This could include switching from disposable to reusable; gowns, drapes, hats and/or equipment. Reusable gowns and drapes sustainability benefits evidence paper: A comparison of reusable and disposable perioperative textiles: sustainability state-of-the-art 2012 - PubMed (nih.gov) Reusable gowns and drapes clinical benefits evidence paper: Disposable versus reusable medical gowns: A performance comparison - PubMed (nih.gov) NHS case study: switching from disposable to reusable gowns in surgery Introducing team 5 of the		10

			Green Surgery Challenge | Centre for Sustainable Healthcare RCVS Knowledge: reducing-veterinary-waste.pdf		
17.5.26	The practice can demonstrate that part of their business runs paperless.	According to client preference.	Review the practice's current processes to see which already run paperless and which could be run paperless. Practice must be able to demonstrate that at least one of their processes runs paperless.		20
17.5.27	The practice has integrated sustainability into clinical audits and quality improvement.		Practices should consider how the environmental, social, and financial impact could be reduced. Environmental impact could be measured in carbon emissions or in the number of resources (e.g. number of consumables used) used or waste produced (kg of waste produced/number of waste bags produced). Assessor will want to look at a recent clinical audit and how sustainability has been measured/taken into consideration. In human healthcare this approach is known as Sustainability in Quality Improvement (SusQI). SusQI explained in a short video:		20

			Sustainability in Quality Improvement (SusQI) explained - YouTube SusQI website and resources: Home | Sustainable Quality Improvement (susqi.org)		
17.5.28	The practice actively promotes biodiversity onsite or in the local community.		Biodiversity plays an important role in sustainability. Examples could include planting trees onsite, wildflower meadows, hanging bird boxes/bird food or join the bee friendly practice scheme (https://britishbeevets.com/how-to-get-involved/) Where practices do not have access to land, examples could include window boxes, insect houses, hanging baskets. Examples could also include community involvement projects such as beach cleans or litter picking in parks.	Evidence of how the practice is promoting biodiversity.	40
17.5.29	At least one current team member in the practice must have undergone sustainability training.		This might include an external course, webinar, online resources or documented self-study. Course length should be one day if given by a course provider or 5 hours in length if self-study or webinar is undertaken.	Proof of environmental sustainability training.	20

			Assessors will expect team members to be able to discuss what they have learnt from CPD and what changes to practice have been made as a result.		
17.5.30	The practice team has been trained in sustainability.	It should be evident in discussion that all team members are aware of their role in improving the sustainability of the practice.	Team members that receive the training must ensure that the knowledge is transferred to other members of the practice team. There is evidence that the information from training and sustainability initiatives is disseminated to the whole team. This may be via dedicated team meetings, events, including sustainability on practice meeting agenda, sharing knowledge from sustainability CPD.		10
17.5.31	Sustainable veterinary topics are regularly promoted to clients and the public.		Sustainability topics could be featured in practice newsletters or via social media posts.	Evidence of promoted topics.	20
17.5.32	The practice provides training events on key sustainability topics to enable farmers to develop their skills in sustainable farming practices.				20
			TOTAL POINTS AVAILABLE:		**470**
			OUTSTANDING:		**370**
			GOOD:		**280**


280
Good
380
Outstanding
470

Updates to Farm Animal Modules and Awards

The following section details all the updates made to the previous editions (Version 3.2, July 2022) and included in this edition (Version 3.2, November 2023).

Changes and additions to Farm Animal Modules and Awards

Species type / requirement number	Accreditation level	Previous wording (version 3.2)	New wording (version 3.2)
8.1.1	Core Standard	**Standard** The dispensary must be operated in accordance with the Veterinary Medicines Regulations (VMR). **Guidance Notes** BVA Good Practice Guide on Veterinary Medicines or BSAVA Guide to the use of Veterinary Medicines, or similar, may provide further information in addition to the VMD's Veterinary Medicines Guidance	**Standard** The dispensary must be operated in accordance with the Veterinary Medicines Regulations (VMR). **Guidance Notes** BVA Good Practice Guide on Veterinary Medicines or BSAVA Guide to the use of Veterinary Medicines, or similar may provide further information in addition to the VMD's Veterinary Medicines online
8.1.3	Core Standards	**Standard** All medicinal products must be stored in a clean and tidy location in accordance with manufacturers' recommendations and appropriate records kept. **Guidance Notes** All VMPs should be stored on appropriate and secure shelving; in such a way as to be protected from adverse effects of light, temperature extremes and moisture. It is acceptable for small quantities of drugs to be in consulting rooms for use during consultation. These should be kept to a minimum and should be in drawers/cupboards. POM-Vs should be placed out of sight in closed cupboards (not	**Standard** All medicinal products must be stored in a clean and tidy location in accordance with manufacturers' recommendations and appropriate records kept. **Guidance Notes** All VMPs should be stored on appropriate and secure shelving; in such a way as to be protected from adverse effects of light, temperature extremes and moisture. It is acceptable for small quantities of drugs to be in consulting rooms for use during consultation. These should be kept to a minimum and should be in drawers/cupboards. POM-Vs should be placed out of sight in closed

		glass-fronted) or drawers, but there is no requirement for cupboards to be locked.	cupboards (not glass-fronted) or drawers, but there is no requirement for cupboards to be locked. Products must be stored in accordance with the product label and SPC (this includes during transport) This will generally relate to specific temperature requirements but may include other conditions such as protecting the medicine from light
8.1.4	Core Standards	**Standard** Medicines must not be available for self-service except those with a category of AVM-GSL. POM-Vs, POM-VPSs and NFA-VPSs should be stored in areas that are not accessible to the public. **Guidance Notes** The advertising of POM-V and POM-VPS products may only be aimed at appropriate persons, which do not include the general public. This includes adverts on websites, brochures and those displayed in retail areas to which the general public have access.	**Standard** Medicines must not be available for self-service except those with a category of AVM-GSL. POM-Vs, POM-VPSs and NFA-VPSs should be stored in areas that are not accessible to the public. **Guidance Notes** The advertising of POM-V and POM-VPS products may only be aimed at appropriate persons, which do not include the general public. This includes adverts on websites, brochures and those displayed in retail areas to which the general public have access. No person qualified to prescribe or supply veterinary medicinal products may solicit or accept any gift, pecuniary advantage, benefit in kind, hospitality or sponsorship prohibited by this regulation There are specific rules regarding hospitality and promotional products which must be adhered to. https://www.legislation.gov.uk/uksi/2024/567/regulation/8/made
8.1.5	Core Standards	**Standard** Accurate records of POM-V and POM-VPS medicines received and supplied must be kept.	**Standard** Accurate records of POM-V and POM-VPS medicines received and supplied must be kept. **Guidance Notes**

		Guidance Notes See VMD guidance, Record keeping requirements for veterinary medicines: https://www.rcvs.org.uk/vmd-records. Records for POM-V or POM-VPS medicines must include: - The date - The name of the veterinary medicinal product - The batch number (except that, in the case of a product for a non-food-producing animal, this need only be recorded either on the date of receipt of the batch or the date a veterinary medicinal product from the batch is first supplied) - The quantity - The name and address of the supplier or recipient - If there is a written prescription, the name and address of the person who wrote the prescription and a copy of the prescription Records must be kept for 5 years.	See VMD guidance, Record keeping requirements for veterinary medicines: https://www.rcvs.org.uk/vmd-records. Records for POM-V or POM-VPS medicines must include: - The date - The name, pharmaceutical form and strength of the veterinary medicinal product - The batch number (except that, in the case of a product for a non-food-producing animal, this need only be recorded either on the date of receipt of the batch or the date a veterinary medicinal product from the batch is first supplied) - The expiry date - The quantity - The name and address of the supplier or recipient - If there is a written prescription, the name and address of the person who wrote the prescription and a copy of the prescription Records must be kept for 5 years.
8.1.8	Core Standards	**Standard** Records of medicines administered to food-producing animals must include batch numbers. **Guidance Notes** Records of products administered to food-producing animals by a veterinary surgeon: A veterinary surgeon who administers POM medicines to food producing animals must personally enter the	**Standard** Records of medicines administered to food-producing animals must include batch numbers. **Guidance Notes** A veterinary surgeon who administers POM medicines to food producing animals must personally enter the following information into the livestock keeper's record book or give written information to the livestock keeper to enter as soon as is reasonably practicable: - Name of the veterinary surgeon

		following information into the livestock keeper's record book or give written information to the livestock keeper to enter: - Name of the veterinary surgeon - Name of the product and the batch number - Date of administration of the product - Amount of product administered - Identification of the animals treated - Withdrawal period Records of products administered to food-producing animals under the Cascade: A veterinary surgeon administering a VMP, which includes a human medicine or product imported under an SIC/STC, to food-producing animals under the Cascade (or another person under the veterinary surgeon's permission) must record: - Date of examination of the animal(s) - Name and address of the owner of the animal(s) - Identification and number of animals treated - Result of the veterinary surgeon's clinical assessment - Trade name of the product if there is one - Manufacturer's batch number shown on the product, if there is one - Name and quantity of the active substances - Doses administered or supplied - Duration of treatment - Withdrawal period When a whole herd/flock is treated with a medicine, it is acceptable to record "whole herd" or "whole flock" rather than every individual animal's number.	- Name of the product and the batch number - Date of administration of the product - Amount of product administered - Identification of the animals treated - Withdrawal period Entering this information in the invoice to the livestock keeper at the end of the month is not acceptable. The information must be sent as soon as practicably possible, without delay. Records of products administered to food-producing animals under the Cascade: A veterinary surgeon administering a VMP, which includes a human medicine or product imported under an SIC/STC, to food-producing animals under the Cascade (or another person under the veterinary surgeon's permission) must record: - Date of examination of the animal(s) - Name and address of the owner of the animal(s) - Identification and number of animals treated - Result of the veterinary surgeon's clinical assessment - Trade name of the product if there is one - Manufacturer's batch number shown on the product, if there is one - Name and quantity of the active substances - Doses administered or supplied - Duration of treatment - Withdrawal period When a whole herd/flock is treated with a medicine, it is acceptable to record "whole herd" or "whole flock" rather than every individual animal's number. New calculations for withdrawal periods are: (a)for eggs—

			(i)the longest withdrawal period in the summary of product characteristics for any species multiplied by a factor of 1.5; or (ii)14 days, if the product is not authorised for animals producing eggs for human consumption (ii)for paragraph (b) substitute— (b)for milk— (i)the longest withdrawal period in the summary of product characteristics for any species multiplied by a factor of 1.5; (ii)7 days, if the veterinary medicinal product is not authorised for animals producing milk for human consumption; or (iii)1 day, if the medicinal product has a zero-hour withdrawal period;"; (iii)for paragraph (c) substitute— "(c)for meat and offal from food-producing mammals, poultry and farmed game-birds— (i)the longest withdrawal period provided in its summary of product characteristics for meat and offal, multiplied by a factor of 1.5; (ii)28 days if the veterinary medicinal product is not authorised for food-producing animals; or (iii)1 day, if the veterinary medicinal product has a zero-day withdrawal period;"; (iv)for paragraph (d) substitute— "(d)for aquatic species producing meat for human consumption—

			(i)the longest withdrawal period for any of the aquatic species in the summary of product characteristics multiplied by a factor of 1.5 and expressed as degree-days; (ii)if the medicinal product is authorised for food-producing terrestrial animal species, the longest withdrawal period for any of the food-producing animal species in the summary of product characteristics multiplied by a factor of 50 and expressed as degree-days; or (iii)25 degree-days if the highest withdrawal period for any animal species is zero. See: https://www.legislation.gov.uk/uksi/2024/567/regulation/121/made
8.1.9	Core Standards	**Standard** An adequate supply of medicines and materials used in the treatment of patients must be readily available. There must be an efficient stock control system to ensure a continuous supply of all medicines and removal of out-of-date medicines in accordance with the current legislation. **Guidance Notes** Procedures should be in place to quarantine, and ultimately dispose of, out of date medicines and leaking, broken or unwanted containers and to deal with spillages and leakages.	**Standard** An adequate supply of medicines and materials used in the treatment of patients must be readily available. There must be an efficient stock control system to ensure a continuous supply of all medicines and removal of out-of-date medicines in accordance with the current legislation. It is not acceptable to use an out-of-date medicine due to poor stock control. **Guidance Notes** Procedures should be in place to quarantine, and ultimately dispose of, out of date medicines and leaking, broken or unwanted containers and to deal with spillages and leakages
8.1.10	Core Standards	**Standard**	**Standard** At least once a year a detailed audit must be carried out and recorded. Incoming and outgoing medicines reconciled with

		At least once a year a detailed audit should be carried out and incoming and outgoing medicines reconciled with medicines held in stock and any discrepancies recorded **Guidance Notes** A practice must be able to demonstrate to assessors the ability to carry out a detailed audit as clarified by the VMD. In addition, assessors will ask to see a full audit and reconciliation of all Schedule 2 Controlled Drugs i.e. the Register	medicines held in stock and any discrepancies recorded. Records of audit and any discrepancies must be kept for 5 years. **Guidance Notes** At least once a year, a practice selling prescription only veterinary medicinal products must carry out a detailed audit of stock and compare the incoming and outgoing veterinary medicinal products recorded with products currently held and make a record of this audit. Where, as a result of the audit the practice identifies a discrepancy the practice must make a record of this. Discrepancies include any unaccounted stock as well as out of date stock. In addition, assessors will ask to see a full audit and reconciliation of all Schedule 2 Controlled Drugs i.e. the Register. See 10.1.14
8.1.15	Core Standards	**Standard** Medicines must be prescribed and supplied according to current legislation. **Guidance Notes** POM-V: A veterinary surgeon who prescribes a POM-V medicine must first carry out a clinical assessment of the animal and the animal must be under his or her clinical care. See Chapter 4 of the supporting guidance to the RCVS Code of Professional and changes and the 'Under care new guidance' on the RCVS website: 'Under care' - new guidance - Professionals (rcvs.org.uk) POM-Vs medicines may be prescribed and supplied by a veterinary surgeon only. Alternatively, medicines may be prescribed and a prescription written by a veterinary surgeon and the supply made by another veterinary surgeon (or a pharmacist) on the authority of that	**Standard** All medicines, including those prescribed under the Cascade, must be prescribed and supplied according to current legislation. **Guidance Notes** **POM-Vs:** A veterinary surgeon who prescribes a POM-V medicine must first carry out a clinical assessment of the animal and the animal must be under his or her clinical care. See Chapter 4 of the supporting guidance to the RCVS Code of Professional and changes and the 'Under care new guidance' on the RCVS website: https://www.rcvs.org.uk/setting-standards/advice-and-guidance/code-of-professional-conduct-for-veterinary-surgeons/supporting-guidance/veterinary-medicines/ Whether a physical examination is necessary for the prescription of POM-Vs is a matter for the veterinary surgeon's judgement depending on the circumstances of each individual case (please note that the Animals (Scientific Procedures) Act 1986 should be

		prescription. A veterinary surgeon who prescribes POM-Vs medicine must be satisfied that the person who will use the product will do so safely and intends to use it for the purpose for which it is authorised. Whether a physical examination is necessary for the prescription of POM-Vs is a matter for the veterinary surgeon's judgement depending on the circumstances of each individual case (please note that the Animals (Scientific Procedures) Act 1986 should be followed where it applies). When prescribing POM-Vs that are antibiotics, antifungals, antiparasiticides or antivirals for production animals, farmed aquatic animals and game, veterinary surgeons should ensure they have an in-depth knowledge of the premises, including its production systems, the environment, disease challenges and the general health status of the herd, flock or group. Veterinary surgeons should have attended and inspected the premises and physically examined at least one representative animal prior to prescribing, or recently enough to ensure they have adequate current information and knowledge to prescribe responsibly and effectively, taking into account any available production data and diagnostic laboratory results. In exceptional cases where this is not possible, or in sectors such as large-scale commercial poultry and fish enterprises, and antimicrobials are prescribed without conducting a physical examination, veterinary surgeons should be prepared to justify their decision and to record this justification in the clinical notes. POM-VPS: POM-VPS medicines may be prescribed and supplied by a veterinary surgeon, pharmacist, or Suitably Qualified Person (SQP). Alternatively, medicines may be prescribed and a prescription written by a veterinary surgeon and the supply made by another veterinary surgeon (or a pharmacist) on the authority of that prescription. A veterinary surgeon who prescribes POM-VPS medicine	followed where it applies). For controlled drugs, antibiotics, antifungals, antiparasiticides and antivirals, a physical examination should be carried out at the time of prescribing unless there are exceptional circumstances. **POM-VPS:** POM-VPS medicines may be prescribed and supplied by a veterinary surgeon, pharmacist or suitably qualified person (SQP). Alternatively, medicines may be prescribed and a prescription written by a veterinary surgeon, pharmacist or SQP and the supply made by another veterinary surgeon (or a pharmacist or SQP) on the authority of that prescription. Anyone who prescribes POM-VPS medicine must be satisfied that the person who will use the product will do so safely and intends to use it for the purpose for which it is authorised. There should be appropriate protocols, certificate records and/or clinical records for evidence of compliance with prescribing requirements. If a veterinary surgeon supplies a POM-V or POM-VPS medicine, in addition to the requirements for prescribing generally they must: • Advise on its safe administration and, as necessary, on any warnings or contraindications on the label or package leaflet • Not supply more than the minimum amount required for the treatment (see exemptions in Schedule 3 paragraph 7 of the VMR) The reason for prescribing a veterinary medicinal product must be recorded (unless supplied from a written prescription). Clinical notes are adequate to demonstrate this. In the case of an SQP, a record of the reason for prescribing the product must be made (enough information to justify the right product has been prescribed) and these records must be retained for 5 years. Internet suppliers of veterinary medicines must be registered with the VMD and state on each part of the website where the product is offered:

		must be satisfied that the person who will use the product will do so safely and intends to use it for the purpose for which it is authorised. There should be appropriate protocols, certificate records and/or clinical records for evidence of compliance with prescribing requirements. If a veterinary surgeon supplies a POM-V or POM-VPS medicine, in addition to the requirements for prescribing generally they must: • Advise on its safe administration and, as necessary, on any warnings or contraindications on the label or package leaflet • Not supply more than the minimum amount required for the treatment (see exemptions in Schedule 3 paragraph 7 of the VMR)	(a) the statement "registered internet retailer of veterinary medicines"; (b) the contact details of the Secretary of State; and (c) a link to the published register. Further information is available at: https://www.legislation.gov.uk/uksi/2024/567/regulation/98/made Any online retailer of medicines must be registered and assessed by the VMD otherwise they are unable to sell medicines online.
8.1.16	Core Standards	**Standard** If a veterinary surgeon prescribes by written prescription (for supply by another veterinary surgeon or a pharmacist), in addition to the requirements for prescribing generally, he or she must: - Each time he or she prescribes the medicine advise on its safe administration and as necessary on any warnings or contraindications on the label or package leaflet - Not prescribe more than the minimum amount required for the treatment (see exemptions in Schedule 3 paragraph 7 of the VMR) There are specific requirements for the prescription of medicated feedingstuffs containing a veterinary medicinal product, as laid out in Schedule 5, paragraph 19 of the Veterinary Medicines Regulations (VMRs).	**Standard** If a veterinary surgeon prescribes by written prescription (for supply by another veterinary surgeon or a pharmacist), in addition to the requirements for prescribing generally, he or she must: - Each time he or she prescribes the medicine advise on its safe administration and as necessary on any warnings or contra-indications on the label or package leaflet - Not prescribe more than the minimum amount required for the treatment (see exemptions in Schedule 3 paragraph 7 of the VMR. There are specific requirements for the prescription of medicated feedingstuffs containing a veterinary medicinal product, as laid out in Schedule 5, paragraph 19 of the Veterinary Medicines Regulations (VMRs). **Guidance Notes**

		Guidance Notes Use of the BVA prescription form is recommended. Copies of written prescription forms must be available for the assessor to view. For the requirements for the prescription of medicated feedingstuffs containing a veterinary medicinal product, see Schedule 5, paragraph 19 of the Veterinary Medicines Regulations (VMRs): https://www.rcvs.org.uk/leg-med-feed	Use of the BVA prescription form is recommended. Use of the BVA Prescription form is recommended. Copies of written prescription forms must be available for the assessor to view. Details of written prescription requirements are available at: https://www.legislation.gov.uk/uksi/2024/567/regulation/101/made A written prescription must include: (a)the full name, address and contact details of the person prescribing the product, including that person's professional registration number (if available); (b)the full name, address and contact details of the animal owner or keeper; (c)the identification (including the species) of the animal or group of animals to be treated; (d)the premises at which the animals are kept if this is different from the address of the owner or keeper; (e)the issue date; (f)the signature or electronic signature of the prescriber; (g)the name and amount of the product prescribed; (h)the pharmaceutical form and strength of the product; (i)as regards veterinary medicinal products that are antibiotics which are prescribed for prophylactic purposes or metaphylactic purposes (as the case may be), a statement to that effect; (j)the dosage regimen;

			(k)any warnings necessary to ensure the proper use, including, where relevant, to ensure prudent use of antimicrobials; (l)the words “It is an offence under the Veterinary Medicines Regulations 2013 for a person to alter a written prescription unless authorised to do so by the person who signed it”; (m)for food-producing animal species, the withdrawal period or a statement that the withdrawal period is equal to zero days; and (n)if the prescription relates to a product prescribed under the cascade, a statement to that effect. Medicated feed prescription requirements have changed, these now required to state the disease to be treated/prevented, and the keeper must start feeding the animals within 5 days of the prescription being issued. Veterinary surgeons will need to work with feed mills to ensure the feed can get to the farmer within 5 days. Further information on Medicated Feedingstuffs prescriptions (MFSps) can be found in paragraphs 19 and 20 of Schedule 5 of the VMR. Please note, prescriptions for medicated feed follow a different format and must include: a) -the name and address of the person prescribing the product b) -the qualifications enabling the person to prescribe the product c) -the name and address of the keeper of the animals to be treated d) -the species of animal, identification and number of the animals e) -the premises at which the animals are kept if this is different from the address of the keeper f) -the diagnosed disease to be treated, or, if an immunological or antiparasitic without antimicrobial effect, prevented

			g) -the date of the prescription h) -the signature or other authentication of the person prescribing the product i) -the name, the active substance, the amount of the product prescribed and the inclusion rate of the medicinal premix and resulting inclusion rate of the active substance j) -the dosage and administration instructions k) -any necessary warnings l) -a statement that the prescription may not be re-used m) -the withdrawal period n) -the manufacturer or the distributor of the feedingstuffs; who must be authorised for the purpose, whichever is the supplier to the end user o) -if the validity exceeds one month, a statement that not more than 31 days' supply may be provided at any time p) -the name, type and quantity of feedingstuffs to be used q) -the overall amount of feedingstuff to be supplied under the prescription r) -any special instructions s) -the percentage of the prescribed feedingstuffs to be added -to the daily ration -if it is prescribed under the cascade, a statement to that effect.
8.1.17	Core Standards	**Standard** Having prescribed a POM-V or POM-VPS medicines, if the veterinary surgeon is not present when the medicine is handed over, they must: - Authorise each transaction individually before the medicine is supplied - Be satisfied that the person handing it over is competent to do so **Guidance Notes**	**Standard** Having prescribed a POM-V, POM-VPS or a veterinary medicine under the cascade, if the veterinary surgeon is not present when the medicine is handed over, they must: - Authorise each transaction individually before the medicine is supplied - Be satisfied that the person handing it over is competent to do so. **Guidance Notes** A veterinary surgeon could meet the requirement to authorise each transaction by: • Handing over a medicine personally following a consultation, or

		A veterinary surgeon could meet the requirement to authorise each transaction by: • Handing over a medicine personally following a consultation, or instructing a fellow team member to supply the medicine • Making a note on a client's record that repeat prescriptions could be supplied to the client • A team member taking a call from a client and putting a medicine aside for the veterinary surgeon to authorise before being supplied • In the case of a client unexpectedly coming into the practice, by a phone call to the veterinary surgeon, to authorise the supply Note: - A Suitably Qualified Person (SQP) under the VMR is under similar requirements for the prescription and supply of POM-VPS medicines. - For Prescribing POM-Vs, please see Under Care guidance changes: 'Under care' - new guidance - Professionals (rcvs.org.uk)	instructing a fellow team member to supply the medicine • Making a note on a client's record that repeat prescriptions could be supplied to the client • A team member taking a call from a client and putting a medicine aside for the veterinary surgeon to authorise before being supplied • In the case of a client unexpectedly coming into the practice, by a phone call to the veterinary surgeon, to authorise the supply Note: - A Suitably Qualified Person (SQP) under the VMR is under similar requirements for the prescription and supply of POM-VPS medicines. - For Prescribing POM-V's, please see Under Care guidance changes: 'Under care' - new guidance - Professionals (rcvs.org.uk)
8.1.18	Core Standards	**Standard** If a veterinary surgeon or SQP supplies an NFA-VPS they must: - Be satisfied that the person who will use the medicine will do so safely, and intends to use it for the purpose for which it is authorised - Each time the medicine is supplied, advise on its safe administration and on any warnings or contraindications on the label or package leaflet - Not supply more than the minimum amount required for the treatment (see exemptions in Schedule 3, paragraph 7 of the VMR) **Guidance Notes**	**Standard** If a veterinary surgeon or SQP supplies an NFA-VPS they must: - Be satisfied that the person who will use the medicine will do so safely, and intends to use it for the purpose for which it is authorised - Each time the medicine is supplied, advise on its safe administration and on any warnings or contraindications on the label or package leaflet - Not supply more than the minimum amount required for the treatment (see exemptions in Schedule 3, paragraph 7 of the VMR) **Guidance Notes**

		In the case of SQPs, assessors will ask to see an SOP for procedures for supplying POM-VPS/NFA-VPS.	In the case of SQPs, assessors will ask to see an SOP for procedures for supplying POM-VPS/NFA-VPS. The reason for prescribing a veterinary medicinal product must be recorded (unless supplied from a written prescription). Clinical notes are adequate to demonstrate this. In the case of an SQP, a record of the reason for prescribing the product must be made (enough information to justify the right product has been prescribed) and these records must be retained for 5 years.
8.1.24	Core Standards	**Standard** Medicines must be used in accordance with the legislation commonly referred to as the Cascade. **Guidance Notes** Assessors will wish to see evidence that Cascade medicines are clearly identified to owners who give informed consent for their use. Written forms for signature are expected. Human generic preparations must not be used other than under Veterinary Medicines Guidance Note The Cascade: Prescribing unauthorised medicines, which allows for the welfare of animals to be a primary consideration in the choice of treatment: https://www.rcvs.org.uk/vmd-cascade. In the first instance a veterinary surgeon should prescribe a medicine authorised in the jurisdiction where they are practising, for use in the target species, for the condition being treated, and used at the manufacturer's recommended dosage. Where there is no such medicine available, the veterinary surgeon responsible for treating the animal(s) may, in particular to avoid unacceptable suffering, treat the animal(s) in accordance with the Cascade.	**Standard** Medicines must be used in accordance with the legislation commonly referred to as the Cascade. **Guidance Notes** Assessors will wish to see evidence that Cascade medicines are clearly identified to owners who give informed consent for their use. Written forms for signature are expected. Human generic preparations must not be used other than under Veterinary Medicines Guidance Note The Cascade: Prescribing unauthorised medicines, which allows for the welfare of animals to be a primary consideration in the choice of treatment: https://www.rcvs.org.uk/vmd-cascade. In the first instance a veterinary surgeon should prescribe a medicine authorised in the jurisdiction where they are practising, for use in the target species, for the condition being treated, and used at the manufacturer's recommended dosage. Where there is no such medicine available, the veterinary surgeon responsible for treating the animal(s) may, in particular to avoid unacceptable suffering, treat the animal(s) in accordance with the Cascade.

		See paragraphs 4.14 to 4.22 of the supporting guidance for the Code of Professional Conduct for further guidance on prescribing under the cascade: https://www.rcvs.org.uk/vetmeds.	See paragraphs 4.14 to 4.22 of the supporting guidance for the Code of Professional Conduct for further guidance on prescribing under the cascade: https://www.rcvs.org.uk/vetmeds. Misuse of the cascade: A person must not promote or facilitate any purported use of the cascade.
8.1.27	Core Standards	**Standard** No wholesale dealing must take place of medicines unless the practice holds an appropriate Wholesale Dealers Authorisation (WDA). **Guidance Notes** Emergency supply of medicines to another practice would be permitted.	**Standard** No wholesale dealing must take place of medicines unless the practice holds an appropriate Wholesale Dealers Authorisation (WDA). **Guidance Notes** Emergency supply of medicines to another practice would be permitted. Only a holder of a manufacturing authorisation or the holder of a wholesale dealer's authorisation may supply a veterinary medicinal product wholesale or be in possession of it for that purpose. If the supply is to a veterinary surgeon, a pharmacist or a suitably qualified person, the medicines it must be delivered to the registered practice premises. https://www.gov.uk/guidance/apply-for-a-veterinary-medicine-wholesale-dealers-authorisation-wda#when-you-need-a-wda
8.1.28	Core Standards	**Standard** A practice must be able to demonstrate that when using antimicrobials it does so responsibly, and is accountable for the choices made in such use.	**Standard** A practice must be able to demonstrate that when using antimicrobials, it does so responsibly and is accountable for the choices made in such use. A person who prescribes antimicrobials

		Guidance Notes When prescribing antibiotics, antifungals, antiparasitics and antivirals, please see Under Care new guidance: 'Under care' - new guidance - Professionals (rcvs.org.uk) The development and spread of antimicrobial resistance is a global public health problem that is affected by use of these medicinal products in both humans and animals. Veterinary surgeons must be seen to ensure that when using antimicrobials they do so responsibly, and be accountable for the choices made in such use. Resistance to anthelmintics in grazing animals is serious and on the increase; veterinary surgeons must use these products responsibly to minimise resistance development. Antimicrobials advice is available from the BVA: https://www.rcvs.org.uk/bva-amr as well as their antimicrobials poster for use in practice: https://www.rcvs.org.uk/bva-amr-plan Examples of what assessors might look at - policy, medical records, poster, meetings where they created perioperative antibiotic protocol. Assessors will also talk to practice team members. Examples of what assessors might look at - policy, medical records, poster, meetings where they created perioperative antibiotic protocol. Assessors will also talk to practice team members. Farm Vet Champions - The free learning modules cover technical species-specific modules, vet-farmer communication skills and behaviour change principles, the legal use of veterinary medicines, policies, and One Health aspects of antibiotic prescribing and stewardship.	must ensure that the product is prescribed for the most limited period that is consistent with the risk to be addressed. **Guidance Notes** When prescribing antibiotics, antifungals, antiparasitics and antivirals, please see Under Care new guidance: 'Under care' - new guidance - Professionals (rcvs.org.uk) A veterinary surgeon may not prescribe a veterinary medicinal product which is an antibiotic for prophylactic purposes except in exceptional circumstances. In these circumstances, the rationale for prescribing must be clearly recorded (for example in the clinical notes) by the veterinary surgeon prescribing it and a management review is carried out by the be the veterinary surgeon at, or as soon as practicable, to identify factors and implement measures to eliminate the need for any future such administration. Prophylactic use must not be used routinely; (a) to compensate for poor hygiene, inadequate animal husbandry, or poor farm management practices; or (b) used to promote growth or increase yield A veterinary surgeon who prescribes a veterinary medicinal product which is an antibiotic must make a record of the satisfaction of the relevant conditions for the purposes of its use and keep that documentation for at least five years. The development and spread of antimicrobial resistance is a global public health problem that is affected by use of these medicinal products in both humans and animals. Veterinary surgeons must be seen to ensure that when using antimicrobials they do so responsibly, and be accountable for the choices made in such use. Resistance to anthelmintics in grazing animals is serious and on the increase; veterinary surgeons must use these products responsibly to minimise resistance development Antimicrobials advice is available from the BVA:

		https://www.rcvs.org.uk/setting-standards/practice-standards-scheme/pss-training-and-resources/	https://www.rcvs.org.uk/bva-amr as well as their antimicrobials poster for use in practice: https://www.rcvs.org.uk/bva-amr-plan Examples of what assessors might look at - policy, medical records, poster, meetings where they created perioperative antibiotic protocol. Assessors will also talk to practice team members. Examples of what assessors might look at - policy, medical records, poster, meetings where they created perioperative antibiotic protocol. Assessors will also talk to practice team members. Farm Vet Champions - The free learning modules cover technical species-specific modules, vet-farmer communication skills and behaviour change principles, the legal use of veterinary medicines, policies, and One Health aspects of antibiotic prescribing and stewardship. https://www.rcvs.org.uk/setting-standards/practice-standards-scheme/pss-training-and-resources/