Practice Standards Scheme updates September 2024 - Changes list

This document contains details of all the updates made in Version 3.3 (Version 3.4 for Equine) of the PSS Modules and Awards documents, published in September 2024.

For each update, the previous wording is listed alongside the new wording for ease of comparison.

Species Type/ Requirement number	Current Standard and Guidance notes (SA v3.2, EQ v3.3, FA v3.2)	Proposed change to Standard or Guidance notes (New versions SA v3.3, FA v3.3, EQ v3.4)
Small Animal modules and Awards		
SA 10.1.1	The dispensary must be operated in accordance with the Veterinary Medicines Regulations (VMR). **Guidance Note** 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 Notes.	The dispensary must be operated in accordance with the Veterinary Medicines Regulations (VMR). **Guidance Note** 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 online.
SA 10.1.2	A record of premises and other places where medicines are stored or kept must be available. **Guidance Note** A means of recording the transfer of VMPs to other premises, stores or vehicles should be implemented to ensure traceability and enable stock reconciliation.	No change.
SA 10.1.3	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	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 glass-

	sight in closed cupboards (not glass-fronted) or drawers, but there is no requirement for cupboards to be locked.	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.
SA 10.1.4	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.	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. There are specific rules regarding hospitality and promotional products which must be adhered to. See: Chapter 1 of the supporting guidance https://www.legislation.gov.uk/uksi/2024/567/regulation/8/made
SA 10.1.5	Accurate records of POM-V and POM-VPS medicines received and supplied must be kept. **Guidance Notes**	Accurate records of POM-V, POM-VPS, and medicines prescribed under the cascade received and supplied must be kept. **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, POM-VPS, or medicines prescribed under the cascade must include: - The date it was received or supplied - 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 received or supplied - 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. VMR amendments see: https://www.legislation.gov.uk/uksi/2024/567/regulation/101/made
SA 10.1.6	Monitoring and recording of environmental temperatures wherever medicines are stored must be undertaken (including consulting rooms, prep rooms, refrigerators and vehicles). **Guidance Notes** 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	No change.

	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.	
SA 10.1.7	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. **Guidance Notes** 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.	No change.
SA 10.1.8	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 following	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.

	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 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 (or another person acting under the veterinary surgeon's permission) administering a VMP to food-producing animals under the Cascade, (which includes human medicines, medicines imported under an SIC/STC, medicines authorised for a different species or condition and extemporaneous preparations),) 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 These records must be kept for at least 5 years. 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. Changes to FPA withdrawal periods calculations are available at: https://www.legislation.gov.uk/uksi/2024/567/regulation/121/made

SA 10.1.9	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. **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.	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 leakage.
SA 10.1.10	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.	A practice that is also a retailer, i.e., because it supplies prescription only veterinary medicinal products to owners or keepers of animals for administration, must, at least once a year carry out and record a detailed audit of stock. **Guidance Notes** At least once a year, a detailed audit of stock must be carried out to include a comparison of the incoming and outgoing veterinary medicinal products recorded with products currently held. Where the audit identifies a discrepancy, a record must be made. Discrepancies include any stock unaccounted for as well as out of date stock. Records of audits and discrepancies must be kept for 5 years. 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

SA 10.1.11	Medicines should be disposed of in accordance with the current legislation. **Guidance Notes** 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 environment agency. See GOV.UK guidance: https://www.rcvs.org.uk/t28.	No change.

	Unless applying for the optional Environmental Sustainability Award: Improper disposal of medicines causes environmental damage such as ecotoxicity. The VMD updated their guidance (August 2022) on what constitutes an 'independent witness' for the purposes of destruction of CDs. Read the article: https://www.gov.uk/government/news/updated-guidance-on-destruction-and-disposal-of-veterinary-medicines-containing-controlled-drugs-cds Read the full guidance: https://www.gov.uk/guidance/controlled-drugs-recording-using-storing-and-disposal#independent-veterinary-surgeons	
SA 10.1.15	Medicines 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 followed where it applies).	All medicines, including those prescribed under the Cascade, must be prescribed and supplied according to current legislation. **Guidance Notes** **POM-Vs and medicines prescribed under the cascade:** A veterinary surgeon who prescribes a POM-V medicine or a medicine under the cascade 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 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. 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 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)	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 POM-V, POM-VPS, or a veterinary medicinal product under the cascade, if it is supplied against a verbal prescription (rather than a written one) must be recorded. Appropriate clinical notes should be 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).

		Records must be retained for 5 years. Those who supply or offer to supply POM-V, POM-VPS, and NFA-VPS veterinary medicines over the internet must be registered with the VMD and state on each part of their website that references the medicines:— (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 classified as POM-V, POM-VPS, or NFA-VPS must be registered and assessed by the VMD otherwise they are unable to sell medicines online.
SA 10.1.16	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 the treatment (see exemptions in Schedule 3 paragraph 7 of the VMR) **Guidance Notes**	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. **Guidance Notes**

	Use of the BVA prescription form is recommended. Copies of written prescription forms must be available for the assessor to view.	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. Please note, prescriptions for medicated feed follow a different format.
SA 10.1.17	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** 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	Having prescribed a POM-V, POM-VPS, or a veterinary medicine under the cascade, if the veterinary surgeon or veteinary nurse who is also an SQP 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 or veterinary nurse who is also an SQP 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

	• 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)	medicine aside for the veterinary surgeon or veteinary nurse who is also an SQP to authorise before being supplied • In the case of a client unexpectedly coming into the practice, by a phone call to the veterinary surgeon or veterinary nurse who is also an SQP, to authorise the supply There should be a clear audit trail of how the authorisation has been granted such as being captured in the practice management system or a prescription request/repeat book. 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)
SA 10.1.18	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) **Guidance Notes** In the case of SQPs, assessors will ask to see an SOP for procedures for supplying POM-VPS/NFA-VPS.	If a veterinary surgeon or veterinary nurse who is also an 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.
SA 10.1.24	Medicines must be used in accordance with the legislation commonly referred to as the Cascade.	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.	**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 from paragraph 4.24 of the supporting guidance to 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 which is not in accordance with the VMRs. Please note it is a criminal offence to do this in England, Scotland and Wales. Withdrawal periods must be calculated, recorded and communicated: https://www.legislation.gov.uk/uksi/2024/567/regulation/121/made

SA 10.1.27	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.	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 for the purpose of alleviating a temporary supply shortage that could be detrimental to animal welfare. 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 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 https://www.legislation.gov.uk/uksi/2024/567/regulation/121/made
SA 10.1.28	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. **Guidance Notes** As regards 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	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. **Guidance Notes** As regards 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

	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. The BSAVA also provides advice on the responsible use of antimicrobials: Responsible use of antibacterials (bsava.com) . Vets play a key role in preserving the efficiency of these medicines. Additional Resources from BSAVA, all free to download regardless of BSAVA membership status: 1. BSAVA Medicines Guide: Section on Antimicrobials - Protocol for responsible use of antimicrobials and anthelmintics. https://www.bsavalibrary.com/content/chapter/10.22233/9781905319862.chap13 2. PROTECTME noteshttps://www.bsavalibrary.com/content/book/10.22233/9781910443644#chapters 3. PROTECTME posters (general and rabbit) https://www.bsavalibrary.com/content/chapter/10.22233/9781910443644.chap6_1#supplementary_data 4. Non-Prescription form (sample) https://www.bsavalibrary.com/content/chapter/10.22233/9781910443644.app15#supplementary_data 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.	purposes except in exceptional circumstances (i.e., where the risk of an infection or of an infectious disease is very high and where the consequences of not prescribing the antibiotic are likely to be severe). Where an antibiotic is prescribed for administration to a group of animals for prophylactic purposes, the rationale for prescribing must be clearly recorded by the veterinary surgeon prescribing it. Further, the veteinary surgeon must carry out a management review when the antibiotic is administered, or as soon as reasonably practicable afterwards, to identify factors and implement measures to eliminate the need for future administration due to the same circumstances. Veterinary surgeons must not prescribe antibiotics to be used: a. routinely, b. to compensate for poor hygiene, inadequate animal husbandry, or poor farm management practices, or c. to promote growth or increase yield. A veterinary surgeon who prescribes a veterinary medicinal product which is an antibiotic must make a record (for example in the clinical notes) of the satisfaction of the relevant conditions in the VMRs 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 . The BSAVA also provides advice on the responsible use of antimicrobials: Responsible use of antibacterials (bsava.com). Vets play a key role in preserving the efficiency of these medicines. Additional Resources from BSAVA, all free to download regardless of BSAVA membership status: 1. BSAVA Medicines Guide: Section on Antimicrobials - Protocol for responsible use of antimicrobials and anthelmintics. https://www.bsavalibrary.com/content/chapter/10.22233/9781905319862.chap13 2. PROTECTME noteshttps://www.bsavalibrary.com/content/book/10.22233/9781910443644#chapters 3. PROTECTME posters (general and rabbit) https://www.bsavalibrary.com/content/chapter/10.22233/9781910443644.chap6_1#supplementary_data 4. Non-Prescription form (sample) https://www.bsavalibrary.com/content/chapter/10.22233/9781910443644.app15#supplementary_data 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.
EQ 9.1.1	The dispensary must be operated in accordance with the Veterinary Medicines Regulations (VMR).	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 Notes	**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 online.
EQ 9.1.2	A record of premises and other places where medicines are stored or kept must be available. **Guidance notes** A means of recording the transfer of VMPs to other premises, stores or vehicles should be implemented to ensure traceability and enable stock reconciliation.	No change
EQ 9.1.3	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 glass-fronted) or drawers, but there is no requirement for cupboards to be locked.	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 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.
EQ 9.1.4	Medicines must not be available for self-service except those with a category of AVM-GSL	Medicines must not be available for self-service except those with a category of AVM-GSL. POM-Vs, POM-VPSs and NFA-

	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.	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. 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
EQ 9.1.5	Accurate records of POM-V and POM-VPS medicines received and supplied must be kept. **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	Accurate records of POM-V and POM-VPS medicines received and supplied must be kept. **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, 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

	- 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.	- 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 VMR amendments: https://www.legislation.gov.uk/uksi/2024/567/regulation/121/made
EQ 9.1.6	Monitoring and recording of environmental temperatures wherever medicines are stored must be undertaken (including consulting rooms, prep rooms, refrigerators and vehicles). **Guidance Notes** 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.	No change.

EQ 9.1.7	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. **Guidance Notes** 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.	No change.
EQ 9.1.8	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 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)	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 - 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 (or another person acting under the veterinary surgeon's permission) administering a VMP to food-producing animals under the Cascade, (which includes human medicines, medicines imported under an SIC/STC, medicines authorised for a different species or condition and extemporaneous preparations),) 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.	- 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. Details on new withdrawal periods for FPA are available at: https://www.legislation.gov.uk/uksi/2024/567/regulation/121/made
EQ 9.1.9	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. **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.	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
EQ 9.1.10	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.	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.

	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	**Guidance Notes** At least once a year, a practice of 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 stock unaccounted for 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
EQ 9.1.11	Medicines should be disposed of in accordance with the current legislation. **Guidance Notes** Improper disposal of medicines causes environmental damage such as ecotoxicity. 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: - Assessors 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	No change.

	- 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 environment agency. See GOV.UK guidance: https://www.rcvs.org.uk/t28.	
EQ 9.1.15	Medicines 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-	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-

	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. 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 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)	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)

		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.
EQ 9.1.16	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	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)

	Not prescribe more than the minimum amount required for the treatment (see exemptions in Schedule 3 paragraph 7 of the VMR) **Guidance Notes** Use of the BVA prescription form is recommended. Copies of written prescription forms must be available for the assessor to view.	**Guidance Notes** 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.
EQ 9.1.17	*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** 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	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 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

	• 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)	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).
EQ 9.1.18	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) **Guidance notes** In the case of SQPs, assessors will ask to see an SOP for procedures for supplying POM-VPS/NFA-VPS.	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. 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 and these records must be retained for 5 years.

EQ 9.1.24	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	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 Misuse of the cascade: A person must not promote or facilitate any purported use of the cascade.
EQ 9.1.27	No wholesale dealing must take place of medicines unless the practice holds an appropriate Wholesale Dealers Authorisation (WDA). **Guidance Notes**	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.

	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, it must be to registered premises It is immaterial whether or not the supply is for profit. https://www.gov.uk/guidance/apply-for-a-veterinary-medicine-wholesale-dealers-authorisation-wda#when-you-need-a-wda
EQ 9.1.28	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. **Guidance Notes** As regards prescribing antibiotics, antifungals, antiparastics 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.	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. **Guidance Notes** As regards 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 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;

	The BSAVA also provides advice on the responsible use of antimicrobials: Responsible use of antibacterials (bsava.com) . Vets play a key role in preserving the efficiency of these medicines. Additional Resources from BSAVA, all free to download regardless of BSAVA membership status: 1. BSAVA Medicines Guide: Section on Antimicrobials - Protocol for responsible use of antimicrobials and anthelmintics. https://www.bsavalibrary.com/content/chapter/10.22233/9781905319862.chap13 2. PROTECTME noteshttps://www.bsavalibrary.com/content/book/10.22233/9781910443644#chapters 3. PROTECTME posters (general and rabbit) https://www.bsavalibrary.com/content/chapter/10.22233/9781910443644.chap6_1#supplementary_data 4. Non-Prescription form (sample) https://www.bsavalibrary.com/content/chapter/10.22233/9781910443644.app15#supplementary_data 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.	(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/bva-amr as well as their antimicrobials poster for use in practice: https://www.rcvs.org.uk/bva-amr-plan. The BSAVA also provides advice on the responsible use of antimicrobials: Responsible use of antibacterials (bsava.com). 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.
FA 8.1.1	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	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

	provide further information in addition to the VMD's Veterinary Medicines Guidance	may provide further information in addition to the VMD's Veterinary Medicines online
FA 8.1.2	A record of premises and other places where medicines are stored or kept must be available. **Guidance Notes** A means of recording the transfer of VMPs to other premises, stores or vehicles should be implemented to ensure traceability and enable stock reconciliation.	No change.
FA 8.1.3	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 glass-fronted) or drawers, but there is no requirement for cupboards to be locked.	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 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
FA 8.1.4	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.	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.	**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
FA 8.1.5	Accurate records of POM-V and POM-VPS medicines received and supplied must be kept. **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	Accurate records of POM-V and POM-VPS medicines received and supplied must be kept. **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, 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.	- 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.
FA 8.1.6	Monitoring and recording of environmental temperatures wherever medicines are stored must be undertaken (including consulting rooms, prep rooms, refrigerators and vehicles). **Guidance Notes** 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.	No change.
FA 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.	No change.

	Guidance Notes 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.	
FA 8.1.8	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 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	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 - 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

	- 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.	- 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
FA 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.	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

	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	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
FA 8.1.10	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	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. **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
FA 8.1.11	Medicines should be disposed of in accordance with the current legislation. **Guidance Notes**	No change.

	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 environment agency. See GOV.UK guidance: https://www.rcvs.org.uk/t28.	

FA 8.1.15	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 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	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 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

	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 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)	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: (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.
FA 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 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). **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	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** 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 t) -if it is prescribed under the cascade, a statement to that effect.
FA 8.1.17	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** 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	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 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

	• 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)	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)
FA 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) **Guidance Notes** In the case of SQPs, assessors will ask to see an SOP for procedures for supplying POM-VPS/NFA-VPS.	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. 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.

FA 8.1.24	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.	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. Misuse of the cascade: A person must not promote or facilitate any purported use of the cascade.
FA 8.1.27	No wholesale dealing must take place of medicines unless the practice holds an appropriate Wholesale Dealers Authorisation (WDA). **Guidance Notes**	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.

	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
FA 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. **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,	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. **Guidance Notes** 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

	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/	(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/