Practice Standards Scheme

Modules and Awards

Small Animal

Version 3.3 (September 2024)

Contents

Introduction

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

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

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

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

Accreditation Levels

Small Animal practice premises can apply for the following accreditations:

- Core Standards
- General Practice (GP)
- Emergency Service Clinic (ESC)
- Veterinary Hospital

Core Standards

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

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

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

General Practice

General Practice accreditation reflects the requirements of a primary care practice which also aims to facilitate the achievement of high standards of clinical care, and encompasses many of the facilities required for veterinary nurse training standards.

General Practices must meet the Core and GP requirements in all of the Modules.

Emergency Service Clinic

Emergency Service Clinic accreditation reflects the work of a practice that can deal with emergency and critical care cases without an appointment, and that offers a dedicated Out of Hours (OOH) service.8.5.9

Emergency Service Clinics must meet the Core and GP requirements in all modules and the ESC requirements in the Emergency and Critical Care Module.

Veterinary Hospital

Veterinary Hospital accreditation reflects the requirements of a General Practice allied with additional facilities and protocols for the investigation and treatment of more complex cases.

Veterinary Hospitals must meet the Core, GP and Veterinary Hospital requirements in all modules. If, however, a Veterinary Hospital can demonstrate that it undertakes no dentistry, because for example it only undertakes orthopaedic work, then it may be exempted from the requirements of the Dentistry Module.

Small Animal Awards

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

- Team and Professional Responsibility
- Client Service
- Patient Consultation Service
- Diagnostic Service
- In-patient Service
- Emergency and Critical Care Service
- **NEW** Environmental Sustainability

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

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

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

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

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

Award 1: Team and Professional Responsibility				
Required Modules:	**Pages**	**Award Points Available:**	**Good:**	**Outstanding:**
Clinical Governance	27 – 37	320	190	260
Infection Control and Biosecurity	99 – 112	320	190	260
Medicines	142 – 170	390	230	310
Practice Team	218 – 256	710	420	570

Award 2: Client Service				
Required Modules:	**Pages**	**Award Points Available:**	**Good:**	**Outstanding:**
Client Experience	38 – 60	650	390	520

Award 3: Patient Consultation Service				
Required Modules:	**Pages**	**Award Points Available:**	**Good:**	**Outstanding:**
Infection Control and Biosecurity	99 – 112	320	190	260

Medicines	142 – 170	390	230	310
Nursing	180 – 185	350	210	280
Out-patients (First Opinion)	192– 211	410	250	330
Pain Management and Welfare	212 – 217	260	160	210

Award 4: Diagnostic Service				
Required Modules:	**Pages**	**Award Points Available:**	**Good:**	**Outstanding:**
Diagnostic Imaging	69 – 86	490	290	390
Laboratory and Clinical Pathology	128 – 141	330	200	260

Award 5: In-patient Service				
Required Modules:	**Pages**	**Award Points Available:**	**Good:**	**Outstanding:**
Anaesthesia	13 – 26	700	420	560
Dentistry	61 – 68	240	140	190
Infection Control and Biosecurity	99 – 112	320	190	260
In-patients	113-127	470	280	380

Nursing	174 – 179	350	210	280
Pain Management and Welfare	212 – 217	260	160	210
Surgery	265 – 278	790	470	630

Award 6: Emergency and Critical Care Service				
Required Modules:	**Pages**	**Award Points Available:**	**Good:**	**Outstanding:**
Emergency and Critical Care	87 – 98	620	370	500
In-patients	113-127	470	280	380
Nursing	180 – 185	350	210	280
Pain Management and Welfare	212 – 217	260	160	210

Award 7: Environmental Sustainability				
Required Modules:	**Pages**	**Award Points Available:**	**Good:**	**Outstanding:**
Environmental Sustainability	279-299	510	310	410

The Awards will be available to all practice premises whether they are accredited to Core Standards, General Practice, Emergency Service Clinic or Veterinary Hospital.

For a practice premises accredited to Core Standards some of the Awards may not be

achievable due to the constraints of the premises or the work undertaken, however we would expect they would be able to attain Awards in Team and Professional Responsibility and Client Service. Where a Core Standards practice premises would like to apply for an Award it would also need to comply with the General Practice requirements within the applicable modules.

Practice premises wishing to achieve the Award in Emergency and Critical Care Service must also meet the Emergency Service Clinic (ESC) requirements within the Emergency and Critical Care Module.

Modules and awards

Module 1: Anaesthesia

Core Standards

Point	Requirements	Guidance notes	Documents
1.1.1	Only a veterinary surgeon can administer general anaesthesia if the induction dose is either incremental or to effect.		
1.1.2	A second suitably trained person other than the surgeon must be in attendance for the specific purpose of monitoring the patient and maintaining general anaesthesia (except in emergency or very short procedures e.g. cat castrate).	Monitoring a patient during general anaesthesia and the recovery period is the responsibility of the veterinary surgeon, but may be carried out on his or her behalf by a suitably trained person. The most suitable person to assist a veterinary surgeon to monitor and maintain general anaesthesia is a suitably trained veterinary nurse or, under supervision, a student veterinary nurse. Evidence of suitable training must be provided if the team member is not a veterinary surgeon or Registered Veterinary Nurse. In-house training is acceptable but must be evidenced to assessors. Assessors will wish to speak to those put forward as having competency in general anaesthetic monitoring. Assessors may also ask to see the record of general anaesthesia or anaesthetic charts for elective procedures that have been carried out. See the AVA website for template anaesthesia checklists and charts: https://www.rcvs.org.uk/ava-checklist-2.	Training records.
1.1.3	If gaseous anaesthesia is used, anaesthetic circuits suitable for the range of patients routinely anaesthetised at the premises must be provided.	A suitable means of resuscitation should also be present.	

1.1.4	The practice has facilities and equipment for the delivery of oxygen therapy. This must include an oxygen source and a range of endotracheal tubes available and used for the species usually treated.		
1.1.5	Anaesthetic equipment must be subject to professional maintenance according to the manufacturers' recommendations.	Regular service records must be produced for all anaesthetic equipment (or the installation certificate for anaesthetic machines under 12 months old).	Service records (or installation certificate for anaesthetic machines under 12 months old). 
1.1.6	The practice must provide facilities for the scavenging of anaesthetic gases. Scavenging must comply with current health and safety laws.	Facilities for scavenging include any device or ducting system for the removal of waste gases from the operating area: - Passive scavenging – by duct to the open air - Charcoal absorbers – e.g. Aldosorb - Active scavenging – via a pump and air break device If a sophisticated active scavenging system is in operation it must be serviced annually. An inspection certificate must be available.	Inspection certificate for active scavenging system. 
1.1.7	The practice must carry out monitoring of anaesthetic pollutants in operating areas and maintain written records of this. Written evidence of measurement of personal exposure to anaesthetic monitoring is required. Monitoring must be carried out on an annual basis or if the nature of the anaesthetic equipment and circuitry is changed.	The current workplace limits are: - 10ppm Halothane - 50ppm Isoflurane - 60ppm Sevoflurane - 100ppm Nitrous oxide All these values are subject to review and are calculated on an eight hour Time Weighted Average (TWA) basis.	Anaesthetic gas monitoring result. 

	Assessors will check that the readings recorded fall within the current Workplace Exposure Limits for the agent(s) used.		
1.1.8	A record must be kept of every anaesthesia procedure performed.		

Module 1: Anaesthesia

General Practice

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

Point	Requirements	Guidance notes	Documents
1.2.1	Anaesthetic circuits suitable for the range of patients routinely treated must be provided.	Circuits must include a circuit suitable for small patients, such as a T-piece; a circuit suitable for medium sized patients, such as a Lack or a Bain; and a circuit suitable for a giant breed of dog, such as a circle unit, or a high flow rate mechanism for a non-rebreathing unit.	
1.2.2	Equipment for the administration of oxygen and the safe maintenance of anaesthesia and resuscitation must be appropriate for the species treated.		
1.2.3	There must be a source of oxygen and an emergency oxygen flush with reducing valve, rotameter and vaporiser.		
1.2.4	Temperature compensated vaporisers must be used.		
1.2.5	Anaesthetic equipment must be checked before use on a daily basis.	There should be records in place to verify equipment is checked on a daily basis.	
1.2.6	There must be suitable means of resuscitation. A resuscitation pack must always be maintained and be readily available for instant use and checked to ensure the contents are in date.	A concise chart of emergency drug doses must be kept with the emergency resuscitation box. A log is kept to show that the box is checked regularly to ensure that the contents are correct and all drugs are in date.	Chart of emergency drugs.

			Log of checking emergency resuscitation box.
1.2.7	At least one monitoring device per anaesthetised patient must be available e.g. oesophageal stethoscope, pulse oximeter, capnograph or ECG.		
1.2.8	Equipment must be available for the maintenance of body temperature during anaesthesia and recovery.		
1.2.9	A clock or watch showing seconds must be visible to any team member monitoring an animal under anaesthesia or sedation.		
1.2.10	Anaesthetic charts must be filled in for each patient (except in emergency or very short procedures e.g. cat castrate). These charts must form part of the clinical records.	The charts must include: - Date - Personnel involved - Induction agent (dose and time) - Maintenance agent (dose and time) - Duration of anaesthetic - Surgical procedure - Any anaesthetic complications - Vital signs - Other medication administered (dose and time) This includes sedation.	Completed anaesthetic charts.
1.2.11	There is an SOP outlining how anaesthetic pollutants are reduced during anaesthetic procedures.	This should include: - Ensuring active scavenging system is switched on (if present) - Flushing of circuits	SOP for reducing anaesthetic pollutants.

		- Location of recovering patients and ventilation of area - Warning signs when using open masking	
1.2.12	There must be an SOP for dealing with anaesthetic emergencies.		SOP for dealing with anaesthetic emergencies. 

Module 1: Anaesthesia

Veterinary Hospital

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

Point	Requirements	Guidance notes	Documents
1.3.1	A veterinary surgeon, RVN or SVN, other than the surgeon, is dedicated solely to monitoring the condition of each anaesthetised patient until fully recovered, at all times including out-of-hours (OOH).	This does not need to be the same individual as long as a thorough patient handover is performed. Assessors will ask to see patient charts and team member rotas and will speak to team members.	Anaesthetic records.
1.3.2	There is proper ventilation during patient recovery to limit human exposure to exhaled anaesthetic gases.		
1.3.3	There are a suitable number of monitoring devices as required for the normal workload and at least one multi-parameter monitoring device is available.	This would normally be expected to include pulse oximetry, capnography, continuous ECG, body temperature and blood pressure.	
1.3.4	A range of induction and maintenance agents must be stocked to permit anaesthesia of all patients treated, including high risk patients.		
1.3.5	Records of vital signs and agents employed must be retained.	Assessors will ask to see copies of anaesthetic records.	Archived anaesthetic records.

Award Points

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

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

1.5.3	At least one MRCVS has a post-graduate qualification in anaesthesia and there is evidence of dissemination to the rest of the team.	This person will be expected to be involved in drawing up and implementing protocols and team training in anaesthesia.	This includes AP status or an old style Certificate. If the individual concerned is not a permanent team member they should make regular visits to the practice appropriate to the case load and discipline concerned and they should play an active role in developing protocols and behaviours in that discipline.	Proof of qualification. 	30
1.5.4	A team member has undergone training in local anaesthetic techniques.		This might include an external course, webinar, online resources or documented self-study. Course length should be one day if given by a course provider or 5 hours in length if self-study or webinar is undertaken. Assessors will expect team members to be able to discuss what they have learnt from CPD and what changes to practice have been made as a result.		20
1.5.5	A suitable number of team members are trained in CPCR of veterinary patients.		Written and practised procedures should be in place. Assessors may ask to see training records and may speak to team members.	Training records.	20

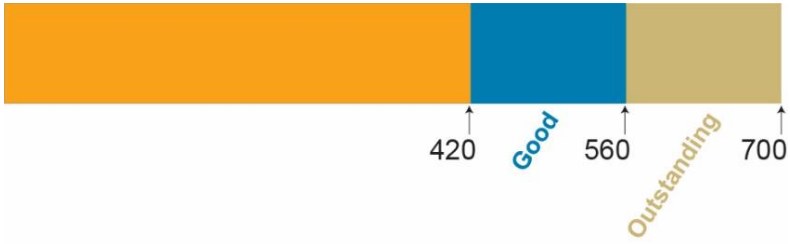
1.5.6	A vet or RVN is dedicated solely to monitoring the condition of each anaesthetised patient until fully recovered from anaesthesia.	Appropriate patient aftercare, to the satisfaction of the supervising veterinary surgeon.	This does not have to be the same person all the way through but the hand over must be appropriate.	Anaesthetic records.	30
1.5.7	All anaesthetics are monitored by a veterinary surgeon, RVN or SVN under supervision.		Assessors will ask to see anaesthetic records and will talk to team members.	Anaesthetic records.	30
1.5.8	Training has been undertaken and facilities are available for monitoring cardiac rhythm and rate.	What is required should be based on a risk assessment and will depend on the number and nature of operations performed. Practices should ensure that monitoring is adequate for the work undertaken.	Evidence of suitable monitoring could be completed anaesthetic forms.	Anaesthetic records.	20
1.5.9	Training has been undertaken and facilities are available for monitoring end tidal carbon dioxide.	What is required should be based on a risk assessment and will depend on the number and nature of operations performed. Practices should ensure that monitoring is adequate for the work undertaken.	Evidence of suitable monitoring could be completed anaesthetic forms.	Anaesthetic records.	30
1.5.10	There has been adequate training of team members in the interpretation of data from and troubleshooting of monitoring equipment.	The practice trains team members to use relevant equipment.	Assessors may ask to see training records and may speak to team members.	Training records for use of equipment.	30
1.5.11	Training has been undertaken and facilities are available for monitoring respiratory rate.	What is required should be based on a risk assessment and will depend on the number and nature of operations performed. Practices should ensure that monitoring is adequate for the work undertaken.	Evidence of suitable monitoring could be completed anaesthetic forms, observations on the day and speaking with team members.	Anaesthetic records.	20

1.5.12	Training has been undertaken and facilities are available for monitoring blood oxygen saturation.	What is required should be based on a risk assessment and will depend on the number and nature of operations performed. Practices should ensure that monitoring is adequate for the work undertaken.	Evidence of suitable monitoring could be completed anaesthetic forms.	Anaesthetic records.	20
1.5.13	Training has been undertaken and facilities are available for monitoring blood pressure.	What is required should be based on a risk assessment and will depend on the number and nature of operations performed. Practices should ensure that monitoring is adequate for the work undertaken.	Evidence of suitable monitoring could be completed anaesthetic forms.	Anaesthetic records.	20
1.5.14	There are masks available in a suitable range of sizes, which are cleaned and disinfected after every use.	Systematic approach to maintaining cleaning and disinfection standards.	Team members will be asked to explain the process. An SOP is available for cleaning and its use is regularly audited.	Cleaning / disinfection records. SOP for cleaning masks. 	20
1.5.15	Endotracheal tubes and breathing systems must be cleaned and stored appropriately.	Systematic approach to maintaining cleaning and disinfection standards.	Team members will be asked to explain the process. An SOP is available for cleaning and its use is regularly audited.	Cleaning / disinfection records. SOP for cleaning endotracheal tubes and breathing systems. 	20

1.5.16	There is a designated area for induction separate from the theatre.				20
1.5.17	Patients have intravenous catheters in place during general anaesthetic and/or sedation for at least ASA categories 2-5.	An awareness of appropriate techniques.	See the AVA checklist for further information: https://www.rcvs.org.uk/ava-checklist		30
1.5.18	The use of intravenous fluid therapy during anaesthesia for appropriate cases can be demonstrated.	An understanding of when such treatment is appropriate.		Anaesthetic records.	30
1.5.19	Patients are intubated or a supraglottic airway device is used to provide inhalational anaesthesia.	An awareness of appropriate techniques.	There may be exceptional circumstances where the size, anatomy or species of the patient precludes this.		30
1.5.20	There is a means of assisting ventilation, either manual or mechanical, available, which is used as needed.		The practice must be able to demonstrate that team members have been adequately trained in IPPV.		30
1.5.21	Local anaesthetic techniques are regularly used in practice.			Case records.	20
1.5.22	The practice has a protocol for the safe re-filling of anaesthetic vaporisers (e.g. a key-filling system).	The practice identifies and minimises risks to team members.	This will help reduce team members' exposure to inhalation agents.	Protocol for safe filling of vaporisers. 	20

1.5.23	Appropriate communication is held with the owner, prior to anaesthesia, explaining the potential risks and complications of the procedure.		This may be evidenced by an entry on the client record or a signed consent form including these details.		30
1.5.24	The practice uses a checklist to identify the patient, procedure and current medication prior to premedication and induction.	A systematic approach to patient safety with appropriate checks made prior to procedures.	Team members will be asked to explain the process and provide an example checklist. See the AVA checklist for further information: https://www.rcvs.org.uk/ava-checklist	Anaesthetic checklists.	30
1.5.25	A patient assessment including a risk assessment is performed by a veterinary surgeon prior to the administration of any premedication, sedation or anaesthetic and recorded.	A systematic approach to patient safety with appropriate checks made prior to procedures.	See the AVA checklist for further information: https://www.rcvs.org.uk/ava-checklist		30
1.5.26	Steps are taken to maintain normal body temperature.				20
1.5.27	An active means of safely maintaining body temperature during surgical procedures is available and is used appropriately.		This may be achieved by using a warm air device.		30

1.5.28	Body temperature is monitored at appropriate intervals.	Adequate monitoring of patients during procedures.	Assessors may ask team members to explain the process and to see anaesthetic records.	Anaesthetic records.	10
1.5.29	There is an appropriately ventilated designated staffed area for recovery of patients.		This is to reduce the occupational exposure to inhalational agents.		10
1.5.30	Anaesthetic procedures are subject to clinical audit.	Open, honest analysis with clear actions and no barriers to feedback.	These could be outcome, process or significant event audits.	Audit report.	20
			TOTAL POINTS AVAILABLE:		**700**
			OUTSTANDING:		**560**
			GOOD:		**420**



Module 2: Clinical Governance

Core Standards

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

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

Module 2: Clinical Governance

General Practice

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

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

2.2.4	There is evidence of either clinical audit (process or outcome), significant event audit, or M&M meetings.	The practice must engage with at least one of these.	Evidence of either clinical audit (process or outcome), significant event audit, or M&M meetings. 

Module 2: Clinical Governance

Veterinary Hospital

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

Point	Requirements	Guidance notes	Documents
2.3.1	Regular morbidity and mortality meetings and significant event meetings must be held to discuss the outcome of clinical cases. There are records of meetings and changes in procedures as a consequence.	Open, honest discussions with clear actions and no barriers to feedback. Discussions should be ongoing, or at least monthly as a minimum, and would ideally be face-to-face. Evidence of changes made as a result of such meetings.	Minutes of meetings and evidence and impact of change. Evidence of monitoring to assess whether that change has led to an improvement. 
2.3.2	Clinical procedures carried out in the practice are audited, any changes are implemented as a result and then re-audited.	There is evidence that some commonly used procedures are audited and that any changes required are implemented. This forms part of the regular review of best practice. A toolkit with guidance, examples and templates to assist practices with clinical audit can be found on RCVS Knowledge's Tools and Resources page: https://www.rcvs.org.uk/rcvsk-qi.	Audit report and recommendations with evidence of actions. 

Award Points

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

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

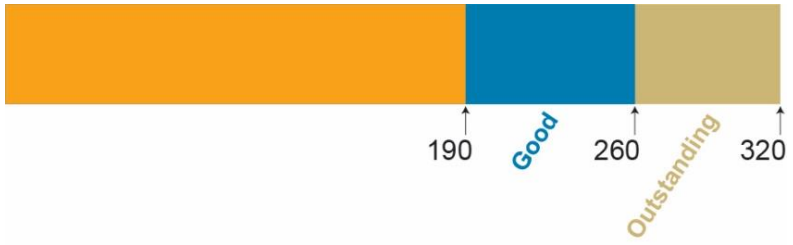
2.5.3	The practice runs regular journal clubs.		This forms part of the review of best practice. Support in running journal clubs is provided through RCVS Knowledge Library https://www.rcvs.org.uk/rcvsk-journal-club.	Records of journal club meetings. 	20
2.5.4	There is a designated person in the practice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

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

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

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

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



Module 3: Client Experience

Core Standards

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

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

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

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

3.1.6	There is a written protocol outlining how options are discussed and/or information is provided to clients on cremation, destination of ashes etc.		Written protocol for cremation. 

Module 3: Client Experience

General Practice

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

Point	Requirements	Guidance notes	Documents
3.2.1	There must be sufficient telephone capacity and human resources to meet the workload of the practice.	It could be that the practice carries out a regular audit of time taken to answer calls.	
3.2.2	Clients are aware of identity of team members responsible for the care of their animals and any changes in personnel day-to-day.	Pictures on notice boards, name badges, websites, social media, and newsletters. Practices will be expected to update websites and RCVS Find a Vet regularly.	
3.2.3	All relevant team members are trained in offering appropriate treatment options, considering animal welfare, financial considerations and client expectations.	There should be a written protocol and evidence of training.	
3.2.4	There is an efficient system for regular and timely invoicing.	Statements should be provided at least monthly and sent in a timely fashion.	
3.2.5	Team members should be effective at prioritisation of emergency cases.	The practice team who are responsible for answering phones should be aware of cases that require immediate emergency attention and how to communicate and liaise with a veterinary surgeon to provide appropriate attendance. Examples of acute trauma that may require urgent attention include fractures, wounds causing massive blood loss etc.	Protocol for recognising and dealing with requests for emergency treatment.

		Assessors will expect to speak to a cross-section of the team.	
3.2.6	There must be a written policy to deal with clients' complaints or criticisms and the practice must keep a record of complaints received and the responses made.	This should be in line with guidance provided by the VDS or similar organisation and should include at least: - Details of who deals with complaints in the practice - How complaints are dealt with - Timescales for responding to clients about complaints	Written complaints policy. 
3.2.7	Insurance claims are handled efficiently and in a timely manner.	More information about managing insurance claims can be found in the supporting guidance for the Code of Professional Conduct: https://www.rcvs.org.uk/fees. There should be a written protocol for responding to insurance claims.	Written protocol for responding to insurance claims. 

Module 3: Client Experience

Veterinary Hospital

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

Point	Requirements	Guidance notes	Documents
3.3.1	The practice must have a means of encouraging feedback from clients and acting upon the results of feedback.	A consistent and systematic approach to gathering feedback and evidence of analysis and actions taken. Practices should be aware under GDPR that feedback is likely to be clients' personal data unless it is truly anonymous, and should be covered in the practice's privacy policy. For further information please refer to: https://www.rcvs.org.uk/gdpr.	Analysis of feedback and action taken. 

Award Points

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

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

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

3.5.5	Team members have attended training in consultation skills.		This might include an external course, webinar, online resources or documented self-study. Course length should be one day if given by a course provider or 5 hours in length if self-study or webinar is undertaken.	Proof of training in consultation skills. 	10
3.5.6	Team members can discuss what they have learnt from training in consultation skills and what changes have been made as a result.				20
3.5.7	At least one member of the team has undertaken training in bereavement counselling in the last four years and provided internal training to the team.		This might include an external course, webinar, online resources or documented self-study. Course length should be one day if given by a course provider e.g. Blue Cross Pet Bereavement Support course or 5 hours in length if self-study or webinar is undertaken. Evidence through team members training records that the knowledge gained from such a course has been disseminated to other staff members.	Proof of bereavement counselling CPD. 	20

3.5.8	All relevant team members understand and are able to clearly communicate the practice's financial terms and conditions and insurance protocols, plus any alternative payment mechanisms that may be available including possible charitable eligibility.		Written information for clients is advisable and assessors may talk to team members.	Written information for clients on financial arrangements. 	10
3.5.9	The practice has an online presence which is updated with the latest information on opening times, services and team members.		Assessors may check the website and ask team members how they ensure this is kept up-to-date.		20
3.5.10	A range of media is used to communicate and interact with clients.		This might include social media, newsletters etc. When using social media practices should be respectful of and protect the privacy of others and comply with the data protection laws and their own practice's privacy policy. For further information please refer to: https://www.rcvs.org.uk/gdpr.		20

3.5.11	There are current and relevant notice boards in the public areas of the practice.		This can include electronic notice boards, details of current topical items or education.		20
3.5.12	The practice provides guidance on parking facilities and access.		Information regarding parking facilities is available on the practice's website, social media and in new client packs.		10
3.5.13	Practices should have measures in place to direct clients to appropriate sources of information to help them choose an appropriate insurance policy for their animal.		Only team members who have received Appointed Persons Training should give advice about specific policies.		10

3.5.14	There is client information available on coping with the loss of their pets and sources of support.		This could include leaflets or websites such as Our Special Friends: https://www.rcvs.org.uk/osf or The Pet Loss Vet: https://www.rcvs.org.uk/pet-loss-vet. Client information should include details of either a practice bereavement counsellor or a local bereavement counselling service. Suggestion to include emotional support for clients and team members.	Client information on bereavement support. 	10
3.5.15	Payment options for all pets (including insured animals) are clearly communicated to clients.		Assessors will check that this is covered in the terms of business.	Client literature. 	10

3.5.16	There is a system for updating the clients on fees on a frequent basis and for alerting the client as soon as practicable when fees reach or exceed the estimate or agreed fee interval.		Ideally for hospitalised animals updates would be daily. Written evidence is required, for example client feedback forms or notes on client records. Practices should be aware of their obligations under GDPR when communicating with clients. For further information please refer to: https://www.rcvs.org.uk/gdpr.		10
3.5.17	There is an appointment system for named veterinary surgeons.				10
3.5.18	Clients' preferred clinician is noted on records, if applicable.				10
3.5.19	The time taken to answer the telephone is monitored.				20

3.5.20	There is a reminder system in place e.g. for; vaccinations, follow-up examinations, dental checks and parasite control by telephone.	According to client preference.	In order to comply with the provisions of the GDPR, veterinary surgeons and veterinary nurses should only send vaccination reminders to clients where (a) clear and specific consent has been freely given, or (b) the client has provided a “soft-opt in”. This is because these reminders are likely to be considered to be marketing material. If the client withdraws their consent or opts out, further reminders should not be sent. For further information please refer to: https://www.rcvs.org.uk/gdpr.		10

3.5.21	There is a reminder system in place e.g. for; vaccinations, follow-up examinations, dental checks and parasite control by text.	According to client preference.	In order to comply with the provisions of the GDPR, veterinary surgeons and veterinary nurses should only send vaccination reminders to clients where (a) clear and specific consent has been freely given, or (b) the client has provided a “soft-opt in”. This is because these reminders are likely to be considered to be marketing material. If the client withdraws their consent or opts out, further reminders should not be sent. For further information please refer to: https://www.rcvs.org.uk/gdpr.		10

3.5.22	There is a reminder system in place e.g. for; vaccinations, follow-up examinations, dental checks and parasite control by email.	According to client preference.	In order to comply with the provisions of the GDPR, veterinary surgeons and veterinary nurses should only send vaccination reminders to clients where (a) clear and specific consent has been freely given, or (b) the client has provided a “soft-opt in”. This is because these reminders are likely to be considered to be marketing material. If the client withdraws their consent or opts out, further reminders should not be sent. For further information please refer to: https://www.rcvs.org.uk/gdpr.		10
3.5.23	The practice has a means of monitoring client perceptions and feedback via a systematic gathering process.	A consistent and systematic approach to gathering feedback.	Practices should be aware under GDPR that feedback is likely to be clients’ personal data unless it is truly anonymous, and should be covered in the practice’s privacy policy. For further information please refer to: https://www.rcvs.org.uk/gdpr.	Analysis of feedback. 	10

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

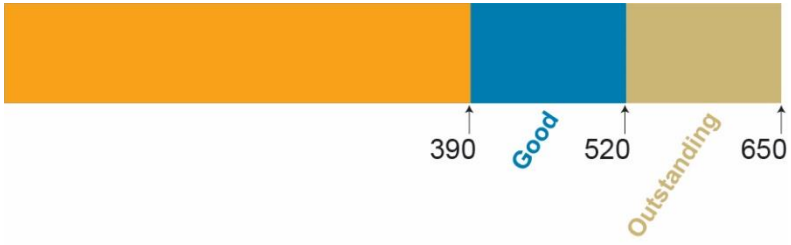
3.5.25	Use of RCVS PSS client questionnaire.		Please contact the Practice Standards Team, who will provide you with the number of clients you need to send the questionnaire will be based on the size of your practice. For a small animal practice 50 responses per FTE vet is expected from the last two months. PSS will provide you with a set of questions to share with clients. The results will need to be provided to the assessor on the day and these will be discussed. For referral or secondary service providers 25 responses per FTE vet is expected from the last two months.		20

3.5.26	The practice has achieved a Net Promoter Score (NPS) of 80 or over in the pre-PSS assessment client questionnaire.		To organize your results, group your responses from Question 2 into Detractors (0-6), Passives (7-8), and Promoters (9-10). To calculate your NPS using the following equation: Total % of promoters – total % of detractors = net promoter score.		20
3.5.27	The practice carries out client focus groups to monitor client perceptions and feedback.		This should be at least annually.		30
3.5.28	There is evidence that the practice acts upon feedback from client focus groups.				20
3.5.29	A method is in place to monitor the client understanding of the consultation.		This could be through consultation exit feedback.		10

3.5.30	There is a process in place to ensure that referrals are carried out to a consistent standard.		The protocol must ensure the transfer of records and clinical information are accurate and consistent.	Referral protocol. 	10
3.5.31	Practice tours are encouraged and available.		Practice tours might be virtual.		10
3.5.32	Client awareness and education events are held by the practice.		A total of three different types of events per year must be held, including at least one face to face.		30
3.5.33	There is an annual consideration of appointment schedules, including need for early pick-ups or drop-offs.		This enables an assessment to be made regarding demand for early/late/weekend appointments. The practice considers clients' suggestions and implements where practical.		10
3.5.34	Team members understand PSS.		Evidence is required that team members know their practice accreditation level and any awards achieved, what the Scheme means and why the practice participates.		30
3.5.35	The practice communicates to its clients what PSS means.		Information could be provided in client welcome packs, on the practice website or on waiting room displays.		20

3.5.36	The PSS Communications Toolkit is used by the practice to promote its Accreditations and Awards.		Assessors will expect to see examples of where the toolkit has been used in social media, advertising etc.		20
3.5.37	The practice has a protocol for providing special assistance to clients when required.				10
3.5.38	There is a written protocol for continuity where clinically applicable.			Written protocol for continuity. 	10
3.5.39	The practice utilises a protocol to update records regarding deceased patients including removal of patients' names from reminder lists.	Team members understand the rationale behind this.		Protocol for updating records. 	10
3.5.40	There should be a culture of whole team reviewing and learning together from positive and negative feedback and complaints, with follow up to change procedures and systems where necessary.	It should be evident in discussion that complaints are seen as a positive way to engage with clients.	Evidence of a record of the feedback and where appropriate investigation and action as a result. Assessors will speak to team members to understand better the attitude towards clients.	Analysis of feedback and complaints.	40
			TOTAL POINTS AVAILABLE:		**650**
			OUTSTANDING:		**520**

		GOOD:	**390**



Module 4: Dentistry

Core Standards

Point	Requirements	Guidance notes	Documents
4.1.1	A selection of diagnostic/treatment equipment appropriate for the range of species to be treated must be present.	A selection of hand scalers, curettes, periodontal probes, elevators and/or luxators must be available, suitable for the range of species to be treated.	
4.1.2	Appropriate Personal Protective Equipment (PPE) must be available and used.	Aprons, face masks, goggles and disposable gloves.	
4.1.3	Instruments and equipment must be appropriately maintained.	Internal maintenance records, service records including: cleaning, disinfection, sterilisation and sharpening as appropriate e.g. instruments used for surgical procedures.	Protocols for maintenance of instruments. 
4.1.4	Evidence of training team members in the proper use and maintenance of equipment must be available.	Team member training and/or induction records including protocols for cleaning/disinfection/sterilisation.	Training or induction records for maintenance of equipment.

Module 4: Dentistry

General Practice

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

Point	Requirements	Guidance notes	Documents
4.2.1	Appropriate equipment will be available to undertake routine oral surgical procedures in the species treated, including extraction.	Appropriate instruments for cats and dogs should include elevators and/or luxators, gags, hand instruments, powered dental unit, hand pieces and burs. High speed air driven dental hand pieces are recommended, however an electrically driven hand piece may be used. Suitable cooling must be used when sectioning teeth. Appropriate instruments for rabbit dentistry should include suitable gags, hand instruments, hand pieces and burs. Rabbit incisor teeth should be mechanically trimmed and not clipped.	
4.2.2	Sterile dental equipment is available for surgical extractions and used.	This would apply to any extraction that requires a gingival flap.	
4.2.3	Appropriate equipment will be available to undertake routine oral hygiene procedures in the species treated.	This includes mechanically scaling and polishing teeth**.**	
4.2.4	Dental instruments are sterilised.	Sterilisation should occur in between each patient, and cold-sterilisation is acceptable.	

4.2.5	Measures must be employed to reduce contamination of other areas, especially the sterile operating theatre.	Measures should be taken to minimise aerosol contamination.	
4.2.6	Detailed dental records must be maintained and recorded on the patient history.	Records should include diagnosis and therapy, and the use of dental charts is recommended.	Dental charts or patient records.

Module 4: Dentistry

Veterinary Hospital

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

Point	Requirements	Guidance notes	Documents
4.3.1	A dedicated dental radiography machine must be available and the practice must demonstrate that effective dental radiography is conducted regularly.		
4.3.2	Dentistry must never be performed in surgical theatres.	Specific measures to prevent contamination beyond the immediate dental area must be taken. These might include use of suction tips close to the operating head of scalers and dental hand pieces, an extraction fan close to the operating site or ideally a dedicated dental procedure room with negative pressure ventilation.	

Module 4: Dentistry

Award Points

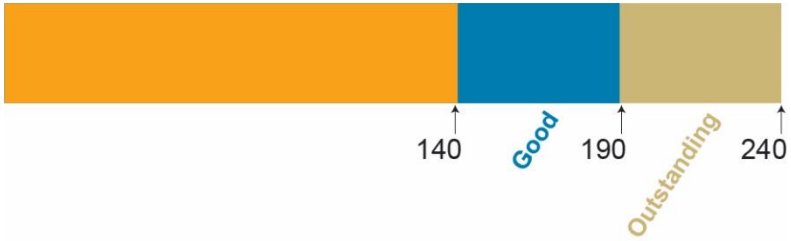
This module contributes towards the Award in In-patient Service; you will also need to have completed all of the points listed under Core Standards and General Practice.

Point	Requirements	Behaviours	Guidance notes	Documents	Points
4.5.1	Dental CPD has been undertaken in the last four years by a team member and there is evidence of dissemination to the rest of the team.		This might include an external course, webinar, online resources or documented self-study. Course length should be one day if given by a course provider or 5 hours in length if self-study or webinar is undertaken. Assessors will expect team members to be able to discuss what they have learnt from CPD and what changes to practice have been made as a result.	Documented proof of dentistry CPD.	30

4.5.2	At least one MRCVS has a post-graduate qualification in dentistry.	This person will be expected to be involved in drawing up and implementing protocols and team training in dentistry.	If the individual concerned is not a permanent team member they should make regular visits to the practice appropriate to the case load and discipline concerned and they should play an active role in developing protocols and behaviours in that discipline. Points for this requirement will be updated once dentistry courses are more readily available.	Proof of qualification. 	10
4.5.3	There is a dedicated dental procedures area with appropriate ventilation.		This area may be used for other contaminating procedures. Air extraction from contaminated areas should not contaminate clean areas.		20
4.5.4	The practice has a dedicated dental radiography machine and produces diagnostic quality dental radiographs.		This covers the species normally treated by the practice.		40
4.5.5	Appropriate lighting suitable for illuminating the oral cavity is available.		For example a surgical or medical quality head torch.		10

4.5.6	Magnification is available and used regularly.		For example loupes/endoscopes are used when required.		10
4.5.7	There is appropriate waste fluid management.		There must be provision for drainage of fluids from the mouth during dental procedures.		10
4.5.8	Local anaesthesia procedures are used.		Assessors may ask to see patient records.		20
4.5.9	Dental charts are regularly used and accessible.		Charts will be used in all dental procedures.	Dental charts.	30
4.5.10	There is a protocol for the appropriate use and removal of pharyngeal swabs.				10
4.5.11	Provision of educational resources on preventative oral health care is provided for clients routinely and always after dental procedures.		Educational resources could include: website, posters, verbal instructions, nurse clinics, client meetings, tooth brushing, appropriate chews, dental diets, warnings regarding inappropriate and dangerous activities and products (such as playing with sticks/stones/tennis balls and chewing hard bones/antlers).	Copies of client information. 	20

4.5.12	There is written evidence of practice dental ethics policy.		This should include a policy for the referral of complex dental cases and cosmetic/elective treatments.	Dental ethics policy.	10
4.5.13	Dental procedures are subject to clinical audit.	Open, honest analysis with clear actions, no barriers to feedback.	This could be outcome, process or significant event audits.	Audit reports.	20
			TOTAL POINTS AVAILABLE:		**240**
			OUTSTANDING:		**190**
			GOOD:		**140**



Module 5: Diagnostic Imaging

Core Standards

If the practice does not have an X-ray machine, only requirement 5.1.1 is applicable.

If the practice has an X-ray machine, practices must meet requirements 5.1.2 to 5.1.17.

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

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

5.1.7	Sufficient Personal Protective Equipment (PPE) must be provided and examined at regular intervals. All protective clothing must be thoroughly examined on an annual basis and a record kept. Regular inspection of safety equipment must be recorded.	When necessary, the practice must provide at least one protective apron, and, if animals are ever held, must provide hand, forearm and thyroid protectors with a lead equivalence of not less than 0.5mm, sufficient for all personnel involved. When not in use, aprons should be stored and transported appropriately to avoid damage. Assessors will check team members' understanding of appropriate use. PPE may not be required where a practice confirms that: - Animals are never held and - Team members are in a shielded position and can remain shielded in accessing the isolation switch - The practice provides written confirmation from their RPA that the situation is acceptable The risk assessment should be reviewed at least annually.	Protocol and records for examining PPE. 
5.1.8	The X-ray machine must be serviced according to manufacturer's requirements and there must be written evidence of a satisfactory service record.	Assessors will ask to see the X-ray machine's service records (or the installation certificate for machines under 12 months old). Service engineers should be registered with the HSE.	X-ray machine service records (or installation certificate for machines under 12 months old). 
5.1.9	Evidence must be provided of diagnostic quality imaging by or on behalf of the practice for the range of species treated.	Assessors will wish to see a range of diagnostic images and/or reports as appropriate e.g. radiographs, ultrasound images, and endoscopic images etc. covering appropriate regions of the body.	

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

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

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

5.1.15	There must be a system of personal dose monitoring for all persons entering the controlled area as agreed with the appointed RPA unless there has been a risk assessment showing no significant radiation doses to team members over a 12 month period and very low risk of accidental exposure and that: - There is absolutely no manual restraint - The isolation switch is possible to access from a shielded position Records must be maintained of the doses received for at least two years.	The arrangements for personal dose monitoring must be made in consultation with the RPA. Any personal dose meters should normally be worn on the trunk. They must not be left inside a controlled area when not being worn unless they are in a fully shielded position and must be stored away from sources of ionising radiations and extremes of temperature. They must only be worn by the person to whom they are issued. Personal dose monitoring arrangements should include locum vets and nurses.	Dose monitoring records.
5.1.16	A copy of the most recent edition of the Ionising Radiations guide for veterinary practices must be available to all members of the practice.	These guidance notes do not seek to give detailed and comprehensive advice on all aspects of the use of ionising radiations in the veterinary profession and the practice must have consulted an RPA. The Ionising Radiations guide is available from the BVA website: https://www.rcvs.org.uk/bva-ir-guide.	Copy of Guidance Notes.

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

Module 5 Diagnostic Imaging

General Practice

To achieve a General Practice accreditation you will need to adhere to all of the points below and points 5.1.2 to 5.1.17 under Core Standards.

Point	Requirements	Guidance notes	Documents
5.2.1	There must be X-ray facilities suitable for the range of species routinely treated.	For an individual premises (branch or main practice) to be accredited as a General Practice there must be X-ray facilities actually available on site in those premises. Practices with a CT scanner are also required to have an X-ray on the same site.	
5.2.2	A suitable range of cassettes and screens must be available. A good quality grid must be available for use with analogue X-ray systems.	A range of grids suitable for species routinely treated should be available. This should include a grid and cassette of at least 30cm x 40cm. The underlying principle is that X-rays of a large dog's chest may be taken in one picture to avoid errors in two frames.	
5.2.3	An ultrasound system capable of providing diagnostic quality images of the range of species treated is provided on site.	Ultrasound equipment must be provided on site (this must not be shared with other premises) and must, as a minimum, be capable of carrying out diagnostics such as POCUS (point of care ultrasound) for common conditions such as pyometra and free-fluid. There is no minimum specification for the equipment, however assessors may check that equipment is adequate.	
5.2.4	The practice must be visited by a radiation protection adviser (RPA) at least every 4 years who possesses appropriate knowledge and experience relevant to veterinary practice.	The assessor will expect to see evidence that an RPA (or representative) has visited and inspected the site, or submitted a written statement confirming the practice remains compliant with IRR17. All local rules should be IRR17 compliant and either compiled by, or approved by, the RPA.	RPA report. 

5.2.5	Original diagnostic images should be retained for an appropriate period.	Images may be hard copy or in digital format. Digital images should be stored in DICOM format so that they can be readily retrieved for examination or sending to another practice. Before disposal of images, consideration should be given to their potential future value (ideally these should be retained for at least the life of the patient). Consult your indemnity insurer for advice on retention period. ***Relevant for X-rays, CT and MRI.'***	
5.2.6	Diagnostic images must have a means of patient identification.	Labels or digital tags are acceptable. The date and L/R marker should also be included.	

Module 5: Diagnostic Imaging

Veterinary Hospital

To achieve a Veterinary Hospital accreditation you will need to adhere to all of the points below and those included under 5.1.2 to 5.1.17 of Core Standards and all of General Practice.

Point	Requirements	Guidance notes	Documents
5.3.1	Screen film combinations or digital systems to minimise radiographic exposure while providing the necessary level of detail must be used.	Screens must be kept clean.	
5.3.2	A good quality grid must be available for use with digital X-ray systems.	A range of grids suitable for species routinely treated should be available. This should include a grid and cassette of at least 30cm x 40cm. The underlying principle is that X-rays of a large dog's chest may be taken in one picture to avoid errors in two frames.	
5.3.3	Measuring callipers, or other suitable devices, must be available to determine accurately the depth of the part being radiographed, and this should be recorded.		
5.3.4	The hospital must be able to perform a range of contrast examinations and a suitable range of contrast material must be available.	Evidence of these must be provided.	
5.3.5	The sole use of self-adhesive labels for the identification of hard-copy radiographs is not acceptable. Hard-copy radiographs should be permanently identified at the time of the exposure.		

5.3.6	ECG equipment producing a recordable trace suitable for taking measurements is provided.		
5.3.7	ECG recordings are suitably filed and stored.	Team members can demonstrate suitable filing and storage of recordings.	
5.3.8	Endoscopes are provided to allow diagnostic investigation of the upper and lower digestive tract and upper airway/trachea of appropriate species, and there should be the ability to record images.	There must be a suitable quantity and range of endoscopes for the range of species routinely treated and procedures routinely carried out.	
5.3.9	A pair of endoscopy biopsy forceps is available, compatible with the equipment available.		
5.3.10	Equipment for the measurement of intraocular pressure must be available.		
5.3.11	The practice must have the ability to record ultrasound images.		

Module 5: Diagnostic Imaging

Award Points

This module contributes towards the Award in Diagnostic Service; you will also need to have completed all of the points listed under 5.1.2 to 5.1.17 of Core Standards and all of General Practice.

Point	Requirements	Behaviours	Guidance notes	Documents	Points
5.5.1	General diagnostic imaging CPD has been undertaken in the last four years by a team member and there is evidence of dissemination to the rest of the team.		This might include an external course, webinar, online resources or documented self-study. Course length should be one day if given by a course provider or 5 hours in length if self-study or webinar is undertaken. Assessors will expect team members to be able to discuss what they have learnt from CPD and what changes to practice have been made as a result.	Documented proof of Imaging CPD.	10
5.5.2	At least one MRCVS has completed a module of the CertAVP (or equivalent) veterinary diagnostic imaging and there is evidence of dissemination to the rest of the team.		Assessors will expect the team members to be able to discuss what they have learnt from the module and what changes to practice have been made as a result.	Proof of module.	20

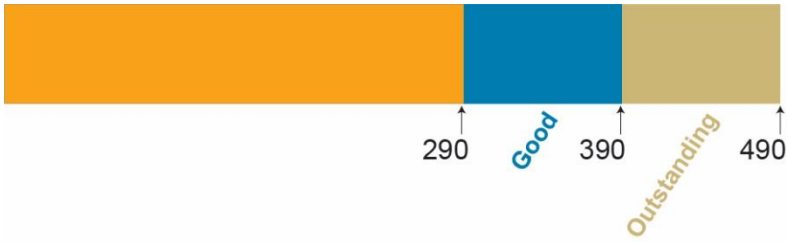
5.5.3	At least one MRCVS has a post-graduate qualification related to veterinary diagnostic imaging and there is evidence of dissemination to the rest of the team.	This person will be expected to be involved in drawing up and implementing protocols and team training in diagnostic imaging.	This includes AP status or an old style Certificate. If the individual concerned is not a permanent team member they should make regular visits to the practice appropriate to the case load and discipline concerned and they should play an active role in developing protocols and behaviours in that discipline.	Proof of qualification. 	30
5.5.4	Training aids - CPD reference material is available.		Text books and/or electronic resources.		10
5.5.5	Evidence is provided of training team members in the use and routine maintenance of all imaging equipment available within the practice.		Team members training records. Reference material must be available and team members will be interviewed by the assessor.	Training records.	20
5.5.6	The practice has access to advanced imaging facilities, such as MRI or CT scan, at the premises on a temporary basis.				20
5.5.7	The practice has access to advanced imaging facilities, such as MRI or CT scan, at the premises on a permanent basis.		These points will be gained in addition to 5.5.6.		20

5.5.8	Video endoscopes are available on site and used by the practice.				20
5.5.9	The practice has the ability to record endoscopy.				10
5.5.10	The practice has the ability to record ultrasound images.				10
5.5.11	Facilities are available for radiographic pneumocystogram/double contrast cystogram and there is a protocol for and evidence showing that it is used in practice.			Case notes and good quality diagnostic images.	20
5.5.12	Facilities are available for radiographic barium and there is a protocol for and evidence showing that it is used in practice.			Case notes and good quality diagnostic images.	20
5.5.13	Facilities are available for radiographic excretory urography and there is a protocol for and evidence showing that it is used in practice.			Case notes and good quality diagnostic images.	20
5.5.14	Facilities are available for diagnostic endoscopy (rigid) – arthroscopy/rhinoscopy and there is			Case notes and good quality diagnostic images.	20

	a protocol for and evidence showing that it is used in practice.				
5.5.15	Facilities are available for diagnostic endoscopy (flexible) and there is a protocol for and evidence showing that it is used in practice.			Case notes and good quality diagnostic images.	20
5.5.16	Facilities are available for ECG (interpretation in-house or telemetric interpretation service) and there is a protocol for and evidence showing that it is used in practice.			Case notes and ECG traces.	20
5.5.17	Facilities are available for diagnostic ultrasound of abdominal and reproductive organs and there is a protocol for and evidence showing that it is used in practice.			Case notes and good quality diagnostic images.	50
5.5.18	Facilities are available for cardiac and thoracic diagnostic ultrasound (without Doppler) and there is a protocol for and evidence showing that it is used in practice.			Case notes and good quality diagnostic images.	10
5.5.19	Facilities are available for cardiac and thoracic ultrasound with Doppler (echocardiography) and			Case notes and good quality diagnostic images.	30

	there is a protocol for and evidence showing that it is used in practice.				
5.5.20	Facilities are available for slit lamp ophthalmic studies and there is a protocol for and evidence showing that it is used in practice.			Case notes and good quality diagnostic images.	10
5.5.21	Facilities are available for performing tonometry (glaucoma) and there is a protocol for and evidence showing that it is used in practice.			Case notes with tonometry results.	20
5.5.22	A range of images are available for reference.		Images of normal patients or with common conditions.		30
5.5.23	Diagnostic images are easily searchable by patient name and date.		Assessors may ask for a demonstration of how images are retrieved.		20
5.5.24	Facilities are available for transmission and distribution of copies of diagnostic images to other practices and owners in DICOM format.		Email, CDs, memory sticks etc. with images in DICOM format. If the diagnostic images contain personal data of the client, it is strongly advised that they are kept secured and password-protected when sending electronically.		10

5.5.25	Documented audit of image quality either in-house or external.	Commitment to quality assurance and improvement.	Assessment of image quality and diagnostic value, performed for most commonly used modality in practice.	Results of image quality audit.	20
			TOTAL POINTS AVAILABLE:		**490**
			OUTSTANDING:		**390**
			GOOD:		**290**



Module 6: Emergency and Critical Care (ECC)

There are no Core, General Practice or Veterinary Hospital requirements in this module.

Emergency Service Clinic (ESC)

Point	Requirements	Guidance notes	Documents
6.4.1	A fulltime veterinary surgeon must be employed at each premises who shall have overall responsibility for all emergency and critical care and professional matters within the clinic.		
6.4.2	A fulltime RVN must be employed at each premises, whose primary role is the responsibility for the nursing and clinical care of the clinic's patients and who shall be directly involved in such care.		
6.4.3	At least one on-duty veterinary surgeon, directly responsible for the care of in-patients and any new admissions or out-of-hours appointments is on the clinic's premises at all times during all of the hours of operation of the clinic.	This does not preclude a veterinary surgeon attending off-site in the rare circumstances that this may be necessary.	Evidence will be provided through team rotas.
6.4.4	In addition to the veterinary surgeon, at least one other on-duty member of team whose role is the active involvement in nursing and medical care of patients must be on the premises during all the hours of operation of the clinic.		Evidence will be provided through team rotas.
6.4.5	Any on-duty team members on a 'rest break' must at all times be readily available for active duty during the hours of operation of the clinic.		Evidence will be provided through team rotas.

6.4.6	A practice team member is dedicated solely to monitoring the condition of each anaesthetised patient until fully recovered at all times.	This does not need to be the same individual as long as a thorough patient handover is performed.	
6.4.7	The following equipment must be available on site together with evidence of training or CPD for the team in its use and maintenance: - X-ray - ECG - Ultrasound machine - Endoscopes	There must be a suitable quantity and range of endoscopes for the range of species routinely treated and procedures routinely carried out.	
6.4.8	The practice must have the following facilities for haematology: - A measure of red cell mass such as PCV - A measure of total white cell count - A serviced microscope with evidence of team member training for examining blood smears and ongoing auditing of progress	Available during the normal opening hours of the clinic.	
6.4.9	The following equipment must be provided on the premises: - Binocular microscope with mechanical stage, electric light source and oil immersion facility - Centrifuge suitable for PCV, blood separation and urine sedimentation - Urinary refractometer		
6.4.10	The premises must have a blood gas analyser onsite.	Available during the normal opening hours of the clinic.	
6.4.11	The premises must have a biochemistry analyser onsite.	Available during the normal opening hours of the clinic.	

6.4.12	The premises must have an electrolyte analyser onsite.	Available during the normal opening hours of the clinic.	
6.4.13	Lighting suitable for the accurate illumination of surgical sites on the patient must be provided in theatre.	This lighting must continue to function in the event of a loss of power. An operating lamp must be supplied by an uninterruptible power supply or a generator sufficient to complete a surgical procedure. Surgical/medical quality head torches are acceptable as a source of light during interrupted power though they need to be immediately available, charged and an SOP for their use available.	
6.4.14	Suitable facilities for neonatal care are provided.	Should include heat, oxygen provision, glucose provision and airway suction.	
6.4.15	The practice must provide separate accommodation for the isolation of infectious and zoonotic cases or have a written policy for dealing with such cases that is known to all team members.	The premises has the ability to isolate an infectious animal from all other patients. Isolation facilities must have: - Hand washing facilities - Separate air space - Active ventilation that reduces the risk of cross infection - Separate closed drains to avoid cross infection Isolation facilities can mean either a special area to which access is limited or a separate ward. It is recommended that there is a written policy, which details the procedure for the isolation and care of cases including barrier nursing requirements. The written policy must be available to relevant team members who must be fully conversant with its contents.	Isolation policy.
6.4.16	There must be an ability to provide close control of fluid replacement.	This could be by an infusion pump or syringe driver suitable for infusion of high volumes rapidly and low volumes slowly.	

6.4.17	Facilities are available for the intensive care of critically ill patients.	These must include intravenous fluid therapy, blood transfusion, oxygen therapy and maintenance of body temperature.	
6.4.18	The ability to monitor multiple parameters with a suitable amount of monitoring equipment as required for the workload of the premises.	The parameters expected to be monitored include pulse oximetry, capnography, continuous ECG, body temperature and blood pressure.	
6.4.19	When covering for another practice, a written agreement must be entered into with the client practices which includes a written policy on surgical complications of their cases and daily reporting of clinical records back to the client's practice.	It is expected that outcomes will be actively followed up with referring practices and clients.	Written agreement with client practices.
6.4.20	A protocol must be in place for the referral of appropriate cases e.g. spinal injuries, head injuries and multiple system trauma.		Referral protocol.
6.4.21	All clinical team members (including new team members and locums) must be provided with written guidelines and protocols for managing the clinical emergencies encountered commonly in the practice. There must be formal evidence of induction of team members at the outset of their employment.	Assessors will ask to see team members' induction records.	Guidance notes on emergency procedures. Induction records.
6.4.22	There must be an animal ambulance service or agreement with a local animal transport company for the transportation of animals.		Agreement with animal transport company.

			
6.4.23	The practice must have a protocol for the proper transport of patients where necessary, including oxygen provision.	See Practice Team Module, Core Standards requirement 16.1.36 for guidance on the safe storage and transport of oxygen cylinders.	
6.4.24	There must be a written policy on answering the telephone including how to answer call-outs, transport concerns and fee estimates.		Written policy on answering telephone. 
6.4.25	The clinic must have a protocol in place for passing on all relevant clinical history to the primary practice at the time of transfer.		Protocol for passing on clinical history to primary practice at transfer. 
6.4.26	The practice has a system in place for monitoring and discussing the clinical outcomes of ECC cases and acting upon the results.		Details of system in place. 

Module 6: Emergency and Critical Care (ECC)

Award Points

This module contributes towards the Award in Emergency and Critical Care; you will also need to have completed all of the points listed under Emergency Services Clinic.

Point	Requirements	Behaviours	Guidance notes	Documents	Points
6.5.1	Emergency critical care CPD has been undertaken in the last four years by a team member and there is evidence of dissemination to the rest of the team.		This might include an external course, webinar, online resources or documented self-study. Course length should be one day if given by a course provider or 5 hours in length if self-study or webinar is undertaken. Assessors will expect team members to be able to discuss what they have learnt from CPD and what changes to practice have been made as a result.	Documented proof of emergency critical care CPD.	10
6.5.2	At least one MRCVS has completed a module of the CertAVP (or equivalent) in emergency critical care and there is evidence of dissemination to the rest of the team.		Assessors will expect the team members to be able to discuss what they have learnt from the module and what changes to practice have been made as a result.	Proof of module.	20

6.5.3	At least one MRCVS has a post-graduate qualification in emergency critical care and there is evidence of dissemination to the rest of the team.	This person will be expected to be involved in drawing up and implementing protocols and team training in emergency and critical care.	This includes AP status, an old style Certificate or a diploma. If the individual concerned is not a permanent team member they should make regular visits to the practice appropriate to the case load and discipline concerned and they should play an active role in developing protocols and behaviours in that discipline.	Proof of qualification. 	30
6.5.4	Members of the ECC team demonstrate that at least 30% of the recommended minimum CPD hours per year are specifically relevant to ECC work.		This could include anaesthesia, pain management, surgery and specific ECC CPD.	Proof of emergency critical care, anaesthesia, pain management and surgery CPD for team. 	50
6.5.5	Team members have been trained in CPCR (Cardio Pulmonary Cerebral Resuscitation) on animals.		Training should follow RECOVER guidelines: https://www.rcvs.org.uk/recover.	Training records CPCR.	30

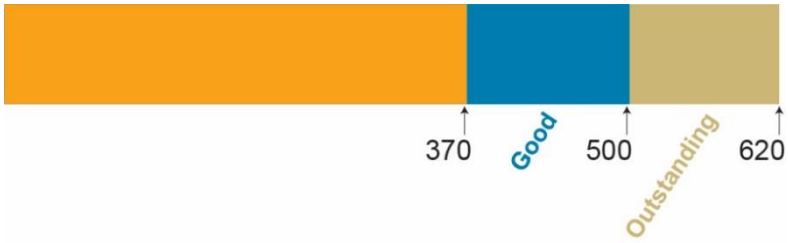
6.5.6	Team members have been trained in the use of Point of Care Ultrasound (POCUS) for trauma scans.			Training records for POCUS.	30
6.5.7	Individuals have access to a range of suitable resources, including the internet, in relation to emergency and critical care.		This could include access to journals or databases.		10
6.5.8	In addition to the veterinary surgeon, at least one RVN whose role is the active involvement in nursing and medical care of patients is on the premises during all the hours of operation of the clinic.		Evidence will be provided through team members' rotas.	Rotas.	40
6.5.9	All anaesthetics are monitored and maintained by a veterinary surgeon or registered veterinary nurse, (or enrolled student under the continuous and direct supervision of a veterinary surgeon).	Observation and check anaesthetic records.	This means that different people are undertaking the procedure and monitoring anaesthesia. Short term exceptions for sickness etc.	Anaesthetic records.	30
6.5.10	The practice has the ability to measure acid-base.	The practice shows evidence of appropriate use of the measure.			10
6.5.11	The practice has the ability to measure blood gas venous.	The practice shows evidence of appropriate use of the measure.			10

6.5.12	The practice has the ability to measure blood pressure.	The practice shows evidence of appropriate use of the measure.			10
6.5.13	The practice has the ability to measure lactate.	The practice shows evidence of appropriate use of the measure.			10
6.5.14	The practice has the ability to measure coagulation which must include BMBT (Bucco Mucosal Bleeding time).	The practice shows evidence of appropriate use of the measure.			10
6.5.15	The practice has the ability to measure intraocular pressure.	The practice shows evidence of appropriate use of the measure.			10
6.5.16	The practice has the ability to perform assisted feeding; naso-gastric or naso-oesophageal tubes.	The practice shows evidence of appropriate use of the procedure.			10
6.5.17	The practice has the ability to perform assisted feeding with oesophagostomy tubes.	The practice shows evidence of appropriate use of the procedure.			10
6.5.18	The practice has the ability to perform assisted feeding; total parenteral nutrition.	The practice shows evidence of appropriate use of the procedure.			10
6.5.19	The practice has the ability to perform blood transfusions.	The practice shows evidence of appropriate use of the procedure.			10
6.5.20	The practice has the ability to perform central venous catheterisation.	The practice shows evidence of appropriate use of the procedure.			10

6.5.21	The practice has the ability to perform arterial blood gas analysis.	The practice shows evidence of appropriate use of the procedure.			10
6.5.22	The practice has the ability to perform CRIs (Constant Rate Infusions).	The practice shows evidence of appropriate use of the procedure.			10
6.5.23	The practice has the ability to perform peritoneal dialysis.	The practice shows evidence of appropriate use of the procedure.			10
6.5.24	The practice has the ability to perform intraosseous access.	The practice shows evidence of appropriate use of the procedure.			10
6.5.25	The practice has the ability to perform IPPV (Intermittent Positive Pressure Ventilation).	The practice shows evidence of appropriate use of the procedure.			10
6.5.26	The practice has the ability to perform electrosurgery.	The practice shows evidence of appropriate use of the procedure.			10
6.5.27	The practice has the ability to perform epidural pain management.	The practice shows evidence of appropriate use of the procedure.			10
6.5.28	The practice has the ability to perform pericardiocentesis.	The practice shows evidence of appropriate use of the procedure.			10
6.5.29	The practice has the ability to perform thoracocentesis.	The practice shows evidence of appropriate use of the procedure.			10
6.5.30	The practice has the ability to perform chest drain placement.	The practice shows evidence of appropriate use of the procedure.			10

6.5.31	The practice has the ability to perform tracheotomy/tracheostomy.	The practice shows evidence of appropriate use of the procedure.			10
6.5.32	The practice has the ability to perform tube cystotomy.	The practice shows evidence of appropriate use of the procedure.			10
6.5.33	The practice has the ability to perform ultrasonography.	The practice shows evidence of appropriate use of the procedure.			30
6.5.34	The practice has the ability to perform assisted feeding with PEG (Percutaneous Endoscopic Gastrostomy) tubes.	The practice shows evidence of appropriate use of the procedure.			10
6.5.35	The practice has the ability to perform cross-matching.	The practice shows evidence of appropriate use of the procedure.			10
6.5.36	The practice can supply supplementary oxygen by means of oxygen cage.	The practice shows evidence of appropriate use of the procedure.			10
6.5.37	The practice can supply supplementary oxygen by means of nasal catheter.	The practice shows evidence of appropriate use of the procedure.			10
6.5.38	The practice can supply supplementary oxygen by means of oxygen hood.	The practice shows evidence of appropriate use of the procedure.			10

6.5.39	The practice has the following drugs in stock: - Activated charcoal - Apomorphine - European viper venom antiserum - Fresh frozen plasma - Methocarbamol - Acetylcysteine - Vitamin K1Intralipid		It is recognised that there may be supply or geographical reasons for some items not being required or temporarily unavailable.		40
6.5.40	ECC procedures are subject to clinical audit.	Open, honest analysis with clear actions and no barriers to feedback, including a 'no blame' culture.	These could be outcome, process or significant event audits. A toolkit with guidance, examples and templates to assist practices with clinical audit can be found on RCVS Knowledge's website: https://www.rcvs.org.uk/rcvsk-qi.	Audit report.	20
			TOTAL POINTS AVAILABLE:		**620**
			OUTSTANDING:		**500**
			GOOD:		**370**



Module 7: Infection Control and Biosecurity

Core Standards

Point	Requirements	Guidance Notes	Documents
7.1.1	The practice must have disinfection and/or sterilisation facilities suitable for the work undertaken. There must be adequate facilities for sterilisation, and a recognised method of sterilisation must be employed. The practice must provide an autoclave, vacuum or non-vacuum or other recognised sterilisation system, for the effective sterilisation of instruments and equipment.		
7.1.2	For all autoclaves, and dental compressors greater than 250 bar litres, a separate Written Scheme of Examination and Certificate of Inspection are required.	A Written Scheme of Examination must be titled as such, and must specify how and when the autoclave(s) must be inspected. Practices must also have a Certificate of Inspection under the regulations. It will be titled Certificate of Inspection under the Pressure Systems Safety Regulations (2000). Only pressure vessels over 250 bar litres are covered by the Pressure Systems Safety Regulations (2000). All autoclaves would come into this category and each would require both a written Scheme of Examination and Certificate of Inspection. Dental machines are unlikely to work at such high pressure and so are usually exempt from the provisions. See HSE guidance on pressure systems for further information: https://www.rcvs.org.uk/hse-pressure-systems. NB - a service is not necessarily an inspection under the regulations, and a note of the last service is not a Written Scheme of Examination. A Written Scheme of Examination may be obtainable from the manufacturers.	Written Scheme of Examination for autoclave.  Certificate of Inspection for autoclave.

7.1.3	The practice must provide designated accommodation for the isolation of infectious and zoonotic cases or have a written policy for dealing with such cases that is known to all team members.	Where truly separate and self-contained isolation facilities are not available, there must be a detailed Standard Operating Procedure (SOP) setting out how infectious cases are to be dealt with or referred elsewhere. Sending patients home is insufficient. Assessors will expect to see a SOP, which details the procedure for isolation and care of infectious cases. Either separate isolation facilities must be provided along with the SOP, or, if such facilities are not available, there must be a detailed SOP for isolation of infectious cases, including barrier nursing requirements. Team members must be trained to implement the SOP, which must include: - Details of waste disposal - Protective clothing to be worn - Disinfection of all utensils/equipment and accommodation - Designated persons to be responsible - Reference to COSHH and Health and Safety information pertaining to the risks of dangerous pathogens and zoonoses - Clear information regarding the demarcation of the isolation area	SOP for isolation. 
7.1.4	Hand washing facilities must be available for all team members.	Separate hand washing facilities should be available for clinical and non-clinical teams where appropriate.	

7.1.5	A hand washing sink should be available in or immediately adjacent to the consulting room.		
7.1.6	Washing and disinfectant facilities must be provided for team members in the kennels and cattery.	The expectation is that each ward area will have its own sink located in the ward. Where this is impossible, there must be a sink available in the adjacent ward area that can be accessed with zero hand touching points. Hand sanitisers alone are not suitable. It is expected that team members will wash their hands between each patient.	
7.1.7	Appropriate PPE must be readily available and used.	Dedicated clean clothing should be used in clinical areas and changed regularly. Gloves and aprons must be readily available and used where appropriate. Sterile gloves and gowns for surgical cases must be available and used where appropriate.	

7.1.8	Each clinical area and all consulting rooms must have facilities for safe disposal or sharps, hazardous and non-hazardous waste.	Team members should be trained in safe disposal. Needles should not be recapped after use and before disposal but should be placed directly into the sharps container. See BVA Good practice guide to handling veterinary waste for further information: https://www.rcvs.org.uk/bva-vet-waste.	
7.1.9	Procedures must be in place to minimise cross-infection in all areas. Cleaning and disinfection materials must be readily available and used in all areas of the practice.	Risk based disinfection of all areas must be done between patients. This can include floor, equipment and hand touch areas such as doors, door handles and keyboards. Risk based deep cleans should be carried out as required.	Cleaning and disinfection schedules for all areas.
7.1.10	Procedures must be in place to minimise cross-infection between patients for all equipment used.	All equipment should be cleaned before and after use, especially otoscopes if they are shared between consult rooms and / or clinicians.	SOP for cleaning and disinfection of equipment. 
7.1.11	Vehicles used by the practice must be clean and well maintained. There must be clear segregation of clean and contaminated items, protective clothing, and safe storage and transport of waste materials including sharps.	There should be an SOP for the cleaning of vehicles. A log book should be used to record when cleaning has been carried out. A checklist should be used to record and monitor the contents of vehicles, and to ensure that stocks of equipment such as protective clothing and consumables are maintained.	SOP for cleaning vehicles. 

7.1.12	The practice must have a biosecurity policy.	The practice biosecurity policy should include requirements for personal hygiene, cleanliness of premises and equipment, cleanliness and disinfection of personal protective equipment and clothing and cleanliness of vehicles. This applies to all species and practices. See Bella Moss Foundation for guidance notes: https://www.thebellamossfoundation.com/veterinary-professionals	Biosecurity policy. 
7.1.13	If ethylene oxide sterilisation is used there is evidence of adequate training of team members and monitoring of exposure levels.		Evidence of training. Evidence of monitoring exposure for ethylene oxide sterilisation. 

Module 7: Infection Control and Biosecurity

General Practice

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

Point	Requirements	Guidance notes	Documents
7.2.1	Clean and appropriate clothing is worn for the clinical task being undertaken.		
7.2.2	Written cleaning protocols for all vehicles and all areas of the practice are required and must be regularly audited and recorded.	The frequency of cleaning will vary according to the area and caseload. There should be different sets of cleaning materials and colour coded mops for each area.	Cleaning protocols and audit. 

Module 7: Infection Control and Biosecurity

Veterinary Hospital

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

Point	Requirements	Guidance notes	Documents
7.3.1	The practice must provide separate accommodation for the isolation of infectious and zoonotic cases or animals receiving chemotherapy, and have a written policy for dealing with such cases that is known to all team members.	A hospital must have the ability to isolate an infectious animal from all other patients. Contact between infectious animals and animals receiving chemotherapy must also be avoided. Isolation facilities must have: - Hand washing facilities - Separate air space - Active ventilation that reduces the risk of cross infection - Separate closed drains to avoid cross infection Isolation facilities can mean either a special area to which access is limited or a separate ward. It is recommended that there is a written policy, which details the procedure for the isolation and care of cases including barrier nursing requirements. The written policy must be available to relevant team members who must be fully conversant with its contents.	Written policy for isolation. 
7.3.2	There must be a hand basin within each consulting room available for use by team members and clients.		
7.3.3	Vacuum autoclaves are compulsory for wrapped packs/drapes.		

7.3.4	Environmental swabbing of all clinical areas is to be carried out in accordance with infection rate audits.	Clinical areas means: any area where clinical work takes place. To allow both active and passive surveillance: Active surveillance of surfaces in the practice – - which consists of swabbing the environment for bacteria - or using ATP monitors (Adenosine tri phosphate) - or Fluorescent markers (put onto work surface then success of cleaning checked with UV lamp) Practices should also use passive surveillance: - auditing post op infection rates - monitoring results of bacterial culture results from procedures in the practice & anti microbial sensitivity	
7.3.5	There must be a written protocol for risk based deep cleaning of all clinical areas.		Written protocol for risk based deep cleaning. 

Module 7: Infection Control and Biosecurity

Award Points

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

Point	Requirements	Behaviours	Guidance Notes	Documents	Points
7.5.1	Infection control CPD has been undertaken in the last four years by a team member and there is evidence of dissemination to the rest of the team.		This might include an external course, webinar, online resources or documented self-study. Course length should be one day if given by a course provider or 5 hours in length if self-study or webinar is undertaken. Assessors will expect team members to be able to discuss what they have learnt from CPD and what changes to practice have been made as a result.	Documented proof of infection control CPD.	10
7.5.2	The practice has a designated individual responsible for infection control who monitors compliance with infection control policies.	The practice has adequate internal quality controls.	Ideally this would be a veterinary surgeon or RVN.	Name of designated person and list of their responsibilities.	30

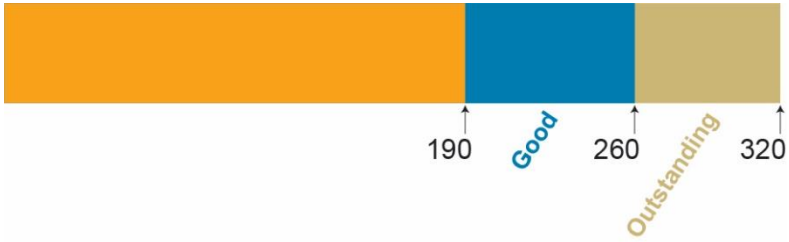
7.5.3	The practice has a dedicated isolation facility.		Isolation facilities must have: - Hand washing facilities - Separate air space - Active ventilation that reduces the risk of cross infection - Separate closed drains to avoid cross infection Isolation facilities can mean either a special area to which access is limited or a separate ward. It is recommended that there is a written policy, which details the procedure for the isolation and care of cases including barrier nursing requirements. The written policy must be available to relevant team members who must be fully conversant with its contents.		30
7.5.4	Every ward area has its own dedicated sink with hot and cold running water.				20
7.5.5	The surfaces and furnishings of the waiting room are impervious and easily disinfected.				10
7.5.6	Hand washing or sanitising facilities are available to clients in the waiting and consulting rooms.		There should be appropriate notices / signage requesting that clients use these facilities.		10

7.5.7	All areas of the practice including clinical, non-clinical, residential and storage areas are maintained and cleaned to the same high standard.	Ensures the presentation of the practice is of a uniformly high standard.			30
7.5.8	The practice has written protocols in place for infection control, which are known to all relevant team members and evidence can be produced that cleaning and disinfection of hand touch areas, including computer keyboards, mice, light switches, door handles, etc. is taking place.	Team members show awareness of policy and procedure and any areas of practice that would increase infection risks.		Written protocols. 	10
7.5.9	The practice has written protocols in place for infection control, which are known to all relevant team members and evidence can be produced that shows that laundry of clothing and drapes is taking place.	Team members show awareness of policy and procedure and any areas of practice that would increase infection risks.		Written protocols. 	10

7.5.10	The practice has written protocols in place for infection control, which are known to all relevant team members and evidence can be produced that shows that management of bedding is taking place.	Team members show awareness of policy and procedure and any areas of practice that would increase infection risks.		Written protocols. 	10
7.5.11	The practice has written protocols in place for infection control, which are known to all relevant team members and evidence can be produced that shows that management of utensils e.g. litter trays, feed bowls and water bowls/bottles, is taking place.	Team members show awareness of policy and procedure and any areas of practice that would increase infection risks.		Written protocols. 	10
7.5.12	The practice has written protocols in place for infection control, which are known to all relevant team members and evidence can be produced that shows that the use of disinfectants is taking place.	Team members show awareness of policy and procedure and any areas of practice that would increase infection risks.		Written protocols. 	10

7.5.13	The practice has written protocols in place for infection control, which are known to all relevant team members and evidence can be produced that shows that these are in use during preparation for surgery.	Team members show awareness of policy and procedure and any areas of practice that would increase infection risks.		Written protocols. 	10
7.5.14	The practice has protocols in place for the identification and management of cases of infection involving multi-resistant bacteria.	Proactively anticipates and addresses risks.		Protocols for multi-resistant bacteria. 	30
7.5.15	The practice has procedures in place to educate the team and clients about responsible use of antimicrobials, antimicrobial resistance and zoonoses, and the implications for animal and human health.		The Bella Moss Foundation: https://www.thebellamossfoundation.com/veterinary-professionals BSAVA protect poster: https://www.bsavalibrary.com/protectmeposter BVA antimicrobials advice: https://www.rcvs.org.uk/bva-amr Assessors will talk to team members to ascertain their awareness and understanding.		20

7.5.16	The practice has a policy in place to ensure that work wear is not worn outside of the practice and clinical areas.			Work wear policy. 	10
7.5.17	The practice participates in a surveillance scheme for infectious diseases.		For example, SAVSNET or VetCompass.		20
7.5.18	The practice has a protocol in place for hand hygiene, which includes the use of World Health Organization (WHO) posters and signage at hand washing points.		Tools and resources can be downloaded from the WHO website: https://www.rcvs.org.uk/who-tools.		20
7.5.19	Infection control measures in the practice are subject to clinical audit.	Open, honest analysis with clear actions and no barriers to feedback.	This could be outcome, process or significant event audits. The Bella Moss Foundation self-audit tool may be useful: https://www.rcvs.org.uk/bmf-audit.	Audit report. 	20
			TOTAL POINTS AVAILABLE:		**320**
			OUTSTANDING:		**260**
			GOOD:		**190**


190
Good
260
Outstanding
320

Module 8: In-patients

Core Standards

Point	Requirements	Guidance notes	Documents
8.1.1	The practice must provide facilities and an adequate nursing team for the care of any in-patients.		
8.1.2	Any in-patient facilities must be of a suitable size, securable, sturdy, escape-proof, without potentially injurious faults and easily cleanable.	The practice must have at least one kennel suitable for a large breed of dog or have a plan in place for this facility if the need arises. An SOP should be in place stating that very large breeds are referred to another branch if the practice has no kennel large enough to accommodate them comfortably (i.e. so that they can lie down, stand up and turnaround).	SOP for hospitalisations of very large breeds if no kennel large enough is available on site. 
8.1.3	A suitable range of bedding, feed stuffs and clean fresh water must be available.	This should include bedding for recumbent animals. Arrangement for the disposal of soiled bedding must be in place.	
8.1.4	There must be suitable provision for the storage and preparation of food.		
8.1.5	Feeding equipment must be disposable or regularly disinfected.		
8.1.6	Dirt trays, absorbent litter and adequate cage space are required for feline in-patients.		
8.1.7	Sanitary facilities for ambulatory canine in-patients must be provided.	These may be outside and precautions must be taken to prevent the escape of patients.	

8.1.8	The practice must have a written policy for the overnight care of in-patients detailing who is responsible, frequency of checks etc.	The practice should demonstrate that provisions are made to ensure animal welfare where there are animals on site but no team members present.	Written policy for overnight care. 
8.1.9	The owners must be informed in writing of the level of overnight supervision during an overnight stay.	Clients must be made aware if someone is on the premises overnight, or if not, how often checks are made e.g. last thing at night/first thing in the morning.	Information for owners on level of overnight care. 
8.1.10	Where patients are transported in practice vehicles while under the care of the veterinary surgeon, the practice has a patient transfer protocol.	The protocol should include safe handling of patients to and from vehicles (e.g. the use of double restraint leads / harnesses for dogs, cages etc), with particular consideration given to minimising the risk of escape.	Patient transfer protocol. 

Module 8: In-patients

General Practice

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

Point	Requirements	Guidance notes	Documents
8.2.1	There must be the ability for hospitalisation of the full range of species routinely admitted.		
8.2.2	There must be a range of suitable accommodation of a suitable size for the number and species routinely treated.	Assessors will ask to see the daily surgery log and appointment list to correlate with in-patient facilities available. There must be kennel space available for the anticipated caseload. Collapsible kennels are acceptable for emergency day hospitalisation. The environment should be as calm and quiet as possible. Noise producing equipment should be located as far from animals as possible and the frequency of its use should be taken into account. An SOP should be in place stating that very large breeds are referred to another branch if the practice has no kennel large enough to accommodate them comfortably (i.e. so that they can lie down, stand up and turnaround).	SOP for hospitalisations of very large breeds if no kennel large enough is available on site. 
8.2.3	There must be adequate heating, lighting and ventilation of the in-patient area.		

8.2.4	A range of diets must be available to meet the needs of in-patients and stored appropriately.		
8.2.5	Facilities to maintain body temperature must be available and can be demonstrated to be used safely.		
8.2.6	Facilities to provide supplementary oxygen must be available in the in-patient area.		
8.2.7	Intravenous fluids and an appropriate means of administration must be available.		
8.2.8	Equipment that will be in contact with the patients must be chosen to minimise the risk of cross-contamination or exacerbation of any clinical condition.		
8.2.9	All hospitalised animals (other than short/routine surgical procedures admitted as day cases) must have in-patient sheets recording basic husbandry parameters, with timed and initialled entries, including: - Temperature - Pulse - Respiration - Treatments - Food and water intake - Urine and faeces output - Clinical signs		In-patient sheets.
8.2.10	There must be a positive means of identifying the patient while on the premises.	This may involve tagging the patient and/or well-identified accommodation.	

8.2.11	Owners of animals that are hospitalised have signed to confirm that they are aware of the level of overnight supervision during an overnight stay.		

Module 8: In-patients

Veterinary Hospital

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

Point	Requirements	Guidance notes	Documents
8.3.1	The practice must have the ability to provide 24-hour in-patient care including intensive care.	This is expected at all times. If the case exceeds the ability of the current team members to provide care, provisions should be made to refer cases. Team rotas will provide evidence.	
8.3.2	A person / persons (proportional to the caseload) directly responsible for the nursing care of in-patients must be within the curtilage of the site at all times.	There must be arrangements so that a veterinary surgeon, veterinary nurse or an adequately trained team member is present on the premises 24 hours a day, every day of the year.	
8.3.3	Team members should have access to appropriately trained and experienced team members to provide advice and back-up at all times.	This is to ensure that inexperienced team members are not left to deal with complex cases especially out-of-hours. Out-of-hours on call rotas may provide evidence.	
8.3.4	There must be the ability to cater for the full range of species routinely treated and species segregation where appropriate. In particular, consideration must be given to separation of prey and predator species.		

8.3.5	There must be a minimum of 6 kennels or cages for the hospitalisation of patients'. - Towels, blankets or acrylic bedding materials must be provided - The kennels or cages, and their fittings, must be made of non-permeable materials so as to be easily cleaned and disinfected - Where dogs are treated there must be at least one large kennel suitable for a giant breed of dog together with a good range of smaller kennels and cages - At least one cage must be of the walk in type - Newspaper alone is not considered a suitable material for overnight stay patients		
8.3.6	There must be access to appropriate imaging at all times.		
8.3.7	There must be access to laboratory facilities at all times.	Biochemistry/haematology.	
8.3.8	The practice must have the ability to undertake blood transfusions.	The team members should demonstrate they are trained to prepare, carry out and monitor patients undergoing transfusions. Consideration should be given to cross matching and ethical sourcing of blood, blood typing and storage of blood and blood products.	
8.3.9	The practice must have the facility to provide close control of fluid replacement by an infusion pump or syringe driver suitable for infusion of high volumes rapidly or low volumes slowly.		
8.3.10	There must be enhanced facilities for maintaining body temperature.	E.g. Bair hugger/incubator.	

8.3.11	There must be enhanced facilities for providing oxygen.	E.g. oxygen tent (including a humidifier).	
8.3.12	Facilities for neonatal care must be provided.	Should include heat, oxygen provision, glucose provision and airway suction.	
8.3.13	There must be a minimum of daily examination of all in-patients by a veterinary surgeon, which should be recorded on the patient records.		
8.3.14	There is a protocol / checklist in place to ensure that all relevant information is communicated at handover.		Protocol / checklist for communication of relevant information at handover. 

Module 8: In-patients

Award Points

This module contributes towards the Award in In-patient Service and Emergency and Critical Care Service; you will also need to have completed all of the points listed under Core Standards and General Practice.

Point	Requirements	Behaviours	Guidance notes	Documents	Points
8.5.1	The practice undertakes OOH onsite or it has its own ambulance to move patients to and from its OOH site or external provider.		This should be a designated vehicle with suitable cages for the safe transport of the animals routinely treated. This requirement could be met through the use of an external pet transport operator, with an animal ambulance, contracted to the practice. If a sick patient is transported, it should be assessed by a veterinary surgeon and provision made that necessary support can be maintained during the journey e.g. oxygen or fluid therapy.	Copy of agreement with animal ambulance.	10

8.5.2	On every occasion that an animal is hospitalised overnight there is remote monitoring which is regularly checked and documented as clinical needs dictate, with the provision to attend when necessary.				10
8.5.3	On every occasion that an animal is hospitalised overnight there is a clear protocol for regular appropriate checks, evidence that these are carried out and that there is a person responsible for the care of in-patients on the premises at all times who may be required to remain awake as clinical need dictates.		Assessors will ask to review patient records. Team members may take rest periods as long as they remain on the premises.	Protocol for overnight checks. 	40
8.5.4	On every occasion that an animal is hospitalised overnight, the person on the premises and responsible for the overnight care of the animals is a veterinary surgeon or RVN.		Team members may take rest periods as long as they remain on the premises.	Rotas.	40
8.5.5	On every occasion that an animal is hospitalised overnight there is a dedicated veterinary surgeon or RVN responsible for the care of the animals on the premises and awake at all times when there is a patient under their care.		Team members may take rest periods as long as they remain on the premises.	Rotas.	60

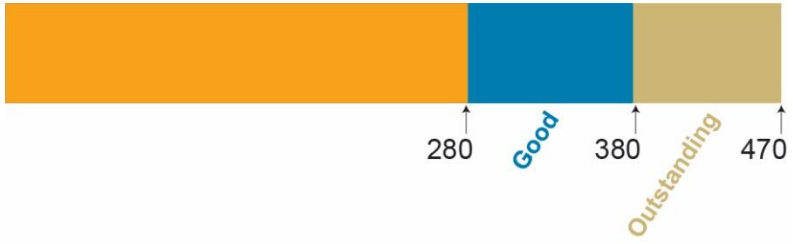
8.5.6	A veterinary surgeon examines all in-patients at least twice daily and updates records accordingly.	Consistent care is provided to patients.	Patient records.		20
8.5.7	The veterinary surgeons and veterinary nurses in charge of a case undertake suitable handover.	Sharing of essential information between parties involved in patient care.	Personnel in charge of an animal should be recorded on the patient record.		20
8.5.8	There are facilities to separate cats and dogs, predator and prey species and/or nervous animals.		This could be achieved by the sub-division of wards.		10
8.5.9	At least one cage is of the walk-in type or feline equivalent in cat only practices.		For cats, guidance can be found at: https://www.rcvs.org.uk/cfc-facilities. Size of cage would depend on length of stay.		20
8.5.10	There are facilities for bathing and grooming appropriate to species treated.		This should include either a tub table or a separate facility.		10
8.5.11	Nutritional assessments are carried out for all in-patients, and feeding plans implemented and recorded and regularly re-assessed.		This could be incorporated into the nursing care plan e.g. BSAVA toolkit: https://www.rcvs.org.uk/wsava-nutrition.		20
8.5.12	The practice has appropriate equipment to accurately deliver fluids at the appropriate rate for the species treated.		This may include infusion pumps and/or syringe drivers appropriate to the caseload.		10
8.5.13	The practice can demonstrate a plan for delivery of intravenous fluids which is reviewed at regular intervals.		This will include type of fluid, rate of delivery and total volume of delivery.		10

8.5.14	The practice has the ability to undertake blood transfusions.		The team members should demonstrate they are trained to prepare, carry out and monitor patients undergoing transfusions. Consideration should be given to cross matching and ethical sourcing of blood, blood typing and storage of blood and blood products.	Protocol and training records for blood transfusion.	10
8.5.15	The practice has the facility to provide close control of fluid replacement by an infusion pump or syringe driver suitable for infusion of high volumes rapidly or low volumes slowly.				10
8.5.16	A protocol is in place to ensure that resources are available (e.g. weekend and overnight team members) to complete the patient's treatment, however long.		This might entail referring/transferring the patient to another practice prior to treatment.	Protocol. 	30

8.5.17	Transfers between practices should be based on clinical need not convenience of either practice and should be kept to a minimum and organised by the practice.		This might entail referring the patient to another practice prior to treatment. The practise of transferring patients to and from OOH as routine is to be discouraged. If animals are transferred an estimate of cost is provided and the owner's consent is sought. See Supporting Guidance in the *Code of Professional Conduct.* Practices undertaking their own OOH are eligible to receive these points.		50
8.5.18	All patients have a structured admission and discharge procedure with a member of the team appropriately trained to discuss the case with the client.		In most cases this should be supported with written discharge instructions.	Admission and discharge protocol. 	10
8.5.19	There are procedures in place to update clients on the progress of their animal and to ensure that informed consent is maintained.		This should include updating on costs.	Protocol for updating clients. 	20

8.5.20	Provision is made for clients to visit in-patients as appropriate to the condition of the animal.		This may need to be restricted to allow for practice working and should take into account the safety of the client and the animal and minimise the risk of disease transmission.		10
8.5.21	There is a protocol in place defining intravenous catheter maintenance.		This should include instructions on aseptic placement, daily maintenance and replacement schedule. See Bella Moss Foundation for guidance notes: https://www.rcvs.org.uk/bmf-iv.	Catheter maintenance protocol. 	20
8.5.22	The practice is recognized as a Cat Friendly Clinic.		For further information see the Cat Friendly Clinic website: https://www.rcvs.org.uk/cfc.	Certificate. 	10
8.5.23	The practice is recognized on the Rabbit Friendly Vet List.		For further information see the Rabbit Friendly website: https://www.rcvs.org.uk/rfv-list.	Certificate. 	10
8.5.24	An individual in the practice is certified under the Fear Free scheme.		For further information see the Fear Free website: https://www.rcvs.org.uk/fearfree.	Certificate. 	10

			TOTAL POINTS AVAILABLE:		**470**
			OUTSTANDING:		**380**
			GOOD:		**280**



Module 9: Laboratory and Clinical Pathology

Core Standards

If the practice does not have an in-house laboratory only requirements 9.1.1-9.1.14 apply.

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

	Post-mortem examinations on site must be performed in an area not concurrently used for clinical work. This may be achieved by performing the examination after clinical work has ceased or an external laboratory may provide facilities, in which case, adequate licensed arrangements must be in place for the transport of carcases. There must be an SOP for external post-mortem examinations so that all staff know where to send specimens.	consideration must be given to the provision of suitable protective clothing to guard against zoonoses and spread of infection. When conducting post-mortem examinations full consideration must be given to the health and safety issues associated with primates, birds and reptiles.	for post–mortems.  SOP for external post-mortems (if applicable). 
9.1.5	PPE is available and used.		
9.1.6	The practice identifies specimens with: - Patient ID - Date of collection - Tests required - Method of collection if applicable - Location of sample - Nature of sample		
9.1.7	There must be an SOP for the post and packaging of pathological samples which complies with current packaging regulations.	A copy of current postal and other carriers' requirements should be available.	SOP for post and packing. 
9.1.8	The practice has a log or system for tracking of samples sent to outside laboratories to ensure results are received and reviewed by a veterinary surgeon, conveyed to the client and archived.	The log should include: - Patient ID - Date of sample collection - ID of outside laboratory - Tests ordered - ID of practice team member requesting test - Date results received - Date of client notification - ID of practice team member informing client	Log.

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

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

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

Module 9: Laboratory and Clinical Pathology

General Practice

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

Point	Requirements	Guidance notes	Documents
9.2.1	The practice has an in-house laboratory.		
9.2.2	Instrumentation for tests performed on the premises include: - Method of measuring PCV - Binocular microscope (with a range of objective lenses and light source) - Centrifuge - Refractometer - Glucometer or chemistry analyser capable of measuring blood glucose - Cytology stains - Method to measure TP - Urine dip stick	Evidence will be required that some of the following tests are being performed in-house: - Cytology (e.g. urine, skin scrape, ear, vagina, semen, FNA) - Worm egg counts - Urine specific gravity - Serum specific gravity (TP) - PCV - Blood glucose - Urine dip stick tests - FeLV/FIV/T4/pancreatitis tests	
9.2.3	In addition to internal quality control of automated laboratory tests, external quality assurance, by internal analysis of external samples via a QA scheme or by comparing internal samples to external labs, must be routinely undertaken and the results documented and acted on where necessary.	EQA is the analysis of samples by reference to an external laboratory performed either by internal analysis of control reagent received from the laboratory through a QA scheme or by comparing samples run internally with the same paired sample run externally. This should also be undertaken for tests carried out using Point of Care (POC) devices.	Results of external EQA scheme or results of comparison of paired samples. 

		The frequency of testing should be related to the number of tests undertaken. It is expected that this will be at least quarterly.	

Module 9: Laboratory and Clinical Pathology

Veterinary Hospital

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

Point	Requirements	Guidance notes	Documents
9.3.1	The following equipment must be provided on the premises: - Binocular microscope with mechanical stage, electric light source and oil immersion facility - Centrifuge suitable for PCV, blood separation and urine sedimentation - Urinary refractometer		
9.3.2	The hospital must have a biochemistry analyser on site.	24-hour availability.	
9.3.3	The hospital must have an electrolyte analyser on site.	24-hour availability.	
9.3.4	The hospital must have a haematology analyser on site.	24-hour availability.	
9.3.5	Facilities must be available for bone marrow aspiration.		
9.3.6	There must be a nominated person in overall charge of the laboratory facilities.		
9.3.7	If bacteriology is undertaken on site, adequately qualified team members must be available.	The accurate interpretation of bacteriology plates requires team members qualified to HNC in Applied Biology or equivalent standard.	

	If bacteriology is not undertaken on site, there should be evidence that samples are being regularly sent to an appropriate external laboratory.		
9.3.8	In addition to internal quality control of automated laboratory tests, external quality assurance, by internal analysis of external samples via a QA scheme, must be routinely undertaken and the results documented and acted on where necessary.	EQA is the analysis of samples by reference to an external laboratory performed by internal analysis of control reagent received from the laboratory through a QA scheme. This should also be undertaken for tests carried out using Point of Care (POC) devices. The frequency of testing should be related to the number of tests undertaken. It is expected that this will be at least quarterly.	Results of external EQA scheme. 

Award Points

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

Point	Requirements	Behaviours	Guidance notes	Documents	Points
9.5.1	Veterinary clinical pathology CPD has been undertaken in the last four years by a team member and there is evidence of dissemination to the rest of the team.		This might include an external course, webinar, online resources or documented self-study. Course length should be one day if given by a course provider or 5 hours in length if self-study or webinar is undertaken. Assessors will expect team members to be able to discuss what they have learnt from CPD and what changes to practice have been made as a result.	Documented proof of pathology CPD.	10
9.5.2	Histopathology and cytology is performed by pathologists with relevant veterinary qualifications.		Pathologist with expertise in tissues/species being examined.	Proof of qualification.	10
9.5.3	There is a nominated person in overall charge of the laboratory facilities and they must have completed relevant training.			Name of designated person and list of their responsibilities.	30

				 Evidence of relevant training. 	
9.5.4	Practice team members' training in laboratory procedures is updated annually and documented.		This could be in-house training. Evidence provided through training records.	Training records.	20
9.5.5	The practice has an in-house laboratory that is in a designated room, which is not used for any other purpose.				30
9.5.6	A biochemistry analyser is available and used appropriately to inform clinical decision making.		Appropriate use includes training of team members in use, cleaning and maintenance.	Training records.	30
9.5.7	An electrolyte analyser is available and used appropriately to inform clinical decision making.		Appropriate use includes training of team members in use, cleaning and maintenance.	Training records.	30
9.5.8	A haematology analyser is available and used appropriately to inform clinical decision making.		Appropriate use includes training of team members in use, cleaning and maintenance.	Training records.	20

9.5.9	The practice must demonstrate that they look at blood smears and use them to inform clinical decisions.		This will include animals that have abnormal clinical presentation or abnormal analyzer results.	Protocol for examining smears. 	30
9.5.10	A blood gas analyser is available and used appropriately to inform clinical decision making.		Appropriate use includes training of team members in use, cleaning and maintenance.	Training records.	20
9.5.11	The practice performs microscopy on relevant clinical samples e.g. ears and urine sediment.		Assessors may ask to see laboratory or patient records.		10
9.5.12	The practice performs fine needle aspiration biopsies and/or impression smears.		Consideration should be given to referral to a pathologist as appropriate.		10
9.5.13	The practice performs cytology of effusions and synovial fluids where appropriate.				10
9.5.14	The practice monitors culture and sensitivity/MIC results to follow local patterns in bacterial resistance and informs treatment regimes.	Treatment procedures are informed by results.	Assessors will look for evidence of changes to treatment regimes following a review of test data. Cf. Infection Control Module.		10
9.5.15	Practices should demonstrate how they have verified manufacturers' claims for automated analyser performance or alternatively demonstrate how		This would involve checking: - whether the practice's own machine gives accurate, reproducible results		10

	they have determined the limitations of their laboratory methods.		- if there is any published (or unpublished if not) independent evidence that shows that the make of machine used by the practice provides accurate, reproducible results - whether there are circumstances where the make of machine might not produce accurate, reproducible results - how the make of machine compares to other machines Further guidance is available from BSAVA: https://www.rcvs.org.uk/bsava-lab.		
9.5.16	In the case of the unexpected death of a patient an independent post-mortem is offered.	An honest and open approach.	An independent post-mortem would be performed by a person not normally employed with the practice. In cases potentially involving litigation a thorough post-mortem is required and will be sent to a recognised pathologist.		20
9.5.17	The practice is a member of a recognised laboratory EQA scheme.			Proof of membership of scheme. 	20
9.5.18	The practice carries out a regular laboratory sample technique audit. There is evidence that any		This should include records artefacts e.g. lipaemia and	Audit report. 	10

	unexpected or erroneous results have been re-tested.		haemolysis in order to identify potentially rectifiable problems.		
			TOTAL POINT AVAILABLE:		**330**
			OUTSTANDING:		**260**
			GOOD:		**200**

Module 10: Medicines

Core Standards

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

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	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	
10.1.5	Accurate records of POM-V, POM-VPS, and medicines prescribed under the cascade received and supplied must be kept.	See VMD guidance, Record keeping requirements for veterinary medicines: https://www.rcvs.org.uk/vmd-records . Records for POM-V, 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	Medicines records.

		Records must be kept for 5 years. VMR amendments see: https://www.legislation.gov.uk/uksi/2024/567/regulation/101/made	
10.1.6	Monitoring and recording of environmental temperatures wherever medicines are stored must be undertaken (including consulting rooms, prep rooms, refrigerators and vehicles).	There must be proper monitoring and recording of maximum and minimum temperatures wherever medicines are stored, and where temperatures have been recorded outside the appropriate ranges, there must be evidence of an action plan to remedy such deviations, and to deal with affected medicines. Consideration should be given to the use of alarms to indicate when temperatures stray out of set parameters. Data loggers and maximum/minimum thermometers will provide constant monitoring. However, for those without an alarm to warn of temperature deviations, and for maximum/minimum thermometers, checks are required to be made daily and assessors will ask to see written records, produced on a weekly basis, showing the results for the week. Ideally temperature sensitive medicines should only be taken out in vehicles on a “by use” basis, but whether being stored or transported, measures should be taken to ensure that products remain within the temperature range specified on their SPC e.g. by use of a cool box or refrigerated unit. The suitability of such measures should be demonstrated.	SOP for recording of environmental temperatures. Action plan for temperatures outside of the appropriate ranges.
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.	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.	

10.1.8	Records of medicines administered to food-producing animals must include batch numbers.	A veterinary surgeon who administers POM medicines to food producing animals must personally enter the following information into the livestock keeper's record book or give written information to the livestock keeper to enter as soon as is reasonably practicable. - Name of the veterinary surgeon - Name of the product and the batch number - Date of administration of the product - Amount of product administered - 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	Medicines records.

		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	
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. It is not acceptable to use an out-of-date medicine due to poor stock control.	Procedures should be in place to quarantine, and ultimately dispose of, out of date medicines and leaking, broken or unwanted containers and to deal with spillages and leakage.	
10.1.10	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.	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	Controlled Drug audit records.
10.1.11	Medicines should be disposed of in accordance with the current legislation.	Stock of Schedule 2 Controlled Drugs must be destroyed in the presence of an authorised witness and the resulting destroyed products and containers appropriately disposed of. Authorised witnesses include:	T28 / SEPA certificate. 

		- 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.	

		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	
10.1.12	If Controlled Drugs are kept, these must be stored according to current legislation. Schedule 2 Controlled Drugs and certain Schedule 3 Controlled Drugs must be kept in a secure, lockable and immovable receptacle that can only be opened by a veterinary surgeon or a person authorised by him or her.	Controlled Drugs are regulated by the Misuse of Drugs Act 1971 and the Misuse of Drugs Regulations 2001 as amended. These regulations classify such drugs into 5 schedules, numbered in decreasing order of severity of control. Schedule 1: Includes LSD, cannabis, and other hallucinogenic drugs, which are not used medicinally. Possession and supply are prohibited except in accordance with Home Office Authority. Schedule 2: Includes ketamine, etorphine, fentanyl, morphine, papaveretum, pethidine, methadone and quinalbarbitone. Drugs must be kept under safe custody (locked secure cabinet). Quinalbarbitone is not legally subject to safe custody, but it is a Core requirement that all Schedule 2 drugs are locked away equivalent to safe custody. Drugs	

		may not be destroyed except in the presence of a person authorised by the Secretary of State. Failure to comply with this Act can lead to prosecution. Veterinary surgeons should ensure that Schedule 2 controlled drugs under safe custody in practice vehicles are kept in a locked receptacle which is fixed within the car. If the car cannot be modified in such a way, it may be reasonable to secure the receptacle to a structure in the car, for example, using a metal cable tethered to an anchor point, such as the seat runners or seatbelt post, or bolting the lockable receptacle to the floor of the car. In any case, the receptacle should be kept out of sight. The secure container would ideally be fixed to the frame of the vehicle, but using a secure, lockable glove compartment or a secure container chained to the inside of the vehicle (e.g. passenger seat) would also be acceptable. Examples of secure containers include car safes, laptop safes and lockable cash tins. When transporting Schedule 2 controlled drugs, veterinary surgeons should avoid leaving the secure container unattended. Where this is unavoidable, the vehicle and container should remain locked and the time unattended kept to a minimum. Wherever possible, controlled drugs should be returned to the controlled drugs cabinet at the practice for storage overnight. Where this is not possible, controlled	

		drugs may be stored in locked vehicle, but they should be inside a locked receptacle secured to the structure of the vehicle and kept out of sight. For more information, see VMD Guidance Controlled drugs: Veterinary medicines and RCVS guidance on Controlled Drugs. Schedule 3: Includes tramadol, buprenorphine, pentazocine, gabapentin, pregabalin, the barbiturates and others. They are not legally subject to safe custody except buprenorphine, diethylpropion and temazepam which must be kept under safe custody (locked secure cabinet); but it is a Core requirement that all Schedule 3 drugs must be locked away. Schedule 4: Includes most of the benzodiazepines and androgenic and anabolic steroids e.g. clenbuterol. Schedule 5: Includes preparations (such as several codeine products) which, because of their strength, are exempt from virtually all Controlled Drug requirements other than the retention of invoices for five years. Assessors will ask to see the Controlled Drugs cabinet. Where Controlled Drugs which are subject to special storage conditions are transported in a vehicle, they must be kept securely within a locked receptacle in the vehicle and the vehicle must be locked when not attended. See VMD Guidance Controlled drugs: Veterinary medicines: https://www.rcvs.org.uk/vmd-cds	

10.1.13	If Controlled Drugs are kept, these must be recorded according to current legislation.	A register of such drugs obtained, supplied and used must be kept in accordance with the Misuse of Drugs Act 1971 (and the Misuse of Drugs Regulations 2001, as amended). Schedule 2: Record all purchases and each individual supply (within 24 hours). Registers must be kept for two calendar years after the last entry. Schedule 3, 4 and 5: No requirement for recording in Register but invoices must be retained for 5 years. A Register should be kept for each Controlled Drug and prescriptions against which supplies of Controlled Drugs of Schedule 2 and 3 have been made, to confirm in particular: - That appropriate records are kept - That any out-of-date Controlled Drugs have been destroyed by an authorised person For supplies of Controlled Drugs of Schedules 2 and 3, against other veterinary surgeon's prescriptions: - The prescriptions have been retained at least two years - The date on which the supply was made is marked on the retained prescriptions - The supply of Controlled Drugs was made within 28 days of the appropriate date on the prescription (also for supplies of Controlled Drugs of Schedule 4) - The name of the person who collected the Controlled Drugs is recorded in the Controlled Drugs Register (for Controlled Drugs of Schedule 2 only) An example of a Controlled Drugs Register which details the information that needs to be recorded can be found at: https://www.rcvs.org.uk/cd-register.	Controlled Drugs register. 

10.1.14	The practice must carry out a full audit and reconciliation of all Schedule 2 Controlled Drugs. There must be SOPs for storage and recording of Controlled Drugs.	It is expected that running totals will be kept and checks against stock carried out at least weekly. It is considered good practice to have a written SOP setting out who is authorised to access the Controlled Drugs cabinet and for what purposes. The SOP may also cover ordering (requisition), receipt, supply and disposal of Controlled Drugs as well as the regular changing of codes if a keypad safe is used. The SOPs should include details of: - Who has access to Controlled Drugs - Who is responsible for checking stock against the Register - Who to alert in the event of a discrepancy	Controlled Drug SOPs. 
10.1.15	All medicines, including those prescribed under the Cascade, must be prescribed and supplied according to current legislation.	**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, 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.	
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.	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;	Copies of three written prescriptions (from the last 2 months prior to upload).

		(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.	
10.1.17	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.	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 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)	

10.1.18	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).	In the case of SQPs, assessors will ask to see an SOP for procedures for supplying POM-VPS/NFA-VPS.	
10.1.19	There is no requirement 10.1.19 for Small Animal.		
10.1.20	All containers and outer packs dispensed by the practice must be legibly and indelibly labelled with sufficient information.	Medicines other than POM-Vs: All such medicines supplied by the practice must be labelled in accordance with the VMR. Generally, such medicines must be supplied in a container (with labelling) specified in the marketing authorisation for the medicine. It is advised that, in addition, such medicines are labelled with the name and address of the practice supplying the medicine. POM-V: All POM-V medicines supplied by the practice must be labelled with the following information: - The name and address of the animal owner	

		- Name of the veterinary surgeon who has prescribed the product. A veterinary surgeon's initials or a code may only be used where they can be traced back to an individual. - The name and address of the veterinary practice supplying the medicine - The date of supply - The words "keep out of the reach of children" - The words "for animal treatment only" unless the package or container is too small for it to be practicable to do so - The words "for external use only" for topical preparations - The name and quantity of the product, its strength and directions for use Medicines supplied for use under the Cascade: Medicines for supply under the Cascade, must include the following additional information: - Identification (including species) of the animal or group of animals And, unless already specified on the manufacturer's packaging: - Any special precautions - The expiry date - Any necessary warnings for the user, target species, administration or disposal of the product - A specified withdrawal period. -	
10.1.21	Veterinary medicinal products must be supplied in appropriate containers.	For loose tablets, gloves must be worn when handling. Loose tablets and capsules must be dispensed in crush-proof and moisture-proof containers. Sachets and manufacturers'	

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

		version of the information set out in the sign or signs referred to above, which may be set out in a practice leaflet or client letter. Reasonable steps may include a combination of practice leaflets, client letters, and information on practice websites.	
10.1.23	The practice must provide the price of any relevant veterinary medicinal product stocked or sold, to clients or other legitimate enquirers making reasonable requests.	If requested, the practice must inform clients of the price of any medicine to be prescribed or dispensed. Where possible and relevant, inform clients of the frequency and charges regarding further examinations of animals requiring repeat prescriptions. Provide clients with an invoice that distinguishes the price of relevant veterinary medicinal products from other charges and, where practicable, provide clients with an invoice that distinguishes the price of individual relevant veterinary medicinal products.	

10.1.24	Medicines must be used in accordance with the legislation commonly referred to as the Cascade.	Assessors will wish to see evidence that Cascade medicines are clearly identified to owners who give informed consent for their use. Written forms for signature are expected. Human generic preparations must not be used other than under Veterinary Medicines Guidance Note The Cascade: Prescribing unauthorised medicines, which allows for the welfare of animals to be a primary consideration in the choice of treatment: https://www.rcvs.org.uk/vmd-cascade. In the first instance a veterinary surgeon should prescribe a medicine authorised in the jurisdiction where they are practising, for use in the target species, for the condition being treated, and used at the manufacturer's recommended dosage. Where there is no such medicine available, the veterinary 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	Protocol for unauthorised medicine use. 

10.1.25	Consent for products supplied under the Cascade is required.	Assessors will wish to see evidence that Cascade medicines are clearly identified to owners who give informed consent for their use. Written forms for signature are expected. It is not acceptable to use an all embracing “general” lifelong consent for any and all off-label products that might be given to any animal. Specific consent needs to be obtained for each unauthorised medicine used, however it is acceptable where there is a specific ongoing condition requiring unauthorised medicine for a lifelong consent form to be used for that particular medicine in that particular animal. Similarly in the case of exotics where there are no licensed products available, it is acceptable to use lifetime consent. Assessors will ask to see completed off-label forms not just that a stock of blank forms is held. Copies of prescriptions must be available for the assessor to view. The VDS can supply a suitable template for these consent forms: https://www.rcvs.org.uk/vds.	Completed consent forms.
10.1.26	A suspected adverse event or lack of efficacy to a veterinary medicine must be reported promptly to the VMD and/or manufacturer.	A protocol is required that recognises when the use of adverse event reporting is necessary. This should be noted on the clinical records. Reporting forms are available on the VMD’s website: https://www.rcvs.org.uk/vmd-ad-react.	Protocol for suspected adverse event reporting. 
10.1.27	No wholesale dealing must take place of medicines unless the practice holds an appropriate Wholesale Dealers Authorisation (WDA).	Emergency supply of medicines to another practice would be permitted 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	
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. 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.	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 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:	Protocol for responsible use of antimicrobials and anthelmintics. 

		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 notes https://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.	
10.1.29	For medicines requiring special handling e.g. cytotoxic/cytostatic/certain hormones the practice has in place SOPs for their storage, administration and disposal.	The RCVS provides guidance for chemotherapy drugs. See Chapter 4, point 4.39 of the supporting guidance to the *RCVS Code of Professional Conduct*: https://www.rcvs.org.uk/vetmeds. Practices may wish to refer to the BVA Good Practice Guide to Handling Veterinary Waste for guidance: https://www.rcvs.org.uk/bva-vet-waste.	SOP for cytotoxic medicine use.
10.1.30	A practice must be able to demonstrate that when using Endoparasiticides, it does so responsibly, and is accountable for the choices made in such use.	As regards prescribing Endoparasiticides, please see Under Care new guidance: 'Under care' - new guidance - Professionals (rcvs.org.uk) Endoparasiticides are linked to various environmental concerns such as the development of resistance. In particular, the resistance to anthelmintics in animals is serious and on the increase; veterinary surgeons must use	

		these products responsibly to minimise resistance development. A responsible approach includes considering the specific needs of each animal (taking into account lifestyle factors, owner/household vulnerabilities and so on) before prescribing POM-V and POM-VPS products. A blanket approach should not be taken. Examples of what assessors might look at include: policy, medical records, poster, meetings where anthelmintics has been discussed. Assessors will also talk to practice team members. Resources for companion animals: https://www.esccap.org/guidelines/	
10.1.31	A practice must be able to demonstrate that when using ectoparasiticides, it does so responsibly, and is accountable for the choices made in such use.	As regards prescribing ectoparasiticides, please see Under Care new guidance: 'Under care' - new guidance - Professionals (rcvs.org.uk) Ectoparasiticides are linked to various environmental concerns such as the development of resistance and damage to ecosystems. A recent study highlighted ectoparasiticides as a source of pollution for aquatic ecosystems (Potential role of veterinary flea products in widespread pesticide contamination of English rivers - ScienceDirect). A responsible approach includes considering the specific needs of each animal (taking into account lifestyle factors, owner/household vulnerabilities and so on) before prescribing	

		POM-V and POM-VPS products. A blanket approach should not be taken. Examples of what assessors might look at include: policy, medical records, poster, meetings where anthelmintics has been discussed. Assessors will also talk to practice team members. Resources for companion animals: Homepage | ESCCAP	
10.1.32	For antibiotics, antifungals, antiparasiticides and antivirals, a physical examination should be carried out at the time of prescribing unless there are exceptional circumstances. .	As per the Under Care guidance changes: 'Under care' - new guidance - Professionals (rcvs.org.uk) Veterinary surgeons should be prepared to justify their decision in cases where these medicines are prescribed without a physical examination, an explanation of the relevant exceptional circumstances should be set out in the clinical records. Where samples are obtained for the purpose of testing following a physical examination, it is acceptable for a veterinary surgeon to prescribe antibiotics, antifungals, antiparasiticides and antivirals based on the results of those contemporaneous tests without the need for a further physical examination.	
10.1.33	When prescribing a controlled drug to an animal, veterinary surgeons should in the first instance carry out a physical examination in all but exceptional circumstances.	The veterinary surgeon must be prepared to justify their decision where no physical examination has taken place. This justification should be recorded in the clinical notes. It is acceptable to issue a further prescription for that controlled drug without a physical examination, however veterinary	

		surgeons should carry out a further clinical assessment to ensure they have enough information to do so safely and effectively. Please read our further guidance on prescribing controlled drugs. For Controlled drugs, if a written prescription is needed or requested, the requirements as set out in the VMRs must be met. To be valid, a written prescription must include: • the name, address and telephone number of the person prescribing the product; • the qualifications enabling the person to prescribe the product; • the name and address of the owner or keeper; • the identification (including the species) of the animal or group of animals to be treated; • the premises at which the animals are kept if this is different from the address of the owner or keeper; • the date of the prescription; • the signature or other authentication of the person prescribing the product; • the name and amount of the product prescribed; • the dosage and administration instructions; • any necessary warnings; • the withdrawal period if relevant; and • if it is prescribed under the cascade, a statement to that effect.	

		The following additional requirements apply to written prescriptions for CDs listed in Schedule 2 or 3: • A declaration that the CD is prescribed for an animal or herd under the veterinary surgeon's care. • The name of the animal to whom the CD prescribed is to be administered. • Name and form of the CD, even if only one form exists. • Amount of the CD prescribed, in both words and figures. • Strength of the preparation (if more than one strength is available). • Dose to be administered ('take as directed' or 'take as required' are not acceptable). • RCVS registration number of the prescribing veterinary surgeon. Prescriptions must be signed in ink by the person issuing them and may be hand-written, typed in a computerised form, or computer generated. Electronic signatures, or any form of authentication other than a signature in indelible ink is not permitted for prescriptions of Schedules 2 and 3. The Post-dating of prescriptions for Schedules 2 and 3 CDs is only permitted in specific and exceptional circumstances (e.g., if there is to be a delay in the start of the 28-day period	

		due to a bank holiday). It is a matter for the professional judgement of the prescribing veterinary. surgeon as to whether it is appropriate to prescribe in this manner and they must consider the risk of diversion of the CD and responsibility will remain with them. Single prescriptions with multiple dispenses (i.e., repeat prescriptions) are not allowed for CDs in Schedules 2 and 3, however an instalment prescription can be used if required (see below). Repeat prescriptions for Schedule 4 and 5 CDs are permitted. The repeats must be dispensed within the period of validity of the prescription (28 days or six months). When the total quantity of the prescription is to be dispensed in instalments, the written prescription needs to state the dates (i.e., the intervals) for the instalments and the amount or quantity to be dispensed. The first instalment must be dispensed within the 28-day validity period. Further instalments do not need to be dispensed during the 28-day validity for Schedule 2, 3 and 4 CDs.	
10.1.34	A veterinary surgeon who has an animal under their care must be able, on a 24/7 basis, to physically examine the animal.	Where a veterinary surgeon is not able to provide this service themselves, another veterinary service provider may do so on their behalf. It is the veterinary surgeon's responsibility to make these arrangements and it is not sufficient for the client to be registered at another practice. This arrangement should be in line with paragraphs 3.4 -3.6 of Chapter 3: 24-hour emergency first-aid and pain relief, made in advance before	

		veterinary services are offered and confirmed in writing as part of the conditions of service agreed by the client. Veterinary surgeons should provide clients with full details of this arrangement, including relevant telephone numbers, location details, when the service is available, and the nature of service provided. Where an animal is under the care of more than one veterinary surgeon, those veterinary surgeons should keep each other informed of any relevant clinical information.	

Module 10: Medicines

General Practice

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

Point	Requirements	Guidance notes	Documents
10.2.1	All team members involved in dispensing medication must be trained and there must be protocols in place, including systems to reduce errors.	Training can be internal by means of SOPs. Systems to reduce errors should include double checking systems for dispensed medicines.	
10.2.2	All labels must be mechanically or machine produced, handwritten labels are not acceptable.	Handwritten labels for ambulatory practitioners or those on visits are considered acceptable for reasons of practicality, as the majority of details (i.e. veterinary practice address) are pre-printed onto labels the additional information can be added by hand.	
10.2.3	The practice has a protocol for antimicrobial use in common conditions encountered.	These should have been drawn up following clinical team discussion and considering the evidence base. This will encourage clinical discussion and consistency but should not interfere with clinical freedom. Assessors will require an example of a written protocol.	Written protocol.
10.2.4	A practice has a written policy regarding the prescribing of HP-CIA (highest priority critically important antibiotics which consist of fluoroquinolones and 3rd and 4th generation cephalosporins). This will include culture and sensitivity to show that no other, non-critical antimicrobials could be used in the place of a HP-CIA as a first-line treatment. It will also include the requirement that, if an HP-CIA is used in exceptional circumstances (e.g. in a critical situation or	The development and spread of antimicrobial resistance is a global public health problem that is affected by the use of these medicinal products in both humans and animals, including companion animals. The aim is to reduce the use of antibiotics considered to contribute to antimicrobial resistance. In each and every situation where HP-CIAs are deemed necessary, culture and sensitivity should be carried out. If the	Written policy on prescribing HP-CIAs.

	pending culture results), an explicit justification should be included on the animal's clinical record.	practice/patient history, or recognised guidelines for empiric antibiotic-usage, suggests that an HP-CIA is the most appropriate choice, these can be used only while awaiting results of diagnostics. Ongoing use of HP-CIAs is justified only with evidence of continued resistance to alternative treatments being demonstrated. Disc diffusion is the standard method of assessing antimicrobial sensitivity in diagnostic laboratories. The results are recognised as providing a useful guide, but in vitro sensitivity or resistance does not always correlate with in vivo sensitivity or resistance. The results should, therefore, be used in the context of the clinical response and the pharmacokinetic/pharmacodynamic properties of each antimicrobial. Information on the antimicrobials contained within the group HP-CIA can be found on https://www.rcvs.org.uk/noah-cias. See BSAVA PROTECT ME (https://www.bsavalibrary.com/protectmeposter) and BVA (https://www.rcvs.org.uk/bva-amr) guidelines on the responsible use of antimicrobials.	
10.2.5	The practice routinely provides written information to the client about side-effects or complications relating to unauthorised products whenever they are prescribed.	For example the BSAVA client information leaflets.	Client information.
10.2.6	The practice provides suitable training to clients if they are to administer injectable medicines themselves.	This will include the disposal of sharps and used syringes.	Client information.

Module 10: Medicines

Veterinary Hospital

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

Point	Requirements	Guidance notes	Documents
10.3.1	At least one team member must have attended an appropriate dispensing course in the last four years.	This might include an external course, webinar, online resources and documented self-study. Course length should be one day if given by a course provider dispensing course or 5 hours in length if self-study or webinar is undertaken. A list of dispensing courses that are currently available can be found at: https://www.rcvs.org.uk/pss-resources. Evidence through team members' training records that the knowledge gained from such a course has been disseminated to other team members.	Evidence of attendance at dispensing course or access to online CPD records. 

Module 10: Medicines

Award Points

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

Point	Requirements	Behaviours	Guidance notes	Documents	Points
10.5.1	A team member has recently attended further training in dispensing and medicines legislation.	Team members that receive the training ensure that there is transfer of knowledge to other members of the practice team.	This might include an external course, webinar, online resources and documented self-study. Course length should be one day if given by a course provider e.g. BSAVA dispensing course or 5 hours in length if self-study or webinar is undertaken. Evidence through team members' training records that the knowledge gained from such a course has been disseminated to other team members.	Evidence of attendance at course or access to online CPD records.	30

10.5.2	The practice has a designated person responsible for the running of the dispensary.		This person would be expected to ensure that dispensary SOPs are available and the team is trained in their use.	Name of designated person and list of their responsibilities. 	30
10.5.3	The practice has a designated person responsible for auditing Controlled Drugs by checking the Register balance and the amount in stock at least weekly.		This person must be a veterinary surgeon or RVN. In the absence of the designated person an appropriate deputising system is in place.	Name of designated person and list of their responsibilities. 	20
10.5.4	The practice employs a Suitably Qualified Person (SQP).		An SQP as defined by AMTRA / Vet Skill / Vetpol.	Copy of SQP certificate. 	10
10.5.5	The practice has appointed an antibiotic guardian(s) to oversee the appropriate use of HP-CIAs and adherence to the written policy on the prescription of these.		The antibiotic guardian(s) should be appointed in writing and there should be a list of their duties.	Letter of appointment of antibiotic guardian(s).  List of duties. 	30

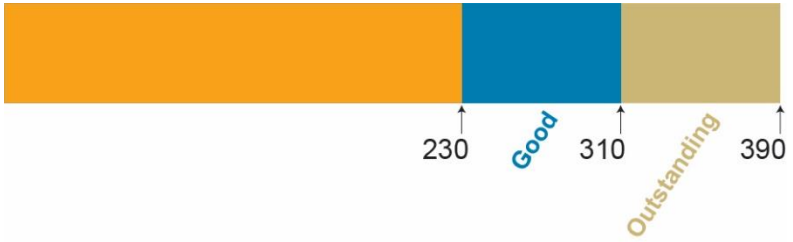
10.5.6	The practice has systems in place to monitor the appropriate use of HP-CIAs.		This could include via SAVSNET (https://www.rcvs.org.uk/savsnet).		20
10.5.7	The dispensary has a clearly demarcated work surface for the preparation of prescriptions and medications.				10
10.5.8	The PMS identifies unauthorised human POM products used under the Cascade and prompts the user to label correctly and use appropriate consent forms.				20
10.5.9	The PMS automatically labels unauthorised human POM products used under the Cascade correctly and automatically produces a consent form.				10
10.5.10	There is a clear storage system for medications awaiting collection by clients that ensures they are held under the appropriate conditions.		This applies to systems inside the clinic and to out-of-hours medicine collection arrangements. There should be a system in place to audit those medicines not collected.		10

10.5.11	For medicines requiring special handling (e.g. cytotoxic /cytostatic/certain hormones) the practice has in place SOPs for storage, administration, disposal and sending animals home on such medication.		The RCVS provides guidance for chemotherapy drugs. See Chapter 4, point 4.39 of the supporting guidance to the *RCVS Code of Professional Conduct*: https://www.rcvs.org.uk/vetmeds. When an animal is sent home on these medications, the practice should provide animal owners/carers with leaflets, training and suitable PPE. Practices may wish to refer to the BVA Good Practice Guide to Handling Veterinary Waste for guidance: https://www.rcvs.org.uk/bva-vet-waste.	Copies of SOPs. 	10
10.5.12	The practice uses SOPs, which should include systems in place for handling veterinary medicines.	Assessors will look for evidence that the SOPs are used and their use is monitored.		SOPs. 	10
10.5.13	The practice uses SOPs, which should include systems in place for stock and date control.	Assessors will look for evidence that the SOPs are used and their use is monitored.		SOPs. 	10

10.5.14	The practice uses SOPs, which should include systems in place for placing orders.	Assessors will look for evidence that the SOPs are used and their use is monitored.		SOPs. 	10
10.5.15	The practice uses SOPs, which should include systems in place for unpacking drug orders.	Assessors will look for evidence that the SOPs are used and their use is monitored.		SOPs. 	10
10.5.16	The practice uses SOPs, which should include systems in place for labelling medicines.	Assessors will look for evidence that the SOPs are used and their use is monitored.		SOPs. 	10
10.5.17	The practice uses SOPs, which should include systems in place for temperature and environmental monitoring protocols.	Assessors will look for evidence that the SOPs are used and their use is monitored.		SOPs. 	10
10.5.18	The practice uses SOPs, which should include systems in place for disposal of out of date and returned medicines.	Assessors will look for evidence that the SOPs are used and their use is monitored.		SOPs. 	10
10.5.19	The practice uses SOPs, which should include systems in place to prevent errors when dispensing medicines.	Assessors will look for evidence that the SOPs are used and their use is monitored.		SOPs. 	10

10.5.20	The practice has a system in place for updating all members of the practice team on new products or changes in the SPCs for current products.	The practice updates team members regularly.	This could be via a new product notice board, monthly updates at practice meetings or NOAH updates.		20
10.5.21	The practice has a protocol for endo and ecto parasiticide use.		These should have been drawn up following clinical team discussion and considering the evidence base. This will encourage clinical discussion and consistency but should not interfere with clinical freedom. Assessors will require an example of a written protocol. The Veterinary Prescriber provides a client questionnaire on assessing parasite risk in cats and dogs: https://www.rcvs.org.uk/vp-parasite.	Written protocol. 	30
10.5.22	There is a system in place for the delivery of repeat dispensed medicines.		This may be an SOP for posting medicines.	SOP or protocol. 	10
10.5.23	The practice communicates to its clients how repeat prescriptions are ordered and dispensed.				10

10.5.24	The practice has ready access to appropriate and current reference materials relevant to the use of medicinal products.		These could be the BVA guide, the BSAVA formulary, the BEVA formulary app and/or VMD guidance notes.		10
10.5.25	If the practice is an internet retailer they are accredited by the VMD under the Accredited Internet Retailer Scheme (AIRS).				10
10.5.26	Dispensing procedures are subject to clinical audit.	Open, honest analysis with clear actions and no barriers to feedback.	These could be outcome, process or significant event audits. Near misses should also be discussed.	Audit report.	20
			TOTAL POINTS AVAILABLE:		**390**
			OUTSTANDING:		**310**
			GOOD:		**230**



Module 11: Medical Records

Core Standards

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

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

		The utmost care is essential in writing records or recording a client's personal details to ensure that they are clear, legible, accurate and appropriately detailed. Clinical and client records should be objective and factual, and veterinary surgeons and veterinary nurses should avoid making personal observations or assumptions about a client's motivation, financial circumstances or other matters.	
11.1.4	Any alterations or corrections to clinical records, whether written or electronic, are clearly recorded in an audit trail.	If clinical records are altered after initial entry, the changes must be logged (date and time, and by whom).	
11.1.5	At the request of a client or veterinary surgeon, copies of any relevant clinical and client records and similar documents including results of imaging, must be provided within a reasonable period.	See chapter 13 in the supporting guidance for the *RCVS Code of Professional Conduct*: https://www.rcvs.org.uk/records. Veterinary surgeons must keep clear, accurate and detailed clinical and client records. Team members must be aware of the requirements of relevant General Data Protection Regulations.	
11.1.6	Before any diagnostic or surgical procedure is performed on an animal, informed consent must be obtained.	Informed consent, which is an essential part of any contract, can only be given by a client who has had the opportunity to consider a range of reasonable diagnostic and treatment options (including euthanasia), with associated fee estimates and had the significance and main risks explained to them e.g. record of verbal discussion or consent forms. For non-urgent procedures, the consent discussion should take place in advance of the day of the treatment/procedure where possible. Further guidance on informed consent is available from the RCVS website: https://www.rcvs.org.uk/consent.	

		It is recognised that in an emergency it may be necessary to perform procedures without prior consent.	
11.1.7	Likely charges must be discussed with clients and updated as necessary.	Discussion should take place with the client covering a range of diagnostic and treatment options and prognoses (including euthanasia), and the likely charges (including ancillary or associated charges, such as those for medicines/anaesthetics and likely post-operative care) so as to ensure that the client is in a position to give informed consent. The practice must be able to provide written financial estimates on request and an agreement on any financial limits. The practice should be able to demonstrate procedures in place to update and inform clients of ongoing costs. This is particularly important when ongoing costs are about to exceed the previously agreed estimate.	
11.1.8	Itemised invoices must be available at the request of the client.	Itemised invoices may be produced by computer or manually and must include a breakdown of services, drugs and consumables, VAT and any surcharges.	Itemised invoices.
11.1.9	Veterinary surgeons are aware of their professional obligations in relation to their communications with each other and when sharing or taking over care of a patient.	When an animal is initially presented, a veterinary surgeon should ask whether the animal is already receiving veterinary attention or treatment and, if so, when it was last seen; then, contact the original veterinary surgeon for a case history. It should be made clear to the client that this is necessary in the interests of the patient. If the client refuses to provide information, the case should be declined. Where different veterinary surgeons are treating the same animal, or group of animals, each should keep the other informed of any relevant clinical information, so as to avoid any danger that might arise from conflicting advice, or adverse reactions arising from unsuitable combinations of medicines.	

		Even where two veterinary surgeons are treating different groups of animals owned by the same client, each should keep the other informed of any problem that might affect their work. See Chapter 5 in the supporting guidance for the *RCVS Code of Professional Conduct* for further information: https://www.rcvs.org.uk/communication.	

Module 11: Medical Records

General Practice

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

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

11.2.2	The practice uses a computerised practice management system.	The computerised clinical records are accessible at all premises within the same practice group.	
11.2.3	The practice system is capable of passing patient records between premises within the same practice group.		
11.2.4	Signed consent forms are usually required for all procedures when a patient is admitted to the care of a veterinary surgeon. This will include diagnostics, medical treatments, surgery and euthanasia.	Consent follows from discussions with the client. If treatment changes during the course of investigation, telephone consent is allowed, but should be recorded in the clinical records.	Signed consent forms.
11.2.5	Signed consent forms are usually required for all procedures when an animal is seen at the owners premises. This will include diagnostic treatment, anaesthesia and euthanasia.	Consent follows from discussions with the client.	Signed consent forms.
11.2.6	The animal's weight is regularly updated to ensure accurate therapeutic dosing.	Team members understand the rationale behind this.	Clinical records.
11.2.7	The animal’s body condition score is regularly updated.	Team members understand the rationale behind this.	Clinical records.
11.2.8	Written discharge instructions are routinely handed to clients on discharge of all hospitalised patients.	These should include at least: - Details of medication - Instructions for feeding - Instructions for exercise - Information about repeat appointments - Details of out of hours arrangements	Discharge instructions.

Module 11: Medical Records

Veterinary Hospital

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

Point	Requirements	Guidance notes	Documents
11.3.1	There must be facility for easy referral of patients from a branch surgery to the full facilities available at a hospital. The clinical records system must be accessible at branches of the Veterinary Hospital.		
11.3.2	Records must include therapeutic and diagnostic plans.	This should be in a form that is understandable to the whole practice team, ideally using standardised medical nomenclature.	Clinical records.
11.3.3	There is easy access from the patient medical record to associated clinical documentation e.g. digitalised, scanned or paper.	This might include imaging records, laboratory reports, referral reports, insurance records, previous history from other practices and written discharge instructions for the owner and referring veterinary surgeon.	
11.3.4	The practice must audit the back-up for computerised records to ensure that it is adequate.		Audit report. 

Award Points

There are no Award points in this module.

Module 12: Nursing

Core Standards

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

Module 12: Nursing

General Practice

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

Point	Requirements	Guidance notes	Documents
12.2.1	At least one RVN is employed.	The RVN's primary role is the responsibility for the nursing and clinical care of the clinic's patients. In a practice group there should be an RVN at each General Practice site who is responsible for patient care. Team members' schedules/rotas will provide evidence. If the RVN(s) leave the employment of the practice so that the practice is not fulfilling this requirement, the PSS accreditation can be retained as long as the practice is actively recruiting a replacement RVN.	

Module 12: Nursing

Veterinary Hospital

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

Point	Requirements	Guidance notes	Documents
12.3.1	Nursing care is provided at all times.	Schedules/rotas to provide evidence.	Rotas.
12.3.2	There must be an RVN onsite for all normal opening hours.	Team members' schedule rotas will provide evidence.	
12.3.3	There must be a CPD plan for the nursing team.	CPD should be specific to job requirements of the nursing team.	CPD plan for nursing team. 
12.3.4	All animals have a nursing plan.	This should include specific instructions for complex interventions e.g. managing chest drains, nursing post chemotherapy/radioactive isotopes. A recognised nursing care plan (NCP) should be completed and regularly reviewed for each eligible patient. NCPs should be overseen by a qualified member of the practice. For routine procedures standardised plans are acceptable.	Nursing care plans.

Module 12: Nursing

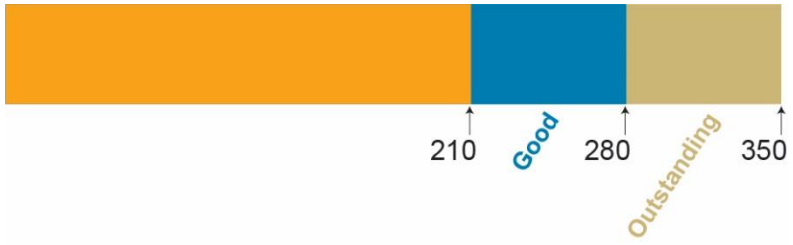
Award Points

This module contributes towards the Awards in Patient Consultation Service, In-patient Service and Emergency and Critical Care Service; you will also need to have completed all of the points listed under Core Standards and General Practice.

Point	Requirements	Behaviours	Guidance notes	Documents	Points
12.5.1	One or more RVN(s) has additional relevant certifications.		These might include: BSAVA Nurse Merit Award, Advanced Diploma, BVNA certificate, VTech etc. Training records.	Evidence of certification.	30
12.5.2	There is a CPD plan for the nursing team.		CPD should be specific to job requirements of the nursing team.	CPD plan for nursing team.	30
12.5.3	The practice is a nurse training practice.		Practices would be expected to have at least one student veterinary nurse in training within the previous 12 months.		40
12.5.4	A RVN is employed for all normal practice opening hours (or part time equivalents to FTE).		The RVN's primary role is the responsibility for the nursing care of the clinic's patients.		40
12.5.5	There is a 1:1 ratio of RVNs to veterinary surgeons.		This must be on a Full Time Equivalent (FTE) basis.		30

12.5.6	There should be sufficient appropriately trained team members to provide patient care to expected numbers of patients.	Team members can describe the appropriate level of care expected.	For team members without a recognised qualification (or on an approved course) the practice must demonstrate the training given. Training could be in-house or externally provided. This includes in-patients and surgical patients.	Training records and rotas.	50
12.5.7	All animals undergoing any procedure should have a nursing care plan.	A consistent and high standard of nursing care is provided.	A nursing care plan should be completed and regularly reviewed for each patient. NCP's should be overseen by a qualified team member. For routine procedures standardised plans are acceptable.	Nursing plans.	50
12.5.8	The nursing team is involved in the regular practice clinical meetings and management meetings to ensure inter-professional practice.		All members of the nursing team should have the opportunity to input items for discussion.	Minutes of most recent clinical and management meeting. 	30
12.5.9	Nurse clinics are provided for clients.		They are carried out by an RVN with appropriate training e.g. consultancy skills, nutrition, and pet health councillor. Evidence may be provided through training records, client literature and team rotas.	Training records or rotas.	30

12.5.10	Clinical nursing procedures are subject to clinical audit.	Open, honest discussions with clear actions and no barriers to feedback.	These could be outcome, process or significant event audits.	Audit report.	20
			TOTAL POINTS AVAILABLE:		**350**
			OUTSTANDING:		**280**
			GOOD:		**210**



Module 13: Out-of-Hours

Core Standards

Point	Requirements	Guidance notes	Documents
13.1.1	Practices must take steps to provide 24-hour emergency cover for those species treated by the practice during normal working hours. For referral practices, this must include 24-hour availability in all disciplines, or they should, by prior arrangement, direct referring veterinary surgeons to an alternative source of appropriate assistance.	See Chapter 3 in the supporting guidance to the *RCVS Code of Professional Conduct* for further information: https://www.rcvs.org.uk/247care. Veterinary surgeons taking steps to provide emergency first aid and pain relief for animals should provide protocols for on-duty veterinary surgeons.	
13.1.2	Practices should facilitate the provision of first aid and pain relief to species not normally covered.	See Chapter 3 in the supporting guidance to the *RCVS Code of Professional Conduct* for further information: https://www.rcvs.org.uk/247care. Practices must demonstrate availability of information for species/cases outside of their competencies is available to on-duty veterinary surgeons.	
13.1.3	Practices must make provision to attend cases away from the practice premises on the occasions when in the veterinary surgeon's professional judgement it is deemed necessary.	See Chapter 3 in the supporting guidance to the *RCVS Code of Professional Conduct* for further information: https://www.rcvs.org.uk/247care. Practices should be able to provide advice on animal ambulance and taxi services willing to transport animals outside normal working hours, any veterinary back-up, local contacts, and information on the provision of other 24-hour emergency services in the local area.	List of Animal ambulance and other transport contacts. 

13.1.4	It is acceptable for clients' initial contact to be with an automated or remote device such as an answering machine used to give a duty telephone number.	Where non veterinary surgeons answer the phone the practice must demonstrate the provisions for contacting the duty veterinary surgeon.	
13.1.5	Practices should inform all clients of their out-of-hours (OOH) arrangements.	Clients should be provided with information, at initial registration, on the emergency service, including relevant telephone numbers, location details and the likely initial costs of a consultation. Written duty rota or formal written arrangement with an alternative veterinary surgeon/practice and by what means the practice informs clients of the OOH arrangements. Assessors may interview clients as to how they are informed of OOH arrangements. Practices should be aware that under GDPR rules, they do not require explicit consent of clients to notify of 24-hour emergency cover provision. Notifications about emergency cover may be sent without the explicit consent of the client, including by email. For further information please refer to: https://www.rcvs.org.uk/gdpr.	Client information on out-of-hours arrangements. 
13.1.6	When covering for another practice or providing out-of-hours services a written agreement must be entered into, including a protocol for handover of cases.		Copy of written agreement with OOH provider. 

13.1.7	Ideally informed consent and discussion of costs should precede treatment however in acute emergencies immediate first aid and pain relief should not be delayed.	Team members are aware of practice protocols in the case of acute emergencies.	Protocol for emergency consultations/ visits. 
13.1.8	Proper safety precautions must be taken for team members on duty at night. An appropriate protocol for dealing with night-time callers must be in place. Suitable means must be available to enable team members to call for immediate assistance when necessary.	See Chapter 3 in the supporting guidance to the *RCVS Code of Professional Conduct* for further information: https://www.rcvs.org.uk/247care.	Protocol for night callers and lone working. 

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

Module 13: Out-of-Hours

General Practice

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

Point	Requirements	Guidance notes	Documents
13.2.1	Practices can only outsource their OOH provision to practices that meet or exceed their own level or to an ESC.	This refers to the base categories of Core/GP/Veterinary Hospital for the species covered. This requirement does not relate to any Awards.	
13.2.2	If OOH cover is provided by veterinary surgeons not normally working with that species then suitable training, CPD and backup must be demonstrated.		CPD records or access to online CPD records. 
13.2.3	A suitably trained person is available to assist in the administration and monitoring of a general anaesthetic.	Assessors will ask to see what arrangements are made for surgical emergencies to ascertain that a suitably trained person would be available to assist in the administration of a general anaesthetic.	Training records (if this person is not an RVN or SVN).

Module 13: Out-of-Hours

Veterinary Hospital

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

Point	Requirements	Guidance notes	Documents
13.3.1	Veterinary hospital can only outsource their out-of-hours provision to another Veterinary Hospital or an ESC.		

Module 13: Out-of-hours

Award Points

There are no Award points in this module.

Module 14: Out-patients (First Opinion)

Core Standards

Point	Requirements	Guidance notes	Documents
14.1.1	Team members must be adequately trained in species appropriate, stress-free animal handling for both animal welfare and human safety.	Non-slip lead, muzzles, crush cage, blanket, gloves, dog catcher. Ability to call for assistance e.g. personal or room alarm. Evidence may be required in the form of team members' induction/training records.	Induction/training records. 
14.1.2	Consulting areas whether mobile or static should have equipment appropriate for the range of species treated in that area.	Minimum of a stethoscope, thermometer, ophthalmoscope and auroscope must be available for clinical examination. Items may be shared between consulting areas.	
14.1.3	A stretcher or trolley must be provided for the safe transportation of heavy animals.	Cat-only and exotic veterinary practices may be exempt from this requirement.	
14.1.4	Scales must be provided to allow accurate weighing of the full range of species routinely treated.	This enables accurate dosage of medications and treatment planning.	
14.1.5	The practice has facilities and equipment for the delivery of oxygen therapy. This must include an oxygen source and a means of delivering oxygen.	The source of oxygen can be an oxygen concentrator or an oxygen cylinder (size related to demand). Suitable methods of delivery include flow by, mask, nasal prongs, ambubag or oxygen tent.	
14.1.6	Equipment should be stowed so as not to risk accident or injury.		

14.1.7	Appropriate PPE must be readily available and used.	Dedicated clean clothing should be used for consulting and changed as required. Gloves and aprons must be readily available and used where appropriate.	
14.1.8	Contaminated items and waste materials (including sharps) should be transported and disposed of according to regulations.	See Infection Control Module, Core Standards Requirement 7.1.12 regarding biosecurity policy and Practice Team Module, Core Standards requirement 16.1.33 regarding waste management. See also BVA Good practice guide to handling veterinary waste: https://www.rcvs.org.uk/bva-vet-waste.	
14.1.9	Cleaning and disinfection materials must be readily available and used.	Risk based disinfection of consulting and all related surfaces must be done between patients. This should include floor, equipment and keyboards.	
14.1.10	Vehicles routinely used by the practice must be clean, tidy and well maintained and equipped sufficiently to enable basic procedures to be performed at the client's premises.	Assessors will view as many vehicles as practicable to be reasonably sure that this standard is met. It would be acceptable for a visit box to be moved between vehicles.	
14.1.11	All vehicles routinely used for clinical work must contain a clinical waste area and sharps bin.		
14.1.12	If mobile phones have to be used in vehicles, a hands free must be available.	Hands free kits should not encourage mobile communication whilst driving.	

Module 14: Out-patients (First Opinion)

General Practice

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

Point	Requirements	Guidance notes	Documents
14.2.1	The ability to view X-rays/diagnostic images must be available in at least one consulting area.	A laptop, mobile X-ray viewer, digital display screen or hard copy showing real size images would be acceptable.	
14.2.2	At least one examination area must be able to be darkened.		
14.2.3	The practice must have access to a service providing veterinary specific advice on management of poisons.	It is not necessary to have a formal annual contract. An SOP to show how information is being accessed, for example, via websites on a 'pay-as-you-go' basis would be acceptable. Evidence of a current contract should be provided or an SOP must show how to access the information in an emergency.	SOP or contract. 

Module 14: Out-patients (First Opinion)

Veterinary Hospital

There are no Veterinary Hospital requirements in this module.

Module 14: Out-patients (First Opinion)

Award Points

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

Point	Requirements	Behaviours	Guidance notes	Documents	Points
14.5.1	Relevant CPD has been undertaken in the last four years by a team member and there is evidence of dissemination to the rest of the team.		This could be in small animal medicine, veterinary cardiology, veterinary dermatology or veterinary ophthalmology. This might include an external course, webinar, online resources or documented self-study. Course length should be one day if given by a course provider or 5 hours in length if self-study or webinar is undertaken. Assessors will expect team members to be able to discuss what they have learnt from CPD and what changes to practice have been made as a result.	Documented proof of medicine, cardiology, dermatology or ophthalmology CPD.	10

14.5.2	At least one MRCVS has completed a module of the CertAVP (or equivalent) in small animal medicine, cardiology, dermatology or ophthalmology and there is evidence of dissemination to the rest of the team.		This could be in small animal medicine, veterinary cardiology, veterinary dermatology or veterinary ophthalmology. Assessors will expect the team members to be able to discuss what they have learnt from the module and what changes to practice have been made as a result.	Proof of module. 	20
14.5.3	At least one MRCVS has a post-graduate qualification in small animal medicine and there is evidence of dissemination to the rest of the team.	This person will be expected to be involved in drawing up and implementing protocols and team training in small animal medicine.	This includes AP status or a relevant old style Certificate. If the individual concerned is not a permanent team member they should make regular visits to the practice appropriate to the case load and discipline concerned and they should play an active role in developing protocols and behaviours in that discipline.	Proof of qualification. 	30
14.5.4	At least one team member has completed training in assisting the emergency services with responding to incidents involving animals.		For example, the BARTA awareness training on this subject https://www.rcvs.org.uk/barta. This should have been within the past 4 years.	Evidence of completion of training. 	10

14.5.5	The waiting area allows for the separation of dogs, cats and other predator/prey species, and nervous animals.				30
14.5.6	There is a hand basin within each consulting area available for use by team members and clients.				20
14.5.7	Written diagnostic guidelines are utilised for skin diseases.	Guidelines will encourage clinical discussion and consistency but should not interfere with clinical freedom.	These should have been drawn up following clinical team discussion and considering the evidence base. Assessors will look for evidence that the guidelines are used and their use is monitored. This includes seeing practical examples looking at case records and talking to team members. This helps to provide continuity of care when locums are used or new veterinary surgeons are employed.	Written diagnostic guidelines.	10

14.5.8	Written diagnostic guidelines are utilised for ears.	Guidelines will encourage clinical discussion and consistency but should not interfere with clinical freedom.	These should have been drawn up following clinical team discussion and considering the evidence base. Assessors will look for evidence that the guidelines are used and their use is monitored. This includes seeing practical examples looking at case records and talking to team members. This helps to provide continuity of care when locums are used or new veterinary surgeons are employed.	Written diagnostic guidelines.	10
14.5.9	Written diagnostic guidelines are utilised for urogenital cases.	Guidelines will encourage clinical discussion and consistency but should not interfere with clinical freedom.	These should have been drawn up following clinical team discussion and considering the evidence base. Assessors will look for evidence that the guidelines are used and their use is monitored. This includes seeing practical examples looking at case records and talking to team members. This helps to provide continuity of care when locums are used or new veterinary surgeons are employed.	Written diagnostic guidelines.	10

14.5.10	Written diagnostic guidelines are utilised for GI cases.	Guidelines will encourage clinical discussion and consistency but should not interfere with clinical freedom.	These should have been drawn up following clinical team discussion and considering the evidence base. Assessors will look for evidence that the guidelines are used and their use is monitored. This includes seeing practical examples looking at case records and talking to team members. This helps to provide continuity of care when locums are used or new veterinary surgeons are employed.	Written diagnostic guidelines.	10
14.5.11	Written diagnostic guidelines are utilised for cardiac cases.	Guidelines will encourage clinical discussion and consistency but should not interfere with clinical freedom.	These should have been drawn up following clinical team discussion and considering the evidence base. Assessors will look for evidence that the guidelines are used and their use is monitored. This includes seeing practical examples looking at case records and talking to team members. This helps to provide continuity of care when locums are used or new veterinary surgeons are employed.	Written diagnostic guidelines.	10

14.5.12	Written diagnostic guidelines are utilised for respiratory cases.	Guidelines will encourage clinical discussion and consistency but should not interfere with clinical freedom.	These should have been drawn up following clinical team discussion and considering the evidence base. Assessors will look for evidence that the guidelines are used and their use is monitored. This includes seeing practical examples looking at case records and talking to team members. This helps to provide continuity of care when locums are used or new veterinary surgeons are employed.	Written diagnostic guidelines.	10
14.5.13	Written diagnostic guidelines are utilised for ophthalmic cases.	Guidelines will encourage clinical discussion and consistency but should not interfere with clinical freedom.	These should have been drawn up following clinical team discussion and considering the evidence base. Assessors will look for evidence that the guidelines are used and their use is monitored. This includes seeing practical examples looking at case records and talking to team members. This helps to provide continuity of care when locums are used or new veterinary surgeons are employed.	Written diagnostic guidelines.	10

14.5.14	Written diagnostic guidelines are utilised for exotic cases.	Guidelines will encourage clinical discussion and consistency but should not interfere with clinical freedom.	These should have been drawn up following clinical team discussion and considering the evidence base. Assessors will look for evidence that the guidelines are used and their use is monitored. This includes seeing practical examples looking at case records and talking to team members. This helps to provide continuity of care when locums are used or new veterinary surgeons are employed.	Written diagnostic guidelines.	10
14.5.15	Written diagnostic guidelines are utilised for neurological cases.	Guidelines will encourage clinical discussion and consistency but should not interfere with clinical freedom.	These should have been drawn up following clinical team discussion and considering the evidence base. Assessors will look for evidence that the guidelines are used and their use is monitored. This includes seeing practical examples looking at case records and talking to team members. This helps to provide continuity of care when locums are used or new veterinary surgeons are employed.	Written diagnostic guidelines.	10

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

14.5.18	Written diagnostic guidelines are utilised for endocrine cases.	Guidelines will encourage clinical discussion and consistency but should not interfere with clinical freedom.	These should have been drawn up following clinical team discussion and considering the evidence base. Assessors will look for evidence that the guidelines are used and their use is monitored. This includes seeing practical examples looking at case records and talking to team members. This helps to provide continuity of care when locums are used or new veterinary surgeons are employed.	Written diagnostic guidelines.	10
14.5.19	Written therapeutic guidelines for commonly encountered conditions and clinical scenarios are utilised for skin disease.	Guidelines will encourage clinical discussion and consistency but should not interfere with clinical freedom.	These should have been drawn up following clinical team discussion and considering the evidence base. Assessors will look for evidence that the guidelines are used and their use is monitored. This includes seeing practical examples looking at case records and talking to team members. This helps to provide continuity of care when locums are used or new veterinary surgeons are employed.	Written therapeutic guidelines.	10

14.5.20	Written therapeutic guidelines for commonly encountered conditions and clinical scenarios are utilised for ears.	Guidelines will encourage clinical discussion and consistency but should not interfere with clinical freedom.	These should have been drawn up following clinical team discussion and considering the evidence base. Assessors will look for evidence that the guidelines are used and their use is monitored. This includes seeing practical examples looking at case records and talking to team members. This helps to provide continuity of care when locums are used or new veterinary surgeons are employed.	Written therapeutic guidelines.	10
14.5.21	Written therapeutic guidelines for commonly encountered conditions and clinical scenarios are utilised for urogenital cases.	Guidelines will encourage clinical discussion and consistency but should not interfere with clinical freedom.	These should have been drawn up following clinical team discussion and considering the evidence base. Assessors will look for evidence that the guidelines are used and their use is monitored. This includes seeing practical examples looking at case records and talking to team members. This helps to provide continuity of care when locums are used or new veterinary surgeons are employed.	Written therapeutic guidelines.	10

14.5.22	Written therapeutic guidelines for commonly encountered conditions and clinical scenarios are utilised for GI cases.	Guidelines will encourage clinical discussion and consistency but should not interfere with clinical freedom.	These should have been drawn up following clinical team discussion and considering the evidence base. Assessors will look for evidence that the guidelines are used and their use is monitored. This includes seeing practical examples looking at case records and talking to team members. This helps to provide continuity of care when locums are used or new veterinary surgeons are employed.	Written therapeutic guidelines.	10
14.5.23	Written therapeutic guidelines for commonly encountered conditions and clinical scenarios are utilised for cardiac cases.	Guidelines will encourage clinical discussion and consistency but should not interfere with clinical freedom.	These should have been drawn up following clinical team discussion and considering the evidence base. Assessors will look for evidence that the guidelines are used and their use is monitored. This includes seeing practical examples looking at case records and talking to team members. This helps to provide continuity of care when locums are used or new veterinary surgeons are employed.	Written therapeutic guidelines.	10

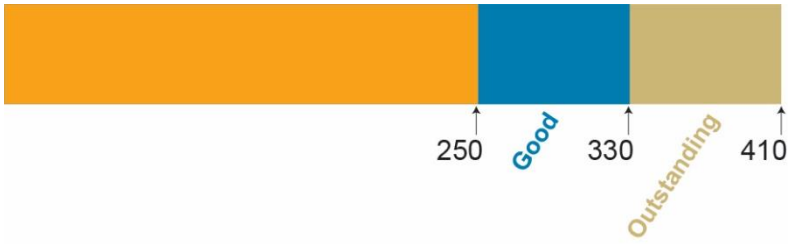
14.5.24	Written therapeutic guidelines for commonly encountered conditions and clinical scenarios are utilised for respiratory cases.	Guidelines will encourage clinical discussion and consistency but should not interfere with clinical freedom.	These should have been drawn up following clinical team discussion and considering the evidence base. Assessors will look for evidence that the guidelines are used and their use is monitored. This includes seeing practical examples looking at case records and talking to team members. This helps to provide continuity of care when locums are used or new veterinary surgeons are employed.	Written therapeutic guidelines.	10
14.5.25	Written therapeutic guidelines for commonly encountered conditions and clinical scenarios are utilised for ophthalmic cases.	Guidelines will encourage clinical discussion and consistency but should not interfere with clinical freedom.	These should have been drawn up following clinical team discussion and considering the evidence base. Assessors will look for evidence that the guidelines are used and their use is monitored. This includes seeing practical examples looking at case records and talking to team members. This helps to provide continuity of care when locums are used or new veterinary surgeons are employed.	Written therapeutic guidelines.	10

14.5.26	Written therapeutic guidelines for commonly encountered conditions and clinical scenarios are utilised for exotic cases.	Guidelines will encourage clinical discussion and consistency but should not interfere with clinical freedom.	These should have been drawn up following clinical team discussion and considering the evidence base. Assessors will look for evidence that the guidelines are used and their use is monitored. This includes seeing practical examples looking at case records and talking to team members. This helps to provide continuity of care when locums are used or new veterinary surgeons are employed.	Written therapeutic guidelines.	10
14.5.27	Written therapeutic guidelines for commonly encountered conditions and clinical scenarios are utilised for neurological cases.	Guidelines will encourage clinical discussion and consistency but should not interfere with clinical freedom.	These should have been drawn up following clinical team discussion and considering the evidence base. Assessors will look for evidence that the guidelines are used and their use is monitored. This includes seeing practical examples looking at case records and talking to team members. This helps to provide continuity of care when locums are used or new veterinary surgeons are employed.	Written therapeutic guidelines.	10

14.5.28	Written therapeutic guidelines for commonly encountered conditions and clinical scenarios are utilised for reproductive cases.	Guidelines will encourage clinical discussion and consistency but should not interfere with clinical freedom.	These should have been drawn up following clinical team discussion and considering the evidence base. Assessors will look for evidence that the guidelines are used and their use is monitored. This includes seeing practical examples looking at case records and talking to team members. This helps to provide continuity of care when locums are used or new veterinary surgeons are employed.	Written therapeutic guidelines.	10
14.5.29	Written therapeutic guidelines for commonly encountered conditions and clinical scenarios are utilised for lameness.	Guidelines will encourage clinical discussion and consistency but should not interfere with clinical freedom.	These should have been drawn up following clinical team discussion and considering the evidence base. Assessors will look for evidence that the guidelines are used and their use is monitored. This includes seeing practical examples looking at case records and talking to team members. This helps to provide continuity of care when locums are used or new veterinary surgeons are employed.	Written therapeutic guidelines.	10

14.5.30	Written therapeutic guidelines for commonly encountered conditions and clinical scenarios are utilised for endocrine cases.	Guidelines will encourage clinical discussion and consistency but should not interfere with clinical freedom.	These should have been drawn up following clinical team discussion and considering the evidence base. Assessors will look for evidence that the guidelines are used and their use is monitored. This includes seeing practical examples looking at case records and talking to team members. This helps to provide continuity of care when locums are used or new veterinary surgeons are employed.	Written therapeutic guidelines.	10
14.5.31	A written vaccination policy is utilised in the practice.		This must be reviewed at regular intervals and at least annually.	Copy of policy. 	10
14.5.32	A written parasite control policy is utilised in the practice. This should cover both ecto- and endo-parasites and training must include reception staff.		This must be reviewed at regular intervals and at least annually.	Copy of policy. 	10
14.5.33	The practice is recognized as a Cat Friendly Clinic.		For further information see the Cat Friendly Clinic website: https://www.rcvs.org.uk/cfc.	Certificate. 	10
14.5.34	The practice is recognized on the Rabbit Friendly Vet List.		For further information see the Rabbit Friendly website: https://www.rcvs.org.uk/rfv-list.	Certificate. 	10

14.5.35	An individual in the practice is certified under the Fear Free scheme.		For further information see the Fear Free website: https://www.rcvs.org.uk/fearfree.	Certificate.	10
			TOTAL POINTS AVAILABLE:		**410**
			OUTSTANDING:		**330**
			GOOD:		**250**



Module 15: Pain Management and Welfare

Core Standards

Point	Requirements	Guidance notes	Documents
15.1.1	Pain is routinely assessed and appropriate analgesia provided.	See the *RCVS Code of Professional Conduct* Guidance note 3 for further information: https://www.rcvs.org.uk/247care.	

Module 15: Pain Management and Welfare

General Practice

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

Point	Requirements	Guidance notes	Documents
15.2.1	Pain is routinely assessed using a recognized pain scoring system and appropriate analgesia is provided.		
15.2.2	The practice utilises pre-emptive pain control.	Evidence that all relevant personnel recognise the need of pre-emptive pain control and that this is a recorded step in each case. There should be protocols for pain management in specific circumstances e.g. orthopaedic surgery.	Protocol for pain management. 
15.2.3	Pain is reassessed and recorded regularly throughout surgical procedures and recovery.	Evidence that this reassessment has led to recorded decisions.	Clinical records.
15.2.4	Patients with chronic conditions (e.g. osteoarthritis) are reassessed regularly and treatment plans adjusted appropriately.	Evidence of the reassessment and that the resulting decisions are recorded.	Clinical records.
15.2.5	The practice provides a holistic approach to pain relief.	This could include overall management of the patient and the use of non-pharmaceutical pain relief (e.g. immobilisation, massage, physiotherapy). The practice should be able to demonstrate an appropriate protocol.	

Module 15: Pain Management and Welfare

Veterinary Hospital

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

Point	Requirements	Guidance notes	Documents
15.3.1	Pain scoring has been followed through with clear communication in the practice, training for relevant personnel and an assessment of judging its impact and modifying its usage if necessary.		
15.3.2	Appropriate interventions against pain are provided for in-patients and out-patients in response to pain scores.	Evidence should be provided through clinical records. Interventions will be in response to initial pain scores and changes in pain scores. Interventions may include local and regional anaesthesia.	Clinical records.
15.3.3	Members of the clinical team have received specific training on recognising pain.	Evidence of this training, how the practice assesses the impact of training and how they retained or changed pain control policy based on this assessment.	Training records.
15.3.4	Team members know how to access relevant reference materials on pain assessment and control.	This could be reference texts, materials held in the practice or online resources.	

Module 15: Pain Management and Welfare

Award Points

This module contributes towards the Awards in Patient Consultation Service, In-patient Service and Emergency and Critical Care Service; you will also need to have completed all of the points listed under Core Standards and General Practice.

Point	Requirements	Behaviours	Guidance notes	Documents	Points
15.5.1	Members of the clinical team have received specific training on recognising pain.		Evidence of this training, how the practice assesses the impact of training and how they retained or changed pain control policy based on this assessment.	Training records.	20
15.5.2	The practice has a designated person for pain relief who implements training and monitors compliance with pain protocols.		This person is expected to be a veterinary surgeon.	Name of designated person and list of their responsibilities.	30
15.5.3	Pain assessment is performed and recorded using a standardised peer-reviewed system e.g. Glasgow pain score.		Evidence that there has been thinking and planning behind acquiring the appropriate pain scale and this has been followed through with clear communication in the practice, training for relevant personnel and an assessment of judging its impact and modifying its usage if necessary.	Evidence of recorded pain scoring.	40

15.5.4	Appropriate interventions against pain are provided for in-patients and out-patients in response to pain scores.		Evidence should be provided through clinical records. Interventions will be in response to initial pain scores and changes in pain scores. Interventions may include local and regional anaesthesia.	Clinical records.	40
15.5.5	Multi-modal pain relief is routinely used in the practice.		This must include the use of full mu-agonists when appropriate.		20
15.5.6	Local and regional anaesthesia is routinely used by the practice.				20
15.5.7	Constant rate infusions (CRIs) of analgesic drugs are used.		Evidence should be provided through clinical records.		20
15.5.8	Epidural administration of morphine / opioids is used in appropriate cases.				20
15.5.9	Team members know how to access relevant reference materials on pain assessment and control.		This could be reference texts, materials held in the practice or online resources.		10
15.5.10	Clients are given verbal and written information about recognising pain and the benefits of treating as well as potential adverse reactions.		Assessors may ask to see written examples and/or talk to team members.	Client information. 	20

15.5.11	Pain management in the practice is subject to clinical audit.	Open, honest analysis with clear actions and no barriers to feedback.	These could be outcome, process or significant event audits.	Audit report.	20
			TOTAL POINTS AVAILABLE:		**260**
			OUTSTANDING:		**210**
			GOOD:		**160**

Module 16: Practice Team

Core Standards

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

	conditions of employment. This information could be included in a written contract. The main document ('principal statement') of the written statement must be provided on or before the first day of employment and the wider written statement must be provided within 2 months of the start of employment.		particulars (or written contract containing the same information).
16.1.6	Team members are clear what their role responsibilities are.	Team members can describe what they are responsible for and what is expected of them. It may be useful to support this with a recorded list of responsibilities. This should be reviewed annually.	
16.1.7	Clinical team members are supported with regular reviews to plan their professional development.	Team members can describe the plans that have been agreed for their development and how they discuss their progress. We would expect this to occur as appropriate to the individual but at least annually.	
16.1.8	All professional team members must comply with the RCVS requirements for CPD.	Each team member must evidence their own CPD indicating topics covered and hours in an aggregate form. From January 2022, it is mandatory that this is recorded using the RCVS online CPD platform, 1CPD https://onecpd.rcvs.org.uk/login/. CPD records will be audited by the RCVS Education department via 1CPD. For veterinary surgeons, the minimum requirement is 35 hours per calendar year. For registered veterinary nurses the requirement is 15 hours per calendar year. The practice team includes full-time and part-time employees, as well as locums, visiting consultants and others supplying veterinary services on a regular or 'ad hoc' basis.	

		New graduates are expected to complete Veterinary Graduate Development Programme (VetGDP) and be supported by a fully resourced VetGDP adviser. The VetGDP adviser will have completed the RCVS online training package, valid for a 5 year period, and engaged with any updates. In order for a practice or workplace to be able to support graduates on the VetGDP they need to be an RCVS-Approved Graduate Development Practice/Workplace and meet the criteria set out in the VetGDP guidance:https://www.rcvs.org.uk/news-and-views/publications/vetgdp-programme-guidance-2021/ https://www.rcvs.org.uk/vetgdp-programme-guidance. New graduates enrolled on PDP before 1 June 2021 must continue to engage with the Professional Development Phase and be supported by a fully resourced mentor until June 2024. The PDP mentor should have undergone mentor training and should keep this training up to date by undertaking a one day course given by a course provider (or 5 hours in length if self-study or webinar is undertaken) per year, in any year that the member is mentoring a new graduate. The practice should allow the mentor time to support the new graduate and where possible match working patterns. The PDP participant should be provided with the opportunity to master the Year 1 Skills by having access to relevant cases. The ratio of new graduates to mentor should not exceed 3:1.	
16.1.9	Where RVNs or SVNs are performing Schedule 3 procedures there should be evidence of training and assessment to ensure the individual is competent in that procedure.	There should be appropriate records of the assessment available.	Training records.

16.1.10	Team members understand the practice's responsibilities to their employees, potential employees, clients and external parties under the Equality Act 2010 and how it impacts their role in the practice.	See the Government's guidance on the Equality Act: https://www.rcvs.org.uk/equality-act. See also the Equality and Human Rights Commission: https://www.equalityhumanrights.com/en/advice-and-guidance/guidance-employers The practice should develop a written EDI Policy which all employees are made aware of as part of their induction. This should cover staff, external parties and clients. This should be made available on the staff intranet and practice website and displayed in prominent areas on the premises. Assessors will ask to see the policy and will want to speak to the management and team members about the policy and how it is implemented. For guidance on producing an EDI policy, see: https://www.acas.org.uk/improving-equality-diversity-and-inclusion/making-your-workplace-inclusive and https://www.acas.org.uk/equality-policy-template Employees should understand the importance of treating clients and colleagues with dignity and respect, regardless of protected characteristics or other personal differences such as socio-economic status. The practice should demonstrate compliance with the Equality Act in making reasonable adjustments for team members with disabilities (including mental health conditions).	Policy on equal opportunities. 

		The practice should demonstrate a commitment to diversity and that is has taken steps, where possible, to recruit a diverse workforce. Team members involved with recruitment should be provided with guidance on inclusive recruitment practices. The CIPD provides some useful resources: https://www.cipd.co.uk/knowledge/fundamentals/relations/diversity/factsheet#gref and https://www.cipd.co.uk/knowledge/fundamentals/relations/diversity#gref The practice should demonstrate compliance with the Equality Act in making reasonable adjustments for team members and potential employees with disabilities (including mental health conditions). Information and advice is available from the following sources: https://www.gov.uk/government/publications/reasonable-adjustments-a-legal-duty/reasonable-adjustments-a-legal-duty https://www.acas.org.uk/reasonable-adjustments Reasonable adjustments for workers with disabilities or health conditions - GOV.UK (www.gov.uk) https://www.citizensadvice.org.uk/law-and-courts/discrimination/what-are-the-different-types-of-discrimination/duty-to-make-reasonable-adjustments-for-disabled-people/ Access to Work factsheet for employers - GOV.UK (www.gov.uk)	

		https://www.equalityhumanrights.com/en/multipage-guide/building-or-other-place-where-services-are-delivered https://www.citizensadvice.org.uk/law-and-courts/discrimination/what-are-the-different-types-of-discrimination/duty-to-make-reasonable-adjustments-for-disabled-people/ Disabled Access to Public Buildings Important Information (goaccess.co.uk) The practice should communicate clearly in adverts and interviews that it values staff mental health, as this sends a strong signal that disclosure will not lead to discrimination. For example, the practice could include a statement such as: 'As an employer, we are committed to promoting and protecting the physical and mental health of all our staff.' Where possible, the practice should be prepared to make reasonable accommodations for reasons of religious belief where these are requested by employees, including students on EMS placements. This may include the accommodation of religious clothing and articles, where this does not contravene local infection control policies and health and safety regulations, which must take precedence. Requests for time off for religious observances should be considered and granted if this can be reasonably accommodated by the business. A generic guidance document on religious clothing and belief which can be adapted for local use is provided by the RCVS/VSC. See PSS additional resources page: https://www.rcvs.org.uk/pss-resources	

		See also: https://www.acas.org.uk/sites/default/files/inline-files/religion-belief-discrimination-guide.pdf The practice should demonstrate a zero-tolerance approach to discrimination, harassment and bullying. The practice should have a system in place to deal with reports of discrimination, harassment and bullying. See guidance from the government and ACAS: https://www.gov.uk/workplace-bullying-and-harassment https://www.acas.org.uk/discrimination-bullying-and-harassment https://www.acas.org.uk/handling-a-bullying-discrimination-complaint 16.5.41	
16.1.11	The practice must have clear requirements for a professional standard of behaviour, personal hygiene and appearance to be maintained by all team members of the practice at all times.	Evidence of how this is communicated to team members. A recorded policy may be useful. This policy is to help portray a professional image and comply with health and safety advice.	Policy for behaviour, personal hygiene and appearance. 
16.1.12	The practice takes reasonable care to prevent issues surrounding mental health in the workplace from occurring, and to deal with them appropriately when they do.	Mental health is explicitly addressed within practice policies e.g. H&S, Sickness and Absence etc. Information about mental health support is made available to all team members e.g. posters, intranet, employee handbook, flyers etc. Team members and line managers should also show understanding of the importance of sufficient downtime from work and the impact of this on both staff wellbeing and	Practice policies addressing mental health. 

		standards of care. This should include team members being encouraged to use their annual leave entitlements. Team members can describe the measures in place to support them at work in the event of a mental health issue (e.g. group reflective practice). Line managers can describe the practice's approach to managing mental health in the practice, and have an understanding of where to seek advice and guidance if necessary. The practice is compliant with the Equality Act and makes reasonable adjustments for individuals with a mental health condition. See the Government's guidance on the Equality Act: https://www.rcvs.org.uk/equality-act. The practice records absences for work-related mental health issues and can demonstrate the steps taken to address these. Advice and guidance is available from Mind (https://www.rcvs.org.uk/mind), ACAS (https://www.rcvs.org.uk/acas), NHS, vetlife (https://www.rcvs.org.uk/vetlife), Mentalhealthatwork.org.uk, and the RCVS Mind Matters Initiative (https://www.rcvs.org.uk/mmi).	
16.1.13	The practice must have a clear health and safety policy which is known to, and understood, by all team members. This must be updated on a regular basis and updates communicated to team members.	The practice's policy should be set out in a document which is given to, or displayed for, all team members. The practice must set out its policy for health and safety under the Health and Safety at Work Act 1974, employers are required to have a policy setting out how they ensure that risks to Health and Safety to employees, contractors and customers are kept as low as is reasonably practicable. Where five or more people are employed (even if this is only temporarily) this policy must be set down in writing. Such a written policy must include: - A statement of general policy	Practice health and safety policy. 

		- Delegated responsibilities for dealing with specific areas (e.g. equipment, substances, training, first aid, fire, reporting of accidents etc.) - General instructions to team members arising out of the significant findings of the risk assessments - Such a document must aim to be concise, pointing the reader to more detailed guidance where necessary See the HSE website for guidance on writing a health and safety policy: https://www.rcvs.org.uk/hse-policy. The law applies when people are at work so will also apply to farm/equine practitioners working mainly from vehicles but also from home, and where locums are used. Employers have duties to ensure the health and safety of their employees and this includes situations where work is carried out at, or from, home. These duties extend to: - Workers who work from home and mobile workers (e.g. farm vets, mobile practices) - Members of the public – clients, contractors, work experience, visitors - Temporary workers (e.g. locums). - Shared workplaces = If you share a workplace with another business, you will need to consider how your work affects others and how their work affects you and your team. Work together to make sure controls are in place. (this is important e.g. ECC shared with daytime, grooming business with vets) Advice on self-employed persons - https://www.rcvs.org.uk/hse-self-employed.	
16.1.14	The practice must have a completed up-to-date Health and Safety Law poster, which is displayed for all team members to see.	Assessors will check the poster is completed and displayed. Alternatively, team members may be provided with the equivalent leaflet.	

16.1.15	There are designated persons with agreed responsibilities for health and safety.	People with delegated responsibilities for health and safety should be clearly identified within the practice, and their responsibilities should be agreed in writing. This may include: - A Fire officer - First aiders and/or appointed persons - A Radiation protection supervisor (and RPA) - An Employee safety representative - Area safety officers	List of persons with H&S responsibilities and a list of their duties. 
16.1.16	Team members are consulted appropriately in all matters of health and safety activity.	People can describe how they are consulted about their safety at work and can describe how they would raise any concerns they have day to day. Consulting employees on health and safety matters is a legal requirement. It is a two way process, allowing team members to contribute and influence safety decision making. See the HSE guidance on consulting workers on health and safety: https://www.rcvs.org.uk/hse-consult. Any change which may substantially affect their health and safety at work i.e. in procedures, equipment or ways of working, must be communicated to the team, highlighting any dangers. Evidence of this may include team meeting minutes relating to health and safety, safety reporting systems and / or improvement ideas.	Minutes of meetings on H&S. 
16.1.17	The practice has carried out risk assessments in all areas of activity.	Risk assessments are a legal requirement. They should be recorded if five or more people are employed. Risk assessments must: - Identify the hazards	Copies of relevant risk assessments.

		- Decide who might be harmed and how - Evaluate the risks and decide on precautions - Record significant findings - Be reviewed and updated as necessary See the HSE guidance on risk management: https://www.rcvs.org.uk/hse-risk. Risk assessments should consider workers with particular requirements, for example young workers, new or expectant workers, or people with disabilities. Third parties should be considered, for example members of the public, contractors etc. If the workplace is shared, risk assessments should consider, and be drawn up with, the other business or businesses.	
16.1.18	Team members understand and work according to the standard procedures adopted.	Team members can describe how they access standard procedures to maintain a safe working environment. All team members should be able to describe their own and their employer's responsibilities with regard to working safely.	Team H&S manual.
16.1.19	The practice must have undertaken an assessment of the risks arising from the use of veterinary medicines and substances hazardous to health within the practice.	COSHH is the law that requires employers to control substances that are hazardous to health. You can prevent or reduce workers exposure to hazardous substances by: - Finding out what the health hazards are - Deciding how to prevent harm to health (risk assessment) - Providing control measures to reduce harm to health - Making sure they are used - Keeping all control measures in good working order - Providing information, instruction and training for employees and others - Providing monitoring and health surveillance in appropriate cases e.g. anaesthetic gas monitoring - Planning for emergencies	COSHH assessment.

		Examples of substances hazardous to health include: - Veterinary medicines – low risk can be grouped together e.g. antibiotics, high risk should be assessed specifically e.g. carcinogenic substances - Cleaning products - Agents that can cause allergies e.g. latex, penicillin - Infectious agents e.g. bacteria, viruses - Substances e.g. dust A safety data sheet is not a risk assessment. Gathering information from safety data sheets is the first stage in the assessment process of gathering knowledge. See the HSE guidance on COSHH: https://www.rcvs.org.uk/hse-coshh.	
16.1.20	Equipment used within the practice is well maintained and regularly serviced according to manufacturers' recommendations.	Evidence of maintenance and servicing of all equipment, including but not limited to: anaesthetic machines, autoclaves, monitors, laboratory equipment, X-ray apparatus, air conditioning, heating appliances, maintained fire alarms, emergency lighting and fire extinguishers. Frequency of servicing is determined by the manufacturer or a competent person's recommendation. Damaged or failed equipment should be clearly identified and removed from use until repaired. Equipment used at home for work purposes also needs to comply with health and safety regulations and would be subject to maintenance and testing.	Servicing records for all equipment. 

16.1.21	The practice must have a written programme for the inspection and testing of all its electrical equipment, based on its specific risk assessment.	The written programme containing the findings of the risk assessment, together with: - Evidence of inspection of the electrical installation by a competent person (frequency dictated by competent person) - Portable appliance testing (PAT) testing and visual inspection records will be required. (records on item label and/or database)(interval determined by risk assessment and competent person) - Failed or damaged equipment must be identified clearly and removed from use See the HSE guidance on electrical safety at work: https://www.rcvs.org.uk/hse-electricity.	Inspection of electrical installation.  PAT testing and visual inspection. 
16.1.22	All gas appliances are required to be maintained in a safe condition.	Assessors will ask to see gas safety certificates. Carbon monoxide detectors should be in place and regularly tested wherever combustible fuels are burned. Advice should be sought from a suitably qualified person regarding an on-going programme of examination.	Gas safety certificates. 
16.1.23	Team members are prepared for emergencies.	Team members are familiar with protocols for turning off water supply, electricity, oil, gas supply and compressed gases. This information should be displayed in the practice.	Emergency protocols. 
16.1.24	Team members understand the fire evacuation protocol and how to alert others in case of fire.	Team members have received training and have practised fire evacuation. Evidence should be provided of suitable hazard training. Team members who are permitted to use fire equipment e.g. extinguishers have been trained to do so.	

		If a person is unable to leave the building unaided for example, due to impaired mobility, the practice should ensure that they should have their own Personal Emergency Evacuation Plan (PEEP), an individualised plan for employees who may need assistance to evacuate a building or reach a place of safety in the event of an emergency. A PEEP should be in place for someone with an impairment or disability, for example such as: • Mobility impairment • Sight impairment • Hearing impairment • Cognitive impairment • A medical condition or injury which might cause them to need assistance to evacuate safely. The requirement for a PEEP should be considered as part of induction and when there is a long-term change circumstance. A PEEP may be required temporarily, for instance, someone who is using a wheelchair because of a broken leg. For further information see: https://www.gov.uk/government/publications/fire-safety-risk-assessment-means-of-escape-for-disabled-people/fire-safety-risk-assessment-means-of-escape-for-disabled-people-accessible-version Disabled workers - Resources - HSE https://www.worksafe.uk.com/emergency-planning-for-employees-with-a-disabillity/#:~:text=Under%20current%20fire%20safety%20legislation,plan%20or%20PEEP%20is%20require Assessors will ask to see any PEEPs drawn up for employees by the practice.	

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

		The practice must also have appointed, in writing, a fire officer, and drawn up a written list of the practice fire officer's duties. Assessors will ask to see a list of the practice fire officer's duties and the fire risk assessment, including procedures for raising the alarm and evacuation.	
16.1.29	A first aid needs assessment should be carried out.	The assessment should consider: - The workplace - The team - The hazards present The assessment will help you to decide whether you need: - Appointed person(s) - First aider(s) – level of training identified by the needs assessment e.g. emergency first aid There must always be someone available to take charge of the first aid arrangements, namely: - Looking after the equipment and facilities - Calling the emergency services when required Arrangements should be made for an appointed person to be available to undertake these duties at all times when people are at work.	First aid needs assessment. List of appointed persons and / or trained first aiders. Evidence of any training undertaken.
16.1.30	First aid box(es) are readily available and stocked.	This includes for practice vehicles. The team members know the location of such items. Items should be in date and restocked after use. The items that are stocked depends on the needs assessment.	

16.1.31	The practice must have an accident book, or equivalent electronic version.	Team members should know where and how to complete an accident record and what to do with the form. Completed forms should be removed and stored securely in line with data security provisions under the GDPR and Data Protection Act 2018, and information kept for at least three years. Where a practice uses an alternative to the accident book, there must be evidence that the same details as in the accident book are recorded, that completed forms are securely stored and that accident reporting is freely accessible to team members. Accident forms should be audited regularly.	Accident book.
16.1.32	The practice files reports under RIDDOR as required.	Responsible persons can explain how they should report under RIDDOR. Further information is available at: https://www.rcvs.org.uk/hse-riddor.	
16.1.33	The practice must have a policy for how they segregate, store and dispose of all forms of waste.	Team training: - Team members should be able to describe how they handle different forms of waste Storage: - Adequate waste receptacles should be used to allow immediate disposal of hazardous items - Full containers should be stored in hygienic conditions and be clearly identified - Hazardous waste (referred to as special waste in Scotland) must be appropriately segregated, safely stored and disposed of by a suitably permitted waste contractor. Assessors will ask to see evidence of: The current waste pre-acceptance audit	Contract with waste contractor and waste policy. Waste consignment notes.

		https://www.gov.uk/guidance/healthcare-waste-appropriate-measures-for-permitted-facilities/waste-pre-acceptance-acceptance-and-tracking-appropriate-measures https://www.issafe.co.uk/wp-content/uploads/2013/08/Pre-acceptanceWasteAudits1.pdf - The current waste audit should be available - A contract with a permitted waste contractor(s) - Policies and practice to segregate and label waste into appropriate streams and to store it hygienically - Consignment notes for hazardous waste disposal, which form the basis of a hazardous waste register for those practices in England and Wales - Waste transfer notes (which should be stored for two years) For both hazardous and non-hazardous waste, practices may wish to refer to the BVA Good Practice Guide to Handling Veterinary Waste for further guidance: https://www.rcvs.org.uk/bva-vet-waste. However, local variations exist, and practices should therefore consult the Environment Agency or their own local waste management authority for information.	
16.1.34	The practice must have facilities for the hygienic storage of cadavers, such that there is minimal deterioration prior to collection.	There should be temperature controlled storage on site or daily uplift by a waste contractor, or there should be a protocol for transferring cadavers to the main surgery within 24 hours, including at weekends. Assessors will ask to see evidence of a contract with a permitted waste contractor(s).	Contract for removal and disposal of cadavers. 

16.1.35	Where firearms are stored on the premises and / or used in the course of practice business firearms certificates for each individual using the equipment must be shown.	All applications for a firearms licence in respect of any firearms/tranquilizer and dart guns, for example are subject to standard police checks and an interview by a firearms enquiry officer (FEO) at their home and or practice address. Each application is assessed on a case-by-case basis. Individual veterinary surgeons must have been issued with the relevant firearms certificate. These should cover adequate storage arrangements and any other conditions attached to the licence. The authorised licenced users must have an SOP in place to highlight the safety measures taken whilst transporting a firearm to comply with government guidance. Including but not exclusive to: - Where vehicles in which firearms are carried for professional use, are not fitted with immobilisers or alarms, then aftermarket systems should be fitted. - Firearms should always be stored in the locked boot or other secured, preferably unglazed, load carrying area of the vehicle. -The firearm and ammunition should not be stored together. Where the boot or load carrying area is the most practical place, ammunition should be locked in an appropriate container, secured to the vehicle. - If a handgun, it should be kept in a locked container secured to the vehicle.	Firearms certificates. 

		- Provision should be made for the securing of other firearms to the vehicles structure, e.g. security case, cage, cable or clamp https://www.gov.uk/government/publications/firearms-security-handbook Any other arms such as captive bolts, not caught by the legal definition of a firearm must have an SOP and risk assessment in place to highlight the safety measures in place, for staff, animals, safe storage, and transportation. The Assessor may ask to see an SOP and risk assessment in the day of assessment.	
16.1.36	Medical gas cylinders must be stored and handled safely. There must be signage and information for the emergency services.	Cylinders should be stored according to the following requirements: - Must be stored under cover, preferably outside - Adequate ventilation is required - They should be clean, dry and protected from extremes of temperature - Secured to prevent falling or misuse (either horizontal racks or > E size vertical with holder) - Sited away from any sources of heat or ignition - Different types of gas should be separated within the store A trolley is recommended for any movement within the practice. If cylinders are transported for emergency use, there must be evidence of specific training and risk assessment for this task. Cylinders should be checked to ensure the contents do not leak and securely stored to prevent damage in transit.	Risk assessment for storage and transport / movement of medical gas cylinders.  SOP / practice guidelines relating to storage, handling and maintenance and safe use

		Signage must indicate the location of the cylinder store (and area valve service units if applicable for piped gas) and the type of gas. There should also be appropriate warning, safety and prohibition labels e.g. prohibition of smoking and naked lights. All personnel handling compressed medical oxygen cylinders should have adequate knowledge of: - The properties of the gas used - The correct operating procedures for the cylinder - Precautions and actions to be taken in the event of an emergency	of medical gases.  Evidence of team training.
16.1.37	Where hazardous sources of artificial optical radiation (AOR) (e.g. medical laser treatment) are used, control measures must be in place to reduce worker exposure to as low as is reasonably practicable.	Control measures should include: - Protective clothing – • Eye protection specific to the equipment used • Gloves and coveralls (surgical lasers only) - A designated treatment room (laser controlled area). This should have - • Restricted access • Clear signage • Blinds on windows and door portholes - Means to prevent nearby workers and third parties being injured by the AOR. - Provision of medical examination if workers are over exposed. It may be helpful to appoint a Laser Protection Supervisor.	Risk assessment (including an exposure limit value).  Evidence of review of risk assessment (to ensure all necessary controls are in place).  Procedure / SOP for AOR

		A log of AOR usage is recommended.	use (specific to the clinic).  Training records for all team members involved in the procedure.
16.1.38	The practice must assess whether or not it is in a radon affected area.	This is required for all practices, regardless of whether or not diagnostic imaging is used. An address search can be requested to find out if the practice is in a radon affected area. If it is, an additional radon survey should be carried out, and if the results of this show that the radon level is high (above the UK Action Level of 200 Bq m-3), remedial action should be taken. See the Public Health England (PHE) UKradon website for further information and to request a radon address search: https://www.rcvs.org.uk/radon.	
16.1.39	If the practice is located in a flood area, a flood plan should be in place and understood by the team.	A flood risk assessment is needed.	Flood risk assessment and plan.
16.1.40	The practice should demonstrate a zero-tolerance policy on harassment and bullying in the workplace. This should be stated explicitly as a written policy, with all employees being made aware of this as part of their induction.	This should include a written policy explicitly stating that the workplace has a zero-tolerance approach to bullying and harassment.	

		Team members can describe a zero-tolerance approach to bullying and harassment in their workplace and know how to recognise and report such behaviours. The policy should define harassment and bullying behaviours and provide clear guidance on what employees should do if they are subjected to or witness behaviour of this nature. The policy should also provide details of the protocol in place to manage instances of harassment and bullying. The policy should be made available on the practice intranet or practice website and displayed in prominent areas on the premises. Assessors will ask to see the policy and evidence of how this implemented.	

Module 16: Practice Team

General Practice

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

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

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

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

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

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

Module 16: Practice Team

Veterinary Hospital

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

Point	Requirements	Guidance notes	Documents
16.3.1	A one year CPD plan must be provided for the hospital team.	The CPD plan should address the CPD needs of the practice team as a whole rather than of individuals.	Copy of CPD plan. 
16.3.2	The hospital must have at least two team members with a post-graduate qualification with a small animal component.	At least two team members should total 1 FTE equivalent basis. This can be met by employees or by visiting vets, with contracts to provide specific services on the premises. The surgery component should be relevant to the work carried out at the premises. Where practices have a team member leave, they may retain their accreditation for a maximum of 12 months post assessment whilst recruiting.	

Award Points

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

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

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

16.5.6	CPD and development activity is communicated to the rest of the team and information shared.		Assessors may ask to see evidence of information being shared e.g. meeting minutes or emails. There are changes in practice made as a result. Practices should be aware under GDPR of the need to anonymise any sensitive personal data e.g. that relating to health condition of a team member that may be contained in the CPD records. For further information please refer to ICO guidance: https://www.rcvs.org.uk/ico-gdpr.		20
16.5.7	CPD is recorded on the online CPD platform, 1CPD.		This applies to all veterinary surgeons and RVNs.	Access to online CPD records. 	20
16.5.8	The practice is an RCVS-Approved Graduate Development Practice and new graduates completing their VetGDP are supported by a VetGDP adviser. New graduates enrolled on the PDP before 1 June 2021 are supported with regular development reviews with a named member of the practice team until June 2024.	New graduates can describe how their VetGDP adviser / PDP mentor and the practice has supported them.			10

16.5.9	Team members are supported with regular reviews to plan their training needs.	Team members have action plans for their development which are recorded and reviewed.	It is expected that this occurs as appropriate to the individual but at least annually.	Action plans and reviews.	20
16.5.10	All team leaders have received training in risk assessment and are able to show how they use risk assessment in their day to day work.	Team members can describe how they approach a new task that requires risk assessment and where to seek advice if necessary.	Guidance can be found on the HSE's website: https://www.rcvs.org.uk/hse-risk.	Risk assessment training records. 	10
16.5.11	All team members with line management responsibility have undertaken at least one day of mental health awareness training.		This might include an external course, webinar, online resources or documented self-study. Course length should be one day if given by a course provider or 5 hours in length if self-study or webinar is undertaken.	Evidence of mental health awareness training. 	30
16.5.12	At least one member of the practice team has undertaken some training in inclusion and diversity.			Evidence of inclusion and diversity training. 	20
16.5.13	The induction programme is tailored to the individual team member and supported by ongoing coaching and mentoring.	Individual team members can describe how they have been supported through their induction programme and how this has helped them integrate into the team.	Assessors may ask to see evidence of a documented induction process and speak to members of the team.		40
16.5.14	A buddy system is in place for all new team members.				20

16.5.15	The practice is approved for RVN training.		Practices would be expected to have at least one student veterinary nurse in training within the previous 12 months.		30
16.5.16	The practice has a policy of accepting students for EMS and actively encourages this activity.		There will be evidence of the practice providing: - Objectives - Training - Feedback		20
16.5.17	The practice has an induction and integration policy for EMS students.			Induction policy for EMS students. 	10
16.5.18	The practice takes placement students.		For example work experience pupils from local schools or college students on animal care courses.		10
16.5.19	Role responsibilities and day-to-day duties are reviewed regularly with input from the team member.	This should be supported with recorded role responsibilities and evidence of review.	A role description exists to define the role of the employee within the practice, their areas of responsibility and a clear understanding of their day-to-day duties.	Copies of role responsibilities.	20
16.5.20	Role responsibilities are communicated to the rest of the team.	Team members are able to describe the different roles and responsibilities of their colleagues and their own contribution to the overall functioning of the practice.	It may be useful to support this with a written list of responsibilities.	Copies of role responsibilities.	10
16.5.21	Structured feedback for performance review is based on competencies and behaviours.	Team members can describe how they use documentation to ensure feedback is behaviour based and objective.		Structured performance reviews and feedback.	10

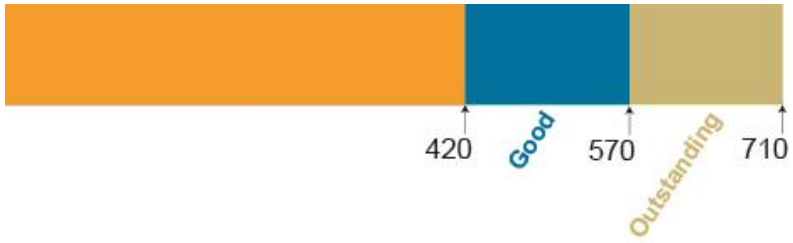
16.5.22	360 degree structured feedback is used.	Team members can describe how they give constructive feedback to colleagues.			10
16.5.23	Individuals have access to a range of suitable resources including the internet for research and communication for work purposes.		This could include access to a library, journals or databases. See RCVS Knowledge to learn more about the Library and Information Services, providing comprehensive resources and journal access for veterinary practitioners: https://www.rcvs.org.uk/rcvsk-library.		10
16.5.24	Membership of professional and representative associations is encouraged and supported appropriate to the practices need.	Individuals can explain how membership of associations has assisted and informed their activities.	Assessors may ask for evidence of individuals' membership of professional bodies.	List of professional memberships. 	30
16.5.25	*[Requirement moved to Core Standards 16.1.40].*				
16.5.26	The practice has a policy for dealing with workplace stress.	Team members can explain the causes of stress in their workplace and the steps taken by their employer to address these.	This could include compassionate leave benefits, dealing with requests for flexible working hours and publicising access to VetLife. Guidance on workplace stress in a veterinary context can be found at: https://www.rcvs.org.uk/mmi-stress.	Protocol on managing workplace stress. 	30

16.5.27	The practice has a policy for dealing with substance and alcohol abuse.		This should include publicising access to VetLife and other resources.	Protocol on dealing with substance and alcohol abuse. 	30
16.5.28	The practice has a means of monitoring team member perceptions of how the practice considers their wellbeing via a systematic gathering process.	A consistent and systematic approach to gathering feedback.	One way to approach this could be by completing the SPVS / RCVS Vet Wellbeing Awards application process. See the Vet Wellbeing Awards website for information on the application process, and for further guidance on improving wellbeing within the practice: https://www.rcvs.org.uk/vwa. Practices should be aware under GDPR that feedback is likely to be team members' personal data unless it is truly anonymous, and should be covered in the practice's privacy policy. For further information please refer to: https://www.rcvs.org.uk/gdpr.	Analysis of feedback and actions.	10
16.5.29	The practice has a means of monitoring team member perceptions of how the practice considers their wellbeing and there is evidence that the practice acts upon such feedback.	Evidence that analysis is done to determine any required action.	Practices should be aware under GDPR that feedback is likely to be team members' personal data unless it is truly anonymous, and should be covered in the practice's privacy policy. For further information please refer to: https://www.rcvs.org.uk/gdpr.	Analysis of feedback and actions.	30
16.5.30	The practice has written policies on suicide prevention and postvention.				10

16.5.31	There are regular practice meetings where all team members are encouraged to contribute items to the agenda and participate during the meeting.	Open and frank discussions with no barriers to feedback.	Assessors will ask to see the minutes of the previous meeting and a schedule of future meetings involving all departments in the practice (expected to be at least quarterly). A general meeting of the whole team should occur at least annually.	Minutes of last full team meeting. 	40
16.5.32	The practice has a mission statement and the practice team understand their contribution to it.		Assessors will speak to team members to ascertain their understanding.		10
16.5.33	Communication of business performance to the team.	A holistic approach to performance measurement is encouraged in which financial measures are only one component.	This enables team members to understand how their roles contribute to the overall business performance.		10
16.5.34	Accident records are regularly reviewed and action taken.	A proactive approach to risk management is encouraged.	Managers or team members can describe how accident records have led to review and give examples of changes made as a result of that review.	Accident records.	10
16.5.35	The practice holds detailed records of sickness absence, which include recording of work-related illness or injury, and these are held and used to analyse causes for absence.				20
16.5.36	The practice has a disaster recovery plan.		For example for fire or flood. This would include a list of emergency numbers, a plan for the continuation of essential care and a business continuation plan.	Disaster recovery plan. 	20

16.5.37	The practice maintains equipment, premises and standard procedure information in an organised and accessible form.		Team members can describe how they can access equipment manuals and standard procedures relevant to their role.		10
16.5.38	The practice has clear personal security policies in place and has communicated these to team members.	Team members can describe the security measures in place to enable safe working at all hours and in all areas.	Would include physical security e.g. locks, lighting, surveillance and panic alarms as required, as well as systems including checks and rules on lone working, training on dealing with difficult situations and aggressive animals.	Risk assessments for lone working and animal handling. 	10
16.5.39	The practice plays an active role in the local community.		For example school visits, charity events and agricultural shows.		10
16.5.40	The practice has an automated external defibrillator (AED) suitable for use on humans and regularly serviced, available for emergency use by employees and clients.				10

16.5.41	The practice has a policy for cases of suspected animal abuse.		Members of the team should be aware of animal abuse and the potential link to human abuse. Training materials are available from the Links Group and through the Links Veterinary Training Initiative: https://www.thelinksgroup.org.uk/veterinary-team-guidance. See chapter 14 of the supporting guidance for the *Code of Professional Conduct* for further information and advice on the responsibilities of veterinary surgeons and veterinary nurses in recognising and reporting animal and human abuse: https://www.rcvs.org.uk/confidentiality.	Policy for suspected animal abuse.	10
16.5.42	*[Requirement deleted].*				
			TOTAL POINTS AVAILABLE:		**710**
			OUTSTANDING:		**570**
			GOOD:		**420**



Module 17: Premises

Core Standards

Point	Requirements	Guidance notes	Documents
17.1.1	The premises must be suitable and adequate for its intended purpose.	The premises may only be for administrative or storage purposes.	
17.1.2	The premises must be in good decorative order, clean and well maintained so as to create an atmosphere of clinical cleanliness and efficiency.		
17.1.3	The premises should be free of offensive odours.		
17.1.4	All parts of the premises must be adequately lit and ventilated.	Ventilation could include fans, windows that are escape proof (or other natural ventilation) or mechanical ventilation.	
17.1.5	Where consultations are carried out at the premises, the practice must have one or more consulting areas, which provide a clean, hygienic environment for consultations in private.	The consulting area may be used for other purposes, provided that hygiene is not compromised.	
17.1.6	The floor area and walls in the consulting area must be made of non-slip materials and able to be thoroughly cleaned.	Unsealed concrete would not be acceptable.	
17.1.7	The table area or examination surface in the consulting area must be made of materials suitable for thorough cleaning.		

17.1.8	Glass walls and visible prep areas/operating theatres may give rise to issues of consent and client confidentially, as well as potentially distressing clients witnessing procedures taking place. Practices must have the means of screening off the rooms (e.g. blinds) so that the area cannot be seen if consent cannot be obtained from the relevant parties.	This will only apply to areas visible to the general public and is not expected for clinical areas e.g. a glass walled operating theatre in a clinical area.	
17.1.9	The practice must provide a waiting room or reception area of adequate size.	This should be an adequate size for the work load of the practice.	
17.1.10	The display of commercially retailed merchandise within the veterinary premises is permissible, provided the display is of an acceptably professional nature and of relevant goods.	Any animal food stuffs should be safely stored.	
17.1.11	Any other commercial businesses run from the practice must be of an acceptable professional nature.	Points to consider would include biosecurity, client dignity and client perceptions.	
17.1.12	Team members must have access to appropriate amenities. Amenities should include toilets and hand washing facilities, which should be maintained in a clean and orderly manner.	There are minimum requirements for team welfare relating to: - Provision of sanitary conveniences - Facilities to wash - Facilities to store clothing See HSE guidance on workplace health, safety and welfare: https://www.rcvs.org.uk/hse-hands-welfare. Public and team members can share toilet facilities.	
17.1.13	Team members' refreshments must not be prepared in clinical areas.	There are minimum requirements for team welfare relating to: - Facilities to rest and eat food See HSE guidance on workplace health, safety and welfare: https://www.rcvs.org.uk/hse-hands-welfare.	

17.1.14	Buildings must be heated to fulfil minimum legal requirements.	For offices and team member accommodation this would normally be a minimum of 16 degrees centigrade.	

Module 17: Premises

General Practice

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

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

Module 17: Premises

Veterinary Hospital

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

Point	Requirements	Guidance notes	Documents
17.3.1	The buildings must be constructed of brick, stonework, or other substantial materials.		
17.3.2	The internal walls and floors of in-patient areas must be impervious so as to permit thorough cleansing and disinfection.	The join between the floor and the wall must have a curved finish to aid cleaning, with the coving being carried up the wall. All joints in the flooring material or coving must be impervious and finished flush with the surface. Stick-on coving is not acceptable. This does not include the waiting room and consulting room(s).	
17.3.3	Adequate temperature regulation must be available for comfort of team members and efficient functioning of equipment.	Heating may be required so that the ambient temperature can be maintained above 18 degrees centigrade in the working area of the building. In addition, cooling may be required to avoid working temperatures exceeding 26 degrees centigrade. Temperatures should be monitored to ensure that they stay within these limits.	Temperature records.
17.3.4	Emergency lighting must be provided to allow the hospital to continue to function in the event of a power cut or electrical failure.	Background emergency lighting is adequate for general areas (see Surgery Module for theatre lighting).	

17.3.5	Smoke detectors, which provide a warning in the residential accommodation, must be installed in the kennel area.		
17.3.6	The waiting area must be designed to encourage reasonable separation of dogs, cats and other predator/prey species, and nervous animals.	Where absolute separation cannot be achieved, a protocol for achieving separation as necessary should be available.	
17.3.7	There must be separate accommodation for hospital patients and animals being groomed.	Any boarding or grooming business must be separate from hospital facilities. Public areas (waiting room, reception and public toilets) and team members' facilities (rest-room, toilets and offices) may be shared.	

Module 17: Premises

Award Points

There are no award points in this module.

Module 18: Surgery

Core Standards

If no surgery is carried out on the premises then Core Standards practices are exempt from the requirements of this module.

Point	Requirements	Guidance notes	Documents
18.1.1	All surgeries are performed by an MRCVS or veterinary student under direct supervision.		
18.1.2	Surgeries allowed under Schedule 3 of the VSA are performed by RVNs or SVNs under direct supervision.		
18.1.3	A designated area is used for the conduct of surgical procedures which has easily cleanable surfaces and a good source of illumination.	This area needs to be separated either temporally or spatially from other areas.	
18.1.4	Lighting suitable for the accurate illumination of surgical sites on the patient must be provided in the operating area.		
18.1.5	The practice must provide a range of suitable sterile surgical instruments, consumables and suture materials for the work undertaken.		

Module 18: Surgery

General Practice

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

Point	Requirements	Guidance notes	Documents
18.2.1	The operating theatre must be available for the conduct of sterile surgery at all times, it must not double up as a consulting room.	This should be a closed room with no through traffic.	
18.2.2	The area should usually only contain equipment for use in surgical procedures.	An x-ray machine can be placed in an operating theatre, where there is no adequate space elsewhere, provided that there is a suitable SOP for maintaining asepsis. Endotracheal tubes and anaesthetic circuits should not be stored on the wall of the operating theatre.	
18.2.3	There must be a scrub sink for the use of surgical procedures, which should be separate from a sink used for non-sterile items.	If a surgical hand disinfectant product e.g. Sterilium is used in theatre, the practice does not also need to have a scrub sink but the requirement for a dedicated clean sink for washing hands remains. This would require additional contingency plans in the event of e.g. running out of product, product recall and intolerance. Contingency plans could include a backup surgical sink or protocol to cancel all scheduled surgeries.	
18.2.4	There must be an adjustable-height operating table.		
18.2.5	Directable lighting suitable for the accurate illumination of surgical sites on the patient must be provided in theatre.		

18.2.6	A means for displaying relevant diagnostic images must be available in the theatre.	A laptop, mobile X-ray viewer, digital display screen or hard copy showing real size images would be acceptable.	
18.2.7	A separate area for the preparation of patients must be provided.	This does not mean that a practice has to have a separate room used exclusively for preparation purposes. The preparation area may be situated in a room that has another function; it cannot, however, be in the operating theatre.	
18.2.8	Sterile gowns and a range of sizes of sterile gloves must be available and used where appropriate.	Maintenance of asepsis would normally require surgical gloves to be worn. 'Where appropriate' means during major surgical procedures and when entering a body cavity. Latex free gloves should be available as required.	
18.2.9	Outdoor shoes or clothing must not be worn in the operating theatre.		
18.2.10	Sterile packs for emergency surgery must be available at all times. There must be a practice policy on sterilisation of instruments.	Sterile packs must be available in sufficient quantity for the workload of the practice. They must be labelled with the sterilisation date and there must be a written practice policy on when re-sterilisation will be required.	Practice policy on sterilisation of instruments. 
18.2.11	Appropriate internal and external sterility indicators for the system employed must be used to monitor the efficiency of the sterilisation technique.	Sterile packs must be available in sufficient quantity for the workload of the practice. They must be labelled with the sterilisation date and there must be a written practice policy on when re-sterilisation will be required.	Practice policy on sterilisation of instruments. 

18.2.12	Where surgical site infections have not responded to appropriate antibiotic usage, bacteriology is routinely performed and records maintained to identify trends / evidence of nosocomial infection (including multiple drug resistance (MDR) infections).		
18.2.13	There must be a written protocol for the maintenance of a surgically clean environment and evidence it is carried out.	This should include regular deep cleaning of the operating theatre.	Written protocol for the maintenance of a surgically clean environment. 
18.2.14	Dental procedures can be carried out at the end of the day in the theatre, as long as an SOP is in place.		SOP for dental procedures (if applicable). 

Module 18: Surgery

Veterinary Hospital

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

Point	Requirements	Guidance notes	Documents
18.3.1	At least one operating theatre of adequate size must be provided and used only for the conduct of surgical operations.		
18.3.2	The theatre must be designed and laid out to ensure sterility and facilitate cleaning.	This might include flat cupboard door fronts.	
18.3.3	Doorways must be sufficiently wide for access into theatre by trolleys.		
18.3.4	An operating table of adjustable height, and capable of holding the patient in a tilted position, must be provided in the operating theatre.		
18.3.5	Lighting suitable for the accurate illumination of surgical sites on the patient must continue to function in the event of a loss of power.	An operating lamp must be supplied by an uninterruptible power supply or a generator sufficient to complete a surgical procedure. Surgical/medical quality head torches are acceptable as a source of light during interrupted power though they need to be immediately available and charged, and an SOP for their use available.	

18.3.6	A preparation room must be provided separate from the operating theatre for the pre-operative preparation of surgical patients.		
18.3.7	“Scrubbing up” facilities separate from the operating theatre must be provided, with taps that can be operated by the person scrubbing up without breaking sanitisation of scrubbed hands.		
18.3.8	There must be a high standard of asepsis.	Gloves, gowns, hats, masks and dedicated footwear should be used during aseptic procedures. No outdoor shoes or clothing are allowed. All those present in theatre must wear scrub suits and hats in theatre. Consideration must be given to the order in which procedures are undertaken, with those most likely to introduce contamination being done last.	
18.3.9	Where a referral service is offered in a particular discipline there will be suitable surgical equipment appropriate to that discipline.	Assessors will expect to see equipment checklists, evidence of clinical audit and / or case records.	
18.3.10	Electrosurgery and suction must be available for surgical use and are used appropriately.		
18.3.11	Bacteriology is routinely performed in cases of surgical site infections, and records maintained to identify trends / evidence of nosocomial infection (including multiple drug resistance (MDR) infections).		

18.3.12	Orthopaedic operations must be performed as the only procedure in theatre (at any one time).		

Award Points

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

Point	Requirements	Behaviours	Guidance notes	Documents	Points
18.5.1	Surgery CPD has been undertaken in the last four years by a team member and there is evidence of dissemination to the rest of the team.		This might include an external course, webinar, online resources or documented self-study. Course length should be one day if given by a course provider or 5 hours in length if self-study or webinar is undertaken. Assessors will expect team members to be able to discuss what they have learnt from CPD and what changes to practice have been made as a result.	Documented proof of surgery CPD.	10
18.5.2	At least one MRCVS has completed a module of the CertAVP (or equivalent) in small animal surgery and there is evidence of dissemination to the rest of the team.		Assessors will expect the team members to be able to discuss what they have learnt from the module and what changes to practice have been made as a result.	Proof of module.	20
18.5.3	At least one MRCVS has a post-graduate qualification in small animal surgery and there is evidence of dissemination to the rest of the team.	This person will be expected to be involved in drawing up and implementing protocols and team training in surgery.	This includes AP status or an old style Certificate. If the individual concerned is not a permanent team member they should make regular visits to the	Proof of qualification.	30

			practice appropriate to the case load and discipline concerned and they should play an active role in developing protocols and behaviours in that discipline.		
18.5.4	Team members have been adequately trained in cleaning, maintaining, sterilising and troubleshooting of instruments e.g. ultrasonic cleaning, lubrication and sharpening.		Evidence may be provided through team members training records and speaking to team members to check their understanding.	Training records.	30
18.5.5	Surgical assistants (where used) are RVNs, SVNs, veterinary surgeons or veterinary students.		Operating theatre rotas will be requested.	Rota.	30
18.5.6	Lighting suitable for the accurate illumination of surgical sites on the patient is provided in theatre.		This lighting must continue to function in the event of a loss of power. An operating lamp must be supplied by an uninterruptible power supply or a generator sufficient to complete a surgical procedure. Surgical/medical quality head torches are acceptable as a source of light during interrupted power though they need to be immediately available and charged, and an SOP for their use available.		20
18.5.7	There are scrub facilities available separate from the operating theatre.				30
18.5.8	“Scrubbing up” facilities are available, with taps that can be operated by the person scrubbing				30

	up without breaking sanitisation of scrubbed hands.				
18.5.9	There is an area used for non-sterile procedures (e.g. dentals or lancing abscesses) which is separate from the operating theatre.				30
18.5.10	The operating theatre is damp-dusted before each operating session.		Evidence could be supplied in the form of a theatre maintenance log or compliance with a cleaning protocol.	Cleaning protocol or theatre maintenance log. 	20
18.5.11	The preparation area is frequently cleaned so as to reduce contamination.		The area must be kept clean of loose hair, debris and litter. Assessors will ask to see evidence of cleaning schedules.		20
18.5.12	Team members and/or observers involved in sterile surgical procedures are attired appropriately.		All team members are clear about required attire and comply with the rules.	Protocol for surgical attire. 	30
18.5.13	Any jewellery which may cause a potential breach of the sterile field is removed prior to entering the surgical area.		All team members are clear about required attire and comply with the rules.	Protocol for surgical attire. 	10
18.5.14	Sterile, disposable scrubbing brushes are used or a recognised brushless system is used.				10

18.5.15	Surgical sites are prepared using clippers, fitted with an appropriate blade.				30
18.5.16	Clippers and blades are cleaned and maintained appropriately.		Evidence may be provided through team members training records and speaking to team members to check their understanding.	Training records.	20
18.5.17	For surgery where the risk factors deem it appropriate a second prep is performed in theatre in a sterile manner.		For example spinal and orthopaedic surgery may require a second prep using sterile swabs to ensure sterility.		20
18.5.18	A range of single use surgical drapes appropriate to the surgery undertaken are available.				20
18.5.19	Single use suture material packs are used exclusively.				10
18.5.20	A mechanical means of suspending extremities is available.		This is to enable the preparation and maintenance of a sterile field encompassing the entire limb.		10
18.5.21	Standards are in place to maintain the sterile field throughout the whole procedure.		Team members must be familiar with standard aseptic protocols. This can include non-touch techniques.	Aseptic protocol. 	30
18.5.22	Surgical packs are initialled and dated by the person packing them and labelled for contents where required.				10

18.5.23	Electrosurgery is available and used appropriately.		Monopolar or bipolar electrosurgery are acceptable, but thermocautery is not. Appropriate use includes training of team members in use, cleaning and maintenance.		10
18.5.24	Suction apparatus is available and used appropriately.		Appropriate use includes training of team members in use, cleaning and maintenance.		10
18.5.25	Laparoscopic equipment is available and used appropriately.		Appropriate use includes training of team members in use, cleaning and maintenance.		10
18.5.26	Arthroscopic equipment is available and used appropriately.		Appropriate use includes training of team members in use, cleaning and maintenance.		10
18.5.27	Surgical laser is available and used appropriately.				10
18.5.28	Bacteriology is routinely performed in cases of surgical site infections, and records maintained to identify trends / evidence of nosocomial infection (including multiple drug resistance (MDR) infections).				20
18.5.29	The practice has a protocol for the follow up of all surgical cases.			Protocol for surgical case follow up. 	40
18.5.30	Appropriate communication is held with the owner/keeper, prior to surgery, explaining the potential		This may be evidenced by an entry on the client record or a signed	Consent forms or records.	30

	risks and complications of the procedure.		consent form including these details.		
18.5.31	Clients are provided with detailed written instructions on post-operative management.	Clients are kept well informed.	At discharge animals should leave with appropriate information for post-operative care provision by the client.	Post-op management instructions. 	40
18.5.32	Immediately before surgery a check is performed on patient ID and the procedure to be performed including anatomical location.		Assessors will ask to see surgery protocols or checklists.	Protocol or checklist. 	50
18.5.33	The practice routinely uses safe surgery surgical checklists.		Further information and a case study on implementing checklists can be found on the RCVS Knowledge website: https://www.rcvs.org.uk/rcvsk-checklists.		30
18.5.34	There is a check system to prevent loss of surgical equipment in the patient.		This should include gauze swabs.		20
18.5.35	Recording systems are in place that include all team members involved and location for each procedure.		This information could be combined with an anaesthetic record. This enables auditing of post-operative complications.	Record of all surgical procedures.	10
18.5.36	The practice carries out an audit of post-operative complications for commonly performed procedures.	Open, honest evaluations with clear actions and no barriers to feedback.	This should include an audit of surgical site infections.	Audit reports. 	20
18.5.37	The practice participates in benchmarking exercises.		For example, VetAUDIT complications of routine neutering or canine cruciate registry.		10

			TOTAL POINTS AVAILABLE:		790
			OUTSTANDING:		630
			GOOD:		470

Module 19: Environmental Sustainability

Core Standards

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

Module 19: Environmental Sustainability

General Practice

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

Point	Requirements	Guidance notes	Documents
19.2.1	The practice has appointed a sustainability champion *or* created a sustainability team.	Evidence could be a nominated sustainability champion which is included in the sustainability policy. For solo vets having a written sustainability policy could be enough evidence.	Name of designated person(s).
19.2.2	The practice must have a system in place for team members to suggest sustainability ideas and improvements.	Veterinary surgeons, nurses and team members in practices are best placed to make sustainability improvements within their own practices. The practice should encourage all team members to identify areas which could be improved or considered for improvement. This could be through raising suggestions via the sustainability team/sustainability champion, having a sustainability suggestions board/box for team members, a page on the practice website or adding it to the agenda of team meetings. Assessors will want to see evidence of a suggestions board/box for team members, team meeting agenda, a page on the practice website etc, and will talk to team members to understand how they raise sustainability improvement ideas at their practice.	Record of suggestions and actions.
19.2.3	The practice communicates its sustainability achievements to its clients.	Information could be provided on the practice website, in the client welcome pack, via social media or on waiting room displays.	Evidence of sustainability achievements being communicated.
19.2.4	Routine appointments to and for clients are planned to reduce mileage.	Where possible, appointments in the same area are arranged on the same day to reduce mileage and save greenhouse gas emissions.	

		Assessors will talk to team members to understand how routine appointments are planned. Small animal examples: consolidating appointments to avoid unnecessary journeys, avoid unnecessary re-check appointments, medication checks at the same time as vaccines, house visits planned on certain days of the week.	
19.2.5	The practice advises clients to return unused medications to the practice for appropriate safe disposal.	Flushing medicines, pouring them down the sink or disposing of them via landfill (black bin) poses a risk to the environment. The assessor might ask to see the collection box for clients unused medicine or materials e.g., posters, leaflets advising clients to return unused medicines. To comply with 19.2.4, practices should encourage clients to bring back unused medication during their appointments rather than making an additional trip. Example wording: unopened/unused/out of date medications can be returned to us for safe disposal.	
19.2.6	The practice demonstrates that they employ techniques to minimise anaesthetic gas usage.	Anaesthetic gases have a high environmental impact. Example techniques could include: -The practice considers using local and regional anaesthetic where appropriate. -The practice is optimising the flow rate. -The practice is reducing Nitrous Oxide -Practices regularly review their GA plan. -Increasing the use of Partial Intravenous Anaesthesia (PIVA) / Total Intravenous Anaesthesia (TIVA) where clinically appropriate	

19.2.7	The practice provides resources on preventative healthcare.	Reducing the demand for healthcare through prevention will reduce the greenhouse gas emissions associated with healthcare. Examples could include: providing a page on the website with resources on preventative healthcare; offering puppy clinics, obesity clinics, diabetes clinics, vaccinations, de-worming programmes.	
19.2.8	The practice undertakes a waste survey at least annually and can demonstrate that the results are analysed and, where appropriate, action has been taken as a result.	Hazardous l and domestic waste streams are more costly and carbon intensive than recycling streams. Carrying out a waste survey helps practices analyse their waste streams and ensures correct waste segregation. It also enables practices to identify items that are being thrown away frequently and highlights opportunities for reducing this item or swapping this item for reusables. How to conduct a waste survey (example): 1. Review your practices waste facilities - do you have enough recycling bins? Are bins labelled with what can/can't be disposed of. 2. Domestic and recycling waste streams: wear appropriate PPE and have a look through the bins. Record the type of waste within them and identify the types of waste you have most and least of. Is there waste in the domestic bins that could be recycled? What is the most commonly disposed item? 3. For hazardous waste streams, talk to team members to understand what they are disposing of and ensure they are not putting anything into hazardous waste streams that could go into domestic or recycling bins. Use your results to take action on improving waste segregation and/or reducing waste.	Evidence a survey was undertaken, and action taken

Module 19: Environmental Sustainability

Veterinary Hospital

There are no Veterinary Hospital requirements in this module.

Module 19: Environmental Sustainability

Award Points

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

Diagnostic Imaging – 5.2.5

Medicines – 10.1.9, 10.1.11, 10.1.28, 10.1.30, 10.1.31

Practice Team – 16.1.20, 16.1.33

Premises – 17.2.1

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

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

			in kWh - Energy use for hot water and heating recorded in kWh Energy consumption data for your practice can be found on invoices. If your practice is located in a building owned by another company such as a pet shop you can estimate your energy consumption based on the m2 of your practice space. To do this you'll need to know the annual energy consumption in kWh for the whole premises, floor space of the premises in m2, and the floor space of your practice area in m2. Divide the annual kWh by the total m2 of the whole premises, this will give you kWh per m2. Finally, multiply this figure by the floor space of your practice. If there are different vet companies using the same space at different times you would also need to calculate the energy usage per hour.		
19.5.5	The practice has undertaken an energy saving project over the last 4 years	All team members understand and if appropriate contribute to the energy saving project.	Examples could include: Carrying out a 'switch off campaign' to ensure everything that can be switched off at the end of the day, is. A lot of energy is wasted when lights and equipment such as AC units are left on unnecessarily or overnight.		20

			Installing LED lights. Switching inefficient bulbs to LEDs helps lower electricity bills and Greenhouse Gas emissions. Every traditional halogen bulb replaced with an LED saves £2-3 and 5 kgCO2e per year. Installing motion sensing light controls where appropriate. Upgrading inefficient equipment.		
19.5.6	The practice uses a green electricity supplier.		Review your practice's current electricity contract and supplier. If you are on a standard tariff, switch to a renewable tariff or switch to a supplier who produces renewable electricity.	Electricity contract or copy of green electricity certificate (REGO).	10
19.5.7	The practice generates some of its own electricity through onsite renewables.		Examples could include solar panels, wind turbines or investment in a local hydroelectric power scheme.	Amount of onsite electricity generated.	10
19.5.8	The practice uses sustainable technologies to provide some of its heating and hot water.		Examples could include ground source heat pumps, air source heat pumps, solar hot water, biogas.		10
19.5.9	The practice measures its scope 1 and 2 carbon footprint.	All team members understand their practice's carbon hotspots.	Scope 1 emissions include: fuels used for heating and hot water, anaesthetic gases, petrol/diesel used for fleet vehicles. Scope 2 emissions include: electricity purchased from the grid.	Document: Record of scope 1 and 2 carbon footprint result	20

			Carbon emission factors from the Department for Business, Energy and Industrial Strategy (BEIS) can be used to calculate the carbon emissions associated with scopes 1 and 2: Government conversion factors for company reporting of greenhouse gas emissions - GOV.UK (www.gov.uk) See 'Carbon footprinting how-to guide' on the PSS additional resources page: https://www.rcvs.org.uk/pss-resources		
19.5.10	The practice sets an annual carbon reduction target (for scopes 1 and 2), and it has been met each year.		The UK has committed to a legally binding target of net zero emissions by 2050. For this target to be met, all organisations must play their part in reducing their carbon footprint. Step 1: calculate your practices scope 1 and 2 annual carbon footprint. This could be for the previous year or a year you have the most available data for (see above requirement for how to calculate this and 'Carbon footprinting how-to guide' on the PSS additional resources page: https://www.rcvs.org.uk/pss-resources). Step 2: once you have measured your annual scope 1 and 2 carbon footprint, review this to understand your practices carbon hotspots.	Document:: Evidence a target has been set and records showing comparison of annual scope 1 and 2 carbon footprint	10

			What is your practice's largest contributor to your carbon footprint? Identifying carbon hotspots will help you to understand the potential scale of the target you could achieve. Reducing carbon emissions can be done by either decarbonising sources (e.g., renewable energy generation or electric vehicles) or by reducing consumption of carbon sources (e.g., reducing energy consumption or reducing volatile anaesthetic gases). Can you start to identify opportunities for reduction? Step 3: set a carbon reduction target which you think is achievable (e.g., 5% or 10%). To find out if you have met your target at the end of the year, measure and review your new annual carbon footprint and compare with the previous years. You might want to include Key Performance Indicators (KPIs) such as carbon footprint per m2 or carbon footprint per animal treated. If you have increased the size of your practice or number of clients, KPIs can take this into account. For example, your carbon footprint could increase if you increase the size of your practice but might have decreased overall when you look at carbon footprint per m2. KPIs can be calculated by dividing your		

			practice's carbon footprint by either the size of your practice (in m2) or by the number of animals treated last year.		
19.5.11	The practice measures its scope 3 carbon footprint.	All team members understand their practices scope 3 carbon hotspots.	Scope 3 emissions include: water, waste, staff commuting and business travel (non-fleet), procurement (supply chain and business services),Well-to-Tank and transmission and distribution losses. See 'Carbon footprinting how-to guide' on the PSS additional resources page: https://www.rcvs.org.uk/pss-resources In the initial award assessment, the calculation of combination of scope 3 emissions categories will be accepted.	Record of scope 3 carbon footprint result	10
19.5.12	The practice has developed an action plan which will be reviewed and updated at regular intervals (at least annually).	All team members should be aware of the actions the practice needs to undertake.	An action plan should detail all of the sustainability initiatives you're currently working on, planning for the future, or have already completed. The action plan should be a 'live' document that is regularly updated with new actions and progress on ongoing actions and should include: - The person/persons responsible for completing the action	Evidence of an up-to-date action plan.	40

			- The status of each action e.g., completed, ongoing, not started The action plan could be discussed at quarterly team meetings.		
19.5.13	The practice takes measures to avoid water wastage.		The practice takes measures to minimise water wastage, for example through: -The installation of water saving devices such as low flow taps, toilets and fixtures -The regular inspection and repair of water pipes to reduce leakages.		10
19.5.14	The practice reduces the number of face to face appointments by combining appointments into one single visit.	All team members should follow the guidelines on combining appointments.	This refers to clients coming into the practice rather than practice team members going out to see clients.		10
19.5.15	The practice has undertaken an employee travel survey around commuting within the past year.	Team members take part in the travel survey.	A travel survey is a good way of engaging team members to think about their travel habits. The results of the travel survey should also be disseminated to all team members at the practice.	Travel survey analysis and feedback.	20
19.5.16	The practice has a sustainable travel policy.		The sustainable travel policy is an opportunity to outline how the practice might reduce unnecessary travel and promote sustainable travel options including: -How veterinary practices will inform its team members and clients about travel options to the veterinary practice, including active	Document: Sustainable travel policy.	10

			transport routes and public transport. This could be provided to team members in induction packs and be part of the welcome pack for clients. -How the practice encourages the use of sustainable travel options for team members travelling to conferences, meetings, external events and CPD. This could also include consideration of virtual vs face to face where appropriate and where the quality of the delegate experience is not unduly compromised. -How travel to routine appointments is planned to reduce mileage. Example travel policy: bva-travel-policy-2021.pdf		
19.5.17	Some of the practice's fleet are low emission vehicles.		The practice has either switched at least one of its fleet vehicles to a low carbon alternative or has a written policy demonstrating that when procuring new vehicles, the practice will only procure low emission vehicles. Low emission vehicles include all electric, hybrid and hydrogen.		10
19.5.18	The practice has a salary sacrifice scheme for bikes or electric cars.		The practice has signed up to a salary sacrifice scheme for bikes, electric bikes or electric cars.		10

19.5.19	The practice can demonstrate evidence of consolidating its orders and deliveries.		The practices should focus on consolidating its orders and deliveries from pet food, toys, PPE, etc. Veterinary groups with practices in the same geographical location could ensure they all get deliveries from the same supplier on the same day.		10
19.5.20	The practice can demonstrate measures they have implemented to reduce waste.		Completed projects could be included in the action plan.		20
19.5.21	The practice can demonstrate evidence of waste reduction.		Examples of this could include the practice tracking and measuring its domestic waste, as well as its recycling waste and hazardous waste. If appropriate, waste can be benchmarked with the number of total patients to allow for expansion of practice.	Document: Comparison of annual hazardous and domestic waste reduction.	20
19.5.22	The practice uses reusable sharps bins.		Switching to reusable sharps containers reduces greenhouse gas emissions associated with manufacturing, transportation and packaging of new containers whilst reducing single-use plastic. See the NHS reusable vs disposable sharps case study: Before/after intervention study to determine impact on life-cycle carbon footprint of converting from single-use to reusable sharps		10

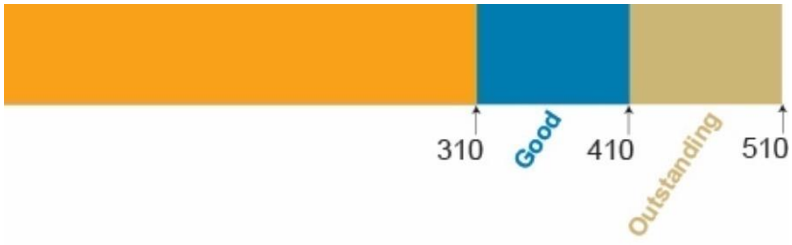
			containers in 40 UK NHS trusts | BMJ Open		
19.5.23	The practice takes active steps to reduce medicine over prescribing.		Practices should be following clinical guidelines. The practice can demonstrate to the assessor that they are taking at least two measures to reduce medicine over prescribing and team members are aware how to prevent it. Examples could include: -The practice policy on dispensing addresses overprescribing/overstocking. -The use of BSAVA no antibiotic required 'non prescription' form and practice poster. Or the use of BEVA non prescription forms (No antibiotic prescription form.pdf (beva.org.uk)) -Worm egg counts are conducted in house. -Kennel cough protocol. -Following up with clients that medication has been given. -Titer testing is offered		40
19.5.24	The practice minimises drug wastage.		Overstocking and poor medicine management can lead to drug		20

			wastage, unnecessary disposal and as a result in an increase in greenhouse gas emissions. Practices should review their medicine order habits and look at reducing/consolidating their medicine deliveries. There are systems utilised to minimise waste e.g., identification of short dated stock, centrally held stock for cars, active management of stock held in vehicles.		
19.5.25	The practice can demonstrate it has considered the environmental sustainability of its products.		Examples could include: -Practices changing a product to a more sustainable product. -Reviewing the sustainability credentials of some of its products e.g. pet food. Highlighting to suppliers where packaging is excessive or non-recyclable encourages change.		10
19.5.26	Where clinically appropriate, the practice avoids single use items.		The practice can demonstrate that they have analysed the single use items that they use and minimise this where they can. This could include switching from disposable to reusable; gowns, drapes, hats and/or equipment. Reusable gowns and drapes sustainability benefits evidence paper: A comparison of reusable		10

			and disposable perioperative textiles: sustainability state-of-the-art 2012 - PubMed (nih.gov) Reusable gowns and drapes clinical benefits evidence paper: Disposable versus reusable medical gowns: A performance comparison - PubMed (nih.gov) NHS case study: switching from disposable to reusable gowns in surgery Introducing team 5 of the Green Surgery Challenge | Centre for Sustainable Healthcare RCVS Knowledge: reducing-veterinary-waste.pdf		
19.5.27	The practice can demonstrate that part of their business runs paperless.	According to client preference.	Review the practice's current processes to see which already run paperless and which could be run paperless. Practice must be able to demonstrate that at least one of their processes runs paperless.		20
19.5.28	The practice has integrated sustainability into clinical audits and quality improvement.		Practices should consider how the environmental, social, and financial impact could be reduced. Environmental impact could be measured in carbon emissions or in the number of resources (e.g. number of consumables used) used or waste produced (kg of waste produced/number of waste bags produced).		10

			Your assessor will want to look at a recent clinical audits and how sustainability has been measured/taken into consideration. In human healthcare this approach is known as Sustainability in Quality Improvement SusQI explained in a short video: Sustainability in Quality Improvement (SusQI) explained - YouTube SusQI website and resources: Home | Sustainable Quality Improvement (susqi.org)		
19.5.29	The practice actively promotes biodiversity onsite or in the local community.		Biodiversity plays an important role in sustainability. Examples could include planting trees onsite, wildflower meadows, hanging bird boxes/bird food or join the bee friendly practice scheme (https://britishbeevets.com/how-to-get-involved/) Where practices do not have access to land, examples could include window boxes, insect houses, hanging baskets. Examples could also include community involvement projects such as beach cleans or litter picking in parks.	Evidence of how the practice is promoting biodiversity.	40

19.5.30	At least one current team member in the practice must have undergone sustainability training.		This might include an external course, webinar, online resources or documented self-study. Course length should be one day if given by a course provider or 5 hours in length if self-study or webinar is undertaken. Assessors will expect team members to be able to discuss what they have learnt from CPD and what changes to practice have been made as a result.	Proof of environmental sustainability training.	20
19.5.31	The practice team has been trained in sustainability.	It should be evident in discussion that all team members are aware of their role in improving the sustainability of the practice.	Team members that receive the training must ensure that the knowledge is transferred to other members of the practice team. There is evidence that the information from training and sustainability initiatives is disseminated to the whole team. This may be via dedicated team meetings, events, including sustainability on practice meeting agenda, sharing knowledge from sustainability CPD.		10
19.5.32	Sustainable veterinary topics are regularly promoted to clients and the public.		Sustainability topics could be featured in practice newsletters or via social media posts.	Evidence of promoted topics.	20
			TOTAL POINTS AVAILABLE:		**510**
			OUTSTANDING:		**410**
			GOOD:		**310**


310
Good
410
Outstanding
510

Updates to Small Animal Modules and Awards

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

Changes and additions to Small Animal Modules and Awards

Species type / requirement number	Accreditation level	Previous wording (version 3.2)	New wording (version 3.3)
10.1.1	Core Standard	**Standard** 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.	**Standard** 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.
10.1.3	Core Standards	**Standard** All medicinal products must be stored in a clean and tidy location in accordance with manufacturers' recommendations and appropriate records kept. **Guidance Notes** All VMPs should be stored on appropriate and secure shelving; in such a way as to be protected from adverse effects of light, temperature extremes and moisture. It is acceptable for small quantities of drugs to be in consulting rooms for use during consultation. These should be kept to a minimum and should be in drawers/cupboards. POM-Vs should be placed out of sight in closed cupboards (not	**Standard** All medicinal products must be stored in a clean and tidy location in accordance with manufacturers' recommendations and appropriate records kept. **Guidance Notes** All VMPs should be stored on appropriate and secure shelving; in such a way as to be protected from adverse effects of light, temperature extremes and moisture. It is acceptable for small quantities of drugs to be in consulting rooms for use during consultation. These should be kept to a minimum and should be in drawers/cupboards. POM-Vs should be placed out of sight in closed cupboards (not glass-fronted) or drawers, but there is no requirement for cupboards to be locked.

		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.
10.1.4	Core Standards	**Standard** Medicines must not be available for self-service except those with a category of AVM-GSL. POM-Vs, POM-VPSs and NFA-VPSs should be stored in areas that are not accessible to the public. **Guidance Notes** The advertising of POM-V and POM-VPS products may only be aimed at appropriate persons, which do not include the general public. This includes adverts on websites, brochures and those displayed in retail areas to which the general public have access.	**Standard** Medicines must not be available for self-service except those with a category of AVM-GSL. POM-Vs, POM-VPSs and NFA-VPSs should be stored in areas that are not accessible to the public **Guidance Notes** The advertising of POM-V and POM-VPS products may only be aimed at appropriate persons, which do not include the general public. This includes adverts on websites, brochures and those displayed in retail areas to which the general public have access. No person qualified to prescribe or supply veterinary medicinal products may solicit or accept any gift, pecuniary advantage, benefit in kind, hospitality or sponsorship. 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
10.1.5	Core Standards	**Standard** Accurate records of POM-V and POM-VPS medicines received and supplied must be kept. **Guidance Notes**	**Standard** 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
10.1.8	Core Standards	**Standard** Records of medicines administered to food-producing animals must include batch numbers. **Guidance Notes** Records of products administered to food-producing animals by a veterinary surgeon: A veterinary surgeon who administers POM medicines to food producing animals must personally enter the following information into the livestock keeper's record	**Standard** Records of medicines administered to food-producing animals must include batch numbers. **Guidance Notes** A veterinary surgeon who administers POM medicines to food producing animals must personally enter the following information into the livestock keeper's record book or give written information to the livestock keeper to enter as soon as is reasonably practicable. - Name of the veterinary surgeon

		book or give written information to the livestock keeper to enter: - Name of the veterinary surgeon - Name of the product and the batch number - Date of administration of the product - Amount of product administered - Identification of the animals treated - Withdrawal period Records of products administered to food-producing animals under the Cascade: A veterinary surgeon administering a VMP, which includes a human medicine or product imported under an SIC/STC, to food-producing animals under the Cascade (or another person under the veterinary surgeon's permission) must record: - Date of examination of the animal(s) - Name and address of the owner of the animal(s) - Identification and number of animals treated - Result of the veterinary surgeon's clinical assessment - Trade name of the product if there is one - Manufacturer's batch number shown on the product, if there is one - Name and quantity of the active substances - Doses administered or supplied - Duration of treatment - Withdrawal period When a whole herd/flock is treated with a medicine, it is acceptable to record "whole herd" or "whole flock" rather than every individual animal's number.	- Name of the product and the batch number - Date of administration of the product - Amount of product administered - Identification of the animals treated - Withdrawal period 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

10.1.9	Core Standards	**Standard** An adequate supply of medicines and materials used in the treatment of patients must be readily available. There must be an efficient stock control system to ensure a continuous supply of all medicines and removal of out-of-date medicines in accordance with the current legislation. **Guidance Notes** Procedures should be in place to quarantine, and ultimately dispose of, out of date medicines and leaking, broken or unwanted containers and to deal with spillages and leakages.	**Standard** An adequate supply of medicines and materials used in the treatment of patients must be readily available. There must be an efficient stock control system to ensure a continuous supply of all medicines and removal of out-of-date medicines in accordance with the current legislation. It is not acceptable to use an out-of-date medicine due to poor stock control. **Guidance Notes** Procedures should be in place to quarantine, and ultimately dispose of, out of date medicines and leaking, broken or unwanted containers and to deal with spillages and leakage.
10.1.10	Core Standards	**Standard** 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.	**Standard** 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

10.1.15	Core Standards	**Standard** 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). 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	**Standard** 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, 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.

		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)	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.
10.1.16	Core Standards	Standard If a veterinary surgeon prescribes by written prescription (for supply by another veterinary surgeon or a pharmacist), in addition to the requirements for prescribing generally, he or she must: - Each time he or she prescribes the medicine advise on its safe administration and as necessary on any warnings or 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.	Standard If a veterinary surgeon prescribes by written prescription (for supply by another veterinary surgeon or a pharmacist), in addition to the requirements for prescribing generally, he or she must: - Each time he or she prescribes the medicine advise on its safe administration and as necessary on any warnings or contra-indications on the label or package leaflet - Not prescribe more than the minimum amount required for the treatment (see exemptions in Schedule 3 paragraph 7 of the VMR. 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;
10.1.17	Core Standards	**Standard** Having prescribed a POM-V or POM-VPS medicines, if the veterinary surgeon is not present when the medicine is handed over, they must: - Authorise each transaction individually before the medicine is supplied - Be satisfied that the person handing it over is competent to do so. **Guidance Notes** A veterinary surgeon could meet the requirement to authorise each transaction by: • Handing over a medicine personally following a consultation, or instructing a fellow team member to supply the medicine • Making a note on a client's record that repeat prescriptions could be supplied to the client • A team member taking a call from a client and putting a medicine aside for the veterinary surgeon to authorise before being supplied • In the case of a client unexpectedly coming into the practice, by a phone call to the veterinary surgeon, to authorise the supply	**Standard** 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 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

		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)	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)
10.1.18	Core Standards	**Standard** If a veterinary surgeon or SQP supplies an NFA-VPS they must: - Be satisfied that the person who will use the medicine will do so safely, and intends to use it for the purpose for which it is authorised - Each time the medicine is supplied, advise on its safe administration and on any warnings or contraindications on the label or package leaflet - Not supply more than the minimum amount required for the treatment (see exemptions in Schedule 3, paragraph 7 of the VMR) **Guidance Notes** In the case of SQPs, assessors will ask to see an SOP for procedures for supplying POM-VPS/NFA-VPS.	**Standard** 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.
10.1.24	Core Standards	**Standard** Medicines must be used in accordance with the legislation commonly referred to as the Cascade.	**Standard** Medicines must be used in accordance with the legislation commonly referred to as the Cascade.

		Guidance Notes Assessors will wish to see evidence that Cascade medicines are clearly identified to owners who give informed consent for their use. Written forms for signature are expected. Human generic preparations must not be used other than under Veterinary Medicines Guidance Note The Cascade: Prescribing unauthorised medicines, which allows for the welfare of animals to be a primary consideration in the choice of treatment: https://www.rcvs.org.uk/vmd-cascade. In the first instance a veterinary surgeon should prescribe a medicine authorised in the jurisdiction where they are practising, for use in the target species, for the condition being treated, and used at the manufacturer's recommended dosage. Where there is no such medicine available, the veterinary surgeon responsible for treating the animal(s) may, in particular to avoid unacceptable suffering, treat the animal(s) in accordance with the Cascade. See paragraphs 4.14 to 4.22 of the supporting guidance for the Code of Professional Conduct for further guidance on prescribing under the cascade: https://www.rcvs.org.uk/vetmeds.	**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
10.1.27	Core Standards	**Standard**	**Standard** No wholesale dealing must take place of medicines unless the practice holds an appropriate Wholesale Dealers Authorisation (WDA).

		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.	**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
10.1.28	Core Standards	**Standard** A practice must be able to demonstrate that when using antimicrobials, it does so responsibly, and is accountable for the choices made in such use. **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 the choices made in such use. Resistance	**Standard** A practice must be able to demonstrate that when using antimicrobials, it does so responsibly and is accountable for the choices made in such use. A person who prescribes antimicrobials 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 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).

		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	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

		perioperative antibiotic protocol. Assessors will also talk to practice team members.	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.