The new Practice Standards Scheme:

A pathway to improvement
● Background

● Where we are currently

● The new Scheme
Set, uphold and advance standards
Tier 3 – Veterinary Hospital

Tier 2 – General Practice

Tier 1 – Core
Launch of PSS

- Survey non-members
- 1902 Premises in PSS
- VMRs integrated into PSS

- 2376 Premises in PSS
- Code of Professional Conduct
- Review concept note

2005 2007 2009 2010 2012
Reactive

PRE 2005
Reactive

Precautionary

Proactive

PRE 2005

2005+

2013+
Every reason to be in the Scheme

PSS members 57%

Non-members 43%

No reason not to be
Feedback

...inflexible
...outcomes and behaviours
…a more easily understandable scheme can be a powerful tool for marketing to clients…
Feedback

... improve, excel

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The Practice Standards Group has been working to redevelop the Practice Standards Scheme so that it:

- considers what matters, that which impacts on the veterinary care of animals, not just facilities and equipment;

- provides a pathway for practices to improve and show what they are good at;

- is clear and understandable to the public.
What does the Scheme look like?

Introduction of Awards

Base groups (Core, GP and Hospital), however, remain broadly the same.

Practices will also be able to apply to be inspected for additional optional Awards in specific areas.
Awards

- The Awards focus primarily on behaviours, outcomes and other factors that impact upon the veterinary care of animals.

- Within each award, practices would be designated as ‘Outstanding’ or ‘Good’

- The Awards create a clear pathway to improvement, allowing practices to demonstrate the areas in which they excel.

- Practices would be free to market their awards as they choose, providing significant marketing benefits.

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Small Animal / Equine Awards:

Award 1: Team and Professional Responsibility
Award 2: Client Service
Award 3: Patient Consultation Service
Award 4: Diagnostic Service
Award 5: In-patient Service
Award 6: Emergency and Critical Care Service
Proposed awards

Farm Animal Awards:

Award 1: Team and Professional Responsibility
Award 2: Client Service
Award 3: Diagnostic Service
Award 4: Advisory / Consultation Service
<table>
<thead>
<tr>
<th>Team and Professional Responsibility</th>
<th>Client Service</th>
<th>Patient Consultation Service</th>
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</thead>
<tbody>
<tr>
<td>Medical Records</td>
<td>Client Experience</td>
<td>Outpatient Care</td>
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<tr>
<td>Clinical Governance</td>
<td></td>
<td>Pain</td>
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<tr>
<td>Infection Control</td>
<td></td>
<td>Nursing</td>
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<td>Practice Team</td>
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<td>Medicines</td>
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<tr>
<td>Premises</td>
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<td>Out-of-Hours</td>
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<td></td>
<td>Infection Control</td>
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</table>

<table>
<thead>
<tr>
<th>Diagnostic Service</th>
<th>In-patient Service</th>
<th>Emergency and Critical Care Service</th>
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<tbody>
<tr>
<td>Imaging</td>
<td>Nursing</td>
<td>Emergency and Critical Care Service</td>
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<tr>
<td>Laboratory Work</td>
<td>In-patient Care</td>
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<td></td>
<td>Pain</td>
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<tr>
<td></td>
<td>Anaesthesia</td>
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<tr>
<td></td>
<td>Surgery</td>
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<td></td>
<td>Out-of-Hours</td>
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<td></td>
<td>Dentistry</td>
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<td>Critical Care</td>
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# Example module – Pain

<table>
<thead>
<tr>
<th>Requirements</th>
<th>Behaviours and Guidance notes</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>A pain scoring sheet (e.g. Glasgow pain score) is available throughout the practice</td>
<td>Evidence that relevant personnel understand why the sheet is there and its use / Relevant personnel have been trained in using the Pain scoring sheet / Evidence it has been used in practice / Has the practice measured the effectiveness of using the sheet and improved its processes based on this?</td>
<td>10</td>
</tr>
<tr>
<td>Practice members have received additional training on recognising pain</td>
<td>Evidence of this training / how the practice assesses the impact of training / Have they retained or changed pain control policy based on this assessment?</td>
<td>10</td>
</tr>
<tr>
<td>Pain assessment is performed and recorded using a standardised system e.g. Glasgow pain score or Equine composite pain scale</td>
<td>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</td>
<td>40</td>
</tr>
<tr>
<td>Pain is reassessed and recorded regularly throughout procedures and recovery which have the potential to cause pain</td>
<td>Evidence that this reassessment has led to recorded decisions</td>
<td>20</td>
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</table>
The new Scheme will be underpinned by a dedicated online IT system which will:

- provide a step-by-step guide to the requirements of the Scheme;
- allow practices to upload evidence prior to inspection;
- provide reminders;
- free up time on inspection day.
Inspectorate

- Greater emphasis on training to ensure high standards and constituency of inspection.
- An employed lead inspector will monitor inspections and provide guidance.
- External professional advice has been sought to help train inspectors in a behavioural-based inspections.
Feedback on Proposals

● Focus Groups have provided very positive feedback on the proposed new Scheme.

● The Awards and IT system tested especially well.

● Overall sense that we are heading in the right direction and that the new Scheme add significant value.
Next steps

- In early 2015 the RCVS will launch a consultation exercise.
- The new Scheme is due to be launched in November 2015.
Thank you for listening
Questions and Comments