1) The BVA is the national representative body for the veterinary profession in the United Kingdom and has over 15,000 members. Our primary aim is to represent, support and champion the interests of the veterinary profession in this country, and we therefore take a keen interest in all issues affecting the profession, including animal health and welfare, public health, regulatory issues and employment matters.

2) We welcome the review of the Practice Standards Scheme and understand that the new structure has been designed to address issues that were raised in response to a consultation issued in 2012, as well as extensive feedback from the current members of the Scheme, and the wider profession. Our response to that original consultation raised issues such as lack of public understanding of the Scheme, too much focus on box-ticking, inconsistency of approach between inspectors, over-interpretation of the standards, and lack of pragmatism in assessments.

3) We are satisfied that the new structure goes a long way towards addressing many of our previous concerns and for that reason we are broadly supportive of the drafts. In particular we are pleased to see a more ‘behavioural’ approach to inspection and a movement away from excessive box-ticking; greater flexibility; and a pathway for improvement and means of recognising those practices which are striving for excellence. We were pleased to have been closely involved in the development of the drafts through our direct representation on the RCVS Practice Standards Group and via our specialist divisions who have played a key role in the development of the species specific elements of the modules. Our responses to the specific questions asked in the consultation are detailed below.

4) How clear do you think the Awards are to the profession, and to the public?
   We broadly support the proposed structure of the Awards, which have been specifically tailored to take into account the differences between small animal, farm animal, and equine practice. The principle of allocating award points to clauses in the modules is supported. We believe that the proposals go a long way to balancing the desire for focus on behaviours and outcomes, which are often subjective, and the need to offer a Scheme which is entirely fair and must therefore inevitably rely on a degree of ‘box-ticking’. We agree that the Awards are likely to be clear to the profession. However, throughout the process we have stressed that it will be crucial for the new Scheme to be understood and valued by the public for it to be successful as the Scheme’s value as a marketing tool will be a key consideration for practices signing up. Whilst it may be that the principles underpinning the Awards are sufficiently clear to be understood by the public, unless the Scheme is adequately marketed then the majority of clients and potential clients will remain unaware of its existence, and therefore its significance.

5) Are the Awards titles correct and are they configured to the right modules?
   Yes, we agree that the Awards titles are correct and configured appropriately across the modules.

6) Do you agree that practices should only be able to outsource their OOH to practices that meet or exceed their own accreditation level?
   Yes, we support the proposal that practice should only be able to outsource their OOH to practices that meet or exceed their own accreditation level. We believe it would be entirely reasonable for a client choosing an accredited practice to expect...
that OOH provision was of at least the same quality. Any other approach could damage the credibility of the Scheme.

7) What do you think about the proposed IT system aimed at supporting the scheme
We support the principle of a bespoke online IT system which will allow practices to make applications online, and upload documents prior to inspection. We agree that this is likely to make more time available on the day of the inspection, allowing assessors to engage more effectively with the practice team and provide advice and guidance. However, as with all new IT systems, the success will depend entirely on the functionality and ease of use, and we would urge the College to take all steps necessary to ensure that the system is delivered not only on time and in budget, but is adequately tested to ensure that it fulfils its objectives of offering convenience to practices and more efficient processing of evidence for assessors.

8) Do you think the proposed price increase represents value for money?
We understand that there will be not insignificant increases in fees, both for annual registration and for new applications and that, as the Scheme is not run for profit, any surplus will be reinvested for the benefit of the Scheme. It is reassuring that the College has indicated that this reinvestment could include marketing to the public and the profession. We strongly support the principle of improved marketing to the public and would be interested to receive further information quantifying how increased fees could translate into an increased marketing budget.

9) Do you have any suggestions for improvements to any of the modules and/or the number of points assigned to each Award?
As already mentioned, we are broadly supportive of the design and allocation of the Awards and points, but would like to draw attention to some specific details:

- **Small Animal Dentistry module:** it has been suggested that the requirements under the Hospital accreditation that dentistry must never be performed in surgical theatres, and sterilised dental packs should be used for each procedure, should apply across all accreditations as these requirements relate to hygiene and infection prevention which should be paramount in all practices. As it may not be practical for many core and general practices to assign a theatre to dentistry only, we suggest that these accreditations should instead be required to demonstrate how they manage the risks of cross contamination.

- **Small Animal Emergency and Critical Care module:** it has been suggested that in addition to the veterinary surgeon, it should be a requirement that a Registered Veterinary Nurse is on the premises during all the hours of operation of the clinic. As this may not be practical for some smaller practices we support the current wording of clause 9 but suggest that the module could recommend that the team member is an RVN.

We are aware that our specialist divisions will be submitting comments on the detail of the awards and we are happy to support them as experts in their individual areas of work.

10) Additional comments?
In order for the Scheme to build on its success and achieve additional buy-in we strongly believe that the terms core, general practice and hospital must be pre-fixed by ‘RCVS Accredited’ and the College should take steps to ensure that these terms are protected.

11) In conclusion, we are broadly supportive of the proposed new structure for the Scheme although we remain concerned that engagement and buy-in from the
profession and the public will continue to be an issue until such time as the College is able to devote significant resources to raising awareness of the Scheme as an important tool in raising veterinary standards.

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