

Application to become an Affiliated Training Practice (TP) of an Approved Centre

Please refer to the accompanying guidance notes when completing each section of this form. Attach supporting information where this is asked for.

The completion of this form is mandatory for practices wishing to join an approved centre. It should be noted that the centre may require the completion of additional documentation as part of the application.

Practices holding the RCVS Practice Standards Scheme General Practice or Veterinary Hospital status need not answer the questions in section 3. All other applicants should complete the form in full.

Section 1 Practice Address and Details					
1.1	Name of practice				
1.2	Address of premises for which training practice status is sought:				
			Post code:		
1.3	Telephone number				
1.4	Fax number				
1.5	E-mail address of the practice				
1.6	Name of designated Training Practice Principal				
1.7	Is the practice a member of the RCVS Practice Standards Scheme (PSS)?			Yes	No
	Level Approved		Core	General practice	Hospital
	Date of last inspection visit:		Copy of PSS certificate appended:	Yes	No
1.8	Application sought for :				
	Full training practice			Auxiliary training practice	
	Small animal		Equine		

Section 2 Human Resources					
2.1	Names: <i>Please also give position within centre e.g. Head Nurse; Assistant Veterinary Surgeon</i>	Qualifications <i>(veterinary, veterinary nursing, ENTO, etc)</i>	Capacity of involvement <i>(e.g. clinical coach/clinical supervisor)</i>		
2.2	The following staff hold, or will undergo training to achieve, clinical coach/clinical supervisor status:				
	Name and position within centre	Clinical Coach/Clinical Supervisor	✓	Willing to train	✓
2.3	Student Veterinary Nurses				
	Please list all potential veterinary nursing students (and any already enrolled) employed by the practice, listing enrolment numbers, name and stage of training. Please use a continuation sheet if necessary.				
	Enrolment Number	Name	Potential Student	Level 3 Diploma	
2.4	Will/are student veterinary nurses and practice staff acting as clinical coaches/clinical supervisors be provided with written terms and conditions of service in accordance with employment law?			Yes	No
2.5	Current CPD records of MRCVS and Registered Veterinary Nurses are available for inspection.			Yes	No

Section 3 Clinical Facilities				
Safety and record-keeping				
3.1	Is your practice able to demonstrate the use of up-to-date health and safety policies and procedures?		Yes	No
3.2	How do you maintain clinical records?			
	a. On computer?		Yes	No
	b. In a card index?		Yes	No
	c. Both computer and card index?		Yes	No

3.3	Are hospital nursing records/charts routinely maintained?	Yes	No
3.4	Are recordkeeping procedures compliant with the Data Protection Act?	Yes	No
In-patient facilities			
3.5	Do you have hospitalisation facilities:		
	a. Overnight?	Yes	No
	b. In and out the same day?	Yes	No
3.6	Do you have an isolation facility?	Yes	No
3.7	Do you have equipment for the administration of intravenous fluids?	Yes	No
Equine additional :			
3.8	Do you have:		
3.9	a. A large box for colic cases or foaling?	Yes	No
	b. Facilities for neonatal care?	Yes	No
3.10	Do you have dedicated trotting, lunging and riding areas?	Yes	No
3.11	Do you have stocks for examination and standing surgery?	Yes	No
Operating theatre facilities			
3.12	Does the practice have:		
	a. An operating theatre set aside exclusively for aseptic surgical procedures and available at all times?	Yes	No
	b. A written procedure for the maintenance of a surgically clean environment?	Yes	No
	c. A preparation area, for the clipping of patients and “dirty” surgical procedures, separate from the operating theatre?	Yes	No
	Does the practice have :		
	a. Adjustable height operating table(s)?	Yes	No
	b. Operating lamp(s)?	Yes	No
	c. If no operating lamps, please specify alternative type of illumination:		
3.13	Are sterile gloves and gowns regularly used?	Yes	No
Equine additional:			
3.14	Does the practice have an overhead hoist?	Yes	No
3.15	If not, what alternative handling system is used? <i>(please give details):</i>		
Sterilisation facilities			
3.16	Do you have an autoclave	Yes	No
	Please give details of the model and last date of servicing. If you use any other method of sterilisation, please give details:		
3.17	Are sterile packs for emergency surgery available at all times?	Yes	No

Anaesthesia facilities			
3.18	Endotracheal tubes:		
	Do you have a complete range?	Yes	No
	If not please specify tube sizes held:		
Equine additional:			
3.19	Nasotracheal tubes:		
	Do you have a complete range?	Yes	No
	Please specify tube sizes held:		
3.20	Gases and vaporisers:		
	a. Piped gases?	Yes	No
	b. Cylinders?	Yes	No
	Please specify gases for which cylinders are used:		
	c. Vaporisers?	Yes	No
	Please specify types of vaporiser held:		
3.21	Anaesthetic circuits:		
	a. Please list anaesthetic circuits routinely used:		
3.22	b. Please list other circuits held, but not frequently used:		
3.22	Is a scavenging system for anaesthetic gases in place?	Yes	No
	Please indicate the scavenging method used:		
3.23	Are records of the monitoring of anaesthetic pollutants available?	Yes	No
3.24	Do you routinely keep anaesthetic record charts?	Yes	No
Diagnostic imaging facilities			
3.25	Does the practice have radiography facilities?	Yes	No
3.26	Please provide details of the practice's Radiation Protection Advisor (RPA):		
	a. Name:		
	b. Qualifications:	NVQ/SVQ Level 4 (IRR99 Regulations)	Other relevant qualifications:
	c. Address:		
	d. Telephone no:		

3.27	Please provide details of the practice's Radiation Protection Supervisor (RPS):		
	a. Name:		
	b. Qualifications:		
	c. Address:		
	d. Telephone no:		
3.28	Is a copy of "Guidance Notes for the Protection of Persons Against Ionising Radiation Arising From Veterinary Use (IRR1999)" available to all members of the practice staff, including student veterinary nurses?	Yes	No
3.29	Are written Local Rules and an exposure chart clearly displayed in the X-Ray room?	Yes	No
3.30	Make and Model of X-Ray machine and date of last service:-		
3.31	Is the annual servicing record of the X-ray machine available for inspection?	Yes	No
	a. Has the X-ray machine a functional light beam diaphragm?	Yes	No
	b. Are cassettes with intensifying screens used?	Yes	No
	c. Is envelope packed, non-screen film used?	Yes	No
Equine additional:			
3.32	d. Are cassette-holding devices available?	Yes	No
3.33	Is protective equipment available and in good repair?	Yes	No
	a. Do you have at least one protective lead apron?	Yes	No
	b. Do you have lead gloves or other protection for hands?	Yes	No
	c. Is a range of positioning aids (sandbags, wedges, ties) available?	Yes	No
3.34	Are staff entering the controlled area subject to personal dose monitoring?	Yes	No
3.35	Is a written log of all X-ray exposures maintained?	Yes	No
Laboratory Facilities			
3.36	Does the practice have a clinical microscope?	Yes	No
3.37	Does the practice have facilities to:		
	a. Assess packed cell volume?	Yes	No
	b. Prepare blood smears?	Yes	No
	c. Measure blood glucose?	Yes	No
	d. Test urine and estimate specific gravity?	Yes	No
Dispensing facilities			
3.38	Are all medicinal products stored in accordance with legal requirements and manufacturers instructions?	Yes	No
3.39	Are appropriate records kept in relation to:		
	a. Controlled drugs?	Yes	No
	b. POM-V and POM-VPS?	Yes	No

3.40	Is effective stock control and rotation practised?	Yes	No
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Section 4 Clinical Training Resources

General Caseload Resource

Small Animal specific

4.1	Does your practice normally see more than 100 small animal cases per week?	Yes	No
4.2	If you see fewer than 100 cases per week, please state average number:		
4.3	How many small animals per week, on average, do you hospitalise overnight?		
4.4	How many kennels do you have? :		
	a. Dog (large)		
	b. Cat/small animal		
4.5	Does your practice regularly deal with a range of species:	Yes	No
	a. Dogs	Yes	No
	b. Cats	Yes	No
	c. Exotic species	Yes	No
	d. Horses	Yes	No
	Other species regularly treated e.g. farm animals:		
4.6	How many cases of the above per week, on average, do you hospitalise overnight?		

Equine specific:

4.7	Does your practice see at least 10 equine cases per week, at least six of which are seen at the address for which approval is sought?	Yes	No
4.8	If you see fewer than 10 equine cases per week, please state average number:		
4.9	Other species regularly treated e.g. small animals, farm animals:		
4.10	How many hospitalisation boxes do you have?		
4.11	How many horses per week, on average, do you hospitalise overnight?		

4.12	Will student veterinary nurses be supervised by a MRCVS or a Listed/Registered VN at all times in accordance with Schedule 3 of the Veterinary Surgeons Act:		
	a. During the day?	Yes	No
	b. During night duties?	Yes	No

Operating Theatre Resources

4.1 3	Please list surgical procedures for which sterile gloves and gowns are worn, and how often these procedures are undertaken:		
4.1 4	Will student veterinary nurses regularly have opportunity to assist (unscrubbed) in the operating theatre?	Yes	No
4.1 5	How often (approximately) will student VNs have the opportunity to "scrub" to assist/manage instrumentation during procedures?	times	Per week Per month
4.1 6	Are instruments for operations laid out on an instrument trolley?	Yes	No
4.17	Which of the following equipment do you use:		

	a. Diathermy or a similar method of haemostasis?	Yes	No
	b. Suction apparatus?	Yes	No
	c. Cryosurgical apparatus?	Yes	No
	d. Endoscope(s)?	Yes	No
Equine additional/specific:			
	e. Arthroscope?	Yes	No
	f. Laparoscope?	Yes	No
	g. Internal fixation equipment?	Yes	No
	h. An AO/ASIF fracture repair kit?	Yes	No
Anaesthesia resources			
4.18	On average, how many cases do you anaesthetise each week? :		
Diagnostic Imaging Resources			
4.19	On average, how many cases do you radiograph each week? :		
4.20	Will all student veterinary nurses training for the Level 3 Diploma be able to take a minimum of 2 – 3 exposures per week and process the results?	Yes	No
4.21	Method of radiographic processing:		
	a. Digital	Yes	No
	b. Automatic	Yes	No
	c. Manual (tank or tray)	Yes	No
4.22	How many film viewing boxes do you have?		
4.23	Are animals restrained for radiography by:		
	a. General anaesthesia or chemical restraint	Yes	No
	b. Manual restraint	Yes	No
4.24	Do you use ultrasound equipment?	Yes	No
Equine specific:			
4.25	Do you use gamma scintigraphy equipment?	Yes	No
Laboratory Resources			
4.26	Is more than 50% of your practice laboratory work carried out:		
	a. In the practice laboratory?	Yes	No
	b. by external laboratories?	Yes	No
4.27	Will student veterinary nurses training for the Level 3 Diploma be able to gain regular experience in the use of the following:		
	a. Biochemistry and haematology analysers?	Yes	No
	b. Microscope?	Yes	No
	c. Centrifuge?	Yes	No
	d. Commercial test strips/kits?	Yes	No
	e. Refractometer?	Yes	No

Equine Additional			
	f. Incubator?	Yes	No
	g. Blood gas analyser?	Yes	No
	h. Artificial insemination facilities?	Yes	No
Dispensary resources			
4.28	Will student veterinary nurses training for the Level 3 Diploma be able to gain regular experience in the use of the following under veterinary supervision:		
	a. Dispensing veterinary medicinal products?	Yes	No
	b. Management of the dispensary?	Yes	No
	c. Supply of veterinary medicines to clients?	Yes	No

Section 5 Delivery of Training			
Basis of Employment			
5.1	Please indicate the number of student veterinary nurses you intend to engage:		
	a. Employed for a minimum of 35 hours per week, excluding on-call or overtime but including time spent at college i.e. on a full-time basis?		
	b. Employed for between 15 and 35 hours per week, excluding on-call and overtime but including time spent at college i.e. on a part-time basis?		
	c. Engaged on clinical placement from programmes of full-time veterinary nurse education?		
5.2	Will student veterinary nurses be working solely at the practice address for which this application is being made?	Yes	No
5.3	If student veterinary nurses will be required to staff branch practices, please attach a copy of the student nurses' proposed rota and indicate at which other addresses they will work.		
5.4	Student veterinary nurses' branch rota appended?	Yes	No
5.5	Is at least 70% of each student veterinary nurse's daily time spent nursing (patient care and clinical work) relevant to the pathway they are registered on?	Yes	No
5.6	Please specify how the remainder of the student's time will be spent, giving approximate percentages of time spent on each activity:		
	Activity	% time	
	Reception:		
	Administration:		
	Cleaning (general):		
	Other work (please specify):		
		Total	%
5.7	Will all student veterinary nurses be provided with a minimum of three hours per week of active practical teaching, supervision and assessment?	Yes	No
Supporting Students			
5.8	Will/does the practice provide student veterinary nurses with written guidance about the process of training and qualification?	Yes	No
	Please provide details, or append a copy:-		
5.9	Will/does the practice enable students to plan and regularly review their progress?	Yes	No
	Please give details of how this occurs and who is responsible:		

5.10	Will the practice provide assistance for students with special needs (e.g. dyslexia or other disability)?	Yes	No
Training Scheme Documentation			
5.11	Does the practice have the following documentation, in addition to students' personal copies, that are readily accessible to all staff involved in veterinary nurse training:		
	a. Veterinary Nursing Occupational Standards (2010)	Yes	No
	b. RCVS Day One Skills/competencies for veterinary nurses	Yes	No
	c. The relevant candidate handbook	Yes	No
	d. The relevant centre operations guide	Yes	No
Library and Information Technology			
Small animal specific:			
5.12	Are the following publications freely available in the practice to student veterinary nurses:-		
	a. Journal of Small Animal Practice?	Yes	No
	b. Veterinary Record?	Yes	No
	c. Veterinary Nursing Journal?	Yes	No
	d. Veterinary Times/Veterinary Nursing Times?	Yes	No
5.13	Do you have an up-to-date selection of reference texts, freely available to veterinary nurses, on the following subjects:		
	a. General veterinary nursing?	Yes	No
	b. Veterinary nursing clinical procedures?	Yes	No
	c. Veterinary dictionary?	Yes	No
	d. Study and examination skills?	Yes	No
	e. Exotics and Wildlife?	Yes	No
	f. Anaesthesia?	Yes	No
	g. Radiography?	Yes	No
	h. Veterinary/Medical Laboratory Techniques?	Yes	No
Library and Information Technology			
Equine specific:			
5.14	Are the following publications freely available in the practice to student veterinary nurses:		
	a. Equine Veterinary Journal?	Yes	No
	b. Equine Veterinary Education?	Yes	No
	c. Veterinary Record?	Yes	No
	d. Veterinary Nursing Journal?	Yes	No
	e. Veterinary Times/Veterinary Nursing Times?	Yes	No
	f. Veterinary Technician?	Yes	No
5.15	Do you have an up-to-date selection of reference texts, freely available to veterinary nurses, on the following subjects:		
	a. Equine veterinary nursing?	Yes	No

	b. General veterinary nursing?	Yes	No
	c. Veterinary nursing clinical procedures?	Yes	No
	d. Veterinary dictionary?	Yes	No
	e. Study and examination skills?	Yes	No
	f. Anaesthesia?	Yes	No
	g. Radiography?	Yes	No
	h. Veterinary/Medical Laboratory Techniques?	Yes	No
5.16	Is a computer available for student veterinary nurses to use?	Yes	No
5.17	Is internet access available (this is mandatory for student experience log completion)?	Yes	No

Section 6 Management, Monitoring and Review of Training			
6.1	Does the practice have clearly defined roles and responsibilities for all staff involved in veterinary nurse training, with particular regard to clinical coaches/clinical supervisors? Please indicate how this is done(<i>append job descriptions if appropriate</i>):	Yes	No
6.2	Does/will each student have access to a clinical coach/clinical supervisor on at least two days during each working week?	Yes	No
6.3	Are measures in place to ensure that practice staff are kept up-to-date with veterinary nurse training issues? Please explain the measures proposed/in place:	Yes	No
6.4	Does the practice have mechanisms for the dissemination of the student progress quality assurance reports and other information provided by your centre? Please explain the measures proposed/in place:	Yes	No
6.5	Does the practice have systems in place for the maintenance and storage of student veterinary nurse records in accordance with RCVS and centre requirements?	Yes	No

Section 7 Declaration

As Principal of the training practice, you are asked to sign this application having read and understood your obligation to student veterinary nurses employed by you or engaged on clinical placement:-

1. I recognise my obligation to ensure that all veterinary nursing students at the veterinary nurse training practice for which application is being made:
 - a. Spend the greater part of their time on varied work directly relevant to their training and assessment pathway as veterinary nurses.
 - b. Are provided with suitable instruction on matters related to the Veterinary Nursing Occupational Standards, programme learning outcomes and RCVS Day One Skills by veterinary surgeons and/or Listed or Registered veterinary nurses at the training practice in preparation for work-based assessment and for external examinations.
 - c. Are provided with time to attend an RCVS-approved course of instruction during the course of their employment.
 - d. Receive adequate and sufficient training to meet the requirements of the student experience log and that their work is assessed according to regulatory and centre requirements.
 - e. Are given day to day supervision of their training and assessment as set out in the relevant sections of this document.
2. I undertake to ensure that some other suitably qualified person(s) shall continue the management and supervision of training if the Training Practice Principal, named in question 1.6 of this document, or staff acting in the role of clinical coach/clinical supervisor, leave the practice.
3. To the best of my knowledge, information and belief, the practice for which this application is made complies with all requirements of the core standards as set out in the RCVS *Practice Standards Manual*.

Approval Fee Enclosed

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Signature of Training Practice Principal:

Print Name:

Date:

ONCE COMPLETED, PLEASE FORWARD THIS FORM TO THE APPROVED CENTRE, NOT TO THE RCVS

APPROVED CENTRE USE ONLY

Date application received		Date practice visited	
Date practice approved as TP		Date RCVS notified	