RCVS Practice Standards Scheme

SIR, – I note with interest Bob Partridge’s letter (VR, April 23, 2005, vol 156, p 555) regarding the idea of differentiating practices by use of a star system, rather than the tier system announced for the current RCVS Practice Standards Scheme, where differentiation is less obvious.

CVS (UK) has over 30 practices (including branches) and these include facilities that fall into each of the three tiers. We have already applied for registration for all our practices and their branches, and this has focused our minds on ensuring that we have our systems and standards in place. The scheme is simple and allows us to easily understand where each facility fits (and yes, we do have some tier 1 branches). I applaud its simplicity, and believe it is the correct launch ‘tool’.

I understand that there were over 600 applications in by the time of the BSAVA congress, and that many more practices have applied since. We should compare this with the current Veterinary Hospital Scheme, where fewer than 100 practices across the UK are approved. In my role as acquisitions director for CVS, I have visited many practices that could easily qualify for hospital status and yet the owners have chosen not to apply. Indeed, although we own some Veterinary Hospitals we have other practices that are up to hospital status, yet we have also decided not to apply. For whatever reason, the new scheme seems to have caught the imagination of the profession and is attracting large numbers of applicants.

I understand Mr Partridge’s view that some further differentiation would be appropriate, but let’s do this later once we have people on board the scheme. Although a five-star approach appears to be supported by a number of people, I question whether this reflects the structure of the profession as it is today. If we are to use some form of differentiation it will need a lot more work to get it right. I
can think of at least nine clearly distinct types of practice today, from the multi-disciplined specialist referral centre, to the single-discipline referral centre, down through the mixed referral/first-opinion hospital and so on down to the simple local GP branch. It may be worth noting that the 'five-star' approach originated with the hotel trade, and yet one new hotel in Dubai has now categorised itself as a seven-star, presumably because it feels the present system is flawed. Whatever system we use, let's make sure it is appropriate to the current structure of veterinary practices.

The real people who matter are our clients, and the ultimate aim must be to provide them with a clear and unambiguous method of selecting the right practice for their needs. I agree with Mr Partridge that practices at the tier 1 level (or one star if you prefer) must be perceived as providing a good standard of service, albeit in simple facilities, and must not be perceived as providing a substandard service. In this respect we have to ask ourselves what the public perception is of a one-star hotel.

It is certainly CVS (UK)'s intention to ensure that all our future acquisitions meet the standards set for the new scheme, and this is reflected in the criteria we use for selecting new practices. I look forward to the future when further differentiation will give us the opportunity to enhance our standards and thereby improve our rating. But that is tomorrow's world.

Brian Pound, CVS (UK), Unit C, Victoria Road, Diss, Norfolk IP22 4GA
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Brian Pound

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