



MEETING	Advisory Committee
DATE	25 September 2008
TITLE	Note of the meeting of the Communications Working Party held on 9 July 2008
CLASSIFICATION	Unclassified
SUMMARY	For report
DECISIONS REQUIRED	NONE
ATTACHMENTS	NONE
AUTHOR	Sue Whall, Advisory Manager 020 7202 0789 s.whall@rcvs.org.uk

ROYAL COLLEGE OF VETERINARY SURGEONS

COMMUNICATIONS WORKING PARTY

**NOTE OF MEETING HELD AT BELGRAVIA HOUSE ON 9 JULY 2008
AT 2 PM**

Present:

Mr Peter Jinman, Chair, Advisory Committee and Council Member
Professor Alistair Barr, Advisory Committee and Council Member
Mrs Diane Mark, former Lay Observer, Preliminary Investigation Committee
Mr Fred McKeating, Technical Director, Veterinary Defence Society
Mr Richard Hillman, President, Society of Practising Veterinary Surgeons
Mr Nick Blayney, President, British Veterinary Association
Ms Adrienne Conroy, veterinary surgeon, working for the Food Standards Agency
and acting in her own capacity

In attendance:

Mrs Jill Nute, RCVS President
Miss Jane Hern, Registrar (part)
Miss Lizzie Lockett, Head of Communications Department
Mrs Sue Whall, Advisory Manager, Professional Conduct Department

Apologies

Apologies were received from Mrs Barbara Saunders, Lay Council member.

- 1 Mr Jinman welcomed everyone to the meeting and asked those present to introduce themselves and give a brief summary of their respective areas relating to this issue. A number of papers had been circulated in advance by way of background.

Advisory Committee

- 2 In January 2008, Advisory Committee was asked to consider the recommendations arising out of the Lay Observers' Report to Council in June 2007. Advisory Committee noted a number of practical issues arose in veterinary practice relevant to communication and consent and in light of the wide-ranging aspects arising, it agreed a small working party should be formed to make recommendations.
- 3 Specific areas identified for consideration were:
 - a. Provision of consent forms
 - b. Guidance on obtaining consent
 - c. Publicity for RCVS consent forms
 - d. Guidance for provision of fee estimates
 - e. Challenge of good communication within veterinary practice
 - f. Euthanasia

Lay Observer's perspective

- 4 Former lay observer to the Preliminary Investigation Committee, Mrs Diane Mark, provided her understanding of the problems that arose from complaints considered by the PIC. She believed that frequently there was a lack of understanding by the practice as to what information needed to be given to the client in order for the client to give consent.
- 5 Sometimes the veterinary surgeon believed the information had been given when the client thought that it had not; there appeared to be no meeting of the minds in such situations.
- 6 It was not always clear when the estimate had been reached. Because of this, it was difficult for the veterinary surgeon to know when to alert the client of the escalating costs. Sometimes the public appeared not to understand that fees would be charged.
- 7 Problems arose when the veterinary surgeon complained about had either not replied to the client's concern, or had done so but it had not been either prompt or sensibly written. A blunt reply was likely to inflame a situation and could provide another arm to the complaint.
- 8 A client may not always fully understand what was happening to their animal. Assumptions could be made about a client that might be based on misunderstandings.
- 9 With large practices, where a number of different veterinary surgeons may be involved in the treatment of the same animal, problems arose with poor communication between the veterinary surgeons involved, a lack of records or inadequate documentation which led to time frames being extended because matters had been looked at afresh rather than the previous history taken into account.
- 10 Sometimes clients thought the veterinary surgeon didn't care about the animal when this was not the case. However, the lack of communication skills had given the client this impression.
- 11 Mrs Mark summarised by saying that virtually all complaints had a communication element to them. Based on her experience, Mrs Mark said poor communication skills could aggravate a complaint; while good communication skills could avoid a complaint altogether.

Veterinary Defence Society

- 12 Mr McKeating advised that Mrs Mark's experience with PIC reflected that of VDS. Mr McKeating said over the last 10 years, complaints originating from small animal practices had increased.
- 13 Mr McKeating said members often do not inform the VDS early enough when a complaint letter has been received. The VDS advice is to respond speedily, and let the client know when they might expect a more detailed response from the practice. VDS does not write the letter but can advise

and suggest amendments. It explains that it is possible to be sorry for something that has happened without admitting liability.

- 14 The WP noted the volume of useful material published by VDS some of which had been provided for circulating to the WP. The material included consent forms and claims experience notes relevant to veterinary practice. All agreed the newsletter issued by the Veterinary Defence Society was particularly useful.

Other regulatory bodies

- 15 The WP had been circulated with advice and guidance issued by the General Medical Council; the Nursing and Midwifery Council; the Solicitors Regulation Authority and the Law Society Practice Note on Client Care letters.
- 16 It was clear that this was an issue that all professional organisations found it necessary to provide advice and guidance on to some extent.
- 17 The WP noted the distinction between advice published by regulatory bodies which reflected their role to protect the public and that of the professional organisations which provided guidance to assist their respective members to comply with their regulatory obligations.

RCVS advice

- 18 It was noted that relevant guidance could be found in the RCVS Guide to Professional Conduct; specifically at Parts 1 D (Responsibilities to Clients), Part 2 B (Fees) and Part 2 D (Communication and Consent), as well as the annex to the Guide comprising RCVS consent forms on Euthanasia and Anaesthesia and surgical procedures. It was thought this advice might form the basis from which additional guidance and clarity could be drafted – perhaps by way of an advice note.
- 19 General discussion followed with the aim of identifying new or existing issues for further consideration by the WP; topics for the provision of new advice and any aspects of the RCVS Guide or existing RCVS advice that might be revised.
- 20 It was commented that the clinical notes (not the consent form) should be the starting point and should reflect what is in the veterinary surgeon's head at this time. This may change over time and the notes will be revised accordingly. It was commented that for some routine operations the veterinary surgeon may not have a conversation with the client before carrying out the surgical operation. In such cases, a consent form would be completed between the client and a member of the practice's staff, eg the veterinary nurse.
- 21 It was stated that clients may not always take into account all the facts given to them. All cases evolve and this will affect prognosis and in turn fee estimates. Veterinary surgeons cannot tell the future and so need to manage that uncertainty to clients. Advice should be comprehensible without

dodging the issue. It was recognised that the information in the veterinary surgeon's head should be included in the notes, particularly when the animal is likely to see another veterinary surgeon.

- 22 It was commented that a problem can arise when the client is not available on the telephone number provided. In such cases, the veterinary surgeon will act in the best interests of the animal. Consent was not always practical. It was though recognised that it was important to try and accommodate what might occur and so in as far as is reasonably practical discuss eventualities with the client beforehand.
- 23 It was thought that one consent form may not be enough and additional consent may need to be obtained. VNs were well used to assisting clients with these forms; some clients would need assistance, for example, if they had a disability.
- 24 The WP agreed it had no wish to over burden veterinary surgeons with paper work and the advice should be proportionate and provided in general terms.
- 25 Veterinary surgeons should ensure they know how much their clients are willing to pay and advise them what can be done for that amount. It was recognised that veterinary surgeons may be uncomfortable about informing their clients of escalating costs.
- 26 Cited as good examples of useful advice to the practitioner were President Bob Moore's paper on the 10 most common complaints as well as VDS leaflets/advice.
- 27 By and large the WP believed the profession does a good job. It was stated the number of complaints were low in comparison to the number of consultations that take place.

Consent Forms

- 28 Sample consent forms from RCVS, VDS and an NHS Trust were considered. A number of points were made. Consent forms might allow for more detail about the procedure concerned. It was thought for those operations that involve major surgery but are carried out routinely, there could be pre - prepared standard information to hand out to clients.
- 29 Consent forms should try to be 'future proof', in that they should include general information and allow for matters to change and progress.
- 30 It was stated with regard to RCVS complaints, the adequacy of the form was not an issue. What could cause problems was the addition of information to the form after the client had signed their name.

- 31 There was some discussion on whether the client should receive a copy of the consent form once they had signed it. It was thought this might give rise to practical difficulties in practice with regard to keeping them updated.
- 32 Where additional consent had been sought over the telephone, it was thought reasonable to amend the consent form, and initial and date the amendment so it was clear when the amendment had been made and by whom. It was also thought to be good practice to note the additional consent on the clinical records.
- 33 There was some concern that clients did not always understand the language used in the form and may not always take on board everything that is explained, particularly in stressful situations.
- 34 It was suggested that the use of explanatory leaflets might go some way to deal with this problem and could be used alongside consent forms. In discussion whether the leaflet should explain risk or not; it was thought risk is difficult to quantify. However, it was agreed explaining the uncertainties involved in a procedure serves to manage client expectations. It was noted some data is being gathered by SPVS on audit outcomes of specific operations. It was thought most practices know their own audit outcomes and would know when to investigate a change in outcomes.

Euthanasia

- 35 The WP thought the RCVS consent form for euthanasia might usefully include options for disposal ie mass or individual. This was recognised as a difficult time for owners who may not have given this any thought and this provision could be helpful.

Fees

- 36 A change in the procedure initially envisaged had a costs impact. It was essential to keep the client informed of any escalation of costs as provided for in the Guide to Professional Conduct.

Capacity

- 37 It was noted the RCVS consent forms currently provides for the owner or agent of the owner to sign. It was thought the form should include the age of the person signing if under 18.
- 38 It was recognised that the ability of the person to understand what they are being asked to consent to is essential to obtaining consent. Each case should be considered individually and the explanatory language used should be appropriate for the client. This was considered to be a matter of judgment.
- 39 Veterinary surgeons should consider whether a person's disability may affect their ability to understand.
- 40 It was stated that in some practices animals might be admitted without the involvement of the veterinary surgeon beforehand, for example, for routine

operations where the veterinary nurse had dealt with the consent form. It was noted that the policy for some practices is that the animal is seen by a veterinary surgeon before admission.

- 41 It was commented that even with improved forms, communication in the manner in which the form is presented was also important. It was thought communication skills can be taught and that communication skills of new generation of veterinary school students are improved.
- 42 It was noted that the Guide to Professional Conduct included the relevant aspects needed for communication but that the profession might benefit from greater awareness of those provisions. Various ideas were suggested by the Head of Communications which might achieve this; such as an interactive section on the website that members could try out their knowledge of the Guide.
- 43 It was suggested that RCVS might draw from its experience in the complaints it receives and produce information in the same manner that VDS has done with its newsletters over the years.
- 44 There was some discussion whether RCVS should provide consent forms for other specific areas such as off label usage. Alternatively, an advice note might deal with such specific issues; in a more general way.

Conclusion/action

- 45 The WP agreed it would be useful to revise RCVS Consent forms;
 - a. to include a provision to copy the form to the client;
 - b. to allow for generic explanatory notes covering the form's use and purpose (perhaps to include fee estimates, escalation of costs; future proof wording - along the lines of the NHS Trust form)
 - c. to add provision to include the age of the person authorising treatment (if under 18)
 - d. to include methods of disposal to the euthanasia form
- 46 The WP to consider a draft advice note covering specific areas where communication issues arise drawing from the Lay Observers' Report.
- 47 The Head of Communications to look into methods of raising the profession's awareness of the provisions in the Guide to Professional Conduct.
- 48 The profession to consider explanatory leaflets that might be used alongside consent forms for dealing with routine procedures.

**Professional Conduct Department
30 July 2008**