

## Council

Hybrid meeting to be held on Thursday, 19 January 2023 at 10:30 am in Room B01/B02 Gateway Building, School of Veterinary Medicine and Science, University of Nottingham, Sutton Bonington Campus, Leicestershire LE12 5RD

## Agenda

	Classification <sup>1</sup>	Rationale <sup>2</sup>
1. <b>President's introduction</b>	Oral report Unclassified	n/a
2. <b>Apologies for absence</b>	Oral report Unclassified	n/a
3. <b>Declaration of interests</b>	Oral report Unclassified	n/a
4. <b>Minutes of meetings</b>		
i. Meeting held 9 November 2022 – classified appendix	<b>Confidential</b>	<b>1, 2, 3, 4</b>
ii. Meeting held 10 November 2022 – unclassified minutes	Unclassified	n/a
iii. Meeting held 10 November 2022 – classified appendix	<b>Confidential</b>	<b>1, 3, 4</b>
5. <b>Matters arising</b>		
a. Obituaries	Oral report Unclassified	n/a
b. Council correspondence	Oral report Unclassified	n/a
c. CEO update	Unclassified	n/a
6. <b>Matters for decision by Council and for report (unclassified items)</b>		
a. Under Care / Out of Hours Consultation	Unclassified <b>(Includes classified appendices)</b>	<b>(1, 2)</b>

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b. Eligibility of veterinary graduates from EAEVE approved / accredited schools for RCVS registration	Unclassified	n/a
<b>7. Reports of standing committees – to note</b>		
a. Advancement of the Professions Committee	Unclassified	n/a
b. Audit and Risk Committee		
i. Unclassified minutes	Unclassified	n/a
ii. Classified appendix	<b>Confidential</b>	<b>1, 2, 3, 4</b>
c. Education Committee		
i. Unclassified minutes	Unclassified	n/a
ii. Classified appendix	<b>Confidential</b>	<b>1</b>
d. Finance and Resources Committee		
i. Unclassified minutes	Unclassified	n/a
ii. Classified appendix	<b>Confidential</b>	<b>1, 2, 3, 4</b>
e. Registration Committee		
i. Meetings held 14 September and 12 October 2022 - Unclassified minutes	Unclassified	n/a
ii. Meetings held 14 September and 12 October 2022 - Classified appendix	<b>Confidential</b>	<b>1, 2, 3, 4</b>
iii. Meeting held 16 November 2022 – Unclassified minutes	Unclassified	n/a
iv. Meeting held 16 November 2022 – Classified appendix	<b>Confidential</b>	<b>1, 2, 3, 4</b>
f. Standards Committee		
i. Meeting held 12 September 2022 – Unclassified minutes	Unclassified	n/a
ii. Meeting held 12 September 2022 – Classified appendix	<b>Confidential</b>	<b>1, 3</b>
iii. Meeting held 24 October 2022 – Unclassified minutes	Unclassified	n/a
iv. Meeting held 24 October 2022 – Classified appendix	<b>Confidential</b>	<b>1, 3</b>
v. Meeting held 10 November 2022 – Unclassified minutes	Unclassified	n/a
vi. Meeting held 10 November 2022 – Classified appendix	<b>Confidential</b>	<b>1, 3</b>
vii. Meeting held 14 November 2022 – Unclassified minutes	Unclassified	n/a
viii. Meeting held 14 November 2022 – Classified appendix	<b>Confidential</b>	<b>1, 2, 3</b>

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vii. Meeting held 14 November 2022 – Unclassified minutes	Unclassified	n/a
viii. Meeting held 14 November 2022 – Classified appendix	<b>Confidential</b>	<b>1, 2, 3</b>

ix. Meeting held 7 December 2022 – Unclassified minutes	Unclassified	n/a
x. Meeting held 7 December 2022 – Classified appendix	<b>Confidential</b>	<b>1, 2, 3</b>
g. Veterinary Nurses Council		
i. Unclassified minutes	Unclassified	n/a
ii. Classified appendix	<b>Confidential</b>	<b>1, 2, 3, 4</b>
h. PIC/DC Liaison Committee		
i. Unclassified minutes	Unclassified	n/a
ii. Classified appendix	<b>Confidential</b>	<b>3, 4</b>
<b>8. Reports of statutory committees – to note</b>		
a. Preliminary Investigation Committee	Unclassified	n/a
b. RVN Preliminary Investigation Committee	Unclassified	n/a
c. Disciplinary Committee and RVN Disciplinary Committee	Unclassified	n/a
<b>9. Notices of motion</b>		
	Oral report Unclassified	n/a
<b>10. Questions</b>		
	Oral report Unclassified	n/a
<b>11. Any other College business (unclassified)</b>		
	Oral report Unclassified	n/a
<b>12. Risk Register, equality and diversity (unclassified)</b>		
	Oral report Unclassified	n/a
<b>13. Date of next meeting</b> Thursday, 16 March 2023 at 10:00 am		
	Oral report Unclassified	n/a
<b>14. Matters for decision by Council and for report (confidential items)</b>		
a. Estates Strategy – update	Oral report <b>Confidential</b>	<b>1, 2, 3</b>
b. Annual retention fee payment arrangements for veterinary surgeons 2023 – 2024	Oral report <b>Confidential</b>	<b>1</b>

<b>15. Any other College business (confidential items)</b>		
a. Comments on classified appendices	Oral report <b>Confidential</b>	<b>1, 2, 3, 4</b>
<b>16. Risk Register, equality and diversity (confidential items)</b>	Oral report <b>Confidential</b>	<b># TBC</b>
<b>17. Reflective session (confidential item)</b>	Oral report <b>Confidential</b>	<b># TBC</b>
Dawn Wiggins Secretary, RCVS Council 020 7202 0737 / <a href="mailto:d.wiggins@rcvs.org.uk">d.wiggins@rcvs.org.uk</a>		

### **<sup>1</sup>Classifications explained**

Unclassified	Papers will be published on the internet and recipients may share them and discuss them freely with anyone. This may include papers marked 'Draft'.
Confidential	Temporarily available only to Council Members, non-Council members of the relevant committee, sub-committee, working party or Board and not for dissemination outside that group unless and until the relevant committee or Council has given approval for public discussion, consultation or publication.
Private	The paper includes personal data which should not be disclosed at any time or for any reason, unless the data subject has agreed otherwise. The Chair may, however, indicate after discussion that there are general issues which can be disclosed, for example in reports to committees and Council.

### **<sup>2</sup>Classification rationales**

Confidential	<ol style="list-style-type: none"> <li>1. To allow the Committee or Council to come to a view itself, before presenting to and/or consulting with others</li> <li>2. To maintain the confidence of another organisation</li> <li>3. To protect commercially sensitive information</li> <li>4. To maintain public confidence in and/or uphold the reputation of the veterinary professions and/or the RCVS</li> </ol>
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## Terms of Reference

### The vision of the Royal College of Veterinary Surgeons [as agreed in the current strategic plan]

1. Our vision is to be recognised as a trusted, compassionate and proactive regulator, and a supportive and ambitious Royal College, underpinning confident veterinary professionals of whom the UK can be proud.

### Role of the Royal College of Veterinary Surgeons [derived from the Charter]

2. The objects of the Royal College of Veterinary Surgeons, as laid down in the Supplemental Charter granted on 17 February 2015 to the Royal Charter of 1844, ie:
  - a. To set, uphold and advance veterinary standards, and to promote, encourage and advance the study and practice of the art and science of veterinary surgery and medicine, in the interests of the health and welfare of animals and in the wider public interest.
  - b. The Charter also recognises those functions provided for in the Veterinary Surgeons Act 1966, in terms of the regulation of the profession, and also recognises other activities not conferred upon the College by the Veterinary Surgeons Act or any other Act, which may be carried out in order to meet its objects, including but not limited to:
    - i. Accrediting veterinary education, training and qualifications, other than as provided for in the Act in relation to veterinary surgeons;
    - ii. Working with others to develop, update and ensure co-ordination of international standards of veterinary education;
    - iii. Administering examinations for the purpose of registration, awarding qualifications and recognising expertise other than as provided for in the Act;
    - iv. Promulgating guidance on post-registration veterinary education and training for those admitted as members and associates of the College;
    - v. Encouraging the continued development and evaluation of new knowledge and skills;
    - vi. Awarding fellowships, honorary fellowships, honorary associateships or other designations to suitable individuals;
    - vii. Keeping lists or registers of veterinary nurses and other classes of associate;
    - viii. Promulgating guidance on professional conduct;
    - ix. Setting standards for and accrediting veterinary practices and other suppliers of veterinary services;
    - x. Facilitating the resolution of disputes between registered persons and their clients;
    - xi. Providing information services and information about the historical development of the veterinary professions;
    - xii. Monitoring developments in the veterinary professions and in the provision of veterinary services;
    - xiii. Providing information about, and promoting fair access to, careers in the veterinary professions.

### The purpose of RCVS Council [derived from the Charter]

3. It is laid down in the Charter that the affairs of the College shall be managed by the Council as constituted under the Act. The Council shall have the entire management of and superintendence over the affairs, concerns and property of the College (save those powers of directing removal from, suspension from or restoration to the register of veterinary surgeons and supplementary veterinary register reserved to the disciplinary committee established under the Act) and shall have power to act by committees, subcommittees or boards and to delegate such functions as it thinks fit from time to time to such committees, subcommittees or boards and to any of its own number and to the employees and agents of the College.
4. The Council is also responsible for the appointment of the CEO and Registrar, and the ratification of the Assistant Registrars. Appointment of all other staff members is the responsibility of the CEO and relevant members of the Senior Team.
5. A strategic plan is developed and agreed by Council to facilitate the delivery of these activities and to ensure ongoing development and quality improvement.
6. A delegation scheme that outlines how Council's functions are managed via system of committees and other groups is agreed annually by Council.

### How Council members work

7. In order to enable the Royal College of Veterinary Surgeons to fulfil its vision, and to discharge its functions under its Royal Charter and the Veterinary Surgeons Act 1966, RCVS Council members will:
  - a. Abide by the Nolan Principles of Public Life
  - b. Work in the best interests of the public, and of animal health and welfare and public health
  - c. Respectfully listen to the voices of the professions, the public and other stakeholders, and reflect them in discussions where appropriate, ensuring they are put into context
  - d. Neither be answerable to, nor represent, any group of individuals
  - e. Support the College's vision and work towards the success of the College and its functions
  - f. Live the College's values
  - g. Act at all times in a constructive, supportive and compassionate manner
  - h. Exercise a duty of care to the staff employed by the College, working through the CEO and Registrar
  - i. Recognise the importance of a collegiate atmosphere where robust discussion is welcomed in the formation of policy and multiple points of view are listened to and respected
  - j. Respect and support the decisions made by Council when communicating externally
  - k. Communicate College activities and positions to relevant stakeholders
  - l. Abide by the Code of Conduct for Council and Committee members



<b>Summary</b>	
Meeting	Council
Date	19 January 2023
Title	10 November 2022 Council minutes
Summary	Minutes of the Council meeting held on Thursday, 10 November 2022
Decisions required	To approve the unclassified minutes and classified appendix.
Attachments	None.
Author	Dawn Wiggins Secretary, Council 020 7202 0737 / <a href="mailto:d.wiggins@rcvs.org.uk">d.wiggins@rcvs.org.uk</a>

<b>Classifications</b>		
<b>Document</b>	<b>Classification<sup>1</sup></b>	<b>Rationales<sup>2</sup></b>
Paper	Unclassified	n/a
Classified appendix	<b>Confidential</b>	<b>1, 3, 4</b>

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## Council Meeting

Minutes of the hybrid meeting held on Thursday, 10 November 2022 at 10:00 am at the Chartered Institute of Arbitrators, 12 Bloomsbury Square, London WC1A 2LP

### Members:

Dr M A Donald (President in the Chair)	
Dr L H Allum	^Professor S A May
*Mrs B S Andrews-Jones	Mrs C-L McLaughlan
Miss L Belton	Professor T D H Parkin
^Professor D Bray	Dr S Paterson
Dr A L Calow	Professor C J Proudman
^Mr J M Castle	Mr M E Rendle
Dr D S Chambers	Dr K A Richards
Dr N T Connell	Mr T J Walker
Mrs O D R Cook	Mr W A S Wilkinson
Dr J M Dyer	^Professor J L N Wood
Ms L Ford	Ms J S M Worthington
Dr M M S Gardiner	

\*Denotes absent

^Denotes remote attendees

### In attendance:

Miss H Alderton	Committee Liaison Officer (CLO)
^Ms A Belcher	Director of Advancement of the Professions (DoAP) (open session only)
^Mr L Bishop	Media and Publications Manager (open session only)
Ms E C Ferguson	Registrar
^Ms L Hall	Director of HR (People) (DoHR(P)) (open session only)
^Mr I A Holloway	Director of Communications (DoComms)
Ms L Lockett	CEO
Ms C McCann	Assistant Registrar / Director of Operations (DoO)
^Dr L Prescott-Clements	Director of Education (DoE) (open session only)
^Mr D Tysoe	Chief Digital Officer (CDO) (open session only)

### Guests

^Mr J Loeb	<i>Veterinary Record</i> (open session only)
Mr V Olowe	Vice-Chair, Audit and Risk Committee (ARC)

## President's introduction

1. The President welcomed Council, staff and guests and outlined the order of the meeting.

## Apologies for absence

2. Apologies for absence had been received from:
  - Mrs Andrews-Jones
  - Ms Shardlow (Chair, Audit and Risk Committee)
3. Dr Middlemiss (UK CVO) (Council Observer) was not in attendance.

## Declarations of interest

4. There were no declarations of interest to report

## Minutes of the meeting held on 8 September 2022

5. Council had had the opportunity to comment electronically on the unclassified minutes of the meeting held on Thursday, 8 September 2022. There were no further comments.
6. A vote was taken:

For:	21
Against:	0
Abstain:	0
Did not vote:	2
7. Dr Allum and Professor Bray experienced technical difficulties and submitted email votes; Ms Worthington experienced technical difficulties and submitted an oral vote; these were included in the figures.
8. The unclassified minutes were accepted as a true record of the meeting by a majority vote.

## Matters arising

### Obituaries

9. There had been no written obituaries received. Council stood for a minute's silence for colleagues and all members of the professions that had passed since it last met and for the forthcoming Armistice Day to commemorate all those who had lost their lives fighting for and serving their country.

### Council correspondence

10. The President reported the following items:

#### RCVS Council Election 2023

11. A notice would shortly go into RCVS e-news, and to the retiring members at the 2023 AGM, with details of how to submit nominations for standing. The deadline for submissions was **5:00 pm on Tuesday, 31 January 2023**.

12. Council members were reminded that they were not permitted to nominate anyone to stand for Council and that, subject to eligibility, if retiring members intended to re-stand for a further term that **registered addresses** must be used on the Nomination Form.

#### Fellowship Day 2022

13. It was reported that this event was to take place the following day at the Royal Institution in London, where the 2020, 2021, and 2022 cohorts of Fellows would be welcomed.

#### Under Care / Out of Hours Review

14. This agenda item had been delayed as, following the death of Her Majesty the Queen and the period of national mourning that had followed, coupled with the time required to deal with a high level of response to the consultation, Standards Committee had not had enough time to put a proposal together for Council's consideration.

### CEO update

15. The CEO introduced the update and highlighted:

- launch of Extra-Mural Studies (EMS) Policy: there were a lot of competing needs, but it was hoped that the changes to the policy would improve the quality of EMS and drive better outcomes; focussing on the quality rather than the quantity, together with the development of the new database, should support participation and inclusion;
- House of Lords event: was held to explain the new legislation and thanks given to Lord Trees for hosting the event. There were speakers from the College, from the British Veterinary Association (BVA), and from paraprofessionals who would be affected by the proposed new legislation – there were some enthusiastic and compelling arguments from equine dental technicians (EDTs) and musculoskeletal (MSK) practitioners. There was a campaign website called 'Life has changed' that focussed on what had changed in the profession over the last sixty years. Although matters were in flux at present given all of the recent changes in government, it was clear that their priorities related to the economy and the environment;
- whilst Council was not permitted to nominate people for election, members could encourage other people to stand. Nominations were also now open for the wide range of awards available to members of both veterinary professions that would be presented at Royal College Day 2023;
- Mind Matters Initiative: there had been some recent campfires and new training opportunities;

- Black History Month: a large amount of work had been undertaken by the Advancement of the Professions and Communications Teams, also with thanks to Council member Dr Gardiner;
- British Veterinary Nursing Association (BVNA) Congress: had been well-attended; the College had promoted the RCVS Academy and VN Futures;
- American Association of Veterinary State Boards (AAVSB) Conference: it had been useful to hear from American and Australasian colleagues and to strengthen relationships across the world;
- workforce: the College's action plan would be published shortly, looking at how to better address workforce issues;
- clinical career pathways event: would be held on 7 December 2022;
- Fellowship Day 2022: as the President reported, this would be held the following day at the Royal Institute; farewell would be bid to the current Chair of Fellowship, Professor John Innes, who would step down, and a welcome given to the new Chair, Dr Christopher Tufnell, former President of the College; there would also be a guest speaker. Dr Anna Meredith would also be welcomed as Chair of the Science Advisory Panel that came under the Fellowship umbrella;
- London Vet Show: members of staff and the Officer Team would be in attendance to provide an update on key projects;
- Public Advisory Group (PAG): Council had approved the group at its meeting in September; Dr Allum had agreed to be Chair and an internal meeting had taken place the previous week to discuss how to take this forward. A call for members of the public to join the group would be put out shortly, meanwhile, consideration was being given to a better name for the Group;
- Council Culture Project, phase two: Mr Walker had kindly agreed to Chair a new working group to look at phase two of this work, with support from the Director of HR (People);
- the online condolence book for the late Queen had generated almost 900 messages from the professions; this would be published in hard copy form and placed in the RCVS archive;
- new patron: following the death of the late Queen, our patron, the Palace had informed the College that it would take a number of months to confirm who would be the College's new patron, with the request to please be patient;
- the new format of the strategic updates would commence in January 2023.

16. There were no questions, and the report was noted.

## Matters for decision by Council and for report (unclassified items)

### Discretionary Fund

17. The DoOps explained that the Discretionary Fund was an allocation in the budget for expenditure on items not provided for to allow for new ideas within a budget year, and to enable strategically important changes to be fast-tracked. There were financial controls in place and the provision in the 2022 budget was £150,000. The expenditure was reported through Finance and Resources Committee (FRC) as part of the Management Accounts.
18. Since the last meeting there had been two applications to the Fund:
- £18,000 for a survey of small animal and equine owners for views on the proposed changes to the RCVS guidance;
  - £1,386 for a customer service ticketing system trial. At the moment, if members had queries they went to the relevant department; if there were any registration, retention or finance issues the trial would be to have one person dedicated to answering the questions; this would free up other team members.
19. There were no comments, and the update was noted.

### Reports of standing committees – to note

20. The President thanked everyone at the College for their hard work on behalf of Council.

### Advancement of the Professions Committee (APC)

21. The Chair, APC, introduced the report and highlighted the work undertaken by the Team on Black History Month; the Mind Matters Initiative; the Workforce Summit documentation; and the Fellowship. The Fellowship Day promised to be really successful and would include discussion about quality of life and the overlap between behaviourism and acts of veterinary surgery.
22. It was noted that the Committee had also discussed Antibiotic Amnesty Month, an initiative originally launched in 2021 by the National Health Service (NHS) Midlands. This year, as part of the one health approach, they had contacted one of the large veterinary referral practices in the Midlands to 'put out feelers' in the wider veterinary community about its potential. It was a huge pan-professional one health campaign with stakeholders working side by side with the NHS and Royal Pharmaceutical Society (RPharmS). It had been staggering how it had grown with corporate and independent practices collaborating with each other and a willingness to share resources and work together.
23. Recent changes had also been made to the Practice Standards Scheme (PSS) on appropriate use of antibiotics, and also within that, appropriate disposal so that they do not end up in landfill to leech out into the soil or water table as it had a profound effect on the environment. The campaign was to get owners to return unused antibiotics throughout November, which would also overlap with antibiotic awareness week.

24. Most corporate practices; the Federation of Independent Practices; Veterinary Medicines Directorate (VMD); BVA and its specialist divisions; BVNA; RCVS Knowledge (RCVSK); and Responsible Use of Medicines in Agriculture Alliance (RUMA) had all been involved with providing free resources for people to download and the Executive of the RCVS was thanked for its support, in particular the RCVSK Team; it was felt that the campaign would really make a difference.
25. It was commented that the veterinary profession was small, but it could have a huge impact quickly and thanks given to everyone involved.
26. The report was noted.

#### **Audit and Risk Committee (ARC)**

27. The Vice-Chair, ARC, introduced the report and highlighted:
- there had been a good discussion on the Corporate Risk Register (CRR), and the software used to house it; the new emerging risk regarding the cost-of-living crisis had been added and consideration given to what could happen if this was a prolonged crisis;
  - risks were reviewed regularly both at corporate level and at individual departmental level and it was good to see the culture of considering risks embedded College-wide, with strong controls put into place;
  - the Charity Governance Code and the action plan relative to it was considered.
28. It was questioned how up to speed Council was on the Risk Register and whether it should come to Council again in conjunction with the ongoing Council Culture Project. It was noted that there was a lot of ongoing work, part of which was an RCVS Governance Document that covered all aspects of the governance of the College, which would be before Council at a later date and would be a good starting point to start tying work together.
29. The report was noted.

#### **Education Committee (EC)**

30. The Chair, EC, introduced the report. There was a lot of work ongoing and some new initiatives coming through, in particular:
- the veterinary school plans relating to the programmes brought in because of Covid restrictions had either reverted to pre-pandemic status, or had been adapted into individual school programmes, so it was agreed that the three-monthly requests were no longer required and were to be stood down; regular annual monitoring would pick up any emerging concerns;
  - EMS: the CEO had mentioned the EMS Policy launch earlier in the meeting; it was noted that there were some anomalies, for instance, there had been discussion around what should



happen with the vet schools that had two intakes per year (e.g. Nottingham) and what happened with students doing re-sits. Clarity was provided within the report; as Covid restrictions had eased, so too had reductions in EMS;

- the Professional Development Phase (PDP), the pre-cursor to the Veterinary Graduate Development Programme (VetGDP): there were a number of people on the PDP who had been on it for a number of years without completion, which now had a financial resource implication for the College; if there were no extenuating circumstances for people who had not logged on since 2018, they would be sent a final reminder before their access would be removed; more people moved over to VetGDP year on year;
- Advanced Practitioner status: a Task and Finish Group was looking at what it meant to be an Advanced Practitioner; the title; the career progression pathway, etc. A really interesting point had been raised about putting forward telemedicine as part of a case and its relevance to certain disciplines more so than others. That would return to EC following discussion at Standards Committee (SC) and would be part of the information before Council on the Under Care / Out of Hours review;
- VetGDP: over 2,318 members had completed their VetGDP advisor training, and over 100 had completed peer review training;
- vet schools had reported that some students had challenged attending some placements for farm animal or abattoir work for ethical reasons; this was being considered.

#### 31. Comments and questions included:

- when would the EMS Policy commence as the pilot would run before then; and was it possible to run virtual abattoirs for those students who were resistant to attending actual abattoirs?
  - o it was confirmed that the Policy would commence in 2024 and that, whilst the abattoir video was useful, EMS was experience-based and currently students were required to do actual abattoir placements as it was a core requirement;
- vet schools were generally enthusiastic about the change and the pilot, but the firmness of the plan required some caution as there were ongoing discussions and implications to take into account not least the potentially huge administrative burden that had yet to be properly evaluated;

#### **Dr Chambers joined the meeting.**

- re: the stakeholder event scheduled for 7 December: it would be good to get as many members attending as possible because it was not just the Advanced Practitioner status under discussion but also career pathways in clinical practice within a primary care setting;
- what responses had veterinary practices given to the EMS proposals?

- there were mixed responses, some thought it was fantastic, others were asking why the number of weeks had been reduced; experience gained was inconsistent, one of the drivers was to reduce the number of weeks but increase the consistency of experiences and to match the expectations of what students were looking for with regards to what the provider could give.

32. The report was noted.

#### **Finance and Resources Committee (FRC)**

33. The Treasurer introduced the report and highlighted:

- the Committee had received updates from the RCVS Investment Manager;
- management accounts had been reviewed;
- the planned Customer Relations Management System had been reviewed.

34. There were no comments or questions, and the report was noted.

#### **Registration Committee (RC)**

35. The President reported that the Committee had been running for over a year now, with quarterly statistics so that it was now possible to start to monitor trends to see where registrations originated from which had been useful. It was delightful to see the number of EU registrations increase so that would assist with workforce issues.

36. Individual applications for Temporary Registration remained confidential and those that were not straightforward generated good discussion prior to coming to a collective decision.

37. It was commented that it felt unusual to have a Council body decide on registration applications and questioned if the Committee refused an application whether there was an appeal function. It was noted that it was not full registration under consideration but rather Temporary Registration applications; Council had approved the Terms of Reference of the Committee when it had been set up and they included taking over those applications. There was no formal right of appeal, however a wider review of all of the College's appeal processes was ongoing and it would be covered then. It was further commented that the Temporary Registration applications were quite technical based, the alternative would be to have a panel of clinicians because of the specifics involved.

38. The report was noted.

**Mrs Cook joined the meeting.**

#### **Joint Education Committee (EC) and Registration Committee (RC)**

39. The President reminded Council that this item was confidential and if there was any discussion to hold it over to Agenda Item 15a in closed session.

40. There were no comments or questions, and the report was noted.

### **Standards Committee (SC)**

41. The Chair, SC, introduced the reports and highlighted:

- the Recognised Veterinary Practice Subcommittee set up in 2019 to increase clarity between research and veterinary practice, and to create a framework around which decisions could be made, had now published guidance;
- after a long lead in, the changes to PSS around environmental and social sustainability in practice were now up and running.

42. There were no comments or questions, and the reports were noted.

### **Veterinary Nurses Council (VNC)**

43. The Chair, VNC, introduced the report and highlighted:

- sessions for new degree students had taken place at the university of Bristol and at the Royal Veterinary College, London, providing an overview of what the RCVS did; there had been a good level of engagement for this new activity;
- the number of RVNs on the College's Register was expected to reach 22,000 for the first time, the profession was growing at a really pleasing rate.

44. There were no comments or questions, and the report was noted.

### **PIC / DC Liaison Committee (PIC/DC LC)**

45. The Chair, PIC/DC LC, introduced the report and highlighted:

- the Veterinary Client Mediation Service (VCMS) set up approximately six years ago had been very successful and its annual report was expected early in 2023. Its contract was up for renewal in 2023, but it remained a useful, respected and utilised service;
- the Key Performance Indicators (KPIs) for the last six months at Stage 1 of the concerns process had exceeded 90% in all aspects except August (with staff holidays), which had sat at 84%. September had reached 96%. There had been previous discussions both at Council and in the Committee of the challenges faced when vacancies had impacted on the team, and a lot of work had been done to counter that. It was noted that new staff members had settled in and that teams had been slightly re-structured; the benefits were noted amongst the teams themselves and in the statistics before Council.

46. There were no comments or questions, and the report was noted.

## **Reports of statutory committees – to note**

### **Preliminary Investigation Committee**

47. There were no comments or questions, and the report was noted.

#### **RVN Preliminary Investigation Committee**

48. There were no comments or questions, and the report was noted.

#### **Disciplinary Committee and RVN Disciplinary Committee**

49. There were no comments or questions, and the report was noted.

#### **Notices of motion**

50. There had been no notices of motion received.

#### **Questions**

51. There had been no questions received.

#### **Any other College business (unclassified items)**

52. There was no other business to report.

#### **Risk Register, equality and diversity (unclassified items)**

53. There were no new items to add to the College's Risk Register.

#### **Date of next meeting**

54. The date of the next meeting was Thursday, 19 January 2023, at **10:30 am**, at Nottingham University Veterinary School, this would be in-person with hybrid functionality.

#### **Professor Parkin left the meeting**

#### **Matters for decision by Council and for report (confidential items)**

#### **Budget 2023**

55. This information is available in the classified appendix at paragraphs 1 – 6.

#### **Any other College business (confidential items)**

#### **Comments on classified appendices**

56. This information is available in the classified appendix at paragraphs 7 – 8.

**Other items**

57. This information is available in the classified appendix at paragraphs 9 – 11.

**Professor Parkin re-joined the meeting.**

**Risk Register, equality and diversity (confidential items)**

58. This information is available in the classified appendix at paragraph 12.

**Reflective session (confidential item)**

59. This information is available in the classified appendix at paragraphs 13 – 15.

60. The President brought the meeting to a close.

<b>Summary</b>	
Meeting	RCVS Council
Date	19 January 2023
Title	CEO update, including progress against Strategic Plan
Summary	This paper offers a summary of activity against the 2020-2024 Strategic Plan
Decisions required	To note
Attachments	Annex one – Council Culture Working Group Action Plan
Author	Lizzie Lockett CEO l.lockett@rcvs.org.uk

<b>Classifications</b>		
<b>Document</b>	<b>Classification</b>	<b>Rationales</b>
Paper	Unclassified	n/a

## Background

1. The RCVS Strategic Plan 2020-2024 was approved at the RCVS Council meeting in January 2020 and came into immediate effect. The full report, including all of the narrative, together with case studies from the previous plan's successes, can be found here: <https://www.rcvs.org.uk/news-and-views/publications/rcvs-strategic-plan-2020-2024/>
2. At its meeting in July 2020, the Officer Team felt it appropriate that an update be given to Council three times a year – in September, January and June – and information about a specific action can be made available to any Council member on request in between times.
3. For each action, responsibilities, recent activities and next steps have been identified in the following table. The format of this table has been updated following feedback at the September 2022 meeting of Council and now includes a Red/Amber/Green (RAG) rating against each item to show progress compared to what was anticipated at this point in the Strategic Plan's implementation. Some of the historical detail has also been removed from the table to simplify what is shown.
4. Outside of those changes noted in the Strategic Plan table to follow, since the September 2022 Council meeting we have also:
  - a. Welcomed Chris Tufnell as the new Chair of the Fellowship Board
  - b. Brought in our new simplified concerns process
  - c. Welcomed 14 overseas-qualified vets and nurses to their respective Registers in a virtual ceremony
  - d. Promoted the College and our activities at the BVNA Congress
  - e. Celebrated Black History Month with new leadership stories
  - f. Opened our 2023 Awards Nominations period
  - g. Opened our 2023 Council and VN Council elections period
  - h. Launched a new training programme via Mind Matters
  - i. Written to the Prime Minister to urge support for Afghan vets wishing to enter the UK
  - j. Attended the London Vet Show and held sessions on sustainability, CPD and current College projects
  - k. Hosted an event at the House of Lords to discuss the need for new veterinary legislation
  - l. Published our Workforce Action Plan
  - m. Hosted our first in-person Fellowship Day since 2019, including a 'Fellows of the Future' student research competition and workshops on behaviourism and quality of care
  - n. Published our new Extra-mural Studies (EMS) plans
  - o. Celebrated that a fifth institution has been accredited to provide the CertAVN
  - p. Provided new animated resources to help support those on the VetGDP
  - q. Held an information session for prospective election candidates
  - r. Held an event to explore clinical career pathways

## A: Clarity

**Ambition:** to ensure that we have clarity of purpose and that our internal and external stakeholders and service-users understand our role in the world. We will endeavour to become a proactive regulator that remains a step ahead, even in the face of constant change and uncertainty. We will listen widely, consult meaningfully, make confident decisions, then communicate with clarity, appreciating that the final outcome may not suit everyone.

Action	Who?	Status	Recent activity/next steps
1. Continue, via the work of the Veterinary Legislation Working Party (LWP) and other groups, to review the regulatory landscape to ensure we develop world-leading, robust standards and approaches that are grounded in evidence and risk-based, in order to safeguard animal health and welfare, and public health, and maintain trust in the veterinary professions.	Exec Office/ Ed/VN		<ul style="list-style-type: none"> <li>• Successful event took place to promote the need for new legislation at the House of Lords in October. New microsites built to support the argument. Defra supportive, progress now depends on final approval and time being available.</li> <li>• First accreditation with new educational standards due for March 2023 (Liverpool), and we have launched a comprehensive new online training programme for accreditation panel members via RCVS Academy.</li> <li>• Pre-accreditation support meetings with VN providers have been positively received.</li> </ul>
2. Ensure that we are addressing what matters to our stakeholders and that we horizon-scan for issues that are beyond the scope of our immediate view. For example, regulation of new technologies, regulation of practices, review of our concerns and disciplinary process, and regulation of the wider veterinary team and the environment in which they work.	APC/ LWP/ PICDCL /EC		<ul style="list-style-type: none"> <li>• We have published our Workforce Action Plan and are planning a series of webinars to gain engagement and support for its actions.</li> <li>• Regulation of the wider veterinary team is linked to new veterinary legislation – see above. We continue to investigate and debate the most appropriate groups to bring under any future regulatory umbrella, for example, discussion at recently Fellowship Day on behaviourists.</li> <li>• The new concerns process is now launched and the website has been updated accordingly. The new Charter Case Committee will commence work in 2023.</li> <li>• Our new plans for EMS have been published.</li> <li>• UCOOH review is ongoing and will be discussed at the January 2023 meeting of Council.</li> </ul>
3. Review whether we can take a more proactive role around breaches of the Veterinary Surgeons Act involving unqualified individuals, or courses that purport to lead to registration but do not, both through education to end-users of veterinary services, and working more actively to support those wishing to raise concerns with the relevant authorities.	Registrar		<ul style="list-style-type: none"> <li>• A paper on breaches of the VSA was submitted for consideration by Council in September 2022 along with consideration of courses that purport to lead to registration but do not; a policy will be brought to Council in March 2023.</li> </ul>



Action	Who?	Status	Recent activity/next steps
4. Work with our partners overseas to ensure that the UK remains relevant in the veterinary world post-EU exit, including sharing knowledge, marketing our standards and services, and building an engaged diaspora of members of the Royal College of Veterinary Surgeons (MsRCVS) and registered veterinary nurses (RVNs). Ensure there is a global element to all that we do, and that our international members feel engaged and included.	APC/ FVE/ EC		<ul style="list-style-type: none"> <li>Continue improving engagement with overseas members.</li> <li>Work ongoing to develop more permanent solution to loss of mutual recognition of professional qualifications – paper to January 2023 Council.</li> <li>Pick up work with OIE regarding regulatory twinning project with countries that do not have well embedded structures - to be restarted.</li> <li>Continuing strong relations with International Accreditors Working Group, Federation of Veterinarians of Europe, Mind Matters International and International Veterinary Regulators Network.</li> <li>Academy course developed for overseas vets and VNs applying to register.</li> </ul>
5. Build a closer relationship between the College, the professions and the public by continuing our outreach programme. Review how we gain input from stakeholders at all levels, including the development of an improved process for seeking input from members of the public.	APC/ Comms/ Exec		<ul style="list-style-type: none"> <li>Setting up of Public Advisory Group underway – delays due to resourcing.</li> <li>Programme of attendance at events and congresses for 2023 being finalised, including public outreach.</li> <li>Survey planned to evaluate effectiveness of RCVS coms and engagement activities, and review vet/VN preferences, to inform new comms strategy.</li> <li>RCVS Academy gaining good engagement.</li> <li>New iteration of Council Culture Working Group continues to recommend how relationship between Council and professions can be improved – see Annex One for its Action Plan.</li> </ul>
6. Establish clarity around a data-sharing commitment, and ensure that our views, our data & our insights are shared regularly in an easy-to-search way, for example, easy-to-find FAQ on key issues, insights gained from concerns & complaints data, and self-service facts and figures about the professions. Make available accessible & anonymised versions of the data we hold to all stakeholders to enable them to generate value and insights for the sector.	FRC/ Digital/ Policy		<ul style="list-style-type: none"> <li>Develop dashboard on key metrics – identifying key areas underway.</li> <li>Data management system review under consideration by Finance and Resources Committee.</li> <li>Additional data being gathered about reasons for leaving the RCVS Registers – reported to Registration Committee.</li> <li>More work needs to be done on the self-service data aspect.</li> </ul>
7. Plan and implement a cycle of review and improvement for our educational standards and processes, to ensure we continue to take a leadership role with our international partners.	Ed Cttee/ VN Ed Cttee		<ul style="list-style-type: none"> <li>Course now on RCVS Academy for accreditation panellists.</li> <li>First visit under new standards will take place in March 2023 (Liverpool).</li> <li>Review of AP / Specialist status ongoing – clinical careers event 7 December, and report going to Education Committee in February 2023.</li> <li>Support for programmes going through the VN Accreditation process launched March 2022.</li> <li>ENQA re-accreditation w/c 3 April, Self-Evaluation Report submitted.</li> </ul>
8. Ensure clarity of appeal across all the areas where we make decisions, modernising where appropriate; where appeal is unavailable, clearly justify.	Legal services		<ul style="list-style-type: none"> <li>Registration appeals process to be considered now MRPQ no longer exists.</li> <li>Appeal process for Statutory Membership Examination to be considered.</li> </ul>

## B: Compassion

**Ambition:** to be a compassionate upstream regulator and a supportive Royal College by ensuring that high standards continue to be met while working in an empathetic way that respects all of our stakeholders and service-users as individuals. We will recognise that a compassionate approach involves helping members of the veterinary team build the skills and knowledge they need to meet our standards, which is ultimately in the interests of animal health and welfare.

Action	Who?	Status	Recent activity/next steps
1. Endeavour to ensure that the College is seen as approachable, helpful, fair and accessible to all.	All		<ul style="list-style-type: none"> <li>Full web content review is underway, with consideration being given to information accuracy, content design, language style, accessibility, diversity and inclusion and search engine optimisation (SEO).</li> <li>See also A5 above ref engagement.</li> <li>Review of appeals processes ongoing, see A8 above.</li> <li>Improving the way we communicate Council and committee activities as part of the Council Culture project.</li> </ul>
2. Enable our teams to deliver compassionate regulation by providing structures, training and support to ensure they can help vets and nurses meet the standards required in a compassionate way, and take ownership and communicate clearly when things don't go to plan. Recognising that, in order to achieve this, our team members must also feel well supported and that they are compassionately treated.	People		<ul style="list-style-type: none"> <li>Peakon data regularly reviewed.</li> <li>New staff feedback group being set up (to bring together previous LGBTQ+, wellbeing and EDI groups).</li> <li>New staff training priorities will fall out of 'My Progress' annual review process; this process now has greater focus on values.</li> <li>New online learning hub for staff under consideration, and new intranet.</li> <li>Thematic review of data from exit interviews now going to Senior Team.</li> <li>Review of EAP and other support will take place shortly.</li> </ul>
3. Review our concerns process through the eyes of each of our stakeholder and service-user groups to ensure that it is fair, forward-thinking and compassionate, and set out a programme of quality improvement.	ProfCon MMI		<ul style="list-style-type: none"> <li>Ongoing comms and marketing around our ProfCon Investigation Support Service</li> <li>Public Advisory Group will support us developing more compassionate approach for animal owners.</li> </ul>

Action	Who?	Status	Recent activity/next steps
4. Help our regulated professionals to meet the standards expected of them by their peers, the public and society at large by launching the RCVS Academy, which will house a range of online educational tools to help veterinary surgeons, veterinary nurses and other potential associates of the College understand what is expected of them in terms of meeting standards, and to support them acquiring relevant knowledge and staying up to date in a creative, accessible and inspiring way.	Exec ALL		<ul style="list-style-type: none"> <li>• New courses being launched regularly.</li> <li>• Early feedback and engagement good, and process of quality improvement underway.</li> <li>• Regular contact with advisory panel of vets and nurses.</li> </ul>
5. Continue to support the mental health and wellbeing of members of the veterinary team, and our College staff, through the Mind Matters Initiative under its workstreams of 'prevent, protect and support' (see <a href="http://www.vetmindmatters.org">www.vetmindmatters.org</a> ), and also help veterinary professionals to take account of the mental health of those with whom they come into contact.	APC		<ul style="list-style-type: none"> <li>• New training programme just launched.</li> <li>• New strategy being finalised.</li> <li>• MM International research event under discussion as possibility.</li> </ul>
6. Continue to foster a reflective learning culture amongst members of the veterinary team, so that they can continue to grow and develop in a supportive, no-blame environment.	APC Ed Cttee		<ul style="list-style-type: none"> <li>• Reflective CPD and use of 1CPD app now mandatory – communications and promotion have taken place during 2022 and will continue.</li> <li>• Evaluation of VetGDP Adviser e-learning highly positive.</li> <li>• Discussions ongoing with NHS regarding relaunch of Edward Jenner Leadership MOOC.</li> </ul>

## C: Courage

**Ambition:** we will have the courage to take a leadership role within the professions, to ensure that the pervading culture is healthy, sustainable, inclusive, innovative and respectful; through this, will develop confident veterinary professionals.

Action	Who?	Status	Recent activity/next steps
1. Continue to seek culture change within the wider professions around help-seeking behaviour to support both mental and physical health, learning culture, leadership, innovation, sustainability and diversity.	DIG MMI APC Education		<ul style="list-style-type: none"> <li>• See B5 for MMI and B6 for learning culture.</li> <li>• VN version of religious clothing document under development.</li> <li>• Fellowship Science Advisory Panel project on Net Zero Surgery ongoing.</li> <li>• Series of leadership stories for Black History Month in October 2022.</li> <li>• Sustainability is a key aspect of Hardwick Street Refurbishment project.</li> <li>• ViVet Student Innovation Competition for vet and VN students ongoing, and Innovation Assessment, an online self-assessment form aimed at practices looking to learn how they can be more innovative.</li> <li>• Academic paper on learning culture development in VetGDP published in the Journal of Veterinary Medical Education, and session accepted at the forthcoming Advance HE conference on work to support BAME students.</li> <li>• VetGDP for returners now launched to help people to return to veterinary work following a career break.</li> <li>• Chronic illness survey in final preparations for launch, aim to complete by summer; have supported the FVE campaign with videos; inclusive recruitment toolkit next to be tackled by Diversity and Inclusion Group.</li> <li>• Course under development to support newly-registered veterinary nurses and those returning following a career break.</li> </ul>
2. Celebrate the art as well as the science of veterinary medicine and ensure that wider professional skills are properly and credibly supported.	APC RCVSK Education		<ul style="list-style-type: none"> <li>• Nominations round for RCVS Awards to celebrate all aspects of the profession now open.</li> <li>• New building development project will focus on history and development of modern veterinary practice.</li> <li>• The introduction of the new Fellowship categories have brought in a wider diversity of Fellows, whose expertise on the art and science of veterinary medicine needs to be harnessed. Wider skills continue to be championed through the CertAVP and the new vet school standards.</li> </ul>


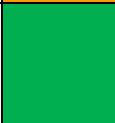

Action	Who?	Status	Recent activity/next steps
3. Work with other stakeholders to retain skills and talent within the professions, by developing return-to-work options that build confidence in those who have had a career break, for whatever reason.	<i>Education MMI ViVet Academy Exec</i>		<ul style="list-style-type: none"> <li>• Publication of Workforce Action Plan outlines range of actions to be taken under this heading. A series of webinars with the wider profession will aim to gain buy-in for actions to meet each ambition, dates TBC.</li> <li>• VetGDP is available for those returning to the profession. Compulsory for those away from the profession for more than five years, optional for those away for a shorter period. Now covered in VetGDP coms.</li> <li>• Course under development for nurses returning following a five-year absence from the Register</li> <li>• Work underway to understand recruitment, retention and return activities within the government / public health veterinary sector and develop an action plan based on recent gap analysis event.</li> </ul>
4. Ensure a pathway for career progression for vets and nurses via postgraduate/post-qualification accreditations and qualifications – to meet the needs of vets and nurses at all stages of their careers.	<i>Education VN</i>		<ul style="list-style-type: none"> <li>• Fifth provider of CertAVN approved.</li> <li>• Clinical career pathways event took place – report under development.</li> <li>• VN career progression linked to LWP proposals (see A1).</li> <li>• Proposals under development for the Advanced Practitioner role for veterinary nurses.</li> <li>• Actions within Workforce Action Plan also consider fulfilling careers.</li> </ul>
5. Develop extra-mural studies (EMS) and work experience opportunities at the College, together with more opportunities for veterinary professionals and members of the public to become engaged with the work of the regulator at first hand and gain an understanding of its complexities.	<i>Comms APC</i>		<ul style="list-style-type: none"> <li>• Develop modules for Academy to better explain our key functions.</li> <li>• Recruitment for next round of EMS placements, jointly with Veterinary Policy Research Foundation, will go live shortly.</li> <li>• Officers attended a range of freshers' weeks and careers fairs at the vet schools in autumn 2022.</li> <li>• CEO undertaking talks with practices - including new grads – to demystify the work of the College.</li> </ul>
6. Create an innovation funding pot to enable the professions to help solve regulation and professional standards issues that matter to them.	<i>Exec FRC</i>		<ul style="list-style-type: none"> <li>• Launch bursary scheme – title?</li> <li>• Consideration of challenge prize on hold due to pandemic and other priorities. It will also be important to ensure the professions have the right skills and approach to innovation in order to maximise the opportunity.</li> </ul>

Action	Who?	Status	Recent activity/next steps
7. Continue to develop the Fellowship into a learned society that reflects the varied achievements of the veterinary profession; encourages the advancement of standards; and, develops public awareness of veterinary medicine and science, for example, via the development of a Fellow on the Public Understanding of Veterinary Science.	Fellows APC		<ul style="list-style-type: none"> <li>• 31 new Fellows admitted at Fellowship Day in November 2022, positive event.</li> <li>• New Chair of Fellowship Board, Chair of Science Advisory Panel and Project Officer elected.</li> <li>• New Board members are creating the plan for Fellow outreach and interactions over the next few months, for example, Fellows on Tour and wider speaking opportunities.</li> <li>• Positive feedback from the panel sessions held at Fellowship Day - look to continue that type of interaction to increase awareness of key issues and to help drive activities.</li> <li>• Applications now welcomed for 2023 intake, encouraging GPs and those from non-traditional veterinary roles to apply.</li> <li>• FSAP looking at behaviourism and net zero.</li> </ul>
8. Review new ways of reaching consensus and driving change within our leadership and governance structure.	Exec Officers		<ul style="list-style-type: none"> <li>• Second iteration of Council Culture Working Group set up – see annex 1 for its action plan. Next meeting on 23 January.</li> <li>• Review of induction process with new Council members to understand positive impact of induction and any challenges.</li> <li>• Reflection sessions being trialled after Council meetings to discuss how effectively business was conducted.</li> <li>• Review impact of 2018 LRO on Governance (see also D1).</li> <li>• Meeting held with prospective Council and VN Council nominees to better set expectations of the role.</li> <li>• Workshop sessions to be planned with external speakers on board effectiveness.</li> </ul>
9. Work with the BVA and the BVNA to evaluate the success of the first action plans for Vet Futures and VN Futures respectively, assess whether the ambitions remain relevant, and develop new action plans accordingly. Work with the FVE to support the delivery of Vet Futures Europe.	Exec		<ul style="list-style-type: none"> <li>• Case studies on VF successes need to be refreshed, to form part of VF evaluation document (joint with BVA). Some delays due to resourcing.</li> <li>• VF part two under consideration.</li> <li>• VN Futures evaluation report published in September 2022; work now ongoing to develop an animation to outline achievements and future activities.</li> </ul>

## D: Confidence

**Ambition:** in order to deliver our Strategic Plan we must not only have the mandate that is secured by the Veterinary Surgeons Act and our Royal Charter, but also the confidence to succeed that will be brought by the right underpinning – the governance, people, finance, communications and IT structures that are crucial to our success.

Action	Who?	Status	Recent activity/next steps
1. Review the bedding-in of the 2018 Legislative Reform Order to ensure that our Council and committee structure is efficient, effective, and transparent, and provides the right level of strategic oversight coupled with skills-based input to allow the College to function to the best of its abilities.	Officers Exec		<ul style="list-style-type: none"> <li>Scoping for informal review in 2023.</li> <li>Some of these issues under consideration by Council Culture Working Group.</li> <li>Governance Manual in progress.</li> <li>Action plan to resolve gaps vs Charity Code being worked through by Senior Team.</li> </ul>
2. Review the structure of all of our groups operating below committee level, to ensure the right mix of skills are available to tackle the tasks at hand and that each group has clear membership, purpose, principles, time-frame and sense of what success will look like.	FRC Ops		<ul style="list-style-type: none"> <li>Skills being considered as part of Council Culture project.</li> <li>New software for the management of Council and committee papers has been well received.</li> <li>Annual review of delegation scheme now routine and all groups now have ToR and greater clarity.</li> <li>New templates for papers under development, along with training for secretariats.</li> <li>Thought to be given to the number of Council and Committee meetings we have.</li> </ul>
3. Develop and embed a meaningful dashboard to help ensure that appetite for risk is clear, risk is managed and any early warning signs are addressed.	ARC FRC Ops		<ul style="list-style-type: none"> <li>Risk process well embedded and regularly praised by Audit and Risk Committee for its effectiveness.</li> <li>Business Continuity Planning meeting took place recently and changes being made to the plan in response.</li> <li>Work ongoing on risk dashboard and assurance map.</li> <li>Greater visibility of Corporate Risk Register now available to Council.</li> </ul>
4. Collate and review our member and service-user feedback on an ongoing basis, against key performance indicators, and work with RCVS Knowledge to employ a quality improvement and innovation methodology to ensure we are providing services that meet the needs of our audiences and society at large.	Ops Head of I&E		<ul style="list-style-type: none"> <li>Head of Insight and Engagement has left – role under review.</li> <li>Improvement of KPIs under way.</li> <li>Process for reviewing / analysing all complaints about RCVS, regardless of area of work still ongoing.</li> <li>New Customer Services team set up on a trial basis.</li> <li>VN 'leaver survey' under development.</li> <li>Zero tolerance for abuse of our staff statement now on the website.</li> </ul>

Action	Who?	Status	Recent activity/next steps
<p>5. Put in place a People Strategy that develops our talent, diversity, leadership and culture, across the staff team, Council and committee members, examiners, assessors and all others who work on behalf of the College.</p>	<p>Exec People</p>		<ul style="list-style-type: none"> <li>• Provide data ref current position on gender and other diversity strands by end Q3 2023.</li> <li>• Learning management system platform to be up and running with initial material by Q2.</li> <li>• Change of pension provider has been implemented for staff who were members of the current scheme. The change process was smooth, error-free and meets a number of important criteria for members such as ESG credentials and accessibility. A review of the remaining scheme is to take place in Q1.</li> <li>• Data dashboard under construction to highlight people data to include diversity and gender information. Due to changes in the People team this work will be delayed until Q2 although specific data regarding recruitment will be available sooner.</li> <li>• First cohort has completed new Guide Your Progress Course for middle managers and been very well received.</li> <li>• New employee network to be launched during Q1.</li> <li>• Update of induction and probation processes in progress, majority of the policies are complete with some minor adjustments based on feedback being updated.</li> <li>• Trans and menopause policies finalised.</li> <li>• Eighteen people clinics for managers have been delivered, providing advice and knowledge around key subject areas including employment law, and bullying and harassment in the workplace. Further clinics will be developed in early 2023.</li> <li>• Review of payroll and people systems underway, to reduce repetition and administration, provide a better service to managers and improve the experience for new recruits.</li> </ul>
<p>6. Ensure our financial systems are customer-focused, fraud-resistant and efficient, and improve communication and clarity over where money is spent and its impact.</p>	<p>FRC Ops</p>		<ul style="list-style-type: none"> <li>• Ensure database upgrade includes a flexible customer interface.</li> </ul>
<p>7. Develop and implement a technology strategy that puts digital first, is collaborative, and focuses on simplification and convergence.</p>	<p>Exec Digital FRC</p>		<ul style="list-style-type: none"> <li>• Consultants contracted to support tender for new CRM system. Project Board in place to give oversight.</li> </ul>



Action	Who?	Status	Recent activity/next steps
8. Purchase a new property that aims to serve the needs of the College for the next twenty years, while not putting an undue future financial commitment on our members.	Estates Ops		<ul style="list-style-type: none"> <li>Peldon Rose hired to support commercial strategy and refurbishment approach. Meetings taken place with staff and Council. Staff survey currently out for completion. Work reports to HS Refurbishment Group.</li> <li>First set of tenants now exited HS.</li> </ul>
9. Put in place a communications strategy that will focus on clarifying what we are, and what we are not, and be stronger about calling out those who seek to undermine the College; own our shortcomings and be clear about where and how we will change; and be bolder about celebrating our successes and our unique contribution to animal health and welfare, and public health. Empower our wider team to become communications ambassadors for the College.	Comms		<ul style="list-style-type: none"> <li>RCVS comms survey of key stakeholders (including professions, public etc) to establish preferences and gain feedback.</li> <li>Use feedback to devise coms strategy to support strategic ambitions, departmental activities and stakeholder requirements.</li> <li>Produce social media guidance.</li> <li>Social media strategy under development as part of broader planning work.</li> <li>Development of Language/Content Style Guide underway as part of web content review.</li> </ul>
10. Develop and implement a corporate social responsibility strategy that befits an organisation that works in the public interest.	FRC Ops		<ul style="list-style-type: none"> <li>Environmental impact of any new building under consideration, plus how it can help us integrate into, and support, local community.</li> <li>Work ongoing with UKHACC.</li> <li>Regular reviews of investment portfolio to ensure it aligns with our values.</li> <li>Push to encourage staff to make more use of volunteering days to support social responsibility of the organisation.</li> <li>Working towards iiE Silver once in new building (likely to remain at Bronze for 2023).</li> <li>Consideration of carbon off-setting line in 2024 budget.</li> </ul>

## Annex One – Council Culture Working Group Action Plan

Theme		Actions agreed to date	Next steps/timing	Action owner	Final approval
Code of conduct	Update of complaints process	New process agreed at November 2022 Council meeting.	Complete	Eleanor Ferguson	Council
	Review of Code of Conduct	Current version needs to be updated including changes to the Nolan Principles and consistency with Council's 'How We Work' statement.	Update to be reviewed at January 2023 WG meeting and passed to Council for approval.	Eleanor Ferguson	Council
Skills	Skills development	Council members to be surveyed on personal development needs in their role as Council members to inform potential development programme.	Survey topics to be reviewed at January 2023 WG meeting.	Lisa Hall	
	Committee Chair training	Training approach/provider to be identified.	Commissioning and delivery asap	Lisa Hall	
	Reflection sessions for Chairs and President	Agreed that requirement was for an annual performance/development review for all Council and Committee members. Group members agreed to identify any suitable models.	Models identified from other organisations to be reviewed at January 2023 WG meeting.	Lisa Hall	Council
	Reflection model for all Council members				
	OPQ questionnaire	Use of OPQ questionnaire (or similar) to be incorporated as part of reflection process for Council and Committee member annual performance/development reviews.	On hold until further work undertaken on annual review process.	Lisa Hall	
	Whole council evaluation	Agreed that periodic review of whole Council effectiveness should take place. Group members agreed to identify any suitable models, for example Charity Governance Code evaluation tool.	Models/questionnaires to be reviewed at January 2023 WG meeting.	Lisa Hall	Council

Theme		Actions agreed to date	Next steps/timing	Action owner	Final approval
Elections	Updating of Statutory Instrument	Liaison with Defra ongoing.	Discussions to be reported back to WG and/or Council.	Eleanor Ferguson	Council
	Develop updated nominations form	Agreed that changes should be recommended to Council for 2024 elections.	WG to review at future WG meeting (date tbc).	Eleanor Ferguson	Council
	Update 'job spec'	Group members agreed to feedback on current materials for changes in 2023 and 2024.	Immediate changes to be incorporated in current materials. WG to review additional changes at future WG meeting (date tbc).	Eleanor Ferguson	
	Communication in nomination period	Ongoing	WG to review activity at future WG meeting (date tbc).	Ian Holloway	
Induction	Learning activities for Council members	Agreed that requirement would be developed further after survey of Council members (see skills development above).			
	Review induction	Agreed that as well as new member induction, specific induction required for members joining committees.	WG to review current programme at January 2023 meeting.	Lisa Hall	
Council visibility	Implementation of agreed activities	Ongoing	WG to be updated on progress at January 2023 meeting.	Ian Holloway	
	Review and update activities				

<b>Summary</b>	
Meeting	Council
Date	19 January 2023
Title	Review of 'under care' and 24/7 emergency cover
Summary	This paper brings together the review of 'under care' and 24/7 emergency cover and sets out the Standards Committee's proposals following the consultation phase. The paper also attaches the evidence and information that has been considered during the review process.
Decisions required	<ol style="list-style-type: none"> <li>1. Council is asked to approve the revised proposals from the Standards Committee attached at <b>Annex Q</b>.</li> <li>2. If Council does approve the proposals, it may wish to consider the timing of the implementation.</li> </ol>
Attachments	<p>Annex A – Timings (<b>Confidential</b>)</p> <p>Annex B – RAND Europe report</p> <p>Annex C – SAVSnet report</p> <p>Annex D – Vet Compass findings</p> <p>Annex E – Legal Advice</p> <p>Annex F – Professions consultation document</p> <p>Annex G – Professions consultation analysis report</p> <p>Annex H – Table of organisation comments</p> <p>Annex I – Table of organisation comments (<b>Confidential</b>)</p> <p>Annex J – Written responses to professions consultation</p> <p>Annex K - Written responses to professions consultation (<b>Confidential</b>)</p> <p>Annex L – Animal owners consultation analysis</p> <p>Annex M – Livestock consultation analysis</p> <p>Annex N – Livestock consultation responses</p> <p>Annex O – Livestock consultation responses (<b>Confidential</b>)</p> <p>Annex P - Proposed guidance for Under Care &amp; LSPs with amendments</p> <p>Annex Q - Proposed guidance for Under Care &amp; LSPs – clean version</p>

Author	<p>Eleanor Ferguson Registrar/Director of Legal Services e.ferguson@rcvs.org.uk</p> <p>Gemma Kingswell Head of Legal Services (Standards) g.kingswell@rcvs.org.uk / 020 7965 1100</p>
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## Classifications

Document	Classification <sup>1</sup>	Rationales <sup>2</sup>
Paper	Unclassified	NA
Annex A	<b>Confidential</b>	<b>1,2</b>
Annex B	Unclassified	NA
Annex C	Unclassified	NA
Annex D	Unclassified	NA
Annex E	Unclassified	NA
Annex F	Unclassified	NA
Annex G	Unclassified	NA
Annex H	Unclassified	NA
Annex I	<b>Confidential</b>	<b>2</b>
Annex J	Unclassified	NA
Annex K	<b>Confidential</b>	<b>2</b>
Annex L	Unclassified	NA
Annex M	Unclassified	NA
Annex N	Unclassified	NA
Annex O	<b>Confidential</b>	<b>2</b>
Annex P	Unclassified	NA

Annex Q	Unclassified	NA
<b><sup>1</sup>Classifications explained</b>		
Unclassified	Papers will be published on the internet and recipients may share them and discuss them freely with anyone. This may include papers marked 'Draft'.	
Confidential	Temporarily available only to Council Members, non-Council members of the relevant committee, sub-committee, working party or Board and not for dissemination outside that group unless and until the relevant committee or Council has given approval for public discussion, consultation or publication.	
Private	The paper includes personal data which should not be disclosed at any time or for any reason, unless the data subject has agreed otherwise. The Chair may, however, indicate after discussion that there are general issues which can be disclosed, for example in reports to committees and Council.	

<b><sup>2</sup>Classification rationales</b>	
Confidential	<ol style="list-style-type: none"> <li>1. To allow the Committee or Council to come to a view itself, before presenting to and/or consulting with others</li> <li>2. To maintain the confidence of another organisation</li> <li>3. To protect commercially sensitive information</li> <li>4. To maintain public confidence in and/or uphold the reputation of the veterinary professions and/or the RCVS</li> </ol>
Private	<ol style="list-style-type: none"> <li>5. To protect information which may contain personal data, special category data, and/or criminal offence data, as listed under the General Data Protection Regulation</li> </ol>

## Review of 'under care' and 24/7 emergency cover

### Introduction

1. Over the past three years, the RCVS has conducted a wide-ranging root and branch review of its guidance on 'under care' and the provision of 24/7 first aid and pain relief.
2. There is no doubt that this is a complex area with strongly held views on all sides. The aim of the review was to assess the current guidance relating to 'under care' and the provision of 24/7 first aid and pain relief and identify whether it should be changed, and if so how. The desired outcome of the review is guidance that protects animal health and welfare, is aligned with the modern world and complies with the relevant legislative provisions.
3. In addition to this, the RCVS has been aware of a number of anomalous situations that do not fit within the current guidance meaning that there are groups operating in a way that does not comply but is nevertheless considered acceptable practice. This is not an effective way for the RCVS to regulate and this situation needs addressing.
4. The review was therefore carried out by the Standards Committee and a consultation with the professions on proposals for change was launched in July 2022. While the consultation was not a referendum, its purpose was to identify any areas and issues that had not yet been considered or indeed if any matters had been included that should not have been, to ensure that the guidance was as effective and practical as possible going forwards. This consultation closed in September 2022 and the analysis has been completed (see **Annex G**). In addition, small animal and equine owners, and the livestock sector, were also consulted (see **Annexes L-O**).
5. The RCVS is extremely grateful to the members of the professions, animal owners and other stakeholders who took the time to respond. The volume and quality of responses was extremely high and this, coupled with extending the length of the consultation with the professions to accommodate the period of national mourning for Her Majesty the Queen, has meant that the analysis, and consideration of that analysis, has taken slightly longer than expected. However, the Standards Committee is now in a position to make its final recommendation to Council, discussed below at paragraph 41 onwards.
6. This paper therefore provides an overview of how the review came about, the review process itself and consultation response analysis, together with the Standards Committee's final proposals.

### Background

7. The review of telemedicine, 'under care' and 24/7 first-aid and pain relief began in 2016 with the joint British Veterinary Association (BVA)/RCVS Vet Futures initiative. This then led to an ambition in the RCVS Strategic Plan 2017-2019 to 'review the regulatory framework for veterinary businesses to ensure a level playing field, enable a range of business models to coexist, ensure professionalism in commercial settings, and explore the implications for regulation of new technologies (eg telemedicine)'. This led to consideration of 'telemedicine' in its narrowest sense, i.e. in relation to remote prescribing, including the possibility of 'trailing' remote prescribing.
8. A key theme that emerged through these discussions was that remote prescribing, follow-up care and out-of-hours care were closely linked. In addition, there are cases where remote prescribing will not be appropriate and the animal will need to be physically seen, whether that means the

client attending the practice with their animal or a veterinary surgeon visiting them, as in production animal and equine practice. Consideration therefore needs to be given to where owners go to seek help for their animals and who will have the capacity, proximity and facilities to provide this help in the event of an adverse reaction to any medicines prescribed or deterioration where medicines have been prescribed remotely or for situations where remote provision is inappropriate or ineffective.

9. All of the above resulted in the current, broad-ranging review of under care and out-of-hours guidance that began in 2019, conducted by the RCVS Standards Committee. Any guidance the RCVS issues in relation to prescribing POM-Vs must comply with the relevant legislation, which is the Veterinary Medicines Regulations 2013 (VMRs). As Council is aware, legal advice has been sought as to the correct interpretation of the relevant terms within the current VMRs, namely 'clinical assessment' and 'under care', however (given discussions go back at least as far as 2016) it is important to note that the trajectory of this review had been set before any legal advice was sought. Whilst legal advice was not the immediate catalyst for reviewing the guidance, it shone a light on the limitations posed by the current guidance and reinforced the need for change.
10. In addition to the relevant legislation, underpinning all the RCVS' regulatory activities are the fundamental principles of public law and fairness. According to these principles, the default position is that the RCVS must treat all individuals and businesses the same unless there is a well-reasoned, evidence-based justification for doing otherwise, and this is the approach the Standards Committee has taken throughout this review.
11. Council is also reminded that the RCVS supporting guidance comprises 30 chapters and covers a wealth of topics including mutual clients, maintaining clinical records, client confidentiality and veterinary medicines generally. The guidance under review relating to 24-hour emergency cover and 'under care' are important aspects, but they form only part of a much bigger picture. Amending the guidance under review will not affect the other chapters of guidance in any material way and these other requirements will continue to apply if the Standards Committee's proposals are accepted. The changes proposed relate only to the supporting guidance and as such, can be kept under review and further changes made should the need arise going forward.
12. Before proceeding to consider the proposals made by the Standards Committee, Council should be aware that there has been a further development since it last considered this matter which may have an impact on timelines. As members of Council may be aware, the Veterinary Medicines Directorate (VMD) has had the current VMRs under review for very many years without any clarity as to when a consultation on any changes might take place. We are aware that the consultation on these changes is now to be launched imminently, and whilst the detail is not currently in the public domain, Council may wish to consider the timing of the implementation of any changes to RCVS guidance in light of this (see further **Annex A**).

#### **Current position – 'under care'**

13. Before a veterinary surgeon can prescribe POM-Vs, according to [Schedule 3 of the VMRs](#) they must first carry out a 'clinical assessment' and have the animal 'under their care'. These terms are not defined by the VMRs and it is left to the RCVS to interpret what they mean. Until now, the focus of veterinary surgeons and indeed the RCVS has been the 'under care' aspect of the requirements.
14. Under the VMRs, the requirements to carry out a clinical assessment and have the animal under one's care only apply to the prescription of POM-Vs. This means that when prescribing other



classes of medicines or treatment not involving the prescription of POM-Vs, veterinary surgeons do not need, and never have needed, to satisfy these requirements (although there are wide general obligations relating to the provision of veterinary care, 24-hour emergency first-aid and pain relief, and responsible prescribing that must be met).

15. Current guidance on prescribing POM-Vs effectively requires a physical examination to be carried out before a veterinary surgeon can establish that an animal is under their care. This causes difficulties because it does not allow for an animal to be under the care of a practice meaning that technically, each individual veterinary surgeon must physically examine an animal before they prescribe POM-Vs and it is not enough that their colleague may have done so on a previous occasion. The guidance states that animals should be 'seen' immediately prior to prescribing or 'recently or often enough for the veterinary surgeon to have personal knowledge' of the animal or herd. It goes on to say that a veterinary surgeon cannot usually have an animal under their care if there has been no physical examination and that they should not prescribe POM-Vs via the internet alone. Remote prescribing is therefore allowed under the current guidance, but only where the animal is already under the veterinary surgeon's care and a physical examination has been carried out previously. The current guidance on 'under care' and 'clinical assessment' can be found at paragraphs 4.9 -4.12 of [Chapter 4: Veterinary Medicines](#).
16. We recognise, however, that there are some situations where the precise requirements of the VMRs and the RCVS guidance are not practical, for example, when prescribing for herds, shoals and flocks. Issuing repeat prescriptions is also problematic under the current framework. This is the case whether the repeat is issued by a locum or indeed by another veterinary surgeon employed by the practice because the veterinary surgeon issuing the prescription should have personally physically examined the animal beforehand, however this is not always what happens in practice. As mentioned in the introduction, we are also aware that some sectors of the profession, for example, those working with poultry and fish, are currently prescribing POM-Vs in a way that does not comply with the current guidance but is nevertheless considered responsible, safe and appropriate. The RCVS cannot regulate effectively while this situation remains, not only does it cause confusion in terms of what is required and when, but 'turning a blind eye' in some situations (and not others) to be pragmatic, starts to call into question the whole guidance if parts are being effectively ignored. This is not a sustainable position and must be rectified to avoid devaluing the guidance as a whole and to ensure that the profession and public can have confidence in the standards set.
17. Finally, the current guidance was written at a time where fewer communication channels were available and when physiological and environmental data collection was more limited and slower. A crucial part of a veterinary surgeon's skill set is being able to make decisions and exercise judgement, and as such the profession is well placed to decide whether an animal needs to be physically seen or not. Under the current guidance, this decision is taken out of the veterinary surgeon's hands.

#### **Current position - 24-hour emergency first aid and pain relief**

18. The RCVS Code of Professional Conduct (the Code) requires that 'veterinary surgeons in [clinical] practice must take steps to provide 24-hour emergency *first aid and pain relief* to all animals according to their skills and the specific situation' (emphasis added). As is made clear in the guidance, veterinary surgeons are not currently required to do anything more than provide first aid and pain relief to alleviate suffering or to ensure the animal is comfortable until regular veterinary services can be accessed. Some veterinary surgeons may choose to do more than this as part of their out-of-hours provision, but it is not a requirement. Veterinary surgeons are not obliged to provide this service personally or expected to remain constantly on duty. They are, however, required to ensure clients are directed to another appropriate service when they are off

duty or otherwise unable to provide the service. The current guidance is set out in full in [Chapter 3: 24-hour emergency first aid and pain relief](#).

19. The out-of-hours obligations for veterinary surgeons working for limited-service providers (LSPs), or based in referral practices, are slightly different to the general position described above. Only two types of LSPs are recognised by the current guidance and the requirements are as follows:

*'3.49 Limited service providers must comply with the RCVS Code of Professional Conduct and supporting guidance.*

*'3.50 Veterinary surgeons working in neutering clinics must make provision for 24-hour emergency cover for the entire post-operative period during which complications arising from the surgery may develop.*

*'3.51 Veterinary surgeons working in vaccination clinics must make provision for 24-hour emergency cover for the period in which adverse reactions might arise.'*

20. The current guidance does not define the term 'limited-service provider' and the fact that only two types are specified is problematic as the RCVS is aware that a large number of others exist but are not expressly provided for. As mentioned above, there is a fundamental principle that the RCVS should treat everyone the same unless there is a good reason not to and so by leaving the guidance as it is, the RCVS may be open to challenge by others who consider themselves LSPs but are not formally recognised by the guidance.

## Review process

21. The current review began in 2019 to find out whether the current rules were fit for purpose both in terms of the current landscape and the future, or whether change was required. As with all RCVS guidance, the aim is to protect animal health and welfare, maintain and uphold veterinary standards and ensure public confidence in the profession. Further, and as discussed above, the fundamental principles of public law mean that the RCVS should treat all members, irrespective of type of practice or species area, the same unless doing otherwise can be justified.

### *RAND report*

22. To assist with data gathering, the Standards Committee engaged the services of RAND Europe, an independent consultancy. RAND conducted focus group discussions with members of the professions, the outcomes of which informed a survey that went out to all members of both professions in May 2021 and had 5,544 responses. RAND analysed the survey responses and produced a report, which can be found at **Annex B**. As Council will recall, there was a broad range of opinions reflected in this report and even in areas where there appeared to be agreement, as indicated in the report, the open-text responses showed that there was more variation. Below is a summary of some of the key findings:
- a. Overall, the analysis showed broad agreement among respondents regarding the following:
    - i. veterinary surgeons should be responsible for both advice regarding care and the prescription of POM-Vs for an animal under their care (summary page vii)

- ii. veterinary surgeons can establish that an animal is under their care if their knowledge of the situation and the condition of the animal is good enough to make competent care decisions (summary page vii)
  - iii. veterinary surgeons should provide 24/7 emergency cover for the relief of pain and suffering (either themselves or via a third party) (summary page vii)
  - iv. professional judgement should be allowed when interpreting and applying regulations (summary page viii)
  - v. veterinary surgeons would not feel comfortable recommending/prescribing treatment for an animal they had never seen before (summary page viii)
  - vi. respondents were prepared to take full personal responsibility for the animal under their care. They felt they should be accountable for prescribing POM-Vs and should not depend solely on information provided by clients when treating animals under their care (page 50).
- b. There was a lack of consensus regarding whether a veterinary surgeon should be able to establish 'under care' based on information from sources other than a physical examination (summary page viii).
  - c. Whilst there appeared to be broad agreement that regulations should not allow the prescription of POM-Vs based on the use of photos or videos where a veterinary surgeon has never physically examined the animal, there was an acceptance that herds and flocks should be treated differently to companion animals (page 17) and agreement that there must be room for professional judgement in interpreting regulations to balance different types of evidence, circumstances (including when the animal was last examined) and clinical uncertainty. It was also accepted that reliable information could be obtained from clinical notes and records, digital images, videos and specialist guidance (summary page viii).
  - d. Among respondents, there was a very strong preference for regulations that protect professional judgment about what is best for the animal rather than regulations that provide predictability for clients about what they can expect (summary page xii).
  - e. When asked to indicate a preference between regulations requiring veterinary surgeons to see an animal within a specific period before prescribing POM-Vs versus using their professional judgement, the responses were evenly split. Open-text responses showed differing opinions as to whether a physical examination was always necessary and distinctions drawn between categories of POM-Vs (pages 31 and 32).
  - f. When asked to indicate a preference between a requirement for a physical examination prior to prescribing POM-V versus 'recency, reliability and completeness' of information available, the balance of opinion was for the former. However, the open-text responses suggested that even those who stated there should always be a physical examination could envisage exceptions to this general rule. It is also noted within the responses that there were conditions that could be diagnosed from images and that veterinary surgeons were capable of deciding when a physical examination was necessary (pages 39 and 40).
  - g. At paragraph 3.6 of the conclusion section (page 51), the report outlines that, when taking account of the open-text responses, the differences in opinions were less than they

appeared to be in some areas, including whether a physical examination was always necessary.

#### *Research commissioned*

23. As a result of the difficulties arising from the Covid-19 pandemic, it was necessary to suspend the normal guidance and introduce temporary guidance allowing veterinary surgeons to establish 'under care' remotely in certain situations. The purpose of this was to ensure that veterinary surgeons could continue to prescribe and care for animals without breaching government guidelines and restrictions, and in a way that was safe for them, their teams and their clients.
24. The operation of this temporary guidance presented a unique opportunity to carry out research and gather evidence based on real experiences. The RCVS therefore commissioned two independent pieces of research from SAVSnet and VetCompass to find out how veterinary surgeons applied the temporary guidance in respect of small animal and equine practice respectively, and to compare treatment before and after the pandemic to see whether there were any negative implications for animal health and welfare. There were no sufficient production animal data available, and so similar research could not be commissioned in this area and in any event, no government restrictions were in place for veterinary surgeons involved in production animal work and so changes to the RCVS guidance were not required in this respect.
25. Although the operation of the temporary guidance was borne out of necessity with very little preparation, veterinary surgeons appeared to respond well to the changes made and from a regulatory point of view, no concerns were raised about animal welfare or prescribing practices because of this derogation. However, it is acknowledged that the changes made were temporary and for an unknown duration. As such the behaviours exhibited in response may not be predictive of what would happen if the same changes were made permanently.
26. The report produced by SAVSnet can be found at **Annex C**. As can be seen from this report, no increased risks or welfare concerns were identified in relation to remote prescribing. The key findings include:
  - a. In telemedicine cases there was an increased tendency to either recommend a follow up teleconsultation or to see the animal in practice if no improvement (as compared with face-to-face consultations, where 'no further action' was the most common outcome).
  - b. For dogs, behaviour, digestive and musculoskeletal categories were over-represented in teleconsultations when compared with face-to-face consultations, whereas dental, integument and weight appeared to be under recorded.
  - c. For cats, behaviour and urinary categories appeared highest in teleconsultations, whereas dental and weight were under-reported.
  - d. When looking at disease subcategories, the following were under-reported in telemedicine consultations for cats and dogs: dental disease (gingivitis, plaque, stomatitis fractured teeth), internal disease (otitis, tumours, murmurs, retained testicles), weight issues, corneal ulcers and deafness.
  - e. By way of contrast, enteric signs, lameness, skin disease, external masses, epilepsy, anxiety, cystitis and urinary incontinence were recorded more frequently (perhaps reflecting owners' increased time spent observing their pets during lockdown).

- f. As regards prescriptions, there appeared to be an increased use of antimicrobials and anti-inflammatories in both cats and dogs during teleconsultations.
27. Again, the research carried out by VetCompass (see **Annex D**) did not identify any increased risks or welfare concerns associated with remote consultations. Some of the key findings were:
- a. Follow up treatment did not appear to be affected by whether the initial consultation was remote or in person.
  - b. Early in the pandemic, there was a decrease in the proportion of clinical care episodes attributable to routine procedures (e.g. vaccinations and dentals) and diagnostic imaging, and an increase of episodes where anti-inflammatory drugs were prescribed.
  - c. By June 2020, equine veterinary activity had returned towards near-normal levels and subsequent tightening of restrictions had little effect on veterinary activity and care. This was attributed to the ability to carry out the majority of equine work outdoors, coupled with the quick implementation of new working practices.

#### *Legal advice*

28. Any guidance issued in relation to prescribing POM-Vs must comply with the relevant legislation, namely the VMRs. Therefore, as part of the review, legal advice was sought regarding the interpretation of 'under care' and 'clinical assessment' to ensure that the basis of the guidance that governs the profession is correct and reliable. Interpreting legislation requires an assessment of intention at the time it was enacted, as well as applying the context of today's world. As mentioned previously, historically the focus has been on the concept of 'under care' rather than 'clinical assessment' and it was clear from the legal advice received that both concepts are equally important.
29. In the case of 'clinical assessment', the legal advice is that this should be interpreted as including both in-person and remote clinical assessments and that the key is that the assessment gives the veterinary surgeon all the information they require to be able to prescribe safely and effectively. The issue of whether a physical examination is necessary should be a matter of judgement for the veterinary surgeon in each individual case. The legal advice also stated that 'under care' involves consideration of whether the veterinary surgeon has taken professional responsibility for the animal and does not change the interpretation of 'clinical assessment'. A summary of that advice was provided by a KC and this can be found at **Annex E**.
30. The proposals consulted upon therefore reflected the findings of the review, the results of the independent research projects, together with legal advice and other information from individuals and organisations that we have received.

#### **Consultation process and outcomes**

31. During the consultation phase, the RCVS has sought input from the veterinary professions, animal owners and the livestock/farming sector. Different approaches were taken depending on the sector to ensure good levels of engagement.

*Consultation with the professions*

32. The consultation was launched on 26 July and closed on 26 of September 2022<sup>1</sup>. In total, 2,748 responses to the survey were received and the completion rate was 75%. Of those who provided individual responses, 84% were veterinary surgeons and 12% were veterinary nurses, the remaining respondents included practice managers, veterinary and veterinary nurse students and other roles within veterinary practice. Of the veterinary surgeons, the majority were on the UK-Practising category of the Register and in clinical practice. A copy of the consultation document is attached at **Annex F**.
33. A report analysing the responses to the survey is attached at **Annex G**, but to summarise:

Views on factors to be taken into account when deciding whether or not a physical examination is required

- a. The majority of respondents either agreed or strongly agreed that each should be included. Across the factors, the agreement level was as high as 90% for some, and the lowest was 60%. For the factors consulted upon, please see pages 12-13 of **Annex F**.
- b. For each of the factors, respondents were asked to provide qualitative comments as well as indicating whether they agreed that it should be included in the list. The percentage of those answering the question who provided additional comments ranged from 9% to 26%, and the analysis of these is included in **Annex G**, pages 4-23.
- c. Many respondents suggested that additional factors should be included in the list, and these are categorised in the attached report at **Annex G**, pages 23-26.

Exceptions where a physical examination is required

- d. 93% of respondents agreed that a physical examination was required where a notifiable disease was suspected (see page 28 of **Annex G**).
- e. In respect of antimicrobials, 78% agreed with the proposed guidance in respect of non-agricultural animals and 80% with that for agricultural animals (see pages 30-33 of **Annex G**).
- f. 85% agreed with the proposed guidance in respect of prescribing controlled drugs (see pages 34-35 of **Annex G**).
- g. 34% of respondents felt there were other situations where a physical examination was required and the vast majority of these elaborated on what these were (see pages 36-38 of **Annex G**).

24/7 follow-up service when prescribing remotely

- h. 79% of respondents either agreed or strongly agreed with this requirement (see page 39 of **Annex G**)

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<sup>1</sup> The consultation was originally due to run until 12 September 2022, however the closing date was extended by two weeks due to the passing of HM Queen Elizabeth II and the period of national mourning

24-hour emergency cover

- i. 75% of respondents agreed that the general obligation to provide 24/7 emergency cover should remain unchanged. As regards the current obligations for advice-only services and referral practices, 54% and 88% respectively agreed that these should remain as they were. More details and the analysis of the qualitative responses can be found at pages 42-44 and 48-51 of **Annex G**.
  - j. In respect of the proposed guidance relating to limited-service providers (LSPs), 67% of respondents agreed with the suggested definition and 80% agreed that LSPs should be required to provide 24/7 emergency cover that was proportionate to the service that they offered (see pages 45-48 of **Annex G**).
34. In terms of organisations, 24 responded through the consultation. These responses have been considered as part of the wider analysis and are therefore included in the figures reported in **Annex G**. However, in order to assist Council and draw out themes, additional comments or suggestions as to how the proposed guidance could be amended have been set out in a separate table (**Annex H**). Where consent has been obtained, the responses have been attributed to the organisations that provided them. In respect of the table at **Annex H**, where consent has not been provided and the organisation is identifiable due to the nature of the responses given, these have been removed completely. Council is provided with a copy of all the responses in full at **Confidential Annex I**.
35. In addition, 15 organisations provided written responses outside of the consultation. Of those, 11 have consented to their responses being published in full and these are attached at **Annex J**. The British Veterinary Nursing Association (BVNA) provided a response indicating that it supported the BVA's position, but it did not contain any further information and so has not been included. Council is provided with a copy of all the written responses at **Confidential Annex K**.

*Consultation with small animal and equine owners*

36. YouGov carried out a survey of animal owners on behalf of the RCVS. YouGov was selected to carry out this work as it has access to a broad range of the animal owning public far greater than that of the RCVS, and therefore has the ability to yield better quality data. Small animal and equine owners were targeted by the survey and, where appropriate, the questions asked varied depending on the species group. The survey was carried out between 23 September and 2 October 2022. There were 2,032 respondents in total, 510 of whom owned a horse or other equine species and 1,522 owned small animals (including cats, dogs, small mammals, exotics and birds).
37. An independent analysis of the data provided by YouGov has been carried out by Mo Gannon & Associates. Further details about the sample, together with the questions asked and responses given, are set out in the analysis report at **Annex L**, however, the key themes include:
- a. More than three-quarters (82%) of the animal owners surveyed felt that it was 'very important' for vets to provide out-of-hours emergency care. This figure rose to 97% if 'fairly important' was included.
  - b. Two-thirds (66%) of owners felt 'very' or 'fairly comfortable' with vets prescribing medicines after a remote clinical assessment, but without first having physically examined their animal. For those who were 'very' or 'fairly' uncomfortable, the main reason given was a fear/risk of misdiagnosis.

- c. After reading about the safeguards contained within the proposed guidance, the percentage of animal owners who felt 'very' or 'fairly comfortable' about remote prescribing rose to 82%.
- d. The main benefits of remote prescribing cited were animal welfare and owner convenience and disadvantages were the difficulty in gaining a complete overall picture and understanding of the specific condition, in addition to some practicalities.
- e. 62% of respondents felt that the requirement for LSPs to provide 24/7 emergency cover proportionate to the service they offered was appropriate; 24% did not know if it was appropriate or not.

#### *Consultation with the farming/livestock sector*

- 38. To secure good engagement from this sector, 23 organisations were written to setting out the key information and asking them to complete a short survey. The organisations were given five weeks to respond, and two reminders were sent during that period. In total, seven responses were received.
- 39. Most respondents were supportive of the proposals. Where concerns were expressed, these largely related to the proposed guidance on prescribing antimicrobials to agricultural animals, including that the proposed guidance would mean an increase in veterinary visits resulting in delays and increased veterinary fees, which would not only impact negatively on businesses, but on animal health and welfare. None of the respondents raised any concerns about retaining the current rules on 24/7 emergency cover or the proposed out-of-hours requirements for LSPs.
- 40. The survey analysis, together with the list of stakeholders and the letter sent, is attached at **Annex M**. The responses are set out in full at **Annex N** where consent has been obtained to publish. Council is provided with a copy of all the responses in full at **Confidential Annex O**.

#### **Standards Committee discussion – 'under care'**

- 41. The Standards Committee met to discuss the outcomes of the consultations in October and November 2022. The Committee noted not only the range of opinions represented, but the high quality of the responses received. It observed that the interpretation of what the proposed guidance would mean in practice differed greatly between respondents, for example some respondents interpreted the new guidance as effectively mandating remote prescribing whereas representatives of other veterinary sectors had concerns that the proposals were marking out physical examination as the 'gold standard' and suggesting that other means of informing prescribing decisions (such as post-mortems or taking cultures) were inferior as a result.
- 42. Under the proposed guidance, the key to whether a physical examination is required is veterinary judgement. There is no obligation to carry out a remote assessment or to prescribe remotely. It is a matter for the veterinary surgeon as to what is appropriate in any given case and the proposed guidance is there to provide a framework to assist with that decision making. The Committee recognised that some veterinary surgeons are more supportive of remote prescribing than others, and that some may never do it. The consultation showed that the profession supported the use of remote assessments in certain circumstances, but also recognised that they have their limitations. Remote assessments are therefore another tool at a veterinary surgeon's disposal to be used responsibly where clinically appropriate.



43. The Committee also reviewed the proposals in light of the suggestion that the changes will encourage irresponsible prescribing practices and considered whether further exceptions to the general rule that a physical examination need not be carried out in every case should be explored. The Committee ultimately decided that the areas where more stringent rules were required, such as antimicrobials, controlled drugs and notifiable diseases, were already provided for in the proposed guidance and therefore it did not feel it necessary to expand upon these although it did recognise the need to amend some of the wording and clarify terms used, discussed further below.
44. The Committee discussed the anomalies identified at the beginning of the review and worked through each to ensure that the changes proposed were practical. It noted that the issues created by the VMRs by referring to veterinary surgeons in the singular (as opposed to practices) would be eased as under the proposed guidance, a veterinary surgeon would be able to establish 'under care' for the purpose of, for example, prescribing a repeat prescription, by reviewing their colleague's clinical notes. This practice is widespread and accepted at the present time, but it is not strictly in-line with the rules. Similarly, the fish and poultry sectors work in a way that place very little, if any, reliance on physical examination to inform their prescribing decisions. As discussed above, this is considered acceptable practice, however, it technically does not fall within the scope of the current guidance. For the reasons outlined earlier in the paper, i.e. devaluing the status of the guidance, lack of clarity and not maintaining confidence in the RCVS as a regulator, this is not an effective or sustainable way to regulate. The proposed changes would regularise this position.
45. In addition to the issues raised as part of the consultation, Council will of course be mindful that technology is likely to improve in the coming years and any guidance the RCVS introduces should be broad enough to allow veterinary surgeons to exercise their judgement in an ever-changing landscape.

#### *Issues arising*

46. There were several recurring themes throughout the responses that the Standards Committee considered carefully and would like to address specifically:

#### A: Why has a requirement for a 'Veterinary Client Patient Relationship' (VCPR) not been included?

47. Many responses, including that from the BVA, stated that animals should only be considered under a veterinary surgeon's care where there is a VCPR in place. The same respondents often also felt that prescribing remotely was acceptable, but only within the context of a VCPR. Although there is no firm definition of a VCPR, the BVA is clear that a physical examination should be required in the first instance in order to establish such a relationship.
48. In a [previous position statement](#), the BVA has also indicated the following in respect of VCPRs:
- a. They should include a 'longstop', which represents the period of time after which the VCPR expires.
  - b. The expiration of a VCPR would not mean that the animal was no longer registered, but a further visit or physical examination would be required before further services, other than emergency care, could be provided.

- c. The appropriate longstop should be defined based on clinical judgement depending on the species concerned and would be linked to the production cycle in food animal veterinary work, e.g. BVA suggests six months for pigs, twelve months for sheep. For companion animals, including equine, BVA suggests that twelve months is likely to be appropriate.
49. The Committee decided that effectively mandating a physical examination before medicines could be prescribed remotely went beyond the terms of the current VMRs. Further, it was not clear how a physical examination that may have taken place up to one year prior enabled veterinary surgeons to exercise their judgement better than would be the case for a veterinary surgeon who carried out an assessment of whether a physical examination was required on a case-by-case basis. It also noted that the findings of the research carried out by SAVSnet and VetCompass suggested that veterinary surgeons behaved responsibly when prescribing remotely.

B: How does the guidance address veterinary surgeons feeling under pressure to prescribe remotely when it is not appropriate to do so?

50. This issue was raised in responses to the consultation and was rooted in concerns that veterinary surgeons might be encouraged to prescribe remotely where it was not appropriate to do so. However, the Committee observed that the essence of being a veterinary surgeon is being responsible and accountable for one's own actions. It also noted that veterinary surgeons often find themselves exposed to difficult situations and that this guidance provides a framework to support them when making these kinds of decisions.
51. Far from resulting in a relaxation of the rules, it may be considered that the proposals represent a more robust framework. Under the current guidance, once an animal is under a veterinary surgeon's care, there is no additional guidance on prescribing remotely and the factors to be taken into account when deciding whether this is appropriate or not. By way of contrast, the proposed guidance not only gives a framework but also gives specific guidance on prescribing antimicrobials and controlled drugs, which those applying pressure can be directed to should the veterinary surgeon feel it necessary. In addition, the proposals require veterinary surgeons to be able to physically examine or visit the premises of any animals they take under their care or have a written agreement with another veterinary surgeon to do so.
52. Further, by clarifying the definitions of 'under care' and 'clinical assessment', the proposed guidance means that at the point where responsibility is taken for an animal, veterinary surgeons should ensure they have carried out a clinical assessment that is appropriate and which necessarily includes consideration as to whether a physical examination is required. This guidance therefore articulates the thought process involved in making prescribing decisions which up until now has gone unsaid. The proposed guidance represents something tangible that can be relied upon in the event a veterinary surgeon finds themselves under pressure to act in a way with which they do not agree or indeed where veterinary surgeons do not follow the requirements (see further below at paragraph 63)

C: Whose responsibility is it to arrange follow-up care where medicines are prescribed remotely?

53. It has been suggested that the proposed guidance would result in clients being expected to arrange follow-up care themselves. This is categorically not the case. The obligation to provide the facility for a physical examination or to visit the premises in the case of production animals, farmed fish and game, should it be required, falls to the veterinary surgeon. If the veterinary surgeon does not provide this service themselves, they must have a written agreement with another veterinary surgeon and this agreement needs to be made in advance. In the event that

concerns are raised that the guidance has not been followed in this respect, the RCVS may require this agreement to be produced.

D: Will the changes allow veterinary surgeons to prescribe from overseas?

54. The proposed guidance requires that all veterinary surgeons who have an animal under their care have the facility to physically examine the animal or visit the premises if required. If veterinary surgeons are not providing this service themselves, they need to have a written agreement in place with another veterinary practice in advance of offering veterinary services.
55. In addition to this, the RCVS considers that veterinary surgeons providing veterinary services to animals in the UK, regardless of where they are physically based, are practising in the UK. As such, they must be registered on the RCVS 'UK-practising' category of the Register, meaning they must undertake CPD and have professional indemnity insurance (PII). From a practical point of view, veterinary surgeons are likely to have difficulty in obtaining PII unless they work for a UK-based employer.
56. A further consideration is that a veterinary surgeon based overseas would not be able to supply any medicines they prescribe. This is because under the VMRs, POM-Vs may only be supplied from 'Registered Veterinary Practice Premises' (RVPPs) which, due to inspection requirements, can only be registered in the UK. An RVPP presented with an overseas prescription would also need to be satisfied that the prescriber had the appropriate authority to prescribe (i.e. was an MRCVS) before dispensing against the prescription.
57. In light of this, although the proposed guidance does allow for MsRCVS based overseas to prescribe for animals in the UK, there are significant barriers and safeguards in place to ensure animal welfare.

E: Will the changes allow online-only businesses to 'cherry pick' lucrative work to the detriment of other practices?

58. Concerns were expressed that the proposed changes would result in online-only businesses 'cherry picking' lucrative work, leaving other practices to deal with situations where remote prescribing is not appropriate as well as any adverse reaction or deterioration where medicines have been prescribed remotely. Whilst the RCVS cannot stop online, or indeed in-person, businesses from offering such services, the Committee was satisfied that the requirement to have the facility to physically examine an animal or visit the premises once responsibility had been taken was robust enough to ensure that animal welfare would not be compromised. This requirement would also mean that online services could not be offered on a national level unless the provider had sufficient veterinary surgeons, premises and/or agreements in place to ensure that any animals, regardless of location, had access to physical examination as and when required. Further, the requirement for a written agreement made in advance means that questions of whether the rules have been broken will be more easily resolved.

F: What are the 'exceptional circumstances' where controlled drugs can be prescribed without a physical examination?

59. The Standards Committee could foresee some limited circumstances where it might be appropriate to prescribe controlled drugs remotely and agreed that case studies should be drafted in order to provide clarification on the type of situations where it might be suitable. In this respect, it is also important to note that in respect of POM-Vs, the VMRs require veterinary surgeons to prescribe no more than the minimum required.

*Proposed amendments to the draft guidance presented in the consultation*A: A veterinary surgeon who has an animal under their care should have a 24/7 facility to physically examine the animal or visit the premises

60. As mentioned above, many of the concerns voiced stemmed from a worry that the changes would result in POM-Vs medicines being prescribed by veterinary surgeons with no facility to physically examine the animal or inspect the premises. This has the potential to compromise animal welfare as other veterinary surgeons who do have the facility and proximity to physically examine the animal and/or inspect the premises would be put under pressure to treat the animals in question when they may not have capacity to do so. Whilst the Committee agreed that the proposed guidance consulted upon did address this concern by making it a requirement to have 24/7 in-person follow up care in instances where POM-Vs were prescribed remotely, it recognised that when embarking on a remote consultation the veterinary surgeon does not always know what they will face. As such, it decided that where a veterinary surgeon has an animal under their care in that they have been given and accepted responsibility for the animal, they should also have the facility to physically examine the animal. Whilst this represents a change to the draft guidance presented in the consultation, the Committee decided that it can be justified (see **paragraph 2 of Annex P**).

B: Further amendments

61. Through the responses, a number of amendments to the wording of the proposed guidance were suggested. The Committee considered each of these and decided to incorporate a number of them into its final proposal regarding 'under care'. All of the changes made to the guidance following the consultation are shown in red at **Annex P**. A clean version of the updated proposed guidance is at **Annex Q**.

*Case studies*

62. As can be seen from the analysis report at **Annex G**, there were certain areas where respondents felt clarification was required, in particular the 'exceptional circumstances' where prescribing controlled drugs and antimicrobials without a physical examination might be acceptable and what amounts to 'recent enough' in terms of prescribing antimicrobials for production animals, farmed fish and game. The Committee discussed how best to address this and agreed that case studies were preferable to prescriptive guidance as what is appropriate will depend on the circumstances. In addition to these areas, the Committee recommends that case studies regarding prescribing for wildlife, poultry, fish and in remote locations should be prepared.

*Enforcement*

63. There have been queries about how the RCVS would enforce the proposed guidance on 'under care'. To a great extent this has focused on situations where mutual clients are involved. These issues exist under the current framework and relate to all aspects of veterinary care, not just prescribing POM-Vs. There is existing guidance on mutual clients that requires communication between the veterinary surgeons involved (albeit that the consultation showed that many respondents seemed to be unaware of this) and this guidance will remain in place:

*'5.9 Where different veterinary surgeons are treating the same animal, or group of animals, each should keep the other informed of any relevant clinical information, so as to avoid any danger*

*that might arise from conflicting advice, or adverse reactions arising from unsuitable combinations of medicines.*

*'5.10 Even where two veterinary surgeons are treating different groups of animals owned by the same client, each should keep the other informed of any problem that might affect their work.'*

64. If veterinary surgeons find themselves in a situation where this guidance has not been followed, they are encouraged to contact the RCVS for advice. It is a matter for the veterinary surgeon concerned as to whether they wish to raise formal concerns about a colleague, however it is important to note that the RCVS cannot take action where a complaint is made anonymously. Furthermore, the threshold for referral to and the standard of proof in disciplinary proceedings are very high and to prove allegations, actual evidence is required as distinct from information and hearsay. It should be noted that these are existing limitations and will not be increased or affected by the proposed changes. However, the requirement to have a 24/7 facility to provide a physical examination or visit the premises agreed in writing in advance of providing services will assist as it something tangible that either exists or does not. It follows that the RCVS may request production of this document should concerns be raised. Furthermore, the proposed guidance makes it very clear that in the case of antimicrobials and controlled drugs, exceptional situations to prescribe without a physical examination need to be justified.
65. Outside of the formal concerns process, where potential breaches of the Code are reported the RCVS can remind veterinary surgeons and nurses of their obligations under the Code and where appropriate, will advise on how best to ensure compliance. This route can often be very effective and does allow the veterinary surgeon reporting the issues to remain anonymous, however it relies on the cooperation of the profession both in terms of reporting when there is a problem and complying with any advice given. If a veterinary surgeon does not comply with the advice given or a request to produce documentation, this could result in referral to the formal concerns process.
66. In the event that a concern was raised that an MRCVS based overseas was prescribing to animals and not following the RCVS guidance, the RCVS would be prepared to investigate and pursue that concern in the usual way. If a concern was raised that an overseas veterinary surgeon not registered with the RCVS was prescribing to animals in the UK, the RCVS would raise concerns with the regulator of the relevant country.

#### **Standards Committee discussion - 24-hour emergency cover**

67. The majority of respondents to the consultation agreed that the general out-of-hours framework should remain the same going forward and given the current workforce issues, the Committee was impressed by the profession's ongoing commitment to providing out-of-hours services. The Committee further noted that there were respondents who were less supportive of the proposed changes in respect of limited-service providers (LSPs), however for the reasons set out below no amendments are suggested for this part of the proposed guidance.
68. LSPs in the form of vaccination and neutering clinics have been operating for a number of years without issue. During this time, the 24-hour emergency provision required of these businesses has been different to that required of those practices providing a more traditional range of services (see paragraph 19, above). Given the length of time these businesses have been operating, the Committee decided that increasing the requirements in respect of out-of-hours may fall foul of competition law requirements, especially because there is no evidence of a negative impact on welfare and therefore no obvious justification.

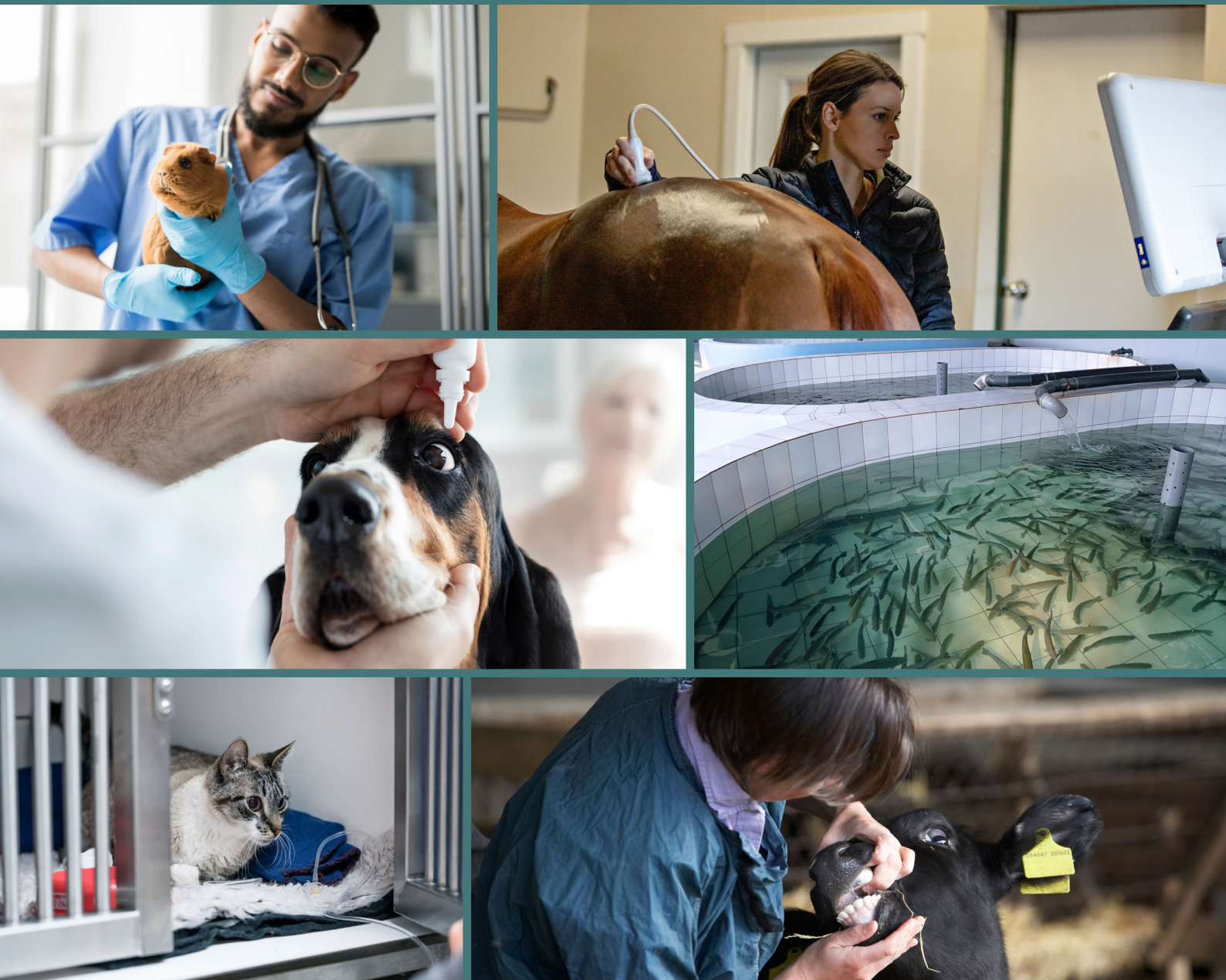
69. In the current guidance, the only LSPs formally recognised are vaccination and neutering clinics however, over the years we have been made aware of a number of others (for example, gait analysis clinics) and have given advice that they should ensure their 24-hour emergency cover provision is proportionate to the service that they offer. The Committee agreed that if the RCVS recognises LSPs, in order to avoid the possibility of legal challenge, it should formally recognise all LSPs not just the one or two most commonly encountered.
70. To ensure absolute clarity, and also avoid confusion or 'creep', the Committee remains of the view that the best way to achieve this is to define an LSP as a practice that offers no more than one service to its clients, for example vaccinations or gait analysis or neutering. Those falling within this scope will then be expected to provide 24-hour emergency cover that is proportionate to the service that they offer, the guidance clarifies that *'this means that veterinary surgeons working for limited service providers should ensure that the 24-hour emergency cover provision covers any adverse reaction or complication that could be related to procedures or examinations carried out, or medicines prescribed or used'* (see **Annex Q** for proposed guidance in full). The Committee decided that this approach is the most effective way of achieving consistency, clarity and appropriate care without resulting in a system of bespoke rules for different types of LSPs which would be difficult to manage and enforce.
71. One suggestion to provide greater clarity is to replace 'limited service provider' with 'single service provider'. A further possibility is to make the guidance applicable to 'practices and veterinary surgeons offering no more than one service'. This way, veterinary surgeons offering services that do not involve the prescription of POM-Vs, for example, acupuncture, would also fall within the scope of this provision.

#### *Advice only services*

72. Whilst the Committee remains of the opinion that the 24-hour emergency cover obligations should not be changed, in light of the proposed changed to 'under care' the wording of the guidance relating to advice-only services contained within [Chapter 2: Veterinary care](#) will need to be amended to ensure consistency. The Standards Committee will review this should Council decide to approve the proposals.

#### **Decisions required**

73. Council is therefore asked to approve the revised proposals from the Standards Committee attached at **Annex Q**.
74. If Council does approve the proposals, it may wish to consider the timing of the implementation.



# RCVS Under Care and 24/7 Emergency Care Review

Tom Ling, Lucy Hocking, Chris Heywood,<sup>1</sup> Matthew Evans<sup>1</sup> and Kayte Ashton<sup>1</sup>

<sup>1</sup> Accent

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# Preface

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This report summarises the findings from a study reviewing the regulations and guidance the Royal College of Veterinary Surgeons (RCVS) should offer in relation to ‘under care’ and ‘out-of-hours’ veterinary care. The overall research programme gathered information from members across the veterinary profession, using focus group discussions and in-depth interviews with key veterinary stakeholder organisations, and from a large-scale quantitative survey. This report details and analyses the results of this large-scale quantitative survey with RCVS members, with conclusions drawn using data from the survey, focus groups and interviews.

This research was commissioned by the RCVS and conducted independently by RAND Europe and Accent. RAND Europe is a not-for-profit policy research organisation that helps to improve policy and decision making through research and analysis. Accent is a full-service, Market Research Quality Standards Advisory Board (MRQSA)-accredited research agency. For further information about this research, please contact:

Tom Ling

Senior Research Leader and Head of Evaluation, RAND Europe

RAND Europe, Westbrook Centre, Milton Road, Cambridge, CB4 1YG, UK

[tling@randeurope.org](mailto:tling@randeurope.org)



# Summary

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## Introduction

Changes in technology, organisational structures and practices, patterns of animal ownership, and the expectations of animal owners and the wider public have all contributed to an increasingly complex environment for veterinary practice, offering new opportunities as well as new challenges. These developments raise questions about core aspects of the existing regulations and guidelines, including what it means for an animal to be ‘under care’ of a veterinary surgeon and in how far, and in what circumstances, professional obligations should extend to providing out-of-hours care. Consequently, the Royal College of Veterinary Surgeons (RCVS) held a consultation in 2017 that provides part of the context for the work described here. The consultation and the wider debate revealed strongly held and often divergent views within the profession and among stakeholders.

The aim of this study is to collect evidence to support the review of the regulations and guidance that the RCVS should offer in relation to ‘under care’ and out-of-hours care. The overall research programme gathered information from members across the veterinary profession, using focus group discussions and in-depth interviews with key veterinary stakeholder organisations, and from a large-scale quantitative survey. The data from the focus groups and stakeholder engagement was presented in an earlier report to RCVS. This report details and analyses the results of the large-scale quantitative survey with RCVS members, although conclusions are drawn using data from the survey, focus groups and interviews.

## Methodology

The research method was a large-scale online survey administered to RCVS members (surgeons and nurses). The survey was designed based on the data collected from the focus groups and engagement with key veterinary organisations, and in consultation with RCVS. The survey was structured as follows (see Annex A for full survey):

- Demographics (self-selected by respondents)
- Good regulation statements: agreement/disagreement with 18 statements about the approach towards the regulation of under care and 24/7 emergency cover
- Applying principles: agreement/disagreement with 20 statements about what regulations should require or permit in particular contexts
- When principles are in tension: level of agreement between 10 pairs of statements

The survey was piloted to ensure clarity of questions and flow, and the RCVS member database was used to disseminate the survey. The survey was open from 11 May 2021 to 16 June 2021. In total, 5,544 completed the survey (10% response rate overall, 13% for veterinary surgeons and 5% for veterinary nurses).

The overall responses to each of the questions were analysed individually, with further analysis conducted by demographic (role, age,<sup>1</sup> practice size,<sup>2</sup> rurality<sup>3</sup> and country<sup>4</sup>). In addition, nine themes were generated from the statements in the ‘good regulation’ and ‘applying principles’ sections, which involved grouping statements that had been agreed with in a consistent way. Factor analysis was conducted on these themes to explore the differences across demographic groups in further detail.

## Findings

Here, we will briefly summarise the key takeaway messages from the survey and then provide a short overview of the responses to each survey question.

### *Summary of overall key findings*

The results of the survey provide clear guidance regarding the attitudes and expectations of veterinary professionals in relation to the regulation of ‘under care’ and out-of-hours care. It identifies a shared common core of vets’ attitudes towards ‘under care’ and out-of-hours care, along with an expectation that regulations should reflect these values. However, there are also important areas of disagreement, which we reflect on throughout the report.

When asked to apply these values to specific cases, and when asked how they might handle tensions between them, the respondents indicated that there are nuances and differences that appear that are relevant to any consideration of future regulations. The report shows how these differences reflect the different demographics of veterinary professionals and practices, with age, size of practice, type of practice and geographical location all being relevant.

When prompted to provide open-text comments on why they hold their (differing) views, the participants gave responses that are often related to practicalities (rather than principles); for example, the reasons offered for preferring that regulation should require physical examination prior to any diagnosis or treatment, rather than allow other sources of evidence in addition to physical examination, show that all vets agree on the need for complete, recent and relevant evidence but differ about how to best ensure this is available in practice. We believe that this suggests that some differences are more apparent than real and reflect a different understanding of how regulations might work in practice. This came through particularly strongly when we compared the quantitative survey responses to the free-text answers. In some cases, the free-text answers indicate that respondents at opposite ends of the quantitative scale actually hold the same core values but differ in the practical ways in which they think these values should be implemented.

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<sup>1</sup> Age groups for respondents to select to were: ‘18-24’, ‘25-35’, ‘36-45’, ‘46-55’, ‘56-65’, ‘66-70’, ‘71+’ and ‘prefer not to say’.

<sup>2</sup> For practice size, respondents were asked two questions on how many full-time veterinary 1) surgeons and 2) nurses worked at their practice, with the options being: ‘3 or fewer’, ‘4-10’, ‘11-25’, ‘26-50’, ‘more than 50’ and ‘don’t know’.

<sup>3</sup> Rurality was self-defined by survey participants. They were given the option to select where they mainly work from the following: ‘remote rural’, ‘mixture of rural and urban’ or ‘urban’.

<sup>4</sup> England, Scotland, Wales or Northern Ireland.

In using this report as part of the review of future regulations and guidelines, we suggest there are at least five things to consider:

- The report suggests that an approach to improving regulation that starts with a focus on the core activities of veterinary practice – the immediate care of patients – should gain wide agreement.
- Many important differences in how the business of providing care should be regulated come down to the practicalities and consequences of implementing regulations (for example, would less explicit regulation lead to ‘free riders’ or would more explicit regulation ignore the differences between caring for sheep, cats or fish). Greater attention may need to be given to explaining not only what is ‘right’, but also what is practicable (including unintended consequences). It is not possible to defend regulations that do not deliver the intended benefits or that cause unintended harm.
- However, there remain differences that are not linked to practicalities (for example, should regulation aim to set minimum standards or aim to drive up overall standards) where (based on our focus groups and the open-text responses in particular) the discussion within the profession appears to be ‘unanchored’ and where leadership from the profession may be needed to establish what ‘good regulation’ looks like (this might include, for example, no unreasonable restriction on innovation and entrepreneurship, the least burdensome possible, minimum standards based on best evidence).
- The report identifies a small number of instances where the profession appears to hold inconsistent views. For example, the survey shows a sizeable agreement with the importance of vets taking personal professional responsibility, but it also shows that a sizeable minority is comfortable using information provided by a trusted animal owner and that still others would like to see a more formal agreement with owners regarding co-responsibility for the care of their animals. This may be another area where more propositional leadership within the profession could help build consensus. In the short run, however, regulators may need to take an approach which is not based on a consistent and fixed view from the profession.
- This report also identifies ways in which communications with the profession on these issues might be targeted – showing what are common concerns, but also revealing how different groups of professionals have different attitudes towards (for example) team working, the treatment of groups of animals, or the use of digital information. In particular, the report highlights how opinions diverge in relation to key themes.

#### *Good regulation statements*

Overall, the analysis shows broad agreement among respondents for the statements about what good regulations should involve. In particular, there was agreement regarding:

- Vets are responsible for both advice regarding care and for the prescription of prescription-only medicine – veterinarian (POM-Vs) for an animal under their care.
- A vet can accept an animal into their care if their knowledge of the situation and the condition of the animal is good enough to make competent care decisions.
- All vets should provide 24/7 emergency cover for the relief of pain and suffering (either themselves or via a third party).

- Vets should be allowed to exercise professional judgement when interpreting and applying regulations.
- Vets would not feel comfortable recommending/prescribing treatment for a client they have never seen before.

There was a lack of consensus as to whether the regulations should specifically take into account the age of the animal; whether a vet should recommend/prescribe treatment for an animal they have not recently seen if the client is knowledgeable and/or reliable; and whether a vet can be considered to have an animal under their care based on information from sources other than a physical exam.

These findings suggest that the highest levels of consensus (either collectively agreeing or disagreeing) were registered in response to statements that are most close to the identity and activities of being a veterinary surgeon or nurse. There was much less consensus on questions about what should be covered by regulations that are one step removed from the direct role of caring for animals.

There were also some important differences among sub-groups. Nurses showed a significant tendency to have greater confidence in regulations to deliver benefits than was the case for surgeons. In addition, there were differences in responses by the size of the practice the respondent worked at, as well as rurality. These could be explained in the context of different business models and ways of working; e.g. rural vets were less likely to agree that a recent physical exam is needed to provide real, and not nominal, care.

#### *Applying principles*

For the statements on applying principles, there was agreement around the following statements:

- Practices should share clinical records where they provide care for the same animal.
- Regulations should recognise the advantage of physical exams over information obtained remotely.
- A formal agreement should be set up between the client and the vet to outline the obligations and responsibilities of each party (although responses differed when a similar question was asked in a later question in the 'principles in tension' section).
- There should be shared accountability recognised in the regulations in cases where a vet refers an animal to a specialist for care.
- There should be recognition that animals that are part of a herd or flock are treated differently to companion animals (where this aligns with client preferences).
- Regulations should not allow the prescription of POM-Vs based on the use of photos or videos where the vet has never physically examined the animal.

There was disagreement among respondents as to whether regulations should differ for shelters/charities compared with other practices, and whether regulations should be only about quality of information (rather than source).

The differences in responses were explored across different demographics. Overall, of the 20 statements, only 5 produced significantly different responses from respondents based on their practice size or rurality, suggesting a basis for agreement within the profession (although important differences were picked up in factor analysis).

*Factor analysis*

Factor analysis aims to simplify a large number of observed survey responses by identifying underlying (unobserved, or latent) variables. We applied this technique to look for patterns in the way participants of the study have agreed or disagreed to the statements around regulation.<sup>5</sup> It looks for groups of statements which have been agreed to in a consistent way. The groups of statements that result are therefore data driven, and because they tend to talk about a 'theme', they can be given a subjective heading.

Through this technique, we identified nine key themes revealed through the responses (Figure 1). It is highly likely that these are themes that concern vets in relation to 24/7 emergency provision and 'under care'. Statements within each theme have been grouped because they are highly correlated with each other, meaning that each participant is likely to rate each of the statements in the theme in a similar way. The nine themes can therefore be considered a summary of a large number of statements, and they reveal the key areas that surgeons consider important on this topic overall.

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<sup>5</sup> NB: Only surgeons were included in this analysis, as nurses were not asked to complete all questions.

**Figure 1: The nine themes identified from the factor analysis**

Theme	Theme description
Source of examination data	The statements which fall under the theme ‘Source of examination data’ discuss whether a physical examination is necessary, or whether a diagnosis/ treatment can be prescribed through virtual or non-tangible mediums, such as videos, pictures or clients who are knowledgeable/ reliable
Remote prescriptions for animals who have been physically examined	The statements which fall under the theme ‘Remote prescriptions for animals who have been physically examined’ discuss whether a vet should be able to prescribe digitally if the animal has been seen before physically by themselves or another vet.
Tailored ‘under care’ regulations	The statements which fall under the theme ‘Tailored ‘under care’ regulations’ discuss whether the regulations surrounding an animal being ‘under care’ should be tailored and adapted depending on what and where the animal is.
Structure and stringency around regulations	The statements which fall under the theme ‘Structure and stringency around regulations’ discuss the ‘strictness’ and ‘prescriptiveness’ of the regulations.
Individualisation	The statements which fall under the theme ‘Individualisation’ discuss the need for regulations to take into consideration the individual characteristics of the animal.
Formality of ‘under care’ agreement	The statements which fall under the theme ‘Formality of ‘under care’ agreement’ discuss the need for regulations to ensure a written/ formal agreement is drawn up to decide responsibilities of all parties.
Veterinary provision	The statements which fall under the theme ‘Veterinary Provision’ discuss the provision of regulations around 24/7 care for the relief of pain and suffering.
Animal responsibility	The statements which fall under the theme ‘Animal Responsibility’ discuss the vet’s responsibility for the animal under care.
Regulatory standards	The statements which fall under the theme ‘Regulatory Standards’ discuss the standards which the regulations should take into consideration. This refers to minimum standards, standards to avoid adverse impacts, and quality and accountability.



The factor analysis demonstrates that surgeons from smaller practices were less likely to agree than those from larger practices that there is:

- A greater need for strictness of the regulations
- A need for a written agreement for ‘under care’
- A need for veterinary provision for 24/7 care for pain and suffering

Surgeons from more remote rural settings were more likely than average to agree with regulations around:

- The source of examination data – agreeing that this source could be virtual
- Tailored ‘under care’ regulations – agreeing that this could be based on the type of animal and rurality of setting
- Veterinary provision – agreeing that all types of vet practice should be regulated to provide a high level of care, including providing 24/7 pain and suffering care

Surgeons from urban practices were less likely to agree with the regulated requirement for ‘veterinary provision’.

Of all segments analysed for differences in agreement on the nine themes, opinion varied the most by age group. Older surgeons (aged 55+) were more likely to agree with the following:

- Veterinary provision – agreeing that all types of vet practices should be regulated to provide a high level of care, including providing 24/7 pain and suffering care
- Animal responsibility – agreeing that the veterinary surgeon has full responsibility for the animals in their care
- Regulatory standards – agreeing that the standards that underpin the term ‘under care’ for 24/7 emergency cover should include accountability for all parties involved

Older surgeons were also generally more likely to agree that there should be room for judgement and some flexibility around the regulations. Younger veterinary surgeons (aged 18-35) were more likely to agree with a more ‘virtual’ approach to care. Despite agreeing that there needs to be provision for individual cases and ‘tailored’ under care agreements, they generally agree that having the structure and security of regulations is preferable.

#### *When principles are in tension*

In this final part of the survey, we were concerned with the preferred balance between principles which might be equally desirable but might also be in tension with one another, such that more of one might result in less of the other. Respondents (surgeons and nurses) were presented with 10 pairs of statements and were asked to state (using a sliding scale) which statement they agreed with the most. The results for each of the 10 statements are as follows:

- One size fits all vs Tailored regulations: Overall, there was a strong preference for tailored regulations over one size fits all. Nurses and younger respondents were more likely to want regulations to be tailored (compared with surgeons and older respondents).

- Before prescribing POM-Vs, vets should see each animal within a prescribed period of time vs Vets should make a professional judgement<sup>6</sup>: Overall, responses to this statement were split. However, respondents from smaller practices and those aged 46+ were more likely to agree that vets should make a professional judgement about how recently they need to have seen an animal before prescribing POM-Vs (compared with those from larger practices and of younger ages).
- Protecting professional judgement about what is best in each case vs Predictability and clarity for clients about what they can expect: Overall, there was a very strong preference for regulations protecting professional judgement about what is best for the animal, rather than regulations providing predictability and clarity for clients about what they can expect. Surgeons and respondents from smaller practices were significantly more likely to agree that protecting professional judgement is more important (compared with nurses and those from larger practices).
- A formal agreement with each client should be required vs Vets should advise and inform clients about the formal agreement: A larger proportion of respondents thought that vets should advise and inform clients rather than be required to establish a formal agreement (which is contrary to a similar question asked in the ‘applying principles’ section). Surgeons and respondents aged 46+ were more likely to feel that a formal agreement should not be required. However, in open-text responses, very few respondents shared objections to such formal agreements.
- Regulations should establish only minimum standards vs Regulations should aim to set the highest possible standards: There was a slight preference for minimum standards being set by regulations rather than the highest possible standards. Nurses were more likely to agree that regulations should set high standards than were surgeons. Staff from smaller practices were more likely to agree that regulations should set minimum standards than were those from larger ones.
- Physical examination should precede any treatment with POM-Vs vs Recency, reliability and completeness of the information available seen as more important than the source:<sup>7</sup> The balance of opinion was that a physical examination of the patient should precede any treatment with POM-Vs, rather than assessing the recency, reliability and completeness of the information available. There were no statistically significant differences by demographic group.
- Personal professional accountability is at the core of good care and regulations vs Regulations should focus on regulating teams: The balance of opinion was in favour of personal professional accountability in regulations being more important than the regulation of teams. Surgeons and those aged 46+ were more likely to agree that personal accountability is the most important (compared with nurses and younger respondents).
- Provision of 24/7 emergency cover should be proportional to the service being provided vs Clients should take responsibility for securing 24/7 emergency cover where needed: There was a slight balance in favour of regulations ensuring that the provision of 24/7 emergency cover is proportional to the service being provided, as opposed to clients taking responsibility for securing 24/7 emergency cover where needed. Nurses were more likely to agree that regulations should ensure

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<sup>6</sup> Surgeons only.

<sup>7</sup> Surgeons only

that the provision of 24/7 emergency care is proportional to service being provided than were surgeons. Urban vets and those from smaller practices were more likely to feel that clients should take responsibility for securing 24/7 cover (compared with vets from rural/mixed areas and those from larger practices).

- Availability of 24/7 emergency cover lies with clients vs 24/7 emergency cover lies with vets: There was a strong preference for regulations ensuring that vets are responsible for ensuring that animals under their care receive 24/7 emergency cover, rather than asking clients to ensure that cover. Nurses, respondents from large practices, respondents aged 46+ and rural/mixed rurality vets were more likely to agree that vets, rather than clients, should be responsible for ensuring 24/7 emergency care.
- Information regarding 24/7 emergency cover being available to clients vs Information regarding 24/7 emergency being complete, visible and accessed by clients: There was a strong preference for regulations requiring vets to be responsible for ensuring that information regarding 24/7 emergency cover services is complete, visible and accessed by clients, rather than just making that information available to clients. Nurses, respondents from larger practices and those aged 46+ were more likely to agree that vets should ensure the information is complete, visible and accessed (rather than just available).

### *Conclusions*

Overall, there is broad agreement on how vets want to be regulated in relation to their core purpose of caring for individual animals. However, there appears to be less consensus on the regulation of their wider activities, which are focused more on the management of veterinary practice as opposed to direct care of patients. Dissensus became more apparent on specific topics when respondents were asked about how to apply regulations in practice.

Understanding how vets handle tensions revealed some fundamental differences depending on role, age and rurality. However, on exploring the open-text responses to the questions on tensions, we found that differences may be less than they appear. The table below summarises the conclusions and areas for RCVS to consider for the consultation, drawing on the findings from both the focus groups and survey.

**Table 1: Conclusions and areas for RCVS to consider for the consultation (from the focus groups and survey)**

Issue	Implications
Strongly held, core values	<ul style="list-style-type: none"> <li>• The well-being of the animal ‘under care’ is considered to be paramount, and ensuring that emergency provision is available for animals ‘under care’ is a 24/7 professional responsibility (rather than the client’s).</li> <li>• Good veterinary practice is believed to be underpinned by vets having personal responsibility and accountability for their decisions and the prescription of medication, rather than by the regulation of teams.</li> <li>• There must be room for professional judgement in interpreting the regulations, to balance different types of evidence, circumstance of the animal and when it was last examined, and clinical uncertainty. Regulations should be tailored to different situations and circumstances, rather than taking a one-size-fits-all approach. However, respondents highlighted the practical difficulties of extending the reach and complexity of regulations.</li> <li>• Vets should be responsible for ensuring that 24/7 emergency cover is in place to deal with pain and suffering (either by providing this service themselves or by ensuring its provision via a third party), not the client. Vets should ensure that information on 24/7 emergency care is complete, visible and accessed by the client.</li> <li>• To recommend and prescribe POM-Vs, the vet needs to have had some previous (physical) contact with the client and the animal.</li> <li>• Relevant, timely, complete and accurate knowledge and information is at the heart of good veterinary practice (therefore physical examination is often the ‘gold standard’), but reliable information can also be obtained from clinical notes and records, digital images, videos and specialist guidance). However, alternative forms of information (non-physical exam) should not be used alone in instances where the vet has not physically seen the animal.</li> <li>• In cases of multiple vets providing care to an animal, the practices should share clinical records. There should also be shared accountability for both the primary care vet and the specialist/referral vet. To support this, all veterinary professionals involved in an animal’s care should be aware of what treatment/care is being provided by other professionals. This can be declared by a client in any formal agreement made between them and the vet (although, as mentioned below, there was divergence as to whether such an agreement is necessary).</li> <li>• There should be a recognition in the regulations that herd/flock animals (primarily for commercial purposes) are treated differently to companion animals, according to the clients’ preferences.</li> </ul>
Areas of divergence and lack of consensus	<ul style="list-style-type: none"> <li>• What regulation is for – to minimise harm or to maximise excellence. There was a slight preference in the survey for minimum standards over maximum.</li> <li>• The importance of a physical examination. There was agreement that a physical examination is centrally important (particularly for new clients) but disagreement on how far other sources of information should be depended upon.</li> <li>• The role of clients’ expertise and reliability in shaping vets’ treatment decisions.</li> <li>• To what extent regulations should take into account specific aspects of the animal, such as age, and be tailored to different practice situations (particularly whether shelters/charities should be treated differently to other practices).</li> <li>• Whether the quality (recency and reliability) of the information on the animal is more important than where the information came from.</li> </ul>

Issue	Implications
	<ul style="list-style-type: none"> <li>• Whether regulations should prescribe a period of time in which a physical exam needs to have been conducted to prescribe POM-Vs. While there was general agreement that professional judgement should be protected – there was disagreement as to whether regulations should prescribe a period of time in which a physical exam needs to have been conducted to prescribe POM-Vs, or whether this can be left to professional judgement.</li> <li>• Whether a formal agreement should be put in place between a vet and client to outline the obligations and responsibilities of each party. In the survey, two questions were asked on this. The responses to the first question indicate good consensus that a formal agreement should be in place, however the responses to the second question indicate a preference for vets to advise and inform clients rather than be required to establish a formal agreement.</li> </ul>
Recommended areas for RCVS to explore in the consultation	<ul style="list-style-type: none"> <li>• In the survey and in the focus groups, there was a relatively comfortable agreement around the role of regulation in relation to the core, caring functions of the vet. In relation to the wider questions we explored, such as working across organisational boundaries, team responsibilities, and relationships with clients, there was less agreement among the respondents. In their responses (as our thematic analysis suggests), vets drew upon their experiences (varying according to length of service, size of practice, etc.) but not upon a clear sense of what regulations are for in principle. This, in our view, leaves the debate unanchored and therefore difficult to progress. RCVS could be propositional. This might include (among other things) reinforcing the importance of simplifying the regulatory environment, supporting (or at least not inhibiting) innovation, and improving the interface between veterinary medicine and public health. It might also include communicating to the public the benefits of a well-regulated profession, both for their animals and for an effective 'one health' approach.</li> <li>• Even with such a propositional approach, significant tensions will remain. RCVS should take a view on which of these tensions are in principle resolvable through discussion and which are more fundamental. We were impressed by the many open-text responses that suggested that some problems were seen to be practical rather than a fundamental point of principle. In such areas of disagreement (formal agreements with clients, 24/7 arrangements, and sources of information used to inform decisions), it may be that guidelines based on clear principles would be acceptable and effective.</li> <li>• The focus groups highlighted a tension between a blanket commitment to the responsibility of vets for animals under their care and a recognition that the delivery of care is co-produced with owners, who provide very variable environments for their animals. The preference indicated in the survey is for personal professional responsibility. However, at the same time, 38% of respondents agreed that they would also be comfortable acting on information provided by trusted clients. This apparent tension may be easily resolved should it be clear that personal professional responsibility and competence includes responsibility for building relationships with the client (as well as the animal). Similarly, personal professional responsibility should include contributing to team working and information sharing.</li> <li>• The personal responsibility of vets to the well-being of the animal 'under care' is strong and often fits comfortably with the practices, such as team working, emergency out-of-hours providers and specialist advice. However, it fits less well with the role of limited service providers and the lack of oversight of the animal where owners elect to 'pick and mix' among providers. Further attention to this was seen to be a priority in the focus groups.</li> <li>• To future-proof regulations, and to accommodate the views of younger professionals, it might be better to focus on the responsibilities of vets to ensure that the information they use is timely and relevant, and for veterinary practices to ensure an information architecture that can support this, rather than focusing on how this information was obtained (e.g. physical examination or digital image).</li> </ul>

Issue	Implications
	<ul style="list-style-type: none"><li data-bbox="416 252 2181 354">• The survey highlighted key differences across different groups of the veterinary profession in what they thought the regulations should cover and look like. Irrespective of other decisions, RCVS could use the analysis of these differences when designing their engagement and communications strategies for their members. In particular, it should take into the account the particular responses of veterinary nurses and younger professionals.</li></ul>

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## Abbreviations

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FGD	Focus group discussion
POM-V	prescription-only medicine – veterinarian
RCVS	Royal College of Veterinary Surgeons
VCPR	veterinarian–client–patient relationship

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# 1. Introduction

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The Royal College of Veterinary Surgeons (RCVS) aims to deliver public benefits through improved animal health and welfare by setting, upholding and advancing educational, ethical and clinical standards of veterinary surgeons and veterinary nurses. It is a statutory regulator under the terms of the Veterinary Surgeons Act 1966. The RCVS also regulates veterinary nursing. It also validates academic qualifications in universities that offer courses that lead to becoming a qualified veterinarian.

Changes in technology, organisational structures and practices, patterns of animal ownership, and the expectations of animal owners and the wider public have all contributed to an increasingly complex environment for veterinary practice, offering new opportunities as well as new challenges. These developments raise questions about core aspects of the existing regulations and guidelines, including what it means for an animal to be ‘under care’ of a veterinary surgeon and in how far, and in what circumstances, professional obligations should extend to providing out-of-hours care.

Consequently, as the statutory regulator, RCVS held a wide-ranging consultation in February to March 2017 that provides part of the context for the work described here. Predating the 2017 consultation was a set of discussions following the publication of the Vet Futures Report *Taking charge of our future: A vision for the veterinary profession for 2030*<sup>8</sup> and a commitment in the *RCVS Strategic Plan 2017-19*<sup>9</sup> to review the regulatory framework in this regard. The consultation and the wider debate revealed strongly held and often divergent views within the profession and among stakeholders.

The aim of this study is to collect evidence to support the review of the regulations and guidance that the RCVS should offer in relation to under care and out-of-hours care. The overall research programme gathered information from members across the veterinary profession, using focus group discussions and a survey and in-depth interviews with key veterinary stakeholder organisations, and from a large-scale quantitative survey. During the focus groups and stakeholder engagement, the meaning and practice of an animal being ‘under care’ and vets providing out-of-hours care were discussed. RCVS regulations and guidance relating to these topics were discussed in detail, and focus group participants were asked to describe

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<sup>8</sup> RCVS. (2020). *Strategic Plan 2020-2024*. Accessed at: <https://www.rcvs.org.uk/how-we-work/the-role-of-the-rcvs/strategic-plan/#:-:text=Our%20vision%20is%20to%20be,the%20UK%20can%20be%20proud>.

<sup>9</sup> Vet Futures. (2015). *Taking charge of our future: A vision for the veterinary profession for 2030*. Accessed at: <https://www.vetfutures.org.uk/resource/vet-futures-report/>

how satisfactory they found current regulation and guidance and what, if any, changes might be made. The survey questions were designed based on data collected from these focus groups and stakeholder organisation engagement. The data from the focus groups and stakeholder engagement were presented in an earlier, internal report to RCVS. This report details and analyses the results of this large-scale quantitative survey before arriving at key conclusions and recommended areas for RCVS to explore in the consultation phase.

The following section will provide a brief overview of the survey methodology, as well as a reflection on the steps taken to ensure that the survey was impartial, relevant and meaningful to participants.

## 1.1. Methodology

The research method was a large-scale online survey administered to RCVS members (surgeons and nurses). As mentioned, the survey was designed based on the data collected from the focus groups and engagement with key veterinary organisations (see Box 1), and in consultation with RCVS. The full survey can be found in Annex A. The survey was structured as follows:

- Demographics
- Good regulation statements: agreement/disagreement with 18 statements about the approach towards the regulation of under care and 24/7 emergency cover
- Applying principles: agreement/disagreement with 20 statements about what regulations should require or permit in particular contexts
- When principles are in tension: level of agreement between 10 pairs of statements

Given the nature of some of the questions, nurses were not shown all questions (e.g. in relation to prescribing medications).

The survey was subject to a number of pilot stages. In the first stage, the research team reviewed the survey to ensure there were no errors, e.g. with skip logic or question wording. In the second stage, the team piloted the survey with a small number of the RCVS team and three veterinary professionals to ensure the questions were accurate and clear, and to identify any issues. In the last pilot stage, the team sent the survey to an initial set of 450 members of the profession to ensure there were no issues (content or technical) before disseminating the survey to all members.

The RCVS member database was used to disseminate the survey, which comprised a sample of 54,021 individuals (34,787 surgeons and 19,234 nurses). There were 390 undeliverable emails (for example the email address was not recognised). Thus, 53,181 emails were sent in total. There was no incentive offered for participants. The survey was open from 11 May 2021 to 16 June 2021. To strengthen response rates, three reminders were sent to the profession while the survey was open. To keep response rates as high as possible, we kept the time to complete the questionnaire to a minimum compatible with the aims of the survey; the average time to complete the questionnaire was 23 minutes.

In total, 5,544 completed the survey (10% response rate overall, 13% for veterinary surgeons and 5% for veterinary nurses). Our previous experience suggests that 13% is around the middle of the range of responses for this kind of survey, while 5% is at the bottom end.



The overall responses to each of the questions were analysed individually, with further analysis conducted by demographics (role, age,<sup>10</sup> practice size,<sup>11</sup> rurality<sup>12</sup> and country<sup>13</sup>). In addition, nine themes were generated from the statements in the ‘good regulation’ and ‘applying principles’ sections, which involved grouping statements that had been agreed to in a consistent way (further detail on the generation of these themes is provided in section 2.3). Factor analysis was conducted on these themes to explore the differences across demographic groups in further detail.

### **Box 1: Methodological approach to focus groups and stakeholder engagement**

As the approach and findings of the focus groups and stakeholder engagement were presented in an internal report to RCVS, here we only briefly overview the approach we took.

We held ten focus groups with members of the profession (nine focus groups) and the RCVS Standards Committee (one focus group). The aim of the focus group with the Standards Committee (which was held first) was to obtain the Committee’s views on the under care and out-of-hours regulations, and to pilot the topic guide to make any refinements. The focus groups with members of the veterinary profession were held with individuals from six areas of the UK (South West England (x2 focus group discussions (FGDs)), East of England (x2 FGDs), London, Glasgow, Newcastle (one with surgeons and another with nurses) and Cardiff). In total, 42 members of the profession attended the focus groups, with a range of animal species treated, years of experience, seniority, practice type and out-of-hours provision. The purpose of the focus groups with professionals was to explore issues in understanding some of the core concepts in veterinary practices, such as what it means for an animal to be under the care of a vet, and what obligations and expectations should be met in providing out-of-hours care.

The focus group topic guide was adapted to develop a survey aimed at key veterinary organisations and groups on the issue of the under care and out-of-hours care regulations, and a small number of these were also interviewed to explore their survey responses in further detail. In total, 20 organisations/groups responded to the survey and 5 individuals from these were interviewed.

The findings from both the focus groups and the stakeholder engagement were key in developing the survey, and the findings from these have also been incorporated into the conclusions of this report.

## **1.2. Ensuring the survey questions are impartial, relevant and meaningful to professionals**

The survey explored questions at the heart of the professional lives of veterinary surgeons and nurses. It was therefore important that the survey questions reflected the language used by professionals to describe their work. These questions also explored some areas where there had been a history of disagreement. The research team used language to explore these disagreements that reflected how professionals discussed these issues but at the same time avoided ‘leading’ the respondents. The focus groups and stakeholder engagement

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<sup>10</sup> Age groups for respondents to select to were: ‘18-24’, ‘25-35’, ‘36-45’, ‘46-55’, ‘56-65’, ‘66-70’, ‘71+’ and ‘prefer not to say’.

<sup>11</sup> For practice size, respondents were asked two questions on how many full time veterinary 1) surgeons and 2) nurses worked at their practice, with the options being: ‘3 or fewer’, ‘4-10’, ‘11-25’, ‘26-50’, ‘more than 50’ and ‘don’t know’.

<sup>12</sup> Rurality was self-defined by survey participants. They were given the option to select where they mainly work from the following: ‘remote rural’, ‘mixture of rural and urban’ or ‘urban’.

<sup>13</sup> England, Scotland, Wales or Northern Ireland.

were a valuable first stage that shaped the language we used in the survey questions and ensured their relevance to the experiences of veterinary surgeons and nurses. In addition, we piloted the questionnaire in three separate stages. The order in which the questions appeared within the different sections was randomised to avoid the possibility that results might be systematically influenced by how participants had responded to earlier statements (or by fatigue). Finally, we ensured that open-ended questions created opportunities for respondents to reflect in their own words across all sections of the survey.

However, there are a small number of limitations of the survey to highlight. The survey required participants to self-select, which may mean that the views obtained are from those more interested in the topic or who have stronger opinions. The participants were weighted more heavily towards small-animal professionals compared with equine, farm and other. While this is a general reflection of the demographics of the veterinary profession, it may mean that the results are skewed towards the views of those dealing with small animals.

### 1.3. Developing a survey design to explore complex issues

We were made aware through the focus groups and stakeholder engagement that many of the issues regarding under care and 24/7 emergency cover were neither simple nor binary. Some questions provoked shades of opinion ranging from strong agreement to strong disagreement. Other questions involved trade-offs to be made between equally desirable things that could not simultaneously be achieved. For these reasons, we developed a survey design which could progressively add layers of complexity. To this end, following demographic questions including the background and experience of participants, we set out 18 ‘good regulation statements’ (derived from the focus groups) and invited respondents to state their strength of agreement or disagreement with each of these. This helped establish what veterinary surgeons and nurses agreed with and where they were divided in their responses. From this we established in how far, and on what issues, respondents agreed about what ‘good regulation’ looks like in relation to under care and emergency cover. We went on to ask respondents to agree or disagree with 20 statements on how these principles might be applied in specific circumstances. This reflected findings from the focus groups, which suggested that views that might be held ‘in principle’ might be applied in more nuanced ways in practice. By structuring findings from these first two sets of questions into broad factors (see section 2.3), we have been able to contribute new understanding of how the profession might align or fragment in relation to the key themes. Finally, we asked respondents to respond to ten pairs of circumstances where principles might be in tension (for example, wanting both professional independence and adherence to certain practices). In these questions, respondents could use a slider to indicate how they might balance these tensions.

### 1.4. A reflection of the key findings from the focus groups

To understand the context in which this survey was developed, and to ensure that findings across the study are integrated together, we will briefly reflect on the conclusions from the focus groups here.

### 1.4.1. Core values are clear and strongly held

Any development of the regulations and guidelines would be building on a relatively firm foundation in which certain core values are clear. Vets should be responsible for their professional decisions, and although patient care may be shared and may pass from one vet to another, once an animal is under the care of a vet, they take personal responsibility for the well-being of that animal. Likewise, the focus groups revealed that the profession agree on the primacy of the well-being of the animal, and on the importance of having sufficient reliable, timely and relevant information, alongside the recognition that such information is most likely to require a physical examination of the animal. It is also agreed that vets' decisions should take into account the contextual factors and constraints facing the animal, the owner and the vet themselves. Finally, it was agreed that, while specificity in regulations may be desirable for certain aspects (e.g. the maximum time to elapse between a physical examination and prescribing), in general there must be room for professional judgement in light of the very varied contexts within which vets are required to act.

### 1.4.2. However, there are significant complicating factors

Complicating factors may be clustered in areas:

- Developments in veterinary practice:
  - New or growing organisational and commercial entities, including limited service providers, emergency out-of-hours providers, and corporates, are changing the organisational setting within which animals under care are managed and care is provided. This is complicating transitions (or hand-offs) between providers.
  - Some medical and clinical developments are increasing specialisation of care and shared responsibilities but increasing the risk of fragmenting responsibility and reducing continuity of care.
  - New communications technologies have opened up new ways for vets to interact with animals, their owners, and each other, making some new business models involving remote care more viable but raising questions around when and how remote provision results in better care.
- The context in which animals are cared for:
  - Animal owners cannot be assumed to have technical skills in caring for animals (but some are highly skilled), and they have different priorities for the care of their animals. These differences should be taken into account if the duty of care is to be discharged, but understanding these differences may be a matter of judgement and experience.
  - Differences among owners very often coincide with differences among practices in terms of the types of animals treated (farm animals, small animals, equines and so forth), who face differing commercial pressures and priorities.
  - Herds and flocks face additional risks for animal (and human) well-being that individual animals do not face. Threats to other animals (and public health) may require vets to treat

animals in herds or flocks differently, and the well-being of the individual animal will not, in this situation, be paramount.

- The owner–professional relationship:
  - Owners (and the general public) have rising expectations about what vets can do technically and are able to afford commercially, adding to the pressures facing veterinary practices.
  - Farm managers may be increasingly prepared to pick and choose among providers, making continuity of care and safe management of each animal’s care harder to oversee.
  - Companion animal owners are believed to be using online search engines to identify sources of information that may be unreliable. This, together with a more consumerist approach, places additional pressures on vets.

### 1.4.3. Areas of dispute and divergence

There are limitations to what can be covered in the space of a two-hour focus group, but some issues seemed to be both addressed and unresolved, including:

- Among those who expressed an opinion, there was a tendency to see regulation as a way to minimise harm (non-maleficence) rather than to deliver excellence (helping more recently qualified vets, helping to push back against unreasonable clients). However, there was not a clear consensus around what ‘good’ regulations would be like.
- While every participant saw a significant role for physical examinations, the participants expressed many different opinions, ranging from insisting that only physical examinations should be used, through to identifying special cases where remote working was sensible, through to a small minority seeing a greater role for remote working. The experiences of changed working in response to Covid-19 have not altered this viewpoint substantially.
- The role and responsibilities of owners came up often as a concern, but few if any solutions were put forward (beyond encouraging RCVS to launch an information campaign to encourage more realistic expectations). For example, facilitators did not raise the idea of a North American–style veterinarian–client–patient relationship (VCPR), which is designed to address this issue, but neither did this arise spontaneously.
- While there was a general view that regulation should not lead to a loss of entrepreneurship and competition, there was also anxiety that without regulations around remote providers and limited care providers there would be risks to animal wellbeing (including less continuity of care, less oversight of an animal’s prescriptions, and loss of accessible out-of-hours providers in some parts of the country). It was not resolved how to balance these differing benefits of entrepreneurship with potential risks to animal well-being.

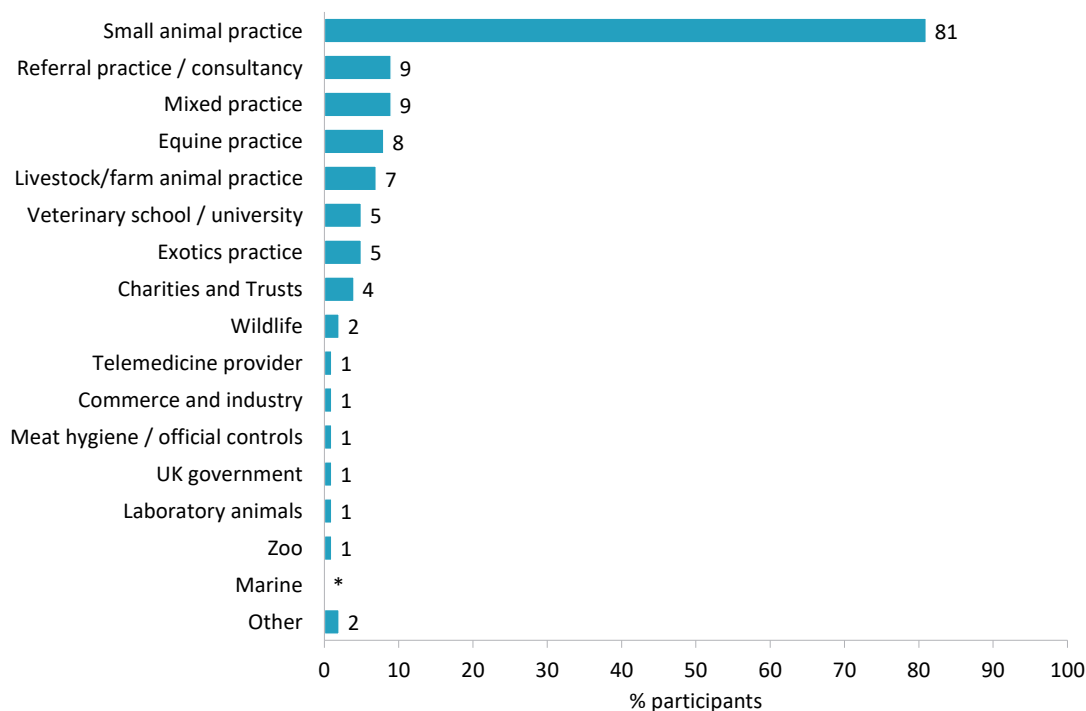
## 1.5. Survey sample characteristics

Granular detail on sample characteristics may be found in Annex B. In summary, 18% of the sample were veterinary nurses and 82% were veterinary surgeons. The demographic of RCVS members is 36% nurses and 64% surgeons, so there was a much higher response from surgeons than nurses to the survey.

Nurses tended to be younger than surgeons: 47% were aged under 35 years old, compared with 31% for surgeons. There was a fairly even spread by registration year, with between 10-20% in each five-year period between 1995-1999 and 2015-2019. Participating surgeons tended to have registered earlier than nurses, with 38% registering before 2000, compared with half that proportion for nurses. Age and number of year of experience correlated closely in the sample (so those of older age were very likely to also have a higher number of years of experience). Therefore, the analysis by age group presented in this report can also be applied to years of experience.

For just over four fifths (81%) the main area of work was small-animal practice. No other area attracted more than 9%. However, referral practice, mixed practice, equine and livestock were all well represented, with more than 7% in each category. These details are in Figure 2.

**Figure 2: Main area of work (n=5,544)<sup>14</sup>**



<sup>14</sup> Respondents could indicate more than one area of work; hence the totals exceed 100%

## RAND Europe

Overall, a large majority were either part of a corporate group (40%) or of an independent, stand-alone practice (37%).<sup>15</sup> More than half the practices (53%) provide their own 24/7 emergency cover. Another 12% offer a combination of in-house provision and third-party 24/7 emergency cover provision, and 35% did not offer 24/7 emergency cover.

More than four fifths (83%) of the sample were based in England, 10% were in Scotland, 5% in Wales and 2% in Northern Ireland.

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<sup>15</sup> Survey options to select from were 'independent', 'stand-alone practice (e.g. a partnership)', 'independent practice that is part of a larger group (with some shared centralised function)', 'part of a corporate group', 'part of a joint venture with a corporate group', 'veterinary school', 'charity', 'out-of-hours-only provider', 'don't know' and 'other'.

## 2. Findings

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Following the demographic questions, as outlined in the previous chapter, we asked three sets of questions:

- **Good regulation statements:** agreement/disagreement with 18 statements about the approach towards the regulation of under care and 24/7 emergency cover
- **Applying principles:** agreement/disagreement with 20 statements about what regulations should require or permit in particular contexts
- **When principles are in tension:** level of agreement between 10 pairs of statements

The key results for each of these are discussed below.

### 2.1. Good regulation statements

Respondents were shown 18 statements regarding regulation. Each statement was shown in turn with a slider scale, from ‘strongly disagree’ to ‘strongly agree’. The responses were converted to a five-point numerical scale, where 1 = strongly disagree and 5 = strongly agree.

#### 2.1.1. Overall analysis

The analysis shows that the veterinary profession was able to broadly concur with the statements arising from our focus groups about what good regulations should involve. The highest levels of consensus (collectively either agreeing or disagreeing) were registered in response to statements that are most close to the identity and activities of being a veterinary surgeon or nurse. Statements with higher levels of consensus were:

- *An animal being under my care means I am responsible for the advice I give in relation to it* – 93% agree, 5% disagree
- *An animal being under my care means I am responsible for all POM-V medications I prescribe to an animal I am treating (and for how long, at what dose and in what combination)* – 89% agree, 8% disagree
- *I would only accept an animal as being under my care if my knowledge of the situation and the condition of the animal is good enough to make the best and most competent decision possible regarding its well-being* – 87% agree, 8% disagree
- *Regulations should require veterinary professionals to ensure that provision of 24/7 emergency cover for the relief of pain and suffering is available – either through their practice or via a specialist out-of-hours provider irrespective of the nature of the services / treatments given* – 82% agree, 14% disagree

## RAND Europe

- *Regulations should allow space for professional judgement when interpreting and applying them* – 82% agree, 12% disagree
- *If information were provided from a client I had never been in contact with before, I would be comfortable recommending treatment / prescribing POM-Vs* – 82% disagree, 11% agree

However, there is much less consensus on questions about what should be covered by the regulations, which are at one stage removed from the direct role of caring for animals. For example, in response to the statement *‘Regulations should take into account the age of the animal’*, 45% disagreed and 31% agreed.

The overall analysis of all statements is provided in the figure below.



**Figure 3: Good regulation statements overall analysis (key: 2: somewhat disagree; 3: neither agree nor disagree; and 4: somewhat agree)**



Base: 5,544 except for statements marked with \*, which were only shown to 4,545 veterinary surgeons

## 2.1.2. Sub-group analysis

This section will highlight some of the key differences between sub-population responses to the questions on good regulation. The graphs for the sub-group analysis can be found in Annex C.

**Nurses** showed a (statistically significant) tendency to have more confidence in regulations to deliver benefits than was the case for surgeons. The only exceptions were the following three statements:

- *An animal being under my care means I am responsible for the advice I give in relation to it.*
- *Regulations should restrict certain business models where it can be shown to lead to inadequate or insufficient veterinary provision and so negative impact on animal welfare and/or public health (e.g. leading to under-provision of accessible 24/7 emergency cover for animals in some parts of the country).*
- *Regulations should allow space for professional judgement when interpreting and applying them.*

We analysed differences by practice size and by rural vs urban and again found relatively few differences at a statistically significant level. Significant differences included respondents from **small practices**<sup>16</sup> giving **lower** levels of agreement to each of the following statements:

- *Regulations should require veterinary professionals to ensure that provision of 24/7 emergency cover for the relief of pain and suffering is available – either through their practice or via a specialist out-of-hours provider – irrespective of the nature of the services / treatments given.*
- *Regulations should restrict certain business models where it can be shown to lead to inadequate or insufficient veterinary provision and so negatively impact on animal welfare and/or public health (e.g. leading to under-provision of accessible 24/7 emergency cover for animals in some parts of the country).*
- *Regulations should be more prescriptive, so there is no variation in how they are interpreted across the profession.*
- *There should be an upper limit defined in regulations on the time between seeing an animal and prescribing POM-Vs, but the upper limit should differ depending on animal species.*

It might be supposed that these preferences reflect that these have a better fit with business models and ways of working for small practices.

Respondents from **rural practices** were statistically significantly more likely to agree with these statements:

- *There should be an upper limit defined in regulations on the time between seeing an animal and prescribing POM-Vs, but the upper limit should differ depending on animal species.*
- *If information were provided from a client when I knew I could rely on the information they provide, I would be comfortable recommending treatment / prescribing POM-Vs, even if I hadn't recently seen the animal.*
- *If information were provided from a client I knew to be knowledgeable about the species and condition, I would be comfortable recommending treatment / prescribing POM-Vs, even if I hadn't recently seen the animal.*

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<sup>16</sup> Small practices are defined as those with fewer than 3 fulltime-equivalent veterinary surgeons, medium-sized practices, 4-10 and large practices, 11+.

In addition, respondents from **rural practices** would be less likely to agree with these statements:

- *For an animal to be under a vet's care in a way that is real and not just nominal, a recent physical examination is essential.*
- *Regulations should take into account how different prescribed medications carry more or less risk for the well-being of the animal.*

It might also be supposed that rural practices, often with close working relationships with animal owners and with varied needs of livestock, would express these preferences.

These nuanced differences seem intuitively plausible and can be explained in the context of different practice size and setting. This gives us confidence that we are identifying meaningful responses to the survey as a whole, but overall this is initially a picture of a profession which, when asked what good care looks like – and what regulation should do to support this – can arrive at a degree of consensus. However, as we discuss in Section 2.3, when we explore the themes underlying these responses, a more complex picture emerges.

### 2.1.3. Whether any features of good regulations were missing from the statements

After the set of 18 statements regarding regulation, respondents were invited to provide open feedback in two areas relating to under care and 24/7 emergency out-of-hours care. This focused on asking respondents to highlight any features of good regulation that they thought were important but were not reflected in the previous statements.

#### Under care

Overall, 25% of the sample provided additional comments. The comments have been analysed and coded to a code frame. The main areas which were felt to be missing from the statements on good regulation for under care were:

- Prescription of medication/POM-Vs issues, e.g. categorisation/risks/timeframe(s) required (32% of comments)
- Necessity for physical examination within a set time period (31% of comments)
- Flexibility required in terms of allowing for tailored approach/sector-specific care (23% of comments)

A full listing of the responses is shown in Figure 4.

**Figure 4: Missing features for 'under care'**



Base: 1,363

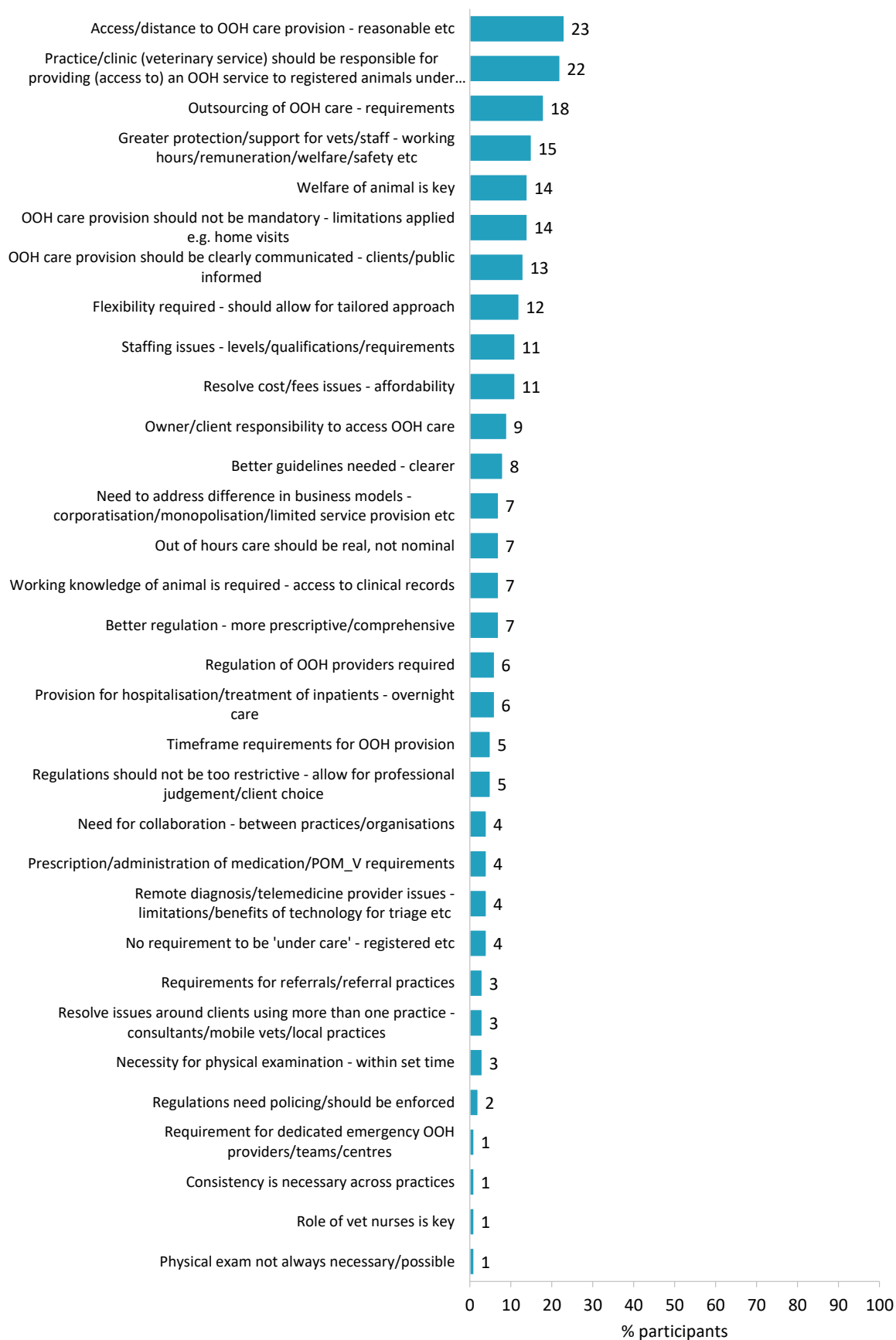
## 24/7 emergency out-of-hours care

Overall, 27% of the sample provided additional comments relating to 24/7 emergency out-of-hours care. The comments have been analysed and coded to a code frame. The main areas which were felt to be missing from the statements on good regulation for 24/7 emergency out-of-hours care were:

- Access/distance to out-of-hours care provision, e.g. what is reasonable (23% of comments)
- Practice/clinic (veterinary service) should be responsible for providing (access to) an out-of-hours service to registered animals under their care (22% of comments)
- Outsourcing of out-of-hours care, specifically, what the requirements are for this (18% of comments)

A full listing of the responses is shown in Figure 5.

**Figure 5: Missing features for out-of-hours care**



Base: 1,476

## 2.2. Applying principles

Respondents were shown 20 statements in relation to applying principles. Each statement was shown in turn, with a slider scale from ‘strongly disagree’ to ‘strongly agree’. The responses were converted to a five-point numerical scale, where 1 = strongly disagree and 5 = strongly agree.

### 2.2.1. Overall analysis

The statements that gained most consensus for agreement were:

- *If an animal is registered with more than one primary care practice, the practices should be required to share clinical records* – 82% agree, 11% disagree
- *Regulations regarding 24/7 emergency cover and ‘under care’ should recognise the unique advantage of physical examinations over information that is solely obtained remotely (such as photographs, phone calls, biometrics, videos)* – 82% agree, 9% disagree
- *Regulation of 24/7 emergency cover and ‘under care’ should involve a formal agreement between vets and clients that establishes the obligations and responsibilities of each* – 75% agree, 13% disagree
- *Regulations regarding 24/7 emergency cover and ‘under care’ should explicitly take into account that vets will refer cases to specialists with whom they should have shared accountability* – 74% agree, 12% disagree
- *Regulations and guidance regarding ‘under care’ and 24/7 emergency cover should specifically recognise that a vet could reasonably treat an animal that is part of a herd or flock differently from one that is a companion animal, where this is in line with a client’s preferences* – 72% agree, 11% disagree

There is a consensus to disagree on the following statements:

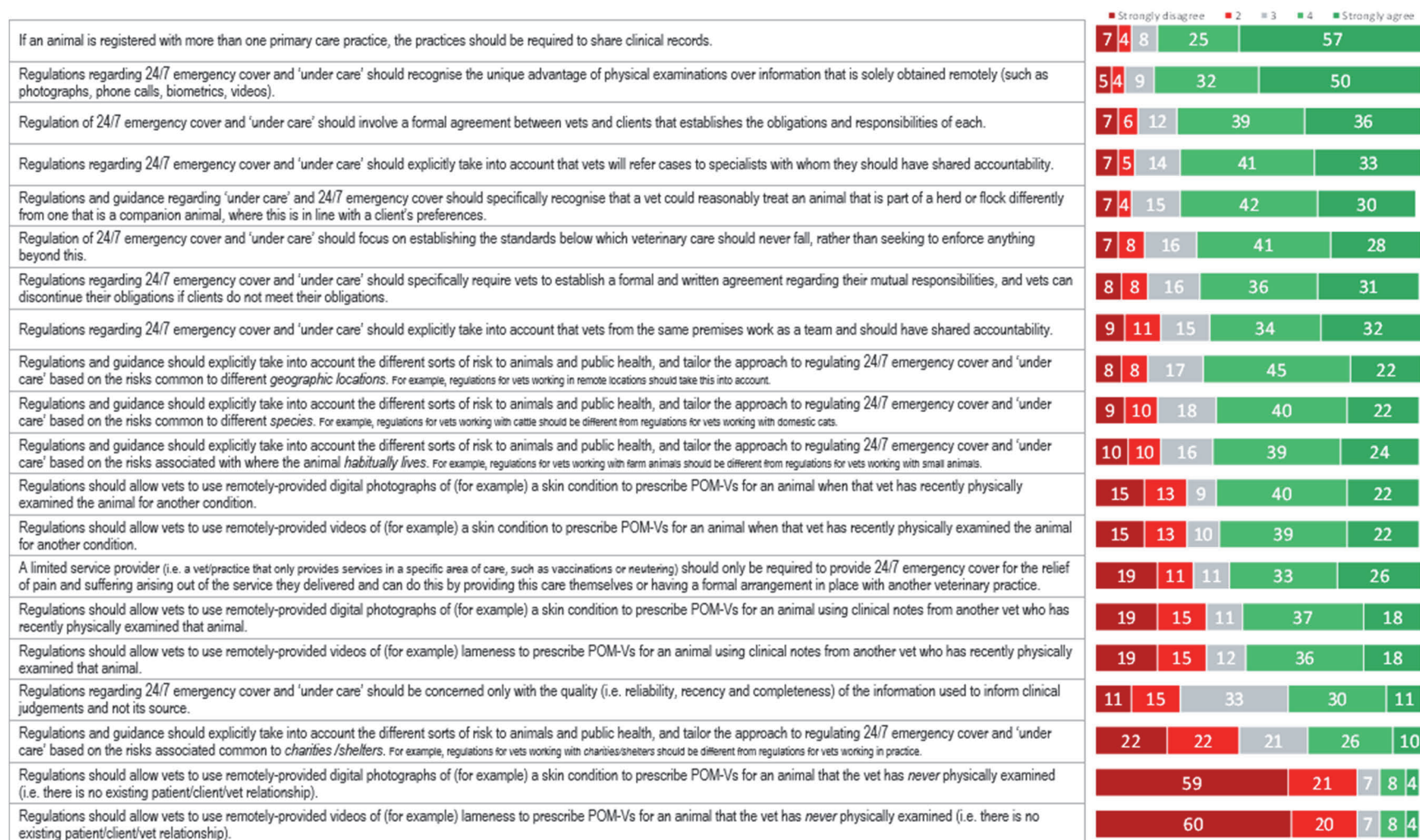
- *Regulations should allow vets to use remotely provided videos of (for example) lameness to prescribe POM-Vs for an animal that the vet has never physically examined (i.e. there is no existing patient–client–vet relationship)* – 82% disagree, 12% agree
- *Regulations should allow vets to use remotely provided digital photographs of (for example) a skin condition to prescribe POM-Vs for an animal that the vet has never physically examined (i.e. there is no existing patient–client–vet relationship)* – 81% disagree, 12% agree

There is dissensus on the following statements:

- *Regulations and guidance should explicitly take into account the different sorts of risk to animals and public health, and tailor the approach to regulating 24/7 emergency cover and ‘under care’ based on the risks associated common to charities /shelters. For example, regulations for vets working with charities/shelters should be different from regulations for vets working in practice* – 44% disagree, 36% agree
- *Regulations regarding 24/7 emergency cover and ‘under care’ should be concerned only with the quality (i.e. reliability, recency and completeness) of the information used to inform clinical judgements and not its source* – 26% disagree, 41% agree

The overall responses to all the statements are presented in the figure below.

**Figure 6: Applying Principles Statements (key: 2: somewhat disagree, 3: neither agree nor disagree and 3: somewhat agree)**



Base: 4,545 veterinary surgeons, 999 veterinary nurses



### 2.2.2. Sub-group analysis

There was some variation in responses statistically associated with the size of practice and its setting. Respondents from **small practices** were significantly **less** likely than those from medium-sized and larger practices to agree with the following three statements:

- *Regulation of 24/7 emergency cover and ‘under care’ should involve a formal agreement between vets and clients that establishes the obligations and responsibilities of each* – 3.82 compared with 3.94 for medium-sized and 4.00 for large<sup>17</sup>
- *Regulations and guidance regarding ‘under care’ and 24/7 emergency cover should specifically recognise that a vet could reasonably treat an animal that is part of a herd or flock differently from one that is a companion animal, where this is in line with a client’s preferences* – 3.75 compared with 3.88 for medium-sized and 3.86 for large
- *Regulations regarding 24/7 emergency cover and ‘under care’ should explicitly take into account that vets from the same premises work as a team and should have shared accountability* – 3.58 compared with 3.72 for medium-sized and 3.76 for large

In addition, respondents from **small practices** were significantly **more** likely than those from medium-sized and larger practices to agree with the following two statements

- *A limited service provider (i.e. a vet/practice that only provides services in a specific area of care, such as vaccinations or neutering) should only be required to provide 24/7 emergency cover for the relief of pain and suffering arising out of the service they delivered and can do this by providing this care themselves or having a formal arrangement in place with another veterinary practice* – 3.48 compared with 3.31 for medium-sized and 3.30 for large
- *Regulations should allow vets to use remotely provided videos of (for example) lameness to prescribe POM-Vs for an animal that the vet has never physically examined (i.e. there is no existing patient–client–vet relationship)* – 1.86 compared with 1.75 for medium-sized and 1.70 for large

Remote **rural respondents** were significantly **more** likely than mixed rural-urban and urban vets to agree that regulations should specifically recognise that a vet could reasonably treat an animal that is part of a herd or flock differently from one that is a companion animal, where this is in line with a client’s preferences (4.08 compared with 3.85 mixed and 3.78 urban).

**Urban respondents** were significantly **less** likely than mixed rural-urban and remote rural vets to agree that regulations should explicitly take into account that vets from the same premises work as a team and should have shared accountability (3.58 compared with 3.73 mixed and 3.95 remote rural). Urban respondents were also significantly **less** likely than mixed and remote rural vets to agree that a limited service provider should only be required to provide 24/7 emergency cover for the relief of pain and suffering arising out of the service they delivered (either by providing this care themselves or having a formal arrangement in place with another veterinary practice) (3.46 compared with 3.31 mixed and 3.18 remote rural).

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<sup>17</sup> These numbers reflect the average score selected on the sliding scale between 1 and 5 (where 1 = strongly disagree and 5 = strongly agree). For example, a score of 4.5 would be between somewhat and strongly agree.

Annex C provides a table summarising the differences across practice sizes and rurality for the applying principles statements.

Overall, of the 20 statements, only 5 produced significantly different responses from respondents based on their practice size or setting, suggesting a basis for agreement within the profession. However, in the following section, we show how these apparent areas of agreement reward closer investigation, and that this investigation suggests some important differences within the profession.

## 2.3. Factor analysis

Factor analysis aims to simplify a large number of observed survey responses by identifying underlying (unobserved, or latent) variables. We applied this technique by looking for patterns in the way participants of the study agreed or disagreed with the statements around regulation. By using factor analysis, the data becomes much easier to interpret – rather than having to analyse responses to 38 statements, we can group the statements into themes and then analyse an overall score for each theme by a number of groups (such as practice size).

Factor analysis is based on the principle of correlation. The technique looks for groups of statements which have been agreed to in a consistent way. The groups of statements that result are data driven, and the statements are then grouped into ‘themes’ which are given a subjective heading. The naming of each theme is therefore not derived from the data.

Through this technique, we identified nine key themes revealed through the responses. It is highly likely that these are themes that concern vets in relation to 24/7 emergency provision and ‘under care’. Statements within each theme have been grouped because they are highly correlated with each other. If statements are highly correlated, this means that each participant is likely to rate each of the statements in the theme in a similar way. For example, if a participant agrees with one statement in the theme, they are likely to agree with all statements in that theme. In a similar way, if a participant disagrees with one statement, they are likely to disagree with all statements in that theme. The nine themes can therefore be considered a summary of a large number of statements, and they reveal the key areas that surgeons consider important on this topic overall.

### **Benefits of a factor analysis for this study**

First, the factor analysis makes visible the themes that appear to lie behind responses from the profession, helping to structure the issues to be considered in an ‘under care’ review. It therefore helps structure the discussion. Second, the factor analysis allows us to interrogate how different groups varied in their approach to these themes. It therefore helps analyse the issues.

There were nine factors derived from analysis of the two sets of statements (good regulation and applying principles statements). These are set out below, and the statements included in each theme are outlined in Annex D. It should be noted that factors can only be derived for surgeons, who were required to respond to all questions.

**Figure 7: The nine themes identified from the factor analysis**

Theme	Theme description
Source of examination data	The statements which fall under the theme 'Source of examination data' discuss whether a physical examination is necessary, or whether a diagnosis/ treatment can be prescribed through virtual or non-tangible mediums, such as videos, pictures or clients who are knowledgeable/ reliable
Remote prescriptions for animals who have been physically examined	The statements which fall under the theme 'Remote prescriptions for animals who have been physically examined' discuss whether a vet should be able to prescribe digitally if the animal has been seen before physically by themselves or another vet.
Tailored 'under care' regulations	The statements which fall under the theme 'Tailored 'under care' regulations' discuss whether the regulations surrounding an animal being 'under care' should be tailored and adapted depending on what and where the animal is.
Structure and stringency around regulations	The statements which fall under the theme 'Structure and stringency around regulations' discuss the 'strictness' and 'prescriptiveness' of the regulations.
Individualisation	The statements which fall under the theme 'Individualisation' discuss the need for regulations to take into consideration the individual characteristics of the animal.
Formality of 'under care' agreement	The statements which fall under the theme 'Formality of 'under care' agreement' discuss the need for regulations to ensure a written/ formal agreement is drawn up to decide responsibilities of all parties.
Veterinary provision	The statements which fall under the theme 'Veterinary Provision' discuss the provision of regulations around 24/7 care for the relief of pain and suffering.
Animal responsibility	The statements which fall under the theme 'Animal Responsibility' discuss the vet's responsibility for the animal under care.
Regulatory standards	The statements which fall under the theme 'Regulatory Standards' discuss the standards which the regulations should take into consideration. This refers to minimum standards, standards to avoid adverse impacts, and quality and accountability.

### 2.3.1. Factor analysis of the nine themes

Using the themes outlined in the previous section, it is possible to look at the differences that occur between different sub-groups (for example, different practice size). Each participant is scored on each theme, using their original agreement scores for each of the statements and an algorithm that underpins the mathematical factors. Using this score, it is possible to look at differences between key groups.

The centre-point line shows the average, bars to the left indicate that the segment is less likely to agree with the statements which form the theme *than the average*, and bars to the right indicate that the segment is more likely to agree with the statements in the theme *than the average*. The average line for each chart is therefore a representation of the sample size for each group. Note that bars to the left do not necessarily indicate disagreement with the statement, but only that the segment is less likely to agree with the statement than the average response. So, for example, all respondents might agree with the theme, but segments on the left agree less strongly.

As the theme scores are all 'standardised' to have a mean of zero and a standard deviation of 1, the scale for all charts is identical and therefore groups can be compared within the chart itself, as well as across charts. These analyses are based on responses from surgeons only.

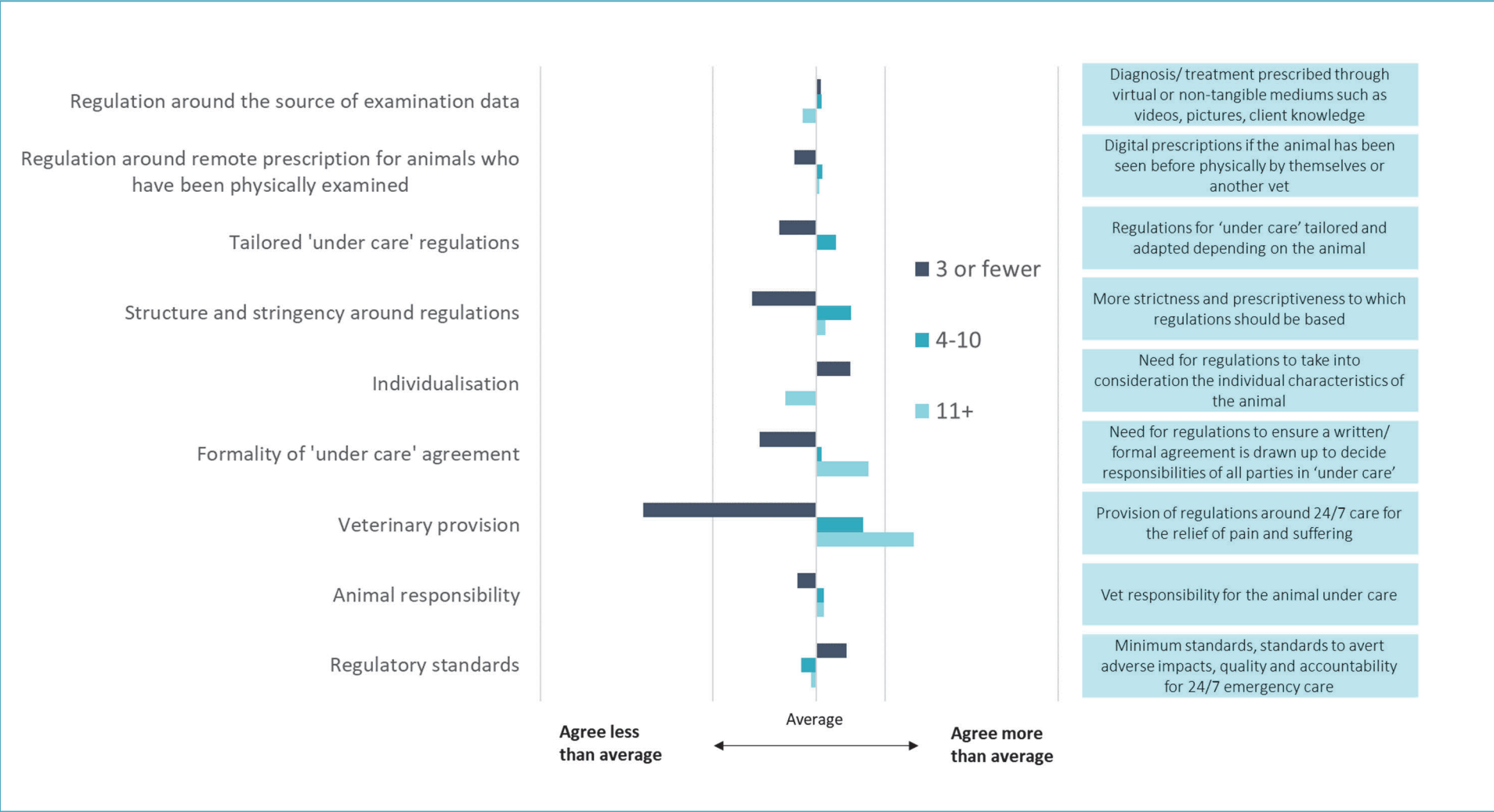
#### Differences in practice size

The differences in agreement between larger practices (11+ full-time-equivalent surgeons) and smaller practices (fewer than 3 full-time-equivalent surgeons) are most contrasting on the following areas (Figure 8):

- The strictness of the regulations
- The need for a written agreement for 'under care'
- Veterinary provision for 24/7 care for pain and suffering

Surgeons from smaller practices were less likely to agree on each of the bulleted areas above than those from larger practices. Possible reasons for this include that it may indicate a lack of resourcing or ability to be able to meet more stringent regulations in these areas.

**Figure 8: Differences by practice size (surgeons only)**



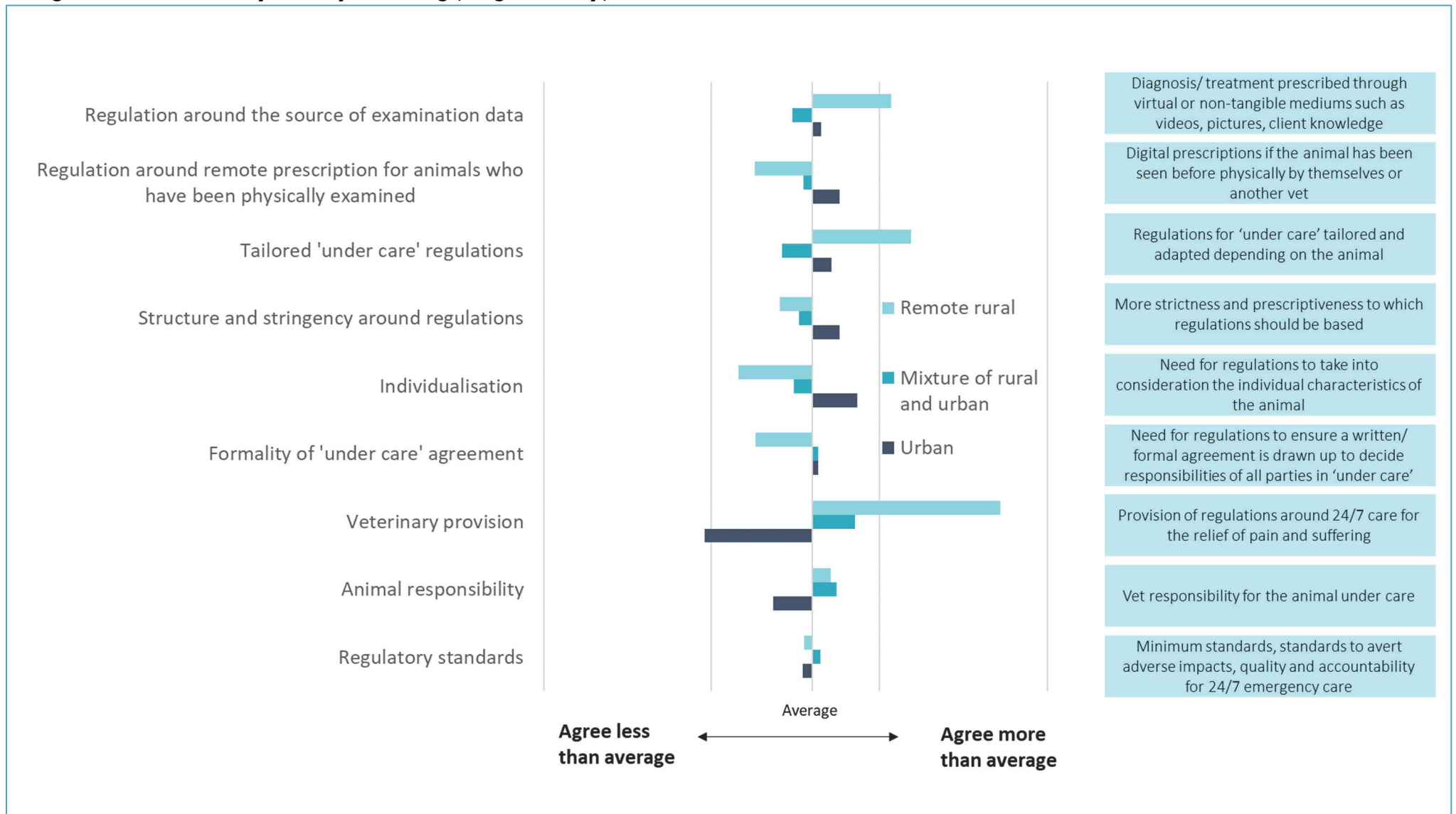
## Differences among geographical areas

As might be expected, the differences in agreement between ‘remote rural’ and ‘urban’ are the most variable (Figure 9). Surgeons from more remote rural settings were more likely than average to agree with regulations around:

- The source of examination data – agreeing that this source could be virtual
- Tailored under care regulations – agreeing that this could be based on the type of animal and rurality of setting
- Veterinary provision – agreeing that all types of vet practices should be regulated to provide a high level of care, including providing 24/7 pain and suffering care

By way of contrast, surgeons from urban practices were less likely to agree with the regulated requirement for ‘veterinary provision’.

**Figure 9: Differences by rurality of setting (surgeons only)**



## Differences between age groups

Of all segments analysed for differences in agreement on the nine themes, opinion varied the most by age group. This intuitively plausible difference has not previously been quantified, we believe, and as Figure 17 shows, the differences are striking. As mentioned earlier, there was very close correlation between age and years of experience in the sample, so these findings from the age group analysis can also be applied to years of experience.

Older surgeons (aged 55+) were more likely to agree with the following:

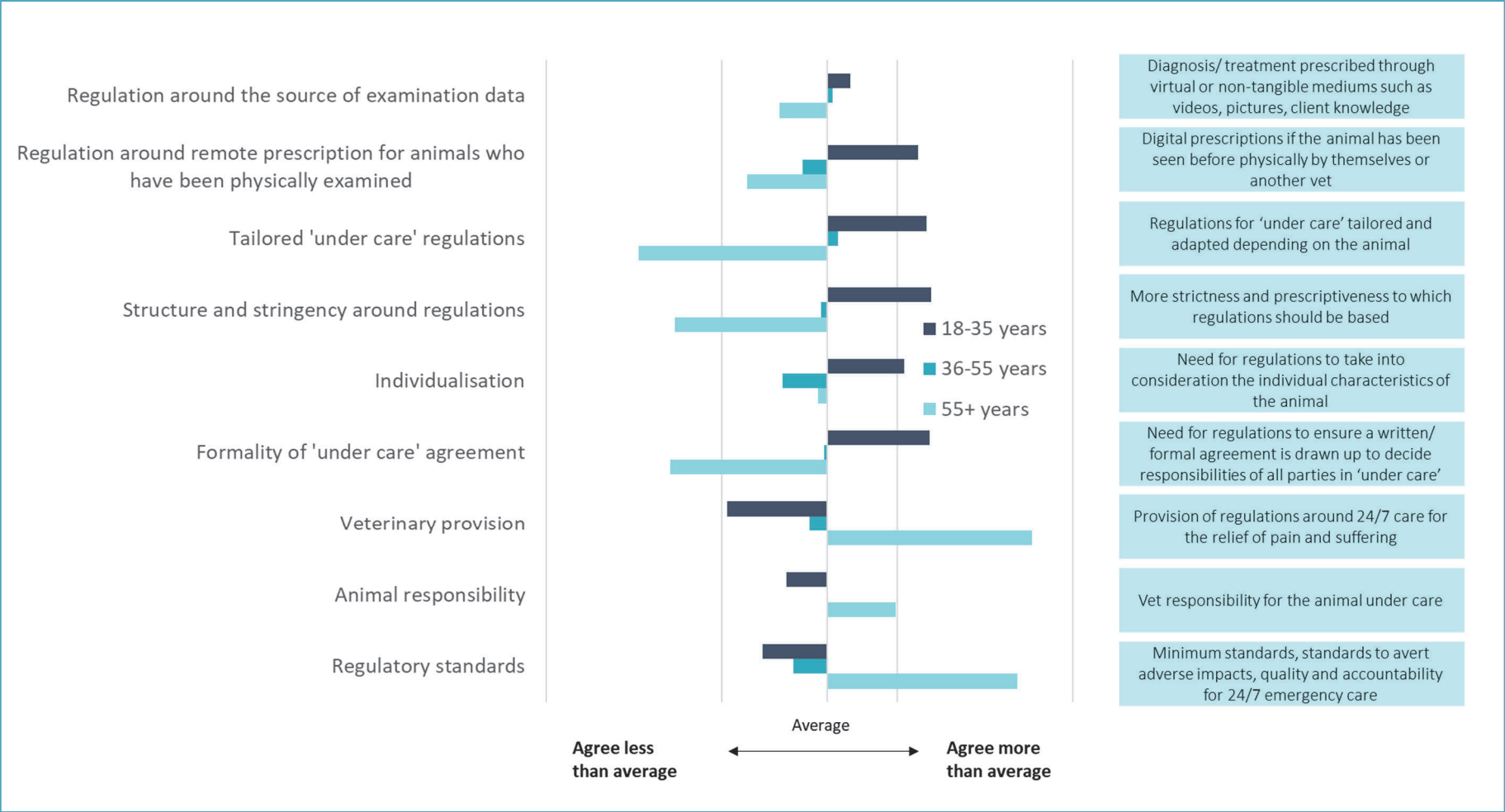
- Veterinary provision – agreeing that all types of vet practices should be regulated to provide a high level of care, including providing 24/7 pain and suffering care
- Animal responsibility – agreeing that the veterinary surgeon has full responsibility for the animal in care
- Regulatory standards – agreeing that the standards that underpin the term ‘under care’ for 24/7 emergency cover should include accountability for all parties involved

However, surgeons aged 55+ were also generally more likely to agree that there should be room for judgement and some flexibility around the regulations.

Younger veterinary surgeons (aged 18-35) were more likely to agree with a more ‘virtual’ approach, favouring digital diagnosis, examination and prescribing. Despite agreeing that there needs to be provision for individual cases and ‘tailored’ under care agreements, the younger age group generally agree that having the structure and security of regulations is more favourable. This includes having the formality of a written agreement for ‘under care’ and less ‘room for judgement’ in prescribing and treating animals in their care.



**Figure 10: Differences by age group**



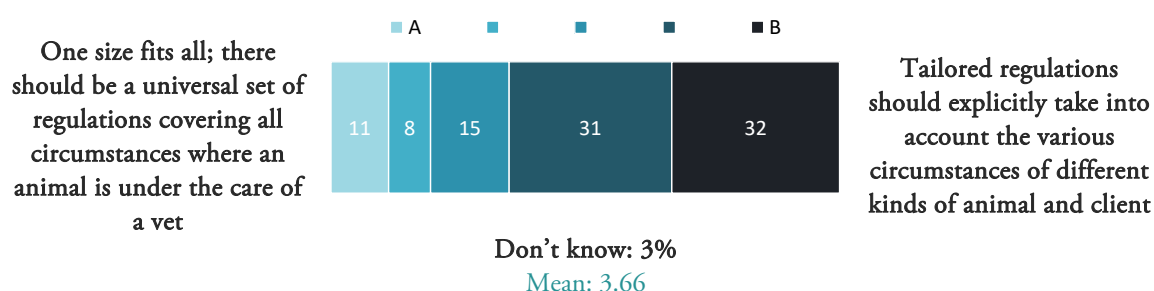
## 2.4. When principles are in tension

In this final part of the survey, we were concerned with the preferred balance between principles which might be equally desirable but might also be in tension with one another, such that more of one might result in less of the other. These are not intended to be points on a spectrum but to reflect some of the tensions and dilemmas identified in the focus groups. Regulations often have to work in the context of such tensions, meaning that they may not please all professionals equally and may sometimes have to reflect a compromise. The results presented below show how, on average, the profession responds to such tensions but also identifies important variations in a range of responses.

The slider could be moved from the extreme left to the extreme right. The responses have been grouped into a five-point scale between 1 and 5, indicating support for the left-hand statement ‘A’ to support for the right hand statement ‘B’. A mean score of 3 is ambivalent between the statements, a score of less than 3 indicates support for the left-hand statement and a score of more than 3 indicates support for the right hand statement. We present each pair of statements in turn.

### 2.4.1. One size fits all vs Tailored regulations

Overall, there was a **strong preference for tailored regulations** over a one-size-fits-all approach to regulations with a mean score of 3.66 (where 1 = A and 5 = B).



Nurses were significantly<sup>18</sup> more likely than surgeons to agree with the second statement. Also, even more markedly, younger participants (aged 18-35) were significantly more likely than older participants (aged 46+) to agree with the second statement. This suggests that younger surgeons and nurses would prefer regulations that are more tailored to the specific needs of each animal type, while older vets would prefer regulations that are more universal. However, the nursing respondents tended to be younger than the surgeons, which may have contributed to the difference in role answers.

There were no statistically significant differences by practice size, rurality or country. The graph summarising sub-group analysis for this question is in Annex C.

In the open-text responses following this question, a range of views were articulated. Some regarded equal care (possibly based on general principles) for all animals as a fundamental goal of regulation. Others saw

<sup>18</sup> At the 95% confidence level.

general regulations as a good way to prevent abuse or undue pressure being placed on vets. More opinions emphasised that there is no 'one size fits all' in medicine and that there is a need for professional discretion. Still others emphasised the need for regulations to accommodate the specific and different circumstances of different animals. These opinions are report in Figure 11 below.

**Figure 11: Open-text responses to ‘One size fits all vs Tailored regulations’ (quotes provided are an example selection from the responses)**

