Q4. To what extent do you agree that paragraph (4d*) should be included in the list?
If you would like to, please give reasons for your answer

**4. Whether or not a physical examination is necessary is a matter for the veterinary surgeon's judgement. The following factors are relevant in this respect, however veterinary surgeons should note this list is not exhaustive:*

d. Whether there is access to the animal's previous clinical history.

Organisation type		Reasons
Educational bodies		
1.	Veterinary Schools Council	[We] felt prescribing for an animal that has never been seen by the prescribing veterinarian is something that should not occur except in the most exceptional circumstances
Government and public bodies		
2.	Veterinary Medicines Directorate	In GP practices, patients are asked if any other practices have been contacted on the same issue. To avoid unintended liability issues in prescribing, could this question be posed when considering whether a physical exam is necessary?
Industry		
3.	Salmon Scotland Prescribing Vet Group	Nature of fish farming makes physical examination less feasible and practical in some cases, noting the number of individuals in production units and the aquatic environment.
4.		This is most important for individual animals and of less relevance in the farm setting, although knowledge of the herd/flock is critical.
Practices/Practice groups		
5.		Both the animal and site/flock history due to the short crop length of some poultry.
6.	IVCEvidensia	We agree that wherever possible access to previous records is of benefit and should be obtained in all but emergency situations.
Professional bodies		
7.	British Cattle Veterinary Association	Husbandry details and seasonal aspects and group history for a farm situation need to be considered
8.	British Veterinary Poultry Association	Please consider rephrasing as "animal and/or SITE history", due to the short crop length of some species e.g. broilers.
9.	British Equine Veterinary Association	Critical for decision making and protecting the animal's welfare

Q5. To what extent do you agree that paragraph (4e*) should be included in the list?
If you would like to, please give reasons for your answer

**4. Whether or not a physical examination is necessary is a matter for the veterinary surgeon's judgement. The following factors are relevant in this respect, however veterinary surgeons should note this list is not exhaustive:*

e. The experience and reliability of the animal owner.

Organisation type		Reasons
Government and public bodies		
1.	Veterinary Medicines Directorate	It is accepted that the experience of the owner has some relevance when deciding whether a physical examination is necessary because an experienced owner is likely to be more capable of accurately assessing the animal and any clinical signs. However, [we] have reservations regarding the inclusion of this point, since the guidelines will be publicly available, and might lead to pressure from owners to prescribe without a physical examination on the basis they consider themselves to be experienced and reliable (and might cause owners to feel offended if a VS insisted on a physical exam). If this point is kept, [we] suggest using "The knowledge and experience of the animal owner" rather than "reliability", as reliability can have negative connotations.
Industry		
2.	Salmon Scotland Prescribing Vet Group	Nature of fish farming makes physical examination less feasible and practical in some cases, noting the number of individuals in production units and the aquatic environment.
3.		The prescribing vet should have an existing relationship with the client which has allowed them to develop an understanding of that client's ability, knowledge, judgement and experience.
Practices/Practice groups		
4.		The person responsible for or keeper of the animal is often the most reliable source of information though. Training levels of technical field service personnel can also be considered.
5.	IVCEvidensia	Whilst we agree with this, we would note that it is very subjective and almost certainly open to unconscious bias on the part of the veterinary professional
Professional bodies		
6.	British Cattle Veterinary Association	Individual farm situation needs to be considered and this may not be applicable for all
7.	British Veterinary Poultry Association	The animal owner may not always be the most appropriate person and is hard to define in large agricultural integrators, so please also include "those responsible for the animal(s) at the time" E.g. farm manager or farm area manager while the manager is off. The owner likely has little to do with the animals as the manager is employed into that role.
8.	British Equine Veterinary Association	Horse owners vary widely in terms of experience and reliability so this needs professional judgement which depends on a Vet-Client-Relationship (VCR)

Q6. To what extent do you agree that paragraph (4f*) should be included in the list?

If you would like to, please give reasons for your answer

**4. Whether or not a physical examination is necessary is a matter for the veterinary surgeon's judgement. The following factors are relevant in this respect, however veterinary surgeons should note this list is not exhaustive:*

f. Whether the animal is known to the veterinary surgeon and/or whether there is an existing relationship with the client or animal owner.

Organisation type		Reasons
Educational bodies		
1.	Veterinary Schools Council	[We] felt prescribing for an animal that has never been seen by the prescribing veterinarian is something that should not occur except in the most exceptional circumstances
Government and public bodies		
2.	Veterinary Medicines Directorate	Does "existing relationship" also extend to the "veterinary practice" or just the vet surgeon? Suggest adding "veterinary practice" so it says "veterinary surgeon and/or veterinary practice." [We] disagree with the second part, since an existing relationship with the client or owner doesn't necessarily infer any knowledge of the specific animal, and hence shouldn't influence the decision as to whether a physical examination is required.
Industry		
3.	Salmon Scotland Prescribing Vet Group	Nature of fish farming makes physical examination less feasible and practical in some cases, noting the number of individuals in production units and the aquatic environment.
4.		An existing relationship is essential. See response to Q5 - these paragraphs could be combined.
Practices/Practice groups		
5.		Animal could be replaced with flock or site due to the short crop length of some poultry production.
6.	IVCEvidensia	We strongly agree with this statement. Further we would suggest strengthening of this clause to emphasise that prescription without a physical examination having occurred by the veterinary surgeon or practice at some point should be exceptional. This aligns with the concept of a VCPR as proposed by the BVA being the basis of the right to issue a prescription without a physical examination
Professional bodies		
7.	British Cattle Veterinary Association	Up to date knowledge on farm animals. Consideration that may be treating more than one animal and not a single pet
8.	British Veterinary Poultry Association	Please consider rephrasing as "animal or flock/herd/ site history" due to the short length of some animal cycles.
9.	British Equine Veterinary Association	The Vet-Client-Relationship (VCR) is critical here

Q7. To what extent do you agree that paragraph (4g*) should be included in the list?

If you would like to, please give reasons for your answer

**4. Whether or not a physical examination is necessary is a matter for the veterinary surgeon's judgement. The following factors are relevant in this respect, however veterinary surgeons should note this list is not exhaustive:*

g. The practicality of a physical examination for individual animals, particularly when dealing with herds, flocks or groups of animals.

Organisation type		Reasons
Government and public bodies		
1.	Veterinary Medicines Directorate	[We] are concerned that including this, alongside the term "…particularly when dealing with herds, flocks or groups of animals" might be used as a "get out clause" to not carry out a physical inspection of a premises or group of animals (even if physical exam of each individual animal is not practical).
Industry		
2.	Salmon Scotland Prescribing Vet Group	Nature of fish farming makes physical examination less feasible and practical in some cases, noting the number of individuals in production units and the aquatic environment.
3.		Must be considered, may not be practical to carry out routinely though.
Practices/Practice groups		
4.	IVCEvidensia	We agree with this statement although the subclause refers to groups rather than individual animals. We believe this judgement is just as relevant to individual animals for example those that present a risk to veterinary surgeon or themselves should a physical examination be required (exotic animals, zoo animals, aggressive animals, animals that become very stressed by transportation to a veterinary practice)
Professional bodies		
5.	Society of Greyhound Veterinarians	If the owner or animal keeper can examine the animal sufficiently well to identify possible injury or illness surely veterinary examination is practicable? i
6.	British Cattle Veterinary Association	Examination of animals may still be relevant but difficult to cover all situations
7.	British Veterinary Poultry Association	Strongly agree assuming a post mortem examination is classified under a physical examination. This needs to be clarified by the RCVS, as a physical examination of a live bird will not provide as much information as a PME. Strongly disagree if PME is not covered by a physical examination as other methods are more appropriate.
8.	British Equine Veterinary Association	Equine and farm are very different to small animal with regards to this

Q8. To what extent do you agree that paragraph (4h*) should be included in the list?
If you would like to, please give reasons for your answer

**4. Whether or not a physical examination is necessary is a matter for the veterinary surgeon's judgement. The following factors are relevant in this respect, however veterinary surgeons should note this list is not exhaustive:*

h. The health status of the herd, flock or group of animals.

Organisation type		Reasons
Industry		
1.	Salmon Scotland Prescribing Vet Group	Nature of fish farming makes physical examination less feasible and practical in some cases, noting the number of individuals in production units and the aquatic environment.
2.		This information comes from the existing relationship previously described in Qs 5 and 6.
Practices/Practice groups		
3.		This can be expanded or refined to differentiate flock disease history and site history.
4.	IVCEvidensia	To note we believe this is also be covered by a thorough history as part of 4a
Professional bodies		
5.	British Cattle Veterinary Association	Health status known by vet important and not just relying on owner
6.	British Veterinary Poultry Association	Please define health status i.e. whether this relates to current animal data or historic disease status for example.

Q9. To what extent do you agree that paragraph (4i*) should be included in the list?
If you would like to, please give reasons for your answer

**4. Whether or not a physical examination is necessary is a matter for the veterinary surgeon's judgement. The following factors are relevant in this respect, however veterinary surgeons should note this list is not exhaustive:*

i. The overall state of the animal's health.

Organisation type		Reasons
Industry		
1.	Salmon Scotland Prescribing Vet Group	Nature of fish farming makes physical examination less feasible and practical in some cases, noting the number of individuals in production units and the aquatic environment.
Practices/Practice groups		
2.		Refining of the use of the word animal would help in terms of flock health in poultry production.
3.	IVCEvidensia	We would consider this to be part of 4a
Professional bodies		
4.	British Cattle Veterinary Association	Reference to pre-existing conditions may be required. First aid on welfare ground always needs to be considered.
5.	British Veterinary Poultry Association	Please consider of population medicine in this phrasing "of the animal OR FLOCK/HERD health"

Q10. To what extent do you agree that paragraph (4j*) should be included in the list?
If you would like to, please give reasons for your answer

**4. Whether or not a physical examination is necessary is a matter for the veterinary surgeon's judgement. The following factors are relevant in this respect, however veterinary surgeons should note this list is not exhaustive:*

j. The impact of any prescription made without physical examination on the ability to gather subsequent diagnostic information.

Organisation type		Reasons
Industry		
1.	Salmon Scotland Prescribing Vet Group	Nature of fish farming makes physical examination less feasible and practical in some cases, noting the number of individuals in production units and the aquatic environment.
2.		Any prescriber considers this anyway.
Practices/Practice groups		
3.		Diagnostic materials should be considered prior to prescription.
4.	IVCEvidensia	We would consider this to be part of 4a
Professional bodies		
5.	British Cattle Veterinary Association	Some treatments may make subsequent examination of animal or diagnostic parameters more difficult
6.	British Equine Veterinary Association	This would be applicable to bacterial (and fungal) culture and sensitivity, for instance, but otherwise rarely an issue where medication can be stopped in a timely manner before examining/re-examining

Q11. Are there any additional factors that should be added to the list?
If yes, please tell us what they are

Organisation type		Reasons
Advisory/Insurers/Unions		
1.	The British Veterinary Union in Unite	[We] believe there is a strong likelihood that veterinary companies will seek to determine whether a physical examination is needed, on a company policy basis, with the potential to undermine the Veterinary Surgeon making this decision on a case by case basis. The guidance issued by the RCVS must ensure the Veterinary Surgeon is protected in their decision making role.
Educational bodies		
2.	Veterinary Schools Council	[We} considered that the following additional factors should be taken into account: • The risk of zoonotic disease • The risk of notifiable disease (it is noted that this is addressed in a later section, but group felt it should also form part of the initial check list under this section too) • Specifically emphasized the need to avoid prescribing glucocorticoids under (j) without physical examination as this would be a common class of agent the owner may have previously been dispensed that may affect future diagnostics • Consideration should also be given to what precise medications the owner may actually have access to that could reasonably be prescribed to ethically address a situation without physical examination (e.g. professional farmer versus pet owner scenario)
Government and public bodies		
3.	Veterinary Medicines Directorate	There is nothing about “where diagnostic tests are expected to be needed to diagnose the disease” – although perhaps diagnostics are distinct from the physical exam? Other factors we believe should be taken into consideration, when applicable, include: • Regulatory requirements • Relevant information detailed in the product literature/SPC (for example, advising a physical examination prior to prescription) • If products are being used off label, including cascade use • If an animal has previously been prescribed the same medication
Industry		
4.	Salmon Scotland Prescribing Vet Group	The relevant technology to support decision making, e.g. advances in camera technology. The species under consideration. The prescription categorisation of the medicine involved and any involvement of the Cascade.
5.		Geographical limitations may create special circumstances where more flexibility than is usually available is required.
Practices/Practice groups		
6.		Location and accessibility of the animal owner to physical veterinary practice premises.
7.		Consider when treatment is required on ground of the welfare of the animals/flock
8.	IVCEvidensia	Communication with the owners/person responsible for the animal does not appear to be given specific consideration; whilst animal welfare must remain paramount, a consideration of the owner’s wishes and

		expectations for their animal(s) is also important. Consent, with an understanding of the risk: benefit balance involved is crucial.
Professional bodies		
9.	British association of veterinary emergency and critical care	Conflict of interest when providing advice on behalf of insurance company advice lines or preferred telemedicine providers or referrals to centres as part of the same corporation to telemedicine provider rather than most local or suitable centre
10.	British Cattle Veterinary Association	Protection of public health and horizon scanning need to be considered.
11.	British Veterinary Poultry Association	"The biosecurity status or due to notifiable disease when animal welfare must be maintained" If a physical examination takes place and a notifiable disease is confirmed then this can result in restrictions on the practice (if birds have been brought in for PM or physical exam (if backyard)) and the vet is restricted from clinical work for biosecurity reasons. If the vet cannot visit other premises for 72h this can have a major and detrimental impact on the health and welfare of other animals/flocks, particularly in outbreak situations where poultry vets are required to undertake multiple licensing visits in a day to ensure the continuity of the poultry supply chain.

Q12. To what extent do you agree that paragraph (5*) should be included in the list?
If you would like to, please give reasons for your answer

**5. The more complex or unusual the health needs of the animal, or where a differential diagnosis includes serious conditions not yet ruled out, the more likely a physical examination will be necessary.*

Organisation type		Reasons
Industry		
1.	Salmon Scotland Prescribing Vet Group	However, this will depend on species under consideration and technologies available to support decision making.
Practices/Practice groups		
2.		Refining physical exam to include diagnostic procedures such as post mortems.
3.	IVCEvidensia	We believe this reiterates and strengthens 4a, albeit it may be redundant based on 4a
Professional bodies		
4.	British association of veterinary emergency and critical care	Serious conditions as part of differential must include recommendation for physical exam - e.g bsava covid guidance document
5.	British Cattle Veterinary Association	May depend on severity and individual conditions.
6.	British Veterinary Poultry Association	Agree assuming a post mortem examination is classified under a physical examination. This needs to be clarified by the RCVS, as a physical examination of a live bird will not provide as much information as a PME. Strongly disagree if PME is not covered by a physical examination as other methods are more appropriate.
7.	British Equine Veterinary Association	This relates to having an established VCR, which brings with it previous knowledge of the animal/herd, yard, management, client experience and reliability, etc

Q13. To what extent do you agree with paragraph (6*)?
If you would like to, please give reasons for your answer

**6. In respect of paragraph 4(a) above, a physical examination is required where a notifiable disease is suspected or part of a differential diagnosis.*

Organisation type		Reasons
Industry		
1.	Salmon Scotland Prescribing Vet Group	All suspicions would be reported to relevant authorities.
2.		In most cases; sheep scab may be an exception, where a blood sample or skin scrape collected by a non-vet could be adequate to justify treatment in certain contexts.
Practices/Practice groups		

3.		On suspicion of a notifiable disease an examination may delay reporting and reporting a suspect case would be preferable.
4.	IVCEvidensia	We believe this is a predominantly a question for APHA and the competent authority, however would suggest that consideration be given to the fact that as all notifiable diseases legally need to be reported even if only suspected, the early reporting that could come where a notifiable disease is suspected from a remote examination may speed up the confirmation of these diseases of economic or human health significance.
Professional bodies		
5.	British Cattle Veterinary Association	Important to enable early diagnosis of notifiable conditions.
6.	British Veterinary Poultry Association	It is frequently more appropriate to call in APHA immediately based on history alone. If a physical examination takes place and a notifiable disease is confirmed then this can result in restrictions on the practice (if birds have been brought in for PM or physical exam (if backyard)) and the vet is restricted from clinical work for biosecurity reasons. If the vet cannot visit other premises for 72h this can have a major and detrimental impact on the health and welfare of other animals/flocks, particularly in outbreak situations where poultry vets are required to undertake multiple licensing visits in a day to ensure the continuity of the poultry supply chain.

Q14. To what extent do you agree with paragraph (7a*)?
If you would like to, please give reasons for your answer

**7. In respect of paragraph 4(b) above, and given the importance of minimising the development of antimicrobial resistance:*

a. A physical examination is required in all but exceptional circumstances where a veterinary surgeon prescribes antimicrobials for an individual animal or group of animals that are not agricultural animals. Veterinary surgeons should be prepared to justify their decision in cases where antimicrobials are prescribed without a physical examination and record this justification in the clinical notes.

Organisation type		Reasons
Government and public bodies		
1.	Veterinary Medicines Directorate	Are gamebirds/alpacas included as an agricultural animal? Suggest “food-producing” as an alternative. Should vets record justification in clinical note?
Industry		
2.		In some geographical settings, and in order to preserve animal welfare, vets may need the ability to prescribe without examining the animal. In these cases the vet would be expected to have prior knowledge of the holding and of the owner's skill and knowledge levels.
Practices/Practice groups		
3.		What constitutes an exceptional circumstance? If this is not laid out explicitly, I feel this is not appropriate to include.
4.	IVCEvidensia	The OneHealth importance of minimising unnecessary antimicrobial use is crucial and we strongly agree with this statement. We would further urge the College to take the opportunity to extend the guidance and emphasise the importance of diagnostic testing to establish the need for antimicrobials whether sampling is carried out in person or remotely.
Professional bodies		
5.	British association of veterinary emergency and critical care	All antmicrobial of companion animals and any of and defined class
6.	British Cattle Veterinary Association	May need some clarification on immediately prior, use of herd health plans for example.
7.	British Veterinary Poultry Association	This does not apply to commercial site. Physical examination MUST include post mortem examinations which, in addition to bacteriology are often appropriate in the decision making than a physical examination. "Agricultural animals" should be "food producing species" to match with the legislation.
8.	British Equine Veterinary Association	Antimicrobials demand specific attention when being prescribed but are probably not at greater risk of inappropriate use if cases if an VCR is established. Photographs and videos from client to vet would

		largely help this. But justification in the clinical notes for excluding a physical examination is a sensible approach to avoid issues.

Q15. To what extent do you agree with paragraph (7b*)?
If you would like to, please give reasons for your answer

**7. In respect of paragraph 4(b) above, and given the importance of minimising the development of antimicrobial resistance:*

**b. When prescribing antimicrobials for agricultural animals, veterinary surgeons should ensure they have an in-depth knowledge of the premises, including its production systems, the environment, disease challenges and the general health status of the herd or flock. Veterinary surgeons should have attended the premises and physically examined at least one animal immediately prior to prescribing or, where this is not possible, recently enough to ensure they have adequate information and knowledge to prescribe responsibly. Veterinary surgeons should be prepared to justify their decision in cases where antimicrobials are prescribed without conducting a physical examination and record this justification in the clinical notes.*

Organisation type		Reasons
Government and public bodies		
1.	Veterinary Medicines Directorate	A lot hinges on the veterinary surgeon understanding and implementing responsible prescribing in every circumstance. Could evidence of 'responsible prescribing' training and knowledge be part of RCVS professional standards audit? It is understood that prescribing in agriculture often involves vets working with farmers on creating herd health plans which authorise the farmers to administer certain medicines for particular pre-defined conditions. However, as stated in the above statement, these should still have the premises and animals inspected "often enough" to understand the conditions on the farm and that prescription is responsible. In order to highlight that prescribing antimicrobials without undertaking any kind of physical exam (either immediately before or "recently enough") should be the exception rather than the rule for all animals (not just non-agricultural animals), we suggest the text for the last part of the sentence should be amended as follows: "In exceptional cases where this is not possible, and antimicrobials are prescribed without conducting a physical examination, veterinary surgeons should be prepared to justify their decision and to record this justification in the clinical notes.". Should this include a statement that vets should interrogate the records on farm to identify all treatments administered to the animals? To minimise the option for multiple vets prescribing AMs to the same animals [without realising this]? If one vet is a responsible prescriber this can be undone if multiple vets prescribe.
Industry		
2.	Salmon Scotland Prescribing Vet Group	Given other options, including remote monitoring and diagnostics, and competence of farm personnel, examination of fish does not necessarily require physical examination in all cases.
3.		This presents difficulties for locum veterinary surgeons. Consideration should be given to "within practice" prescribing allowing vets to use information recorded by other vets in clinical records. Also see the previous comments on geographical limitations in remote, rural and island settings.
Practices/Practice groups		

4.		The term immediately needs more clarity or to be removed. When dealing with animals that may be moved between production sites or progeny thereof should be considered above the actual premise. Agree that a physical examination and various histories should also be considered.
5.	IVCEvidensia	Similarly, to our answer to 7a, we believe there is a further opportunity to emphasise the use of appropriate diagnostics (where samples could potentially be collected by a non veterinary surgeon) alongside the physical examination
Professional bodies		
6.	British Cattle Veterinary Association	Some definition of time farms and demonstration of use of herd health plan system.
7.	British Veterinary Poultry Association	Bacteriology is more appropriate in the decision making than physical examination. "Agricultural animals" should be "food producing species" to match with the legislation. The term "immediately" if not defined should be removed, similarly with other terms used in this way. You are looking at populations and those moving between different premise. So long as the veterinarian can justify the prescribing decision, they should not necessarily have to RECORD that justification decision although we understand the importance of appropriate clinical notes.

Q16. To what extent do you agree with paragraph (8*)?
If you would like to, please give reasons for your answer

**8. In respect of 4(b) above, when prescribing controlled drugs to an animal in the first instance, veterinary surgeons should carry out a physical examination in all but exceptional circumstances and be prepared to justify their decision where no physical examination has taken place. This justification should be recorded in the clinical notes. It is acceptable to issue a repeat prescription for controlled drugs without a physical examination, however, veterinary surgeons should carry out a further clinical assessment to ensure they have enough information to do so safely and effectively.*

Organisation type		Reasons
Educational bodies		
1.	Veterinary Schools Council	Strongly agree in terms of the need for a clinical examination in the "first instance". In relation to the point of issuing a repeat prescription for controlled drugs without the need for a physical examination, the group again strongly agrees this could be acceptable but felt that the time interval between the last examination and the new prescription being issued should be a key factor to take into account in reaching such a decision.
Government and public bodies		
2.	Veterinary Medicines Directorate	[We] suggest the wording ensures that a repeat prescription can only be prescribed by the same veterinary surgeon (VS), or by another VS with access to the clinical history and details of the physical examination.
Practices/Practice groups		
3.		I disagree that controlled drugs could be prescribed in the first instance without at least a visual examination if physical cannot be achieved.
4.	IVCEvidensia	Considering the human health risk of prescribing these drugs, we believe the barrier required by a physical examination is appropriate for prescription of these drugs
Professional bodies		
5.	British association of veterinary emergency and critical care	Controlled drugs affect subsequent exam , prone to abuse and dangerous to individuals should require physical exam (how would connecting multiple provider to obtain same drugs be prevented ?
6.	British Cattle Veterinary Association	More specific guidance on time frames or reference to herd health plans may be necessary.
7.	British Equine Veterinary Association	If a VCR is established, the prescribing of controlled drugs without a physical exam is probably acceptable, but the VCR is critical. Prescription of controlled drugs in equine is not a common occurrence outside of chronic cases and hospital cases.

Q17. Are there any other situations where a physical examination should be required?
If yes, please tell us what they are

Organisation type		Reasons
Educational bodies		
1.	Veterinary Schools Council	The above list was considered comprehensive by the group; whilst clearly other exceptional scenarios may potentially arise, [we] felt there was no need to be any more prescriptive than above.
Industry		
2.	Salmon Scotland Prescribing Vet Group	We acknowledge that regular veterinary visits to fish farms during the production cycle are critically important, while acknowledging that aquaculture is significantly different to livestock agriculture.
Practices/Practice groups		
3.		Print to prescribing any POM-V medication in the first instance.
Professional bodies		
4.	British association of veterinary emergency and critical care	Specific samples compromise welfare : dyspnoea , see bsava covid 19 document
5.	Society of Greyhound Veterinarians	A physical examination should be carried out when the circumstances of the case suggest that the welfare of the animal involved might be at risk of compromise.
6.	British Cattle Veterinary Association	Consideration of circumstance and zoonotic diseases for example.
7.	British Veterinary Poultry Association	Whether or not the drug is being prescribed on the cascade.
8.	British Equine Veterinary Association	Reportable diseases, such as Equine Influenza, Strangles and Equine Herpes Virus.

Q18. To what extent do you agree with paragraph (9*)?
If you would like to, please give reasons for your answer

**9. Where a physical examination is not carried out immediately prior to prescribing POM-Vs, veterinary surgeons should ensure that a 24/7 follow-up service involving physical examination and any other necessary investigation if required is immediately available in the event that the animal does not improve, suffers an adverse reaction or deteriorates. Where a veterinary surgeon is not able to provide this service themselves, they should arrange for another veterinary service provider to do so. This arrangement should be made before veterinary services are offered and confirmed in writing as part of the conditions of service agreed by the client.*

Organisation type		Reasons
Industry		
1.	Salmon Scotland Prescribing Vet Group	A physical examination of fish may not be necessary or possible, but follow up support must be available 24/7.
Practices/Practice groups		
2.		Some arrangements will be made on a company level in writing and not down to farm/animal level
3.		It is my belief that this paragraph should be altered to reflect significant changes since the writing of this guidance. Our rural practices are suffering and this is not aiding them. They are not unaffected by the severe recruitment crisis in this country, in fact they are likely to be more significantly affected. Housing prices have soared and along with the increase in second homes being bought, there are fewer places to live rurally for those working locally. Rural vets are burnt out and understaffed. To provide OOH services rurally this means a 1:1 or 1:2 for many practices - it's unsustainable, unsafe and does not protect animal health and welfare. If a practice is to then use a dedicated OOH service to protect the above, this means that some clients are having to travel 40-60mins or more to seek emergency help. By opening up this provision to a model more akin to the US, perhaps we can increase the number of dedicated OOH providers or balance it better and therefore better protect both animal welfare and human welfare.
4.	IVCEvidensia	The ability to require follow up care from veterinary professionals when animals are provided with a prescription is paramount to animal welfare and public confidence in the profession. Whilst we believe that public confidence in the profession will be damaged if we do not embrace digital technology, we also believe that it will be damaged if a service is not there on the rare occasions it is needed in an emergency situation (regardless of whether that follows advice, prescription or a previous physical visit)
Professional bodies		
5.	British association of veterinary emergency and critical care	They should also have a rapid and efficient means of commutation of data and advice 24 hours per day of requesting centres

6.	British Cattle Veterinary Association	Vets not providing routine 24/7 care in a farm situation can compromise health and welfare of the animal. Fully communication between 'consultant' vets and those providing out of hours care is essential to avoid ambiguity as well with formal recording of advice to the 24/7 vet.
7.	British Veterinary Poultry Association	This should apply whether or not telemedicine or not.

The RCVS proposes that the current guidance on the general obligations for 24-hour first aid and pain relief should be retained

Q19. To what extent do you agree with this approach?
If you would like to, please give reasons for your answer

Organisation type		Reasons
Advisory/Insurers/Unions		
1.	The British Veterinary Union in Unite	[We] do not believe this is a sustainable long term solution to the provision of 24 hour emergency veterinary care. Out of hours provision places a large burden on veterinary workers in the UK in terms of hours worked, stress, burn out, increased mental health burden, increased physical health burden, and worse work-life balance. [We] propose that long term, the onus of responsibility is shifted onto the animal owner/keeper. This would allow veterinary workers to provide a wider provision of services within normal working hours. This type of change should not be undertaken lightly by the RCVS, and a well thought out system must be in place before any changes are made, including trial periods of new working systems.
Practices/Practice groups		
2.	IVCEvidensia	Whilst we understand the importance of providing 24-hour cover for emergency care, we also would urge the College to ensure this requirement is proportionate and takes into account the wellbeing of veterinary professionals. It is not uncommon for humans requiring healthcare out of hours to have to travel long distances to access physical healthcare and we should not underestimate the toll taken on the veterinary profession by a requirement that may exceed care delivered to humans. Being explicit that a remote service with a physical back up at a greater distance than has been considered custom and practice particularly in small animal would, we believe support public trust, animal welfare and the veterinary profession, particularly for those in remote and rural locations.
Professional bodies		
3.	British association of veterinary emergency and critical care	We see numerous issues currently where radiography and blood test results are not accessible to primary practice when performed out of hours this should be improved in guidance to reduce this problem
4.	British Equine Veterinary Association	There needs to be an arrangement in place by prior agreement, for this service to be provided to the client. The client would be free to choose an alternative from that offered by the veterinary surgeon. Critically something needs to be in place rather than every vet must provide 24-hour emergency first aid and pain relief.

Q20. To what extent do you agree with this definition of Limited Service Providers (LSPs)?
If you would like to, please give reasons for your answer

1. A limited service provider is a practice that offers no more than one service to its clients and includes, but is not limited to, vaccination clinics, equine reproductive clinics and neutering clinics. For these purposes, a 'practice' is a Registered Veterinary Practice Premises (RVPP) as entered into the register held by the RCVS.

Organisation type		Reasons
Advisory/Insurers/Unions		
1.	The British Veterinary Union in Unite	[We] believe LSPs could reasonably over more than one service whilst still being considered "limited".
Practices/Practice groups		
2.	IVCEvidensia	Generally agree although would comment that the meaning of "one service" may be a challenge to define. The awareness and understanding of the public who access these limited services is also crucial and not currently mentioned; a better definition may be to provide wording around "a limited service with clear terms and conditions that the animal owners is aware of and consents to"
Professional bodies		
3.	British association of veterinary emergency and critical care	If a corporation has assigned singular head office for multiple divisions this should be counted as not being a limited service provider
4.	Society of Greyhound Veterinarians	Greyhound track vets are employed to provide a range of first aid services to dogs which fall ill or become injured at the stadium owned by their employers only during the course of a race meeting or trial session. Do they constitute Limited Service Providers in this context?
5.	British Cattle Veterinary Association	Needs a definition of all types of LSP - would farm consulting practices be covered and are these consultants under routine VMD inspections?
6.	British Veterinary Poultry	The type of FACILITIES should be the main priority here, rather than the number of services provided. e.g. poultry services provide many types of care but do not have pain relief medications, access to surgery or anesthesia facilities so could not provide first aid or pain relief to a road traffic accident dog but can refer the public to a suitable local clinic.
7.	British Equine Veterinary Association	Some LSPs provide more than one service - preferred definition would be 'a practice that provides only a limited number of services'.

Q21. To what extent do you agree with the proposed 24-hour emergency obligations for LSPs*?

If you would like to, please give reasons for your answer

**2. Limited service providers should provide 24-hour emergency cover that is proportionate to the service they offer. 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.*

Organisation type		Reasons
Advisory/Insurers/Unions		
1.	The British Veterinary Union in Unite	As per our previous response to Q19, [we] do not believe [this]* is a sustainable long term solution to the provision of 24 hours emergency veterinary care. Out of hours provision places a large burden on veterinary workers in the UK in terms of hours worked, stress, burn out, increased mental health burden, increased physical health burden, and worse work-life balance. [We] propose that long term, the onus of responsibility is shifted onto the animal owner/keeper. This would allow veterinary workers to provide a wider provision of services within normal working hours. This type of change should not be undertaken lightly by the RCVS, and a well thought out system must be in place before any changes are made, including trial periods of new working systems.
Practices/Practice groups		
2.		More clarity on the definition of proportionate is needed.
3.		I strongly disagree and feel that this would perhaps lead to a confusion and distrust from the public in the veterinary community.
4.	IVCEvidensia	See answer to q 20 re owners' awareness and informed consent
Professional bodies		
5.	British association of veterinary emergency and critical care	Limited service providers should provide clear and easily accessible advice and risk of using such limited provision compared to full service arrangement should be mentioned
6.	British Veterinary Poultry Association	We recommend you review use of the term "proportionate" as it is a very ambiguous statement. It needs better defining.
7.	British Equine Veterinary Association	Where 24-hour emergency cover is not available from a LSP, there must be an arrangement in place prior to treatment and where a client chooses an alternative it would be advisable for the client to make that clear to the LSP at the time of the service being provided.

The RCVS proposes that the current guidance on the 24-hour first aid and pain relief for advice only services should be retained

Q22. To what extent do you agree with this approach?
If you would like to, please give reasons for your answer

Organisation type		Reasons
Practices/Practice groups		
1.	IVCEvidensia	Whilst we understand this is well established practice, we are concerned that public trust may be impacted when specific advice is provided remotely to animals that are unwell. In these situations, the advice is frequently to “watch and wait”; should the animal deteriorate, we believe it is not unreasonable that the public should have an expectation that the veterinary surgeon would be able to arrange next steps which is likely to require a visit to a physical practice. We are unsure how this situation differs from where a prescription is involved in terms of animal welfare and public confidence. We would urge the College to consider additional guidance that differentiates between routine advice to healthy animals (eg nutrition) where a 247 service would not be expected and specific advice to animals that are unwell.
Professional bodies		
2.	British association of veterinary emergency and critical care	There is a clear conflict when advice is provided by insurance advice lines . There should be obligation to automatically forward this to primary registered practice and out of hours provision and they should be auditable for morbidity and mortality as a cross section of clients and available for review by defined subsection to register for Veterinary practice / practice standards
3.	British Cattle Veterinary Association	How are advisors who use a wholesale delivery system and also give advice classified and how is there follow up on inappropriate advice and any complications. Should they be allowed to prescribe medicines and this be restricted to advice only.
4.	British Veterinary Poultry Association	They do not have the facilities or medicines required.

The RCVS proposes that the current guidance on the 24-hour first aid and pain relief for referral practices should be retained

Q23. To what extent do you agree with this approach?
If you would like to, please give reasons for your answer

Organisation type		Reasons
Educational bodies		
1.	Veterinary Schools Council	Response – Certain very specific concerns arise under this section as the wording is open to interpretation. The group agrees that this is a reasonable and professional approach provided that the case is under the care of that referral practice. Access should relate to the specific episode of care for which the animal was referred, and for which that referral was accepted. Referral practices will typically refer a case back to the care of the primary veterinarian once that case has been appropriately diagnosed and treated. Whilst follow-up advice is also typically provided upon request, it is not reasonable to expect that every time a referral is accepted, it then becomes a "case for life". There are specific chronic conditions for which the referral practice may agree to provide the necessary on-going care (e.g. meningitis of unknown origin, autoimmune diseases etc.); in such cases, the above commitment makes reasonable sense and is understood by all parties. However, once referred back to the care of the primary veterinarian, any subsequent re-referral at a future time point is de facto a new procedure. The second issue relates to when does a new referral case actually become a referral case? In the opinion of the Group, this only arise when a referral practice agrees to accept the case. As pointed out elsewhere, there is no NHS-style A+E care system for animals. Referral practices should only accept a referral if they possess the capacity (facilities and staff) that would allow them to ethically and professionally deal with the case. If they cannot provide that service for any justifiable reason, they should decline the case. Whilst all reasonable efforts should be made to assist and direct colleagues in primary practice to another alternative source, it cannot be expected that the referral veterinarian would somehow assume the professional responsibility for the referral or management of cases that are not under their care to another referral centre. Response to second paragraph – please refer back to the issue outlined above in relation to whether the patient is actually "under the care" or not of the referral practice. For those cases that are, the Group agrees that prompt advice should be available to the primary veterinarian for cases that are deemed urgent or emergent; for cases that do not fit such criteria, the advice should be typically available by the next working day. The Group fully agrees that post-operative and in patient care should be provided by the referral practice that accepted the case, or by another suitable practice that they have made prior arrangements with.
Practices/Practice groups		

2.		"in all their disciplines" - Can this be covered by one Specialist from another discipline? Eg a dermatologist covering for a cardiology case?
3.	IVCEvidensia	We agree with this approach albeit we would strongly urge the College to be clear that the alterative source of appropriate assistance should be at the judgement of the veterinary surgeon involved in terms of the location and qualifications of the veterinary team providing the 24 hr support, and should be proportionate to the risk of the clinical conditions involved
Professional bodies		
4.	British association of veterinary emergency and critical care	However cases capacity is now a vital concern where some 24 hours multi disciplinary centres reach maximum capacity
5.	British Cattle Veterinary Association	Arrangements need to be in writing and agreed by all.
6.	British Equine Veterinary Association	Communication is key.

Department for Environment Food & Rural Affairs

Llywodraeth Cymru Welsh Government

Scottish Government gov.scot

Department of Agriculture, Environment and Rural Affairs www.daera-ni.gov.uk

Dr Melissa Donald
President
Royal College of Veterinary Surgeons
The Cursitor
38 Chancery Lane
London
WC2A 1EN

13 September 2022

Dear Melissa

Joint response to the RCVS review on 'under care'. Review from the Chief Veterinary Officers of England, Wales, Scotland and Northern Ireland.

We welcome the RCVS' consultation on these important issues and are grateful to the College for allowing us to submit a joint CVO response. As well as being one of the underpinning principles of our profession, the concept and definition of "under care" is of great importance to state veterinary medicine. Therefore, we wish to comment on the review on behalf of government.

Having analysed the contents of the stage 3 survey, we wish to offer the following comments:

1. We welcome RCVS proposed guidance on the meaning and definition of the term "under our care" to enable veterinary surgeons to ensure the welfare of animals under their care.

2. We are pleased to see that the new proposed RCVS guidance has addressed the issues we raised on the definition and clarity of the concept of 'under our care' and 'clinical assessment' regarding the prescription of antimicrobials for animals. However, we feel that further clarity is needed about the specific period between a veterinary clinical examination of an animal and the issuing and lifespan of a prescription. We would like further clarification of the proposed upper time limits and how the RCVS defines 'recent' in this context.

3. We are also pleased that our view on clinical veterinary examination being required when suspicion of differential diagnosis of possible notifiable diseases is suspected has been taken into consideration.

4. Under the NI Protocol, NI is required to remain aligned with Regulation (EU) 2019/6 which contains provision on the prescription of POM-V. The extent to which NI will remain

Positive about disabled people

aligned with the Regulation is subject to discussions with the EU. We would suggest that the RCVS keep developments on this matter under review.

5. The proposed Guidance does not clarify whether all animal species are within the scope, it only refers to agricultural and non-agricultural species. We will propose that all species are included and appropriate specific guidance for each species on remote prescription/ consultations are provided. These should include all species, i.e. domestic pets, farm animals, aquatics and wild species.

6. We noted that the proposed new guidance will require clinical examination before prescription and allows for some exceptions. We would like the RCVS to consider a more explicit and comprehensive guidance on clinical examination before prescription and more clarity about how exceptions will be managed.

7. On the issue of prescription of POM-V we noticed paragraph 9 of the proposed guidance explicitly states that when a veterinary surgeon is not able to provide veterinary services, he should arrange for another veterinary service provider to do so. We are concerned that this will need to be managed effectively to ensure animals are not under care by multiple veterinary surgeons without their prior agreement. This is key for ensuring effective antimicrobial resistance stewardship.

8. We would like to see further clarity on how pharmacovigilance and adverse reaction reporting will work alongside remote consultations/prescribing.

9. On our previous correspondence of 21 June 2021, we asked for further engagement on supporting the expansion of the role of veterinary nurses and veterinary technicians in providing certain prescriptions to help manage vet capacity. We would like to know the RCVS plans on the standards and proposals to assess competence of veterinary nurses and technicians.

We would therefore be grateful if you could kindly consider and respond to the above points as soon as you are able to do so and we can discuss these issues further at the meeting on 13 October. In the meantime, we would once again like to thank you for giving us the opportunity to comment on this consultation and we hope you find this helpful.

Yours sincerely

CHRISTINE MIDDLEMISS - UK CHIEF VETERINARY OFFICER

(Signed)
SHEILA VOAS - CHIEF VETERINARY OFFICER (SCOTLAND)

(Signed)
CHRISTIANNE GLOSSOP - CHIEF VETERINARY OFFICER (WALES)

(Signed)
ROBERT HUEY - CHIEF VETERINARY OFFICER (NORTHERN IRELAND)

Consultation response to RCVS review of 'under care' and 24/7 emergency cover

Who we are

The British Equine Veterinary Association (BEVA) is the national representative body for the equine veterinary profession in the United Kingdom, and is also the chosen membership association for equine vets in many other countries (over 4,000 members worldwide).

Introduction

Thank you for the opportunity to respond to the RCVS review of 'under care' and 24/7 emergency cover, which is in the third and final stage of the consultation process. Our Council would like to respond with the following comments, in addition to the survey response we have submitted.

UNDER CARE

BEVA would like to clarify some points which are relevant to the equine industry and the way in which equine vets work, when considering the definition of 'under care'. Our industry is fragmented; in some ways it is similar to the small animal/pet industry, whereas in other cases it more akin to the farming sector, where the client may have over 200 horses as part of a business (e.g. racehorse trainers).

The Vet-Client-Relationship

BEVA considers the presence or absence of a vet-client-relationship (VCR) to be pertinent when discussing the definition of 'under care'. This is distinct from the concept of a vet-client-patient relationship (VCPR), where the vet has an established relationship and familiarity with the individual animal (patient). The reason being that there are instances where equine vets may have an established relationship with the client, for example a professional yard with a significant number of horses, where they regularly attend in person and are familiar with management system, clinical histories of the horses, and where familiarity and trust exists between the vet and staff. In these scenarios the vet will know the owners/trainers/staff well enough to judge, based on the information provided, whether a physical examination is essential, in the interest of the animal's welfare, in order to prescribe treatment or advice.

We believe that, in some instances, a client's decision as to whether or not to seek veterinary advice is influenced by whether the client believes that the advice will always result in a veterinary visit and physical examination, with the associated costs. If trusted clients know that, where appropriate, advice and treatment can be prescribed remotely, veterinary intervention for minor conditions will be sought at an early stage and horse welfare will benefit as a result.

Large, professional yards

Many yards are home to multiple horses working under a professional team. Horses under the care of such clients may safely be triaged, potentially diagnosed and, where appropriate,

prescribed medication remotely (often via phone call, photographs or video), without a physical examination having taken place. The vet should use due diligence and professional judgement when deciding whether a physical examination is required, and record their justification in the clinical notes.

Absence of a VCR
BEVA believes that a VCR should be established initially in person (with familiarity and knowledge of the yard where the client's animals are kept), and not by remote means alone. BEVA believes that only in exceptional circumstances should a vet diagnose and prescribe remotely without a VCR being in place.

Enabling an animal to be considered 'under care', diagnosed and prescribed medications, without a VCR present could carry unintended consequences for animal welfare, and the potential for employees to be put under inappropriate pressure by employers, and clients, to prescribe without sufficient knowledge of the yard and familiarity with the client.

A. Factors that might determine whether a physical examination is required

Q11
No additional factors were considered necessary to add to the list[1].

B. Exceptions to the rule

BEVA suggests that when referring to '**notifiable diseases'** (paragraph 6) it would be appropriate to include 'reportable diseases' (e.g. Equine Influenza, Strangles and Equine Herpes Virus), which pose a significant risk to equine welfare and the equine industries.

BEVA does not agree with the proposal to make a physical examination a requirement for prescribing **antimicrobials**, providing a VCR is already in place and, in the vet's professional judgement, remote prescription is appropriate.

The same would apply to **anthelmintics**.

Similarly, while **controlled drugs** require special consideration before prescribing, there should still be the option for a vet to prescribe them without a physical examination where a VCR is already established, and a visit is not necessary for animal or human welfare.

BEVA considers it might be useful to provide some examples of 'exceptional circumstances' to help with interpretation [1].

24/7 FOLLOW-UP SERVICE

BEVA agrees to the proposal that veterinary surgeons are to ensure that, where POM-Vs are prescribed without a physical examination, a 24/7 follow-up service is available either by the prescribing vet or by prior arrangement with an alternative service provider agreed with the client.

GENERAL OBLIGATIONS

A formal agreement should be in place between practices who do not provide 24-hour emergency care, with a service provider to whom those clients can be directed to. However, clients should be free to choose alternative 24-hour emergency care providers but ensure they inform the attending veterinary surgeon of their primary practice to enable communication between the two service providers.

LIMITED SERVICE PROVIDERS

The wording of 'no more than one service' is not sufficient where some providers offer more but not all services. For example, equine reproduction clinics may offer multiple services, as opposed to equine dental clinics, that may only offer one. The wording 'a practice that provides only a limited number of services' would be more appropriate.

Limited service providers should be clear about the services they offer and advise clients to ensure they have the other services covered by appropriate providers.

Limited service providers may not be able to provide 24-hour emergency cover themselves, however it should be established with the client which service provider is to be used should follow-up or emergency care be required. This could be the client's own primary practice or another service provider that the limited service provider has a formal contract with. Information regarding the procedures performed and medications used should be communicated appropriately.

ADVICE ONLY SERVICES

BEVA agrees that there is no change required to the existing guidance, which states that advice-only services are not obliged to provide 24-hour emergency first aid and pain relief.

REFERRAL PRACTICES

BEVA agrees that there is no change required to the existing guidance, that vets working at referral practices should provide 24-hour availability in their disciplines, or have in place prior arrangement for referring vets to access alternative sources of appropriate assistance and advice on a 24-hour basis.

Conclusion

1. A vet-client-relationship (VCR) should be established initially in person and not by remote means alone. Familiarity with the yard, management, population of horses and staff is important for professional judgement and to minimise risk to animal welfare.
2. Once a VCR is in place, it is a matter for the veterinary surgeon's judgement as to when further physical examinations are required. Veterinary surgeons should be prepared to justify their decisions in cases where medications are prescribed without a physical examination and record these in the clinical notes.
3. Only in exceptional circumstances should vets prescribe POM-Vs or POM-VPSs remotely where a VCR has not been established.

4. Where a VCR is in place, vets should be able to prescribe any medication, including antimicrobials, anthelminthics and controlled drugs without a physical examination, where they can justify their actions in doing so.
5. Where 24-hour emergency care is not available, those practices should ensure clients are aware of a service provider with which they have a formal contract. Clients are free to choose an alternative provider but should be made aware of the importance of establishing a means of communication between the practice and emergency care provider.
6. The definition of a 'limited service provider' should include practices who provide more than one service but not all. These practices must be clear about which services they offer and how the remaining services may be provided for, including emergency and follow-up treatment.

[1]
4. Whether or not a physical examination is necessary is a matter for the veterinary surgeon's judgement. The following factors are relevant in this respect (this list is not exhaustive):

a. The health condition, or potential health conditions, being treated and any associated risks.
b. The nature of the medication being prescribed, including any possible side effects
c. When the animal (or premises in the case of agricultural animals) was last physically examined by a veterinary surgeon
d. Whether there is access to the animal's previous clinical history
e. The experience and reliability of the animal owner
f. Whether the animal is known to the veterinary surgeon and/or whether there is an existing relationship with the client or animal owner
g. The practicality of a physical examination for individual animals, particularly when dealing with herds, flocks or groups of animals
h. The health status of the herd, flock or group of animals
i. The overall state of the animal's health
j. The impact of any prescription made without physical exam on the ability to gather subsequent diagnostic information

BVA British Veterinary Association | Consultation response

BVA response to RCVS review of 'under care' and 24/7 emergency cover

Who we are

1) The British Veterinary Association (BVA) is the national representative body for the veterinary profession in the United Kingdom. With over 18,000 members, our primary aim is to represent, support and champion the interests of the United Kingdom's veterinary profession. We therefore take a keen interest in all issues affecting the profession, including animal health, animal welfare, public health, regulatory issues and employment matters.

Introduction

2) We welcome this opportunity to respond to the RCVS review of 'under care' and 24/7 emergency cover, which we understand represents the third and final stage of the RCVS consultation process. However, we are extremely disappointed with the scope of the consultation and proposals which represent a missed opportunity to develop guidance which is fit for purpose. The limitations of the online survey have made it impossible to respond adequately through that route as there are key considerations which do not fit within that framework – as such we are submitting a written response.

3) In response to ongoing discussions within RCVS relating to under care, telemedicine, and remote prescribing over a number of years, we convened a working group in early 2020 to develop our position. Following a programme of six meetings, and utilising evidence gathered from the professions and other key stakeholders, we published 'Under care and the remote provision of veterinary services', which was shared with RCVS with a view to informing the development of RCVS proposals.

4) Our position states that the RCVS interpretation of 'under care' should go beyond the act of prescribing, such that it more accurately captures the relationship between vets, clients, and their animals, and the shared responsibilities within this relationship for safeguarding welfare. The RCVS should formally adopt the concept of the vet-client-patient relationship (VCPR) and define it in a way that is fit for purpose now and in the future. The VCPR is central to how vets work and internationally recognised[1,2,3].

5) We consider that a VCPR cannot be established solely by remote means, but once established a VCPR should enable access to remote veterinary service provision, subject to veterinary professional judgement. We are also clear that POM-Vs should only be prescribed remotely in the presence of an established VCPR and where, in the professional judgement of the vet, animal health and welfare would otherwise be compromised.

Our position includes 37 recommendations relating to:

- The definition of 'under care' and international models
- Shared responsibility for animal health and welfare
- The concept of a vet-client-patient relationship (VCPR)
- Continuity of care
- Limited-service providers

[1] https://www.avma.org/resources-tools/avma-policies/principles-veterinary-medical-ethics-avma
[2] https://www.canadianveterinarians.net/valid-vcpr
[3] https://www.ava.com.au/library-resources/other-resources/prescribing-guidelines/client-relationship-and-understanding/

- Remote veterinary service provision
- Remote prescribing
- Animal health telemetry data
- Technology and innovation, including veterinary leadership, and regulation of technological tools and devices
- Emergency care

6) During 2021 RCVS announced a series of extensions to remote prescribing, which had initially been permitted as a temporary measure in response to the COVID-19 pandemic. Having repeatedly raised concerns with RCVS about these extensions, we grew increasingly concerned that the temporary guidance was being allowed to become part of a new normal and was also creating an expectation amongst clients which would be problematic to pull back from. Our position on under care and the remote provision of veterinary services states:

> *"The temporary measure put in place by RCVS in March 2020, permitting remote prescribing, represented a pragmatic solution during government restrictions relating to Covid-19 and has created an opportunity to assess the impact on responsible prescribing and explore lessons learned. It must not lead to a longer-term change without full consultation with the profession and total transparency in relation to impacts on prescribing behaviours."*

7) By autumn 2021, as government restrictions had largely been lifted, we asked for sight of the evidence base on which RCVS was continuing to allow remote prescribing, including the impact on prescribing behaviours, and the proposed exit strategy. At the time, as far as we were aware, RCVS was still assessing the findings from the RAND survey[4] as part of the under care review, and as those results were yet to be shared it was unclear how the continual extensions to remote prescribing would dovetail with longer term plans and potential changes to the RCVS Code of Professional Conduct.

8) The remote prescribing dispensation ended 28 October 2021. It was subsequently reintroduced in December 2021, with additional pressures on practices caused by COVID-19 and the threat of the Omicron variant cited as the rationale, and was finally withdrawn on 14 March 2022. During this time, and subsequently, we have made a number of informal requests for transparency.

9) We note that legal advice obtained by RCVS and summarised by Fenella Morris QC, states that the words "clinical assessment" should be interpreted so as to include both in-person and remote clinical assessment, and assume that this underpins the perceived need for change and the resulting proposed changes to the guidance. We would like to better understand the rationale of the College for apparently choosing to amend guidance to fit with this one legal interpretation, instead of going back to first principles by considering what is an appropriate definition of under care. Once the definition is agreed, if necessary, a corresponding amendment to sub-paragraph 4(1) of Schedule 3 of the Veterinary Medicines Regulations (VMRs) 2013 should be sought. Given that the Veterinary Medicines Directorate (VMD) have been clear that a review of the VMRs is underway, we are concerned that this is a missed opportunity to lobby for an amendment which is fit for purpose and recognises the VCPR.

Questions on under care

A: Factors that might determine whether a physical examination is required

10) Under the proposed guidance, whether or not to carry out a physical examination is a matter for the vet's judgement, save for some notable exceptions detailed in the consultation. In order to assist vets, the proposed guidance sets out a number of factors that might be relevant in deciding whether a physical examination is required as part of a clinical assessment:

a) The health condition, or potential health condition, being treated and any associated risks

[4] https://www.rcvs.org.uk/document-library/rcvs-under-care-and-247-emergency-care-review--rand-europe-2022/

b) The nature of the medication being prescribed, including any possible side effects
c) When the animal (or premises in the case of agricultural animals) was last physically examined by a vet
d) Whether there is access to the animal's previous clinical history
e) The experience and reliability of the animal owner
f) Whether the animal is known to the vet and/or whether there is an existing relationship with the client or animal owner
g) The practicality of a physical examination for individual animals, particularly when dealing with herds, flocks, or groups of animals
h) The health status of the herd, flock, or group of animals
i) The overall state of the animal's health
j) The impact of any prescription made without physical exam on the ability to gather subsequent diagnostic information

11) We strongly support the principle that whether or not to carry out a physical examination is a matter for the vet's judgement, in the context of an established VCPR. Notable examples of circumstances where a vet may choose not to carry out a physical examination include veterinary inspection of epidemiological units (eg herds or flocks) sometimes after one or more individuals are examined, or in individual animals when it is not possible to carry out a physical examination for safety reasons (eg an aggressive dog or zoo animal). However, in these circumstances the vet is present with the animal or animals, is able to observe them, and an assessment is made in the context of their environment and husbandry.

12) We also consider that remote assessment (also known as remote triage) has a valuable role to play in the provision of veterinary services where a vet, RVN or another suitable member of the vet-led team uses phone, video call, or other electronic interaction, to make an initial assessment. However, we do not consider that remote assessment constitutes a veterinary clinical examination or veterinary inspection and therefore it should not result in diagnosis or prescription of veterinary medicines.

13) The remote provision of veterinary services has and can be a valuable adjunct within the existing models of veterinary practice. Under an established VCPR, remotely provided services can add value to the client/patient care package, supporting animal health and welfare, public health, and good biosecurity. Where remote provision is done well and forms a credible part of a veterinary business, it may also ensure more effective and efficient use of veterinary time, benefitting both vets and their clients.

14) In the absence of a VCPR, the animal, their management and the animal owner are unknown. There is no access to clinical notes and levels of trust have not been established. In these instances, remote veterinary service provision, whether by a dedicated provider or a veterinary practice, should be limited to offering generic information and advice only and making an onward referral to physical veterinary services when needed.

15) We are disappointed that the first two sentences of paragraph 4 are not being consulted on (i.e. *"Whether or not a physical examination is necessary is a matter for the veterinary surgeon's judgement. The following factors are relevant in this respect, however veterinary surgeons should note this list is not exhaustive"*). The proposal fails to recognise the existing and emerging range of veterinary business models and current absence of mandatory practice regulation, which in turn could see employee vets under pressure from employers, and potentially clients, to prescribe without physical examination. Further, the scope for misunderstanding, miscommunication and therefore client confusion and complaint will grow exponentially if remote prescribing is conducted outside a VCPR, particularly where clinical notes are not shared between prescribing vets. Leaving the decision on physical examination to the judgement of individual vets is unlikely to be strong enough guidance and will fundamentally change the landscape of the veterinary profession in a way that is a threat to animal health and welfare, and the ability of veterinary professionals to safeguard their work.

16) Factors a-j, drafted by RCVS to support the proposed paragraph 4, assume acceptance of the opinion that the absence of a physical examination would not preclude remote prescribing. There is also no clear

recognition of the role of the VCPR, making it difficult to comment definitively on the appropriateness of the proposed factors. In line with our position, we would strongly support all of the proposed factors a-j as wholly appropriate considerations prior to remote prescribing under an established VCPR, but in the absence of an established VCPR specific concerns include:

- 4a) In many consultations the health conditions or potential health conditions are often not known until physical examination is completed.
- 4b) Again, in many cases it will not be known what medicines should be prescribed until after a physical examination.
- 4c) It should not be left entirely as a matter for the veterinary surgeon's judgement as to whether a physical examination is ever needed at all. However, we do support this paragraph as far as it relates to the establishment of a VCPR.
- 4d) This seems to suggest that it is a matter for a veterinary surgeon's judgement whether or not they should seek an animal's previous history. That appears to be contrary to the intent of RCVS Supporting Guidance 5, Communication between professional colleagues.
- 4e) It is never possible to be entirely sure about the experience and reliability of an owner, but it is far more likely to be achieved in-person than through a remote clinical assessment. This is one of the arguments for considering that a VCPR cannot be established solely by remote means.

17) We support the inclusion of paragraph 5 of the proposed guidance which states that the more complex or unusual the health needs of the animal, or where a differential diagnosis includes serious conditions not yet ruled out, the more likely a physical examination will be necessary.

B: Exceptions to the rule

18) We support the inclusion of paragraph 6 of the proposed guidance which states that a physical examination is required where a notifiable disease is suspected or part of a differential diagnosis.

19) We cannot support the inclusion of paragraph 7 (a) of the proposed guidance which states that a physical examination is required in all but exceptional circumstances where a veterinary surgeon prescribes antimicrobials for an individual animal or group of animals that are not agricultural animals, as it is unclear whether this means in the context of an established VCPR. Responsible prescribing of all veterinary medicines must always be ensured, including when clinical assessment is by remote means. An established VCPR supports responsible prescribing and represents the only appropriate opportunity for remote prescribing of POM-Vs and POM-VPSs.

20) We support the proposed paragraph 7(b) to the extent that it states that when prescribing antimicrobials for agricultural animals, veterinary surgeons should ensure they have an in-depth knowledge of the premises, including its production systems, the environment, disease challenges and the general health status of the herd or flock. We agree that this can only have been achieved by a veterinary surgeon attending the premises and physically examining at least one animal per epidemiological unit immediately prior to prescribing or, where this is not possible, recently enough to ensure they have adequate information and knowledge to prescribe responsibly. It is unclear whether the remainder of the proposed paragraph (*Veterinary surgeons should be prepared to justify their decision in cases where antimicrobials are prescribed without conducting a physical examination and record this justification in the clinical notes*) means in the context of an established VCPR, which we consider represents the only opportunity for remote prescribing.

21) We cannot support the proposed paragraph 8 which requires a physical examination in all but exceptional circumstances when prescribing controlled drugs. As already stated, some categories of POM-Vs should

never be prescribed remotely even in the presence of a VCPR, including some Schedule 2 and 3 controlled drugs. Safeguarding responsible prescribing of parasiticides should also be a key consideration.

C: 24/7 follow up service

22) We cannot support the proposal that where a physical examination is not carried out immediately prior to prescribing, vets should ensure that a 24/7 follow-up service is available as it is not clear whether this means that prescribing is taking place within an established VCPR. In the context of a VCPR we could support this proposal, where the follow-up service is contracted.

23) There is a professional responsibility, and an expectation from clients, that there will be some degree of veterinary care available at times when the practice would not normally be open. This is often referred to as out of hours (OOH). Such veterinary care goes beyond emergency first-aid and pain relief and is more accurately described as continuity of care. “Continuity of care” does not imply that the care provided OOH is the same as that provided during the day, and the level of provision is usually decided at a practice level. The approach to continuity of care should be understood by all stakeholders, and it should be absolutely clear whether the care is provided on-site by practice staff or outsourced. The provision of good quality continuity of care forms a key element of the overall care package and is an essential part of the VCPR.

D: General obligations

24) We consider that the existing RCVS requirement and guidance on emergency first aid and pain relief is clear, appropriate, and reflects the ethical responsibility of individual vets. Such responsibility should apply regardless of the existence of an established VCPR, and in principle should encompass all animals, owned and unowned, regardless of the ability of the owner or finder to pay. We support the existing wording in the RCVS guidance which requires that “all veterinary surgeons on duty should not unreasonably refuse to provide first aid and pain relief for any animal of a species treated by the practice during normal working hours, or for all other species until such time as a more appropriate emergency veterinary service accepts responsibility for the animal”.

25) Although the responsibility to administer first aid and pain relief can only reasonably apply to vets in clinical practice with access to the necessary resources to provide such care, we also strongly support the RCVS caveat of “according to their specific skills and experience”. However, vets not working in clinical practice, or presented with a situation or species not covered by their skills and experience, still have a moral duty to ‘take steps’ – which may be limited to intervening by directing to the nearest suitable practice. As such, we support the existing RCVS guidance, which is clear that veterinary surgeons do not need to personally provide the service.

E: Limited-service providers

26) We broadly support the proposed guidance on limited-service providers, which recognises other types of limited-service providers and imposes a general obligation to provide out-of-hours emergency care that is proportionate to the service offered. However, it should be recognised that all types of practice are in some way ‘limited’ (eg by species or by discipline) and the obligation to provide proportionate out-of-hours emergency care already applies to all – in that respect singling out certain types of practice as ‘limited’ may not be helpful or necessary.

27) Limited-service providers who offer specific healthcare services, however limited, have a duty of care to the client and patient, effectively entering a VCPR within the context of the specific provision. As already discussed, there is a professional responsibility, and a reasonable expectation from clients, that in the context of an established VCPR there will be some degree of veterinary care available overnight and on other out-of-hours occasions. Limited-service providers, and those offering peripatetic veterinary

services, are not considered exempt from this responsibility and should take steps to provide an appropriate degree of continuity of care relevant to the services rendered. As with other veterinary businesses, there is no obligation to provide that care themselves, and the provision can reasonably be outsourced. However, such outsourcing must be appropriate, contractual, sufficiently clear to all stakeholders, and regularly reviewed.

F: Advice only services

28) We support the proposal to retain the current guidance that vets offering advice-only services are not obliged to provide 24-hour emergency cover, providing that advice is limited to generic information only, does not diagnose or prescribe, and makes an onward referral to physical veterinary services as required.

G: Referral practice

29) We support the proposal to retain the current guidance for vets working in referral practices that they should provide 24-hour emergency availability in all of their disciplines, or by prior arrangement direct referring vets to an alternative source of appropriate assistance. We also support the proposal not to change the guidance which requires referral practices to make arrangements to provide advice to the referring vet on a 24-hour basis and that appropriate post-operative or inpatient care should be provided.

Conclusion

30) In conclusion, we consider that the RCVS proposals represent a missed opportunity to develop guidance which is fit for purpose, safeguards and benefits animal health and welfare and public health, and recognises and defines the concept of the VCPR. In particular, we cannot support the RCVS proposals in Section A (Factors that might determine whether a physical examination is required) and Section B (Exceptions to the rule) as they seem to be underpinned by a single legal interpretation, instead of going back to first principles by considering what is an appropriate definition of under care.

31) We consider that the proposal to leave the need for physical assessment to the judgement of the vet fails to recognise different and emerging business models, fails to adequately protect employee vets, and will inevitably lead to confusion, complaints, and animal welfare harms, which could exacerbate the recruitment and retention issues which already exist.

32) We urge RCVS to reconsider the proposals and take this opportunity to recognise and define the VCPR, which represents the only appropriate opportunity for remote prescribing of POM-Vs and POM-VPSs.

CVS UK Ltd Response to:
RCVS Review of "Under Care" and 24/7 Emergency Cover

Overview

CVS UK Ltd (CVS) is a major employer of the veterinary professionals in the UK, owning over 500 practices, with approximately 2,000 veterinary surgeons and 1,800 Registered Veterinary Nurses in its employment. Individual veterinary staff within CVS have been encouraged to submit their own independent responses to the RCVS's consultation on the Review of "Under Care" and 24/7 Emergency Cover.

CVS is proud of our core purpose of giving the best possible care to animals and our strategic pillars, including that we take our responsibilities seriously. Therefore, in addition to our individual staff responses, CVS clinical leadership has reviewed the RCVS consultation on the review of 'Under Care' and 24/7 Emergency Cover. Below is the submission to the RCVS of the response to the consultation on behalf of CVS. This response is supplementary to the online consultation survey as the format of the survey does not permit adequate scope to consider and report our findings on the full impact of the proposal.

In summary of our full response below, CVS accepts the legitimate need for remote prescribing through a telemedicine approach where a physical clinical examination may not be necessary. CVS recognises that telemedicine without an existing vet-client-patient-relationship risks bypassing the established mechanisms of conduct detection and concern raising to the RCVS due to the remote nature of the activity. As such, the current regulatory structures within the RCVS are not sufficient to protect the public interest in a well-regulated profession. This risks undermining the public expectations of the high standard of clinical care expected of all veterinary practices and runs contrary to the RCVS mission to 'set, maintain and uphold' veterinary standards. It is the position of CVS that the proposed changes to the Code of Profession Conduct must not be adopted until the implementation of structures for regulatory scrutiny of these remote activities. To only impose further duties upon the telemedicine veterinarian within the Code of Professional Conduct, without simultaneously increasing the regulatory oversight, does not satisfy the public interest need to properly govern an area of the profession which will become largely invisible to scrutiny.

The summary position of CVS is as follows:

- The existing structures and activities of the RCVS are insufficient to protect the public interest in animal welfare and, more importantly, to maintain the public confidence in the standards of the profession if the change of the Code of Professional Conduct is implemented as it is currently set out
- The proposal does not include the necessary and proportionate mechanism by which the RCVS can detect breaches related to the updated guidance on remote prescribing

- The proposal does not include sufficient, unambiguous guidance in regard to the minimum requirements for a veterinary surgeon to accept responsibility for the health of an animal. This should be considered as the Vet-Client-Patient-Relationship
- The proposal does not include sufficient, unambiguous guidance in regard to a veterinary surgeon's obligations to maintain and share records of remote prescribing behaviour
- The proposal does not include sufficient, unambiguous guidance in regard to the exceptional circumstances in which remote prescribing of antimicrobials or controlled drugs could be justified

It should be noted that the RCVS currently relies on submission of public complaints to detect breaches of the Code of Professional Conduct for it to maintain and uphold veterinary standards in line with the public interest. It also relies on a voluntary scheme of practice standard inspections which may include the review of patient records. In respect of remote prescribing activities these regulatory mechanisms of detection are insufficient due to the invisibility of the professional activity.

Without the necessary corresponding adjustment to the regulatory activities of the RCVS to ensure public confidence can be maintained with the proposed changes, CVS believes that these changes are detrimental through the undermining of public confidence in a well-regulated profession. **CVS therefore proposes adjustments to the proposed changes:**

1. **A requirement that veterinarians must record their clinical reasoning and their clinical justification for the remote prescribing of antimicrobials or controlled drugs**
2. **Increased scrutiny of veterinarians undertaking remote prescribing through independent auditing of prescribing behaviours, record keeping and clinical reasoning of those conducting remote consultations without physical examination. The scrutiny must focus on the required written clinical reasoning and justification around antimicrobial or controlled drug prescriptions**
3. **The inclusion of the Veterinarian-Client-Patient-Relationship as a fundamental principle in the Code of Professional Conduct**

The full CVS response is as follows:

The Proposed change to the Code of Professional Conduct

The RCVS review of "under care" has looked at the current definitions of this in the RCVS Code of Professional Conduct, and the associated legislation in the Veterinary Medicines Regulations 2013.

The proposed changes are as follows:

> *According to the Veterinary Medicines Regulations 2013 (VMRs), to prescribe prescription-only veterinary medicines (POM-Vs), a veterinary surgeon must carry out a clinical assessment of the animal and the animal must be under their care. The terms 'clinical assessment' and*

'under…care' are not defined by the VMRs, however the RCVS has interpreted them in the following way

1. *An animal is under a veterinary surgeon's care when the veterinary surgeon is given, and accepts, responsibility for the health of an animal (or a herd, flock or group of animals) whether generally, or by undertaking a specific procedure or test, or prescribing a course of treatment. Responsibility for an animal may be given by the owner/client, statute or other authority*
2. *A clinical assessment is any assessment which provides the veterinary surgeon with enough information to diagnose and prescribe safely and effectively. A clinical assessment may include a physical examination; however, this may not be necessary in every case.*
3. *Whether or not a physical examination is necessary is a matter for the veterinary surgeon's judgement. The following factors are relevant in this respect, however veterinary surgeons should note this list is not exhaustive:*

    a. *The health condition, or potential health conditions, being treated and any associated risks (see further guidance below at paragraph 5 and 6)*
    b. *The nature of the medication being prescribed, including any possible side effects (see further guidance below at paragraphs 7 and 8)*
    c. *When the animal (or premises in the case of agricultural animals) was last physically examined by a veterinary surgeon*
    d. *Whether there is access to the animal's previous clinical history*
    e. *The experience and reliability of the animal owner*
    f. *Whether the animal is known to the veterinary surgeon and/or whether there is an existing relationship with the client or animal owner*
    g. *The practicality of a physical examination for individual animals, particularly when dealing with herds, flocks or groups of animals*
    h. *The health status of the herd, flock or group of animals*
    i. *The overall state of the animal's health*
    j. *The impact of any prescription made without physical examination on the ability to gather subsequent diagnostic information*
4. *The more complex or unusual the health needs of the animal, or where a differential diagnosis includes serious conditions not yet ruled out, the more likely a physical examination will be necessary.*
5. *In respect of paragraph 4(a) above, a physical examination is required where a notifiable disease is suspected or part of a differential diagnosis.*
6. *In respect of paragraph 4(b) above, and given the importance of minimising the development of antimicrobial resistance:*
    a. *A physical examination is required in all but exceptional circumstances where a veterinary surgeon prescribes antimicrobials for an individual animal or group of animals that are not agricultural animals. Veterinary surgeons should be prepared to justify their decision in cases where antimicrobials are prescribed without a physical examination and record this justification in the clinical notes.*
    b. *When prescribing antimicrobials for agricultural animals, veterinary surgeons should ensure they have an in-depth knowledge of the premises, including its production systems, the environment, disease challenges and the general health status of the herd or flock. Veterinary surgeons should have attended the premises and physically examined at least one animal immediately prior to prescribing or, where this is not*

possible, recently enough to ensure they have adequate information and knowledge to prescribe responsibly. Veterinary surgeons should be prepared to justify their decision in cases where antimicrobials are prescribed without conducting a physical examination and record this justification in the clinical notes.

7. *In respect of 4(b) above, when prescribing controlled drugs to an animal in the first instance, veterinary surgeons should carry out a physical examination in all but exceptional circumstances and be prepared to justify their decision where no physical examination has taken place. This justification should be recorded in the clinical notes. It is acceptable to issue a repeat prescription for controlled drugs without a physical examination, however, veterinary surgeons should carry out a further clinical assessment to ensure they have enough information to do so safely and effectively.*
8. *Where a physical examination is not carried out immediately prior to prescribing POM-Vs, veterinary surgeons should ensure that a 24/7 follow-up service involving physical examination and any other necessary investigation if required is immediately available in the event that the animal does not improve, suffers an adverse reaction or deteriorates. Where a veterinary surgeon is not able to provide this service themselves, they should arrange for another veterinary service provider to do so. This arrangement should be made before veterinary services are offered and confirmed in writing as part of the conditions of service agreed by the client.*
9. *Veterinary surgeons must maintain clinical records of animals, herds, flocks or other groups of animals under their care.*[1]

CVS believe there is a legitimate purpose to allow remote prescribing of POM-V by veterinary surgeons. It is the experience of many veterinary professionals during the COVID lockdown periods that remote consultation can be an effective method of providing care to animals. It is imperative, however, that any change to the guidance to allow remote prescribing ensures the protection of the welfare of animals as set out by the RCVS Mission Statement: *"We aim to enhance society through improved animal health and welfare. We do this by setting, upholding and advancing the educational, ethical and clinical standards of veterinary surgeons and veterinary nurses."*

We hold the following concerns in regard to the suitability of the current structures and activities of the RCVS:

1. The proposal does not include the necessary and proportionate mechanism by which the RCVS can detect breaches related to the updated guidance on remote prescribing due to the remote and transient nature of the professional conduct
2. The existing structures and activities of the RCVS are insufficient to protect the public interest in animal welfare and, more importantly, to maintain the public confidence in the standards of the profession if the change of the Code of Professional Conduct is implemented as it is currently set out

[1] https://www.rcvs.org.uk/news-and-views/our-consultations/review-of-under-care-and-out-of-hours-emergency-cover/ . Accessed 25/08/2022

In relation to maintaining animal health and upholding the clinical standard of veterinary surgeons we have identified the following failings in the updated guidance:

1. The proposal does not include sufficient, unambiguous guidance in regard to the minimum requirements for a veterinary surgeon to accept responsibility for the health of an animal
    - We believe that it is not possible to accept sufficient responsibility for the health of animal to undertake remote prescribing outside an existing Vet-Client-Patient-Relationship without a timely physical examination or visit to the operation where the animals are kept
    - The current proposal insufficiently defines what we would consider to be the minimum Vet-Client-Patient-Relationship
2. The proposal does not include sufficient, unambiguous guidance in regard to a veterinary surgeon's obligations to maintain and share records of remote prescribing behaviour
    - We believe that the provider of telemedicine and remote prescribing activities should have an obligation to immediately share records of remote prescribing behaviour and the associated justification with any other provider of veterinary care to ensure continuity of care and avoid unsafe drug interactions
3. The proposal does not include sufficient, unambiguous guidance in regard to the exceptional circumstances in which remote prescribing of antimicrobials or controlled drugs could be justified
    - In the current antimicrobial resistance crisis, we believe that remote prescribing of antimicrobials cannot be justified. The proposed guidance is insufficiently prescriptive in describing the exceptional circumstances which would allow the justification of antimicrobial prescribing; the result of this may be to excuse inappropriate antimicrobial usage

In support of our concerns, and to allow the RCVS to meet its own professional aims, we believe that the proposed changes to the guidance must be adjusted to specify

1. Details of the Veterinarian-Client-Patient-Relationship as a fundamental principle in the Code of Professional Conduct
2. Active audit of prescribing behaviours, record keeping and clinical reasoning of those conducting remote consultations without physical examination

The Vet-Client-Patient-Relationship (VCPR)

At CVS, we believe that the relationship between the Veterinary Surgeon, the Client and the Patient is paramount in protecting animal health and welfare. Maintaining public confidence in the veterinary profession, and its regulatory structure, is dependent upon the promotion and realisation of a strong veterinarian-client-patient trust relationship (VCPR). The absence of a VCPR risks the full context of the care of the patient and its 'owner environment' not being understood. A shallow or cursory VCPR risks leading to a sub-

optimal, insufficient or inappropriate veterinary care plan which is contrary to the public interest test.

To form a meaningful VCPR means that the veterinary surgeon can provide care to the client and patient that goes beyond what can be achieved in a momentary remote consultation. The context in which the animal lives and the needs, requirements, wishes and limitations of the client are deeply relevant factors to successful treatment and patient care. A longitudinal client relationship strengthens the understanding of the context in which veterinary care can be provided to that client. The inclusion of the principle of the VCPR into the Code of Professional Conduct exists in other regulatory contexts and provides important safeguarding to the public trust of service given by veterinary practices.

The American Veterinary Medical Association (AVMA) Principle of Veterinary Medical Ethics sets out conditions which must be satisfied in order to establish a VCPR.

> *- The licensed veterinarian has assumed the responsibility for making medical judgments regarding the health of the patient(s) and the need for medical therapy and has instructed the client on a course of therapy appropriate to the circumstance*
>
> *- There is sufficient knowledge of the patient(s) by the veterinarian to initiate at least a general or preliminary diagnosis of the medical condition(s) of the patient(s)*
>
> *- The client has agreed to follow the licensed veterinarian's recommendations*
>
> *- The licensed veterinarian is readily available for follow up evaluation or has arranged for:*
>
> *- Emergency or urgent care coverage, or Continuing care and treatment has been designated by the veterinarian with the prior relationship to a licensed veterinarian who has access to the patient's medical records and/or who can provide reasonable and appropriate medical care*
>
> *- The veterinarian provides oversight of treatment*
>
> *- Such a relationship can exist only when the veterinarian has performed a timely physical examination of the patient(s) or is personally acquainted with the keeping and care of the patient(s) by virtue of medically appropriate and timely visits to the operation where the patient(s) is(are) kept, or both*
>
> *- Patient records are maintained*[2]

We believe that to have an animal “under care” there must be an established VCPR. The RCVS should publish a clear definition of “under care” which should be defined and supported by clear unambiguous guidance of the minimum requirements. We believe that

[2] https://www.avma.org/resources-tools/avma-policies/principles-veterinary-medical-ethics-avma . Accessed 25/08/2022

the RCVS should formally adopt the concept of the Veterinarian-Client-Patient relationship (VCPR) and define this in a way that is fit for purpose, providing guidance on the conditions under which a VCPR can be established appropriate to all species.

We believe that a VCPR cannot be reliably established remotely without this longitudinal relationship and an initial physical examination. Therefore, it is in this context that the activities of the remote clinician and client should be curtailed.

Enhanced active audit of those providing remote care without a timely physical examination

The full impact of remote prescribing on patient safety has yet to be demonstrated. Whilst the clinical audit performed by S. Smith et al[3], on the use of the Joii Petcare telemedicine platform is a first step, it does not provide appropriately sufficient, complete and scientifically defensible information to be able to support the current proposed changes to the 'under care' definition. It raises important questions regarding the full impact of remote prescribing via telemedicine on patient safety e.g. actual clinical outcomes and avoiding unintended patient harm due to care. Addressing these issues will call for unprecedented collaboration and communication between a platform provider and practice team, which has not yet been achieved. We believe that monitoring clinical outcomes and improving systems of care to avoid patient harm can be more easily achieved by the practice team, under an established VCPR.

A SAVSNET study found that, during 2020, prescription of antimicrobials was increased in remote consultations when compared to a face-to-face consultation control group.[4] The responsible use of antimicrobials is already a key challenge to the veterinary sector, and we have carried out significant work to understand how we influence antimicrobial use in veterinary practices[5]. Aside from concerns around patient safety we believe that remote prescribing under the current proposal provides significant risk to the progress that the profession has worked so hard to achieve in demonstrating our commitment to responsible use of antimicrobials.

The proposed guidance is insufficiently prescriptive in describing the exceptional circumstances which would allow the justification of antimicrobial prescribing; the result of this may be to excuse inappropriate antimicrobial usage. In addition, the proposal does not include the necessary and proportionate mechanism by which the RCVS can detect breaches or inappropriate frequency of antimicrobial prescribing. As a result, we believe that a

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[3] Clinical audit of POM-V / POM prescriptions by remote consultation via a veterinary video telemedicine smartphone application - https://veterinaryevidence.org/index.php/ve/article/view/553 - Accessed 05/09/2022

[4] https://www.rcvs.org.uk/document-library/exploring-telemedicine--remote-consultations-using-electronic/ - Accessed 05/09/2022

[5] https://www.nature.com/articles/s41467-021-21864-3 - Accessed 05/09/2022

mandatory system of enhanced active audit should be introduced for those undertaking remote prescription without a timely physical examination. This should include:

- Frequent (at least yearly) inspections of veterinarians undertaking remote provision of care without timely physical examination, including in depth examination and auditing of clinical records and patient outcomes, not limited to adverse medication reactions
- A requirement in the Code of Professional Conduct for a clinical justification to be recorded for every remote prescription of the following classes of pharmaceuticals:
    - Antimicrobials
    - Controlled drugs
- Inclusion of sufficient, unambiguous guidance in regard to the exceptional circumstances in which remote prescribing of antimicrobials or controlled drugs could be justified

This mechanism of enhanced scrutiny should be visible and actively communicated to the public, to ensure confidence in the regulation of remote veterinary services. It should also include a dedicated channel for reporting of any concerns to the regulator with veterinarian oversight to ensure compliance.

Conclusion

In conclusion, we believe that the existing structures and activities of the RCVS are insufficient to protect the public interest in animal welfare and to maintain the standards of the profession if the change of the Code of Professional Conduct is implemented as it is currently set out. Without the described adjustments to the regulatory activities of the RCVS to ensure public confidence can be maintained with the proposed changes, CVS believes that these changes will be detrimental to whole of the profession, through the undermining of public confidence in a well-regulated profession. CVS opposes these changes until such time that the necessary regulatory structures are implemented to ensure public confidence can be maintained.

FIVP™ Federation of Independent Veterinary Practices

Federation of Independent Veterinary Practices (FIVP) response to RCVS review of 'under care', 24/7 emergency cover and the remote provision of veterinary services.

The FIVP is a voice for independent veterinary practices and is a not-for-profit organisation that represents the interests and promotes the values of independent veterinary practices. Its members are locally owned businesses that place owners and their pets at the heart of everything they do.

The FIVP welcomes this opportunity to respond to the RCVS review of 'under care' and 24/7 emergency cover, which we understand to be the third and final stage of the RCVS consultation process. As a Federation we were very disappointed to see the lack of scope and proposals for the consultation in order to provide and develop guidance fit for purpose in future years. Our members reported that the online survey was challenging and it was impossible to respond adequately via this method as many key considerations could not be included due to the nature of the survey – an opportunity lost in our opinion.

We have read the BVA submission and support its findings and recommendations. With regard to independent practices, there are certain aspects that we would like to draw your attention to in this report, particularly by supporting the proactive recommendations mentioned below. I have attached the link to the BVA document as a cross reference and will highlight the key aspects that concern FIVP most of all in the following paragraphs. It is essential that the VCPR roles are established in the first instance and that there is a clear responsibility in all that is done for animal health and welfare.

https://www.bva.co.uk/media/3966/bva-policy-position-on-under-care-and-the-remote-provision-of-veterinary-services-january-2021.pdf

FIVP supports the following from an independent veterinary practice perspective: -

Under Care

Recommendation 1 – RCVS 'under care' interpretation should go beyond the temporal relations to the act of prescribing, such that it more accurately captures the relationship between vets, clients and their animals and the shared responsibilities for safeguarding welfare. It should be appropriate for all species and situations including food, companion, equine, zoo, laboratory animals and British wildlife. It should be equally relevant to groups of animals and individuals.

Recommendation 2 – any revised definition of 'under care' should be supported by RCVS guidance to give clarity.

Recommendation 3 – this is a key element with regard to defining requirements for a physical examination. These requirements need to be fit for purpose and in keeping for the benefit of animal welfare.

Recommendations 4 & 5 – agreed

Recommendation 6 – Adopting a VCPR is fundamental to the basis of underpinning 'under care' and the 24/7 emergency cover.

Recommendations 7, 8, 9 &10 – agreed

Recommendation 11, 12, 13 & 14 – FIVP strongly agree with these recommendations.

Continuity of Care

Recommendations 15, 16, 17, 18 & 19 – agreed
Recommendation 20 – strongly agree to avoid confusion. Too many different levels of service are currently being offered and client/patient expectations are not being met. These are not always for the benefit of animal welfare.

Remote Veterinary Service Provision

Recommendations 21 – 28 – agreed. All of these recommendations to be underpinned by a VCPR

Technology and Innovation

Recommendations 29 – 33 – agreed

Recommendation 34 – agreed with review periods clearly stated e.g. every 6 months?

Emergency Care
Recommendations 35 – 37 – agreed

We have had numerous examples given to us by our member practices expressing their concerns and this is one that I would like to bring to your attention. This example demonstrates some of the current challenges being experienced by practices who are trying to support their clients.

A client of an independent practice picked and 'self-referred' her dog to a behaviourist vet. The client then asked the practice to send history to the behaviourist - which they did. Behaviourist vet 'prescribed' long term Onsior, that the practice was asked to supply. – this was to rule out pain as the cause of behaviour. The practice did not realise until much later that the behaviour consultation had been carried out by video. A need for transparency as to what form of examination took place needs to be communicated. Fortunately, from gait analysis and physical examination by a vet seen face to face, there was no indication of any pain, nor had an adverse reaction occurred. What would have been the correct thing to do? If the practice had refused to supply the medication, this would have really upset the client.
The practice had not selected the vet to refer to, and had no working relationship with this vet. The practice believes that Behaviourist vets who only consult online should not be able to prescribe POM-Vs and that could prevent unnecessary/unsuitable medication being prescribed.

In conclusion, we believe that the RCVS proposals represent a missed opportunity to develop guidance which is fit for purpose, for now and for the future.

To quote and support BVA in full: - 'We would urge RCVS to reconsider the proposals and to take this opportunity to recognise and define the VCPR, which represents the only appropriate opportunity for remote prescribing of POM-Vs and POM VPSs'

Kindest regards

Rita Dingwall

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12th September 2022

Dear Melissa & Lizzie,

We, the undersigned, wish to convey our grave concerns about the proposed change to the "under care" guidance, and to propose an alternative solution.

We all recognise that the existing definition is ambiguous for a world in which telemedicine is playing an increasingly important part, and all have experience of how the use of telemedicine proved invaluable during the recent Covid-19 restrictions on veterinary practices. We experienced situations where such virtual interactions were helpful, but also experienced their limitations. However, we also recognise that the current proposal is fundamentally flawed because of its sole reliance on the definition of "Under Care" relying on a weakened definition for the vet-client-animal relationship and the perceived diminished need for physical examination.

We are not alone in this. As part of the consultation exercise the RCVS commissioned RAND to survey the membership, receiving a substantial number of responses (>5500), and has used this consultation to help formulate the changes to the guidelines. Pertinent examples are included in appendix 1. Clear from this research is a belief amongst the profession that telemedicine alone should not be a means of establishing a satisfactory Vet-client-patient relationship (VCPR).

The RCVS also seems to hold a simplistic view of the VCPR such that it is between one individual vet and a client based on that vet's examination of an animal and appears to have sought to extend this to include the use of telemedicine.

The relationships we hold with our clients are complicated. As practices, these relationships are built over time using accumulated data gathered through face-to-face and virtual interaction, the physical examination of their animals at regular intervals, the discussions that take place between the staff within vet-led practice teams, all underpinned by the detailed clinical records we hold in our practice management systems.

The establishment of a VCPR is complex and is essentially one of a vet to vet (within a practice) to client to animal relationship. It takes time to develop and does not happen as the result of one video or 'phone call. It is only based on this nuanced interaction between vets and clients that one vet in a practice can

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confidently develop a clinical picture for an animal they have not physically examined themselves, a clinical picture that is a necessity for the responsible prescription of a medicine.

The profession recognises the need to be able to adopt the use of emerging technologies ("telemedicine") to assist in the provision of prescribing POM-V medicines and providing 24/7 care. However, there is a broad consensus that such technologies should be used to **augment the existing** VCPR relationship and should not be used as the sole means of establishing such a relationship. In this respect the AVMA (American Veterinary Medical Association) has a much more sensible definition. A link can be found in appendix 2, but specifically includes the following:

"A valid VCPR cannot be established online, via email, or over the phone. However, once a VCPR is established, it may be able to be maintained between medically necessary examinations via telephone or other types of consultations; but it's up to your veterinarian's discretion to determine if this is appropriate and in the best interests of your animals' health".

If the authorities who license medicines deem that a medicine requires a POM-V licence, then there is good reason for the medicine to have to be prescribed by a veterinary surgeon. Implicit within this is that because of the special relationship we hold with our clients (based on all the above points), underpinned by physical knowledge of the animal and its owner (pets and horses), or the health status and working of a farm, and the capability of stockmen, we are best placed to ensure responsible use of such a medicine.

The proposed RCVS guidance flies in the face of the very research it commissioned, by abdicating responsibility to the discretion of an individual vet, allowing each vet to choose what constitutes an appropriate clinical assessment. Feedback from the RAND research was clear that these parameters should be defined by the RCVS, not delegated to the responsibility of individual vets. This creates unwanted ambiguity.

The proposed changes to the legislation seek to tear up the complex underpinning relationship between clients and vets and effectively state that any veterinary surgeon can claim to have an appropriate relationship sufficient to prescribe a POM-V based on something as flimsy as a one-off video call. Worse still is the suggestion that such a vet no longer needs to follow up this prescription with a physical examination where required, or even be prepared ever to perform one. Granted, there are exceptions listed (for example antibiotics), but this is flawed, as it is the depth of the relationship, and the accumulated patient-client knowledge of the vet-led practice team, that should be the basis for the ability to prescribe without a physical examination.

As well as the risks to animal welfare, a further concern of ours is how the RCVS proposals fail to recognise the potential damage that may be posed to sectors of our profession that are already somewhat fragile, specifically the provision of veterinary service to remote and rural populations. By shifting the emphasis for the VCPR away from the vet-led team, underpinned by physical examination, and moving into a much more nominal VCPR based on virtual interaction (companion animals), or a single annual herd/flock health visit opens the door for limited-service providers (LSP) to cherry-pick aspects of veterinary provision to remote clients.

This has the potential to cause a significant challenge to animal welfare. The economics of remote, and rural communities (which by definition are often built around farming communities) are fragile. Veterinary practices are able to provide the care that ensures good animal welfare because they have a genuine relationship with their clients, such that animal owners pay fees (and margins on medicine sales) that support their access to all veterinary services. The parasitism of this economy by LSP could make the costs involved in accessing out of hours (OOH) care insurmountable for animal owners if such OOH services have to be invoiced as discrete services rather than being a part of a social contract based on a genuine VCPR.

Worse still, practices in such areas may cease to exist if their finances become too precarious, or themselves become LSP in order to survive.

We urge the RCVS Council to reconsider this proposal and view how telemedicine can augment existing relationships, not replace them, and to do so as a matter of urgency before embarking on a path that will permanently undermine the standards of our profession.

We propose that the RCVS simply needs to clarify the definition of "under care", using the following criteria:

- Under care can only be considered when there is a genuine VCPR.

- This relationship must have included a recent physical examination of a companion animal, or a genuine business relationship between a practice and farm, in which the practice ensures the welfare of those farmed animals through the provision of 24/7 veterinary care.

- The RCVS should define "recent".

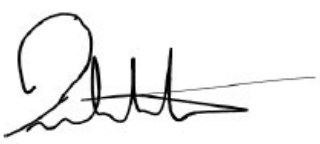
- There should be recognition of the relationship the practice holds with the client (the vet-led team), not just an individual vet.

- Within the local vet-led team, other veterinary surgeons may prescribe on the basis of a colleague's physical examination, provided there are clear clinical notes detailing the physical findings and other pertinent aspects of the client relationship, and that the vet who made that examination is still available for contact by colleagues within the practice.

- Where the above criteria have been met and a real VCPR can be said to exist, then telemedicine may be used to provide veterinary services, including the prescription of medicines, if deemed appropriate by the specific vet-led team.

- If a LSP seeks to establish a VCPR, then it should be the responsibility of the LSP to contact the local vet practice and ensure that this practice will agree to provide 24/7 cover in the absence of the provision of any service by the LSP in advance. Where such an agreement is not in place, this must be seen as a barrier to the establishment of a VCPR by the LSP. It should not be the responsibility of the client to have to arrange this service.

Yours sincerely,
The directors of XLVet UK Ltd and the members of the XLVet Community listed below.



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Appendix 1

Selected statements from the RAND survey:

Referring to the summary of the good regulation requirements listed on page 11, figure 3:

- 78% of respondents agreed that there should be a defined upper limit to the time between seeing an animal and the ability to prescribe POM-V medicines (net promoter score +63)
- 73% of respondents agreed that a recent physical examination was essential for an under care relationship to be real and not nominal (NPS +56)
- 73% of respondents agreed that the vet prescribing POM-V medicines should take into account pre-existing conditions – and implicit in this is the need for that veterinary surgeon to be able to have a means of accessing such data (NPS +60)
- 76% of respondents agreed that any change should not undermine generalised veterinary provision and animal welfare, and particularly the effect such regulation changes may have in the ability to provide 24/7 care in some parts of the community (+64)
- Only 43% of respondents agreed that they would be happy to prescribe based on information received from a client, even if they knew that client was knowledgeable about the species and condition (NPS -1)
- 82% of respondents disagreed that a vet should prescribe medicines to a client on information received if they had never previously been in contact with that client (NPS -71)

Furthermore, the table summarising the application of principle statements (Figure 6, page 18) shows:

- 82% of respondents agreed that the regulations should recognise the advantage of physical examination over the use of remote means only ("telemedicine") (NPS +73)
- 66% of respondents agreed that vets working within the same team should have shared accountability, because they work as a team (NPS +46)
- 80% of respondents disagreed that vets should be allowed to prescribe POM-V medicines where there is no existing patient/client/vet relationship (NPS -68)

Appendix 2

AVMA definition of the vet-client-patient relationship: AVMA's use of the VCPR

12.09.2022

PDSA response to RCVS consultation on under care and 24/7 emergency cover

PDSA is the UK's leading veterinary charity, our dedicated veterinary teams in our 48 Pet Hospitals across the UK work tirelessly to save lives every day, preventing pain and unnecessary suffering. In 2021 alone PDSA:

- Provided 1.8 million treatments
- Treated over 370,000 pets
- Saved the lives of 134,000 pets
- Provided over 1 million consultations
- Treated 10 pets every minute in our 48 Pet Hospitals.

PDSA is pleased to respond to the RCVS consultation on under care and 24/7 emergency cover; PDSA would like to applaud the decision by RCVS council to apply lessons learned during the pandemic in a way that we believe furthers the development and capabilities of the veterinary profession.

Throughout the period when the derogation to prescribe without physical examination was in force, PDSA regularly shared management information showing that the derogation was applied sensibly and justifiably by our veterinary surgeons and had no discernible negative impact on animal welfare. Indeed, PDSA believed, and still believes, that the presence of the derogation helped to protect animal welfare through increasing flexibility and accessibility of veterinary service provision during a time of extreme pressure

PDSA believes that the same pressures still exist, and will potentially become more critical, as:

- the cost of living crisis impacts upon all in society, but particularly those already facing financial strain.
- the veterinary recruitment crisis impacts upon veterinary practice ability to deal with demand
- veterinary practice costs continue to increase with inflation, and the salary rises we are seeing in the sector in order to drive recruitment
- veterinary practices find it necessary to raise prices as a result of those cost challenges
- Insurance premiums potentially becoming more expensive as raised veterinary prices filter through to claims

All of these factors are likely to combine to pose greater challenges for the veterinary profession to meet demand and to offer accessible and affordable veterinary care for a significant period to come, and animal welfare is highly likely to ultimately suffer.

PDSA believes that in order for the profession to cope with the pressures to come, and to maintain the reputation of the profession, veterinary practices may need to consider all of the options available in order to safeguard animal welfare. For example, the closing of practice books to new client registrations (which PDSA believes is still commonplace) may have been effective in managing workload for a short period, but it is not a sustainable way for the profession to survive, does not further animal welfare and may indeed damage welfare and the profession in the longer term. If the changes proposed in this consultation were to be more widely embraced and combined with other ways to effectively and efficiently deliver veterinary services, then those risks to welfare and the profession may be mitigated.

In particular the accessibility and flexibility that these changes will enable for PDSA, as providers of charitable veterinary services, will be critical as demand for our services is highly likely to rise dramatically.

PDSA believes that the changes to the Codes proposed by RCVS is one driven by the immediate change, but that the alternative suggested below would embed the practice of prescribing without physical examination into veterinary service delivery in the most appropriate way. PDSA believes that these proposals would ensure the Codes are fit for purpose when the concept is not a change for the profession, but has become an established component of the holistic services available in those practices that wish to include such an element in their offering.

Similarly, as explained in the responses below, PDSA believes that assessing the impact of introducing these changes should not be restricted to a simple comparison of what happens in remote consultations against what happens in in-person consultations, the true impact should be measured in terms of the overarching accessibility, and outcomes, of veterinary care as a whole when different elements of the service are combined in a complementary fashion and offered to clients.

PDSA notes that 'under care' is just one section of Supporting guidance Chapter 4, and assumes that the proposal is to replace just that section.

PDSA believes that the under care section of the Codes should set out the conditions under which an animal may be considered as 'under care', thus maintaining the clarity of the under care section. All of the factors then listed are more generally applicable to any decision to prescribe and should be included as a separate section of the Codes, PDSA has suggested in this response how it believes the factors could most appropriately sit within the codes in Appendix 1 below – this is provided for illustrative purposes, please see responses to the consultation questions below for suggested amendments or comments on the individual proposed factors.

PDSA notes that the changes proposed include the following paragraph "*A clinical assessment is any assessment which provides the veterinary surgeon with enough information to diagnose and prescribe safely and effectively. A clinical assessment may include a physical examination, however, this may not be necessary in every case.*", but this is not included in the consultation. PDSA would suggest that the paragraph implies that diagnosis and prescription are inseparable, or that a prescription can only be made once a diagnosis has been reached, neither of which is always the case. Indeed, the compunction to reach a definitive diagnosis can lead some clinicians to carry out unnecessary diagnostic tests or procedures which have little benefit to the patient and may impact upon the affordability of veterinary care. PDSA believes that the concept of contextualised care would be better reflected if the following wording were considered instead "*A clinical assessment is any assessment which provides the veterinary surgeon with enough information to ~~diagnose,~~ formulate and agree a treatment plan with the client, which may include prescribing safely and effectively. A clinical assessment may include a physical examination, however, this may not be necessary in every case*". If the term diagnosis is to be referred to, then PDSA would recommend expanding the phrase to include both 'working and definitive diagnoses'.

PDSA also notes that section 4.13 of the current guidance (Diagnosis) has not been included in this consultation, but would suggest that the wording of this paragraph may also be impacted by the change. PDSA would suggest that this paragraph can be deleted as, under these proposals, having sufficient information and the formation of a treatment plan, rather than diagnosis, would be the primary factor in decisions to prescribe.

12.09.2022

PDSA hopes that this response to the consultation will be of assistance to RCVS as you consider the next steps in this important process. As always if you require any further information or clarification please do not hesitate to contact me.
All the best

Steve Howard BVMS MRCVS
Head of Clinical Services, PDSA

12.09.2022

PDSA responses to the consultation

Under care
1. Questions on 'under care'

Under the proposed guidance, whether or not to carry out a physical examination is a matter for the veterinary surgeon's judgement (save for some notable exceptions - see **Section E of the consultation document, paragraphs 6-8** of the proposed guidance).
In order to assist veterinary surgeons, paragraphs 4 and 5 of the **proposed guidance** set out a number of factors that might be relevant in deciding whether a physical examination is required as part of a clinical assessment in a particular case:
[NB Please read the *proposed guidance* first, then answer the **corresponding question**]

4. Whether or not a physical examination is necessary is a matter for the veterinary surgeon's judgement. The following factors are relevant in this respect, however veterinary surgeons should note this list is not exhaustive:

PDSA believes that veterinary surgeons are best placed to judge the best course of action for their patients and to gain informed consent from their owners/keepers; veterinary surgeons are well versed in making judgements regarding how appropriate it is to prescribe medications, taking into account the many variables of signalment, presentation, communication, patient factors, client factors, medication factors and likely progression.

The factors listed below are all relevant, however, they are relevant in all decisions to prescribe, rather than just deciding whether a physical examination is necessary or not prior to prescribing, therefore PDSA would suggest that the emphasis of the list be changed through incorporation of a separate section and amending the wording of paragraph 4 from "*The following factors are relevant in this respect….*" to *"The following factors are relevant in respect of any decision to prescribe….."* (as illustrated in Appendix 1)

In the responses below, where PDSA has indicated its level of agreement, this is done on the basis that the factor is presented as a general prescribing factor.

a. The health condition, or potential health conditions, being treated and any associated risks
If you would like to, please give reasons for your answer
Q1. To what extent do you agree that paragraph (4a) should be included in the list?
Strongly disagree
Disagree
Neither agree nor disagree
Agree
Strongly agree

Whilst PDSA agrees strongly that this is a factor that should be taken in to consideration, PDSA believes that this is not limited to a decision on whether to physically examine or not, but is applicable more widely to any decision to prescribe. If a veterinary surgeon were to prescribe medication without taking these factors into account, be that in-person following a physical examination or remotely, then that should raise concerns.

b. The nature of the medication being prescribed, including any possible side effects
If you would like to, please give reasons for your answer
Q2. To what extent do you agree that paragraph (4b) should be included in the list?
Strongly disagree
Disagree
Neither agree nor disagree
Agree
Strongly agree

PDSA believes that this factor is not limited to whether to physically examine or not, but is applicable more widely to any decision to prescribe.

c. When the animal (or premises in the case of agricultural animals) was last physically examined by a veterinary surgeon
If you would like to, please give reasons for your answer
Q3. To what extent do you agree paragraph (4c) should be included in the list?
Strongly disagree
Disagree
Neither agree nor disagree
Agree
Strongly agree

PDSA believes that time since last physical examination may or may not be a critical factor in any decision to prescribe depending upon the combination of other factors listed. Some patients may not have been examined previously or that information may not be available, so care should be taken to ensure that this factor does not prevent veterinary surgeons pursuing what, in their clinical judgement, is the best course of action to safeguard the welfare of that patient

d. Whether there is access to the animal's previous clinical history
If you would like to, please give reasons for your answer
Q4. To what extent do you agree that paragraph (4d) should be included in the list?
Strongly disagree
Disagree
Neither agree nor disagree
Agree
Strongly agree

PDSA believes that this factor is an important factor in any prescribing decision, however, the presence or absence of a previous clinical history should not prevent any veterinary surgeon from pursuing what, in their clinical judgement, is the best course of action to safeguard the welfare of that patient utilising the information that is available to them at the time.

e. The experience and reliability of the animal owner
If you would like to, please give reasons for your answer
Q5. To what extent do you agree that paragraph (4e) should be included in the list?
Strongly disagree
Disagree
Neither agree nor disagree
Agree
Strongly agree

The experience and reliability of the owner are subjective assessments that may be proven correct or incorrect regardless of whether the owner is 'assessed' in-person or remotely, and is also highly dependent upon the impression any owner may wish to project.

There would seem to be a precedent for this element in existing paragraph '4.6 *NFA-VPS medicines may be supplied in circumstances where the veterinary surgeon or SQP is satisfied that the person who will use the product is competent to do so safely, and intends to use it for the purpose for which it is authorised.'*

PDSA would also suggest that this element is already covered in the codes through 2.2c and 2.2d of the existing codes:
2.2.c make decisions on treatment regimes based first and foremost on animal health and welfare considerations, but also the needs and circumstances of the client;
2.2.d recognise the need, in some cases, to balance what treatment might be necessary, appropriate or possible against the circumstances, wishes and financial considerations of the client;*

PDSA would suggest that additional notes in either of those areas, or changing this factor to reflect existing wording such as wording 'circumstances', would be better.

f. Whether the animal is known to the veterinary surgeon and/or whether there is an existing relationship with the client or animal owner
If you would like to, please give reasons for your answer
Q6. To what extent do you agree that paragraph (4f) should be included in the list?
Strongly disagree
Disagree
Neither agree nor disagree
Agree
Strongly agree

The presence or absence of an existing relationship should not prevent any veterinary surgeon from pursuing what, in their clinical judgement, is the best course of action to safeguard the welfare of that patient, utilising the information that is available to them at the time. This ability is particularly important in an environment where increasing numbers of pet owners are unable to register for, or access, veterinary care as a routine.

g. The practicality of a physical examination for individual animals, particularly when dealing with herds, flocks or groups of animals
If you would like to, please give reasons for your answer
Q7. To what extent do you agree that paragraph (4g) should be included in the list?
Strongly disagree
Disagree
Neither agree nor disagree
Agree
Strongly agree

PDSA agrees with the fact that practicality of physical examination, combined with effective prioritisation of cases, is an important factor to consider. This may be particularly relevant in companion animal practice where many practices find themselves needing to stage care and prioritise cases according to welfare need, as a result of recruitment issues constraining capacity.

h. The health status of the herd, flock or group of animals
If you would like to, please give reasons for your answer
Q8. To what extent do you agree that paragraph (4h) should be included in the list?
Strongly disagree
Disagree
Neither agree nor disagree
Agree
Strongly agree

PDSA provides services to eligible pet owning members of the public, so may not be best placed to comment on this factor, our agricultural or shelter medicine colleagues may be more appropriate to comment. However, this would seem a sensible factor to consider.

i. The overall state of the animal's health
If you would like to, please give reasons for your answer
Q9. To what extent do you agree that paragraph (4i) should be included in the list?
Strongly disagree
Disagree
Neither agree nor disagree
Agree
Strongly agree

PDSA agrees that decisions to prescribe, remotely or not, should be influenced by a consideration of the overall welfare and health status of the patient.

j. The impact of any prescription made without physical exam on the ability to gather subsequent diagnostic information
If you would like to, please give reasons for your answer
Q10. To what extent do you agree that paragraph (4j) should be included in the list?
Strongly disagree
Disagree
Neither agree nor disagree
Agree
Strongly agree

PDSA believes that this factor is covered by the requirement to provide ongoing support and care if required.

Additional factors
If yes, please tell us what they are
Q11. Are there any additional factors that should be added to the list?
Yes
No
Don't know

5. The more complex or unusual the health needs of the animal, or where a differential diagnosis includes serious conditions not yet ruled out, the more likely a physical examination will be necessary.
If you would like to, please give reasons for your answer
Q12. To what extent do you agree that paragraph (5) should be included in the list?
Strongly disagree

Disagree
Neither agree nor disagree
Agree
Strongly agree

In general PDSA does agree with this statement – however, cannot agree with the phrase '*or where a differential diagnosis includes serious conditions not yet ruled out*', a differential diagnosis list will often contain 'serious conditions', the clinical decision making by the veterinary surgeon is more often led by the perceived likelihood of the presence or absence of that condition according to the information available, not by the fact that it is just on the list. The approach suggested may lead veterinary surgeons to undertake unnecessary procedures or diagnostics on a patient just to 'rule it out' before taking action that would have been taken anyway, and would always have been appropriate and justifiable. Wording that may be appropriate – '*where a serious condition is suspected that may require specific physical interventions*'

Exceptions to the rule
The **proposed guidance** does not require veterinary surgeons to carry out a physical examination in every case. However, we believe that there are some situations where a physical examination is required in all but exceptional circumstances to protect animal health and welfare and public health, including to prevent drug misuse in the case of controlled drugs.
The exceptions relating to antimicrobials are intended to encourage responsible prescribing due to the growing threat of antimicrobial resistance, as well as addressing the fact that the **SAVSnet study** saw an increase in the prescription of antimicrobials during the operation of the temporary guidance in the pandemic.
The **proposed guidance (paragraphs 6-8)** addresses these exceptions to the rule in the following way:
[NB Please read the *proposed guidance* first, then answer the **corresponding question**]

6. A physical examination is required where a notifiable disease is suspected or part of a differential diagnosis.
If you would like to, please give reasons for your answer
Q13. To what extent do you agree with paragraph (6)?
Strongly disagree
Disagree
Neither agree nor disagree
Agree
Strongly agree

PDSA believes that this requirement is proportionate and appropriate given the potential animal and human health implications of notifiable diseases.

7. [Also] given the importance of minimising the development of antimicrobial resistance:
a. physical examination is required in all but exceptional circumstances where a veterinary surgeon prescribes antimicrobials for an individual animal or group of animals that are not agricultural animals. Veterinary surgeons should be prepared to justify their decision in cases where antimicrobials are prescribed without a physical examination and record this justification in the clinical notes.
If you would like to, please give reasons for your answer
Q14. To what extent do you agree with paragraph (7a)?
Strongly disagree
Disagree

12.09.2022

Neither agree nor disagree
Agree
Strongly agree

PDSA is a strong advocate of antimicrobial stewardship and has made great progress over the past decade in reducing, replacing and refining its antibiotic use through the implementation of a number of stewardship activities. Whilst PDSA strongly supports the drivers for, and sentiment behind, inclusion of this statement, it cannot, however, support the form ("*physical examination is required in all but exceptional circumstances"*) in which it is proposed to reflect this important area in the Codes.

The veterinary profession has made great progress through voluntarily engaging in antimicrobial stewardship activities, partly driven by the desire to avoid regulatory or legislative restrictions on the availability of antimicrobials or the circumstances in which they may be used. PDSA believes that this represents a step backwards in the form of the introduction of a regulatory 'stick', overriding good clinical decision making in the welfare interests of the patient, and is a blunt instrument which would be better replaced by continuing to promote the core principles of good stewardship - Reduce, Refine, Replace.

PDSA believes that these principles, which are consistent across both Companion animal and Agricultural practice, should apply equally across the profession and that the Codes should not distinguish. PDSA is concerned that the inclusion of this blanket regulatory approach may well represent the 'thin end of the wedge', and ultimately may lead to constraints upon veterinary surgeons ability to choose and use medicinal products over a range of products where stewardship and responsible use are advocated.

PDSA believes that the effective removal of an entire treatment option, regardless of the condition being treated, product being considered, route of administration e.g. systemic vs topical, patient factors, clinical judgement and client factors is not in the best interests of our patients and does not further professional engagement with application of the principles of antimicrobial stewardship. Promotion of good antimicrobial stewardship is more likely to provide for the best outcomes for our patients and would continue to allow for clinical decision making.

PDSA believes that such a blanket approach would seriously undermine the potential benefits that the outcome of the under care review could have upon accessibility, availability and flexibility of charitable care in an environment where increasing numbers of pet owners may be seeking charitable help. It would drive cases that could potentially be managed perfectly well in the remote environment to be seen unnecessarily through our physical infrastructure which, alongside clinician availability, is the greatest constraint on our ability to provide care to as many eligible owners and their pets as possible within our catchment areas.

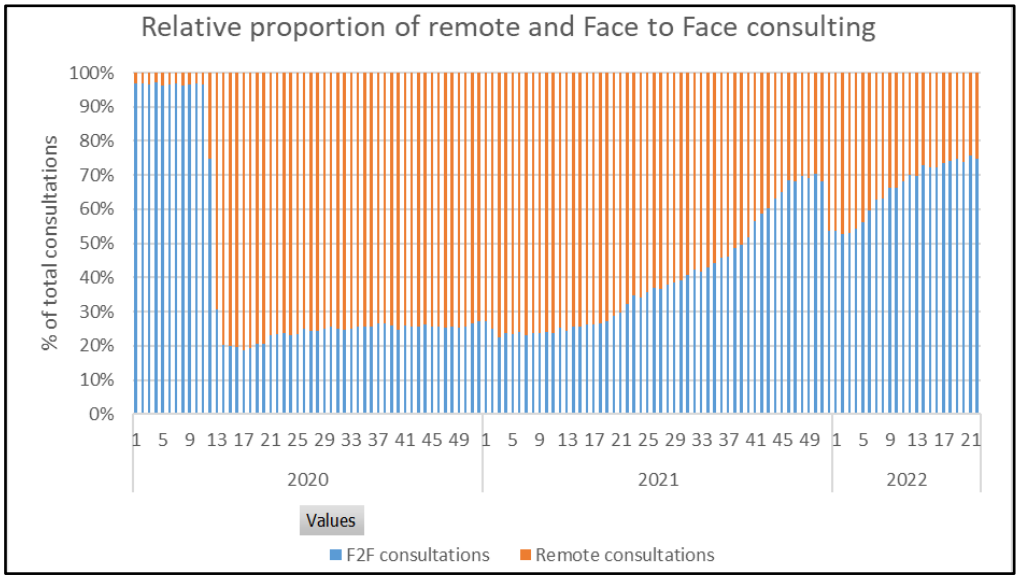
The principle that veterinary surgeons will apply good stewardship will lead to greater use of tools and resources, for example, Protect me (BASVA) – which indicates the most appropriate antibiotics to use in conditions, or would promote the creation of good practice and protocols - such as those requiring HPCIA use to be preceded by Culture & Sensitivity testing (as is the case in PDSA) driving the need to physically examine or attend the patient prior to prescribing without the need for a regulatory compunction to do so.

PDSA believes that the statement that "*Veterinary surgeons should be prepared to justify their decision in cases where antimicrobials are prescribed without a physical examination and record this justification in the clinical notes*" is valid. However, given the fact that empirical use of antibiotics is a

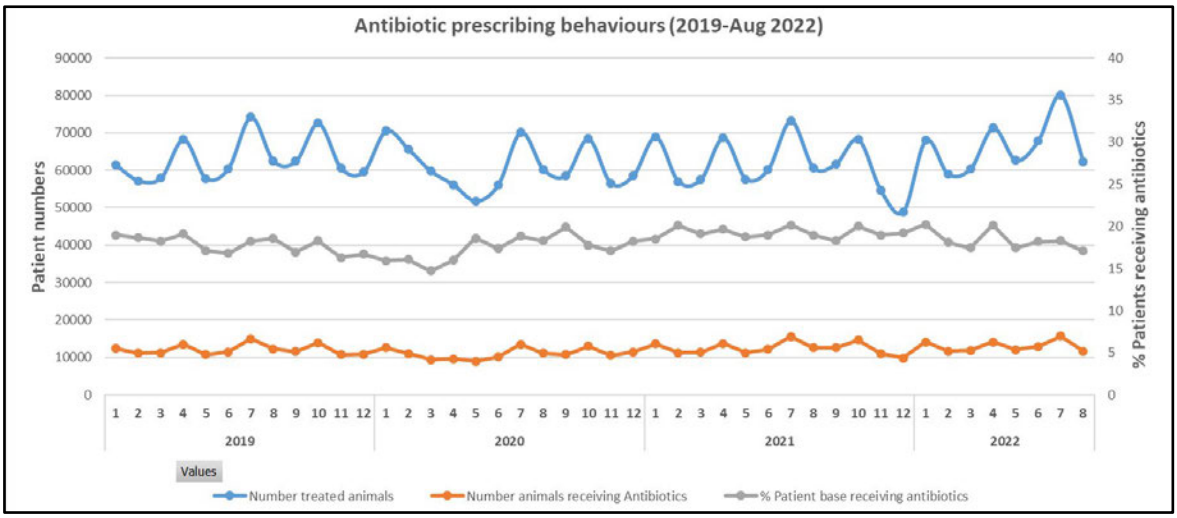
well established and accepted practice for certain products and conditions (and if managed appropriately does not represent significant AMR risks), PDSA believes that this requirement is not proportionate to the issue being addressed. PDSA would suggest that this requirement would be better aligned with AMR focus and principles if the additional requirement related to HPCIA prescribing, rather than a blanket approach. It would then effectively raise awareness of those products designated HPCIA and create an additional consideration prior to their use. PDSA believes that this area is already covered in the relevant section of the codes (4.23), which states "*Veterinary surgeons must be seen to ensure that when using antimicrobials they do so responsibly, and be accountable for the choices made in such use.*", and that a better approach may be to revisit the wording in that section.

With regards the companion animal data presented as part of the consultation, PDSA would suggest that the impact of prescribing without physical examination would be better assessed by considering the holistic picture of veterinary care provision i.e. taking into account the overall service and the care received by the patients, rather than what happened in F2F vs what happened in remote.

PDSA data shown graphically below provides a view of the relative proportions of remote and face to face consultations delivered by the service as a whole over the period from early 2020 (when remote consulting was the exception and remote prescribing was not taking place) through the remainder of 2020, 2021 to August 2022 (when varying mixtures of remote care and face to face care were taking place), over this period 2.1 million consultations were delivered:



The graph below shows the overall levels of antibiotic dispensed to our patients through the service from 2019 to August 2022, which would suggest that the changes in the ability to remotely consult and prescribe had no significant effect on the numbers of animals receiving antibiotics.



Whilst the percentage of patients receiving antibiotics did fluctuate upwards a little from lockdown one, this reflects more that PDSA was actively prioritising emergency and urgent cases and the number of animals overall was slightly reduced – the number of animals receiving antibiotics does not appear to have changed significantly throughout the period during which the derogation was in place. This suggests that our clinicians continued to prioritise cases and provide treatment to cases effectively throughout the pandemic, and did not change their decision making or prescribing behaviours significantly when determining which patients should receive antibiotics.

Over a 2 year pharmaceutical tender period of 2019/2020 (during which our drug prices were fixed) our total monthly expenditure on antibiotics also did not increase throughout the period, which suggests that the mix and quantities of antibiotics being prescribed did not change significantly.

[redacted]

PDSA would therefore suggest that this exception is not appropriate and that the ability to prescribe without physical examination would not adversely affect antimicrobial stewardship or AMR, and that these matters are better addressed in alternative ways.

b. When prescribing antimicrobials for agricultural animals, veterinary surgeons should ensure they have an in-depth knowledge of the farm, including its production systems, the environment, disease challenges and the general health status of the herd or flock.
Veterinary surgeons should have attended the premises and physically examined at least one animal immediately prior to prescribing or, where this is not possible, recently enough to ensure they have adequate information and knowledge to prescribe responsibly. Veterinary surgeons should be prepared to justify their decision in cases where antimicrobials are prescribed without conducting a physical examination and record this justification in the clinical notes.

If you would like to, please give reasons for your answer

Q15. To what extent do you agree with paragraph (7b)?
Strongly disagree
Disagree
Neither agree nor disagree
Agree
Strongly agree

PDSA is not necessarily best placed to comment on this element of the proposal – but would refer RCVS to the comments above.

8. When prescribing controlled drugs to an animal in the first instance, veterinary surgeons should carry out a physical examination in all but exceptional circumstances and be prepared to justify their decision where no physical examination has taken place. This justification should be recorded in the clinical notes. It is acceptable to issue a repeat prescription for controlled drugs without a physical examination, however veterinary surgeons should carry out a further clinical assessment to ensure they have enough information to do so safely.
If you would like to, please give reasons for your answer

Q16. To what extent do you agree with paragraph (8)?
Strongly disagree
Disagree
Neither agree nor disagree
Agree
Strongly agree

PDSA agrees that the additional legal controls and professional responsibilities surrounding these products warrants this exception, and that the exception is proportionate in that the first instance of prescribing should not be carried out remotely.

Other situations
If yes, please tell us what they are
Q17. Are there any other situations where a physical examination should be required?
Yes
No
Don't know

24/7 follow-up service
In order to protect animal health and welfare, the **proposed guidance (paragraph 9)** requires veterinary surgeons to ensure that, where POM-Vs are prescribed without a physical examination, a 24/7 follow-up service is available:
[NB Please read the *proposed guidance* first, then answer the **corresponding question**]

9. Where a physical examination is not carried out immediately prior to prescribing POM-Vs, veterinary surgeons should ensure that a 24/7 follow-up service involving physical examination and any other necessary investigation if required is immediately available in the event the animal does not improve, suffers an adverse reaction or deteriorates. Where a veterinary surgeon is not able to provide this service themselves, they should arrange for another veterinary service provider to do so. This arrangement should be made before veterinary services are offered and confirmed in writing as part of the conditions of service agreed by the client.

If you would like to, please give reasons for your answer

Q18. To what extent do you agree with paragraph (9)?

Strongly disagree
Disagree
Neither agree nor disagree
Agree
Strongly agree

This reflects the approach advocated by PDSA in previous communications on this matter. PDSA determines the geographical limits of its service availability through defining the postcode catchment areas within which it will accept registration of pet owners to access our charitable veterinary services. These postcode catchment areas are defined by ensuring that they cover areas of highest deprivation (where potential client numbers are concentrated) but are also based on travel times to our Pet Hospitals so that in the event of an emergency, or the need for physical examination in the scenarios above, we are able to attend through our own infrastructure or via our contracted out of hours services.

General obligations

We do not propose any substantive change to our **current guidance on 24-hour emergency first aid and pain relief**, except for the proposed guidance for limited service providers (LSPs) (see **Section F of the consultation document**).

We believe that, in the absence of an animal-equivalent to a local accident and emergency department, animal welfare is best served by the current requirement that veterinary surgeons in practice take steps to provide 24-hour emergency first aid and pain relief.

Please note that this section of the survey relates to a veterinary surgeon's general obligations in respect of 24-hour emergency care, as distinct from the proposal that a 24/7 follow-up service should be provided where a POM-V is prescribed without a physical examination.

If you would like to, please give reasons for your answer

Q19. To what extent do you agree with this approach?

Strongly disagree
Disagree
Neither agree nor disagree
Agree
Strongly agree

No further comments – this reflects PDSA's response to previous consultations on this matter

Limited Service Providers

Our current supporting guidance only recognises two kinds of Limited Service Provider (LSP), namely vaccination clinics and neutering clinics. Veterinary surgeons who work in vaccinations clinics are required to make provision for 24-hour emergency cover for the period in which adverse reactions may arise. Those working in neutering clinics must make provision for the entire post-operative period during which complications arising from the surgery may develop.

We recognise that there are many other types of LSP not currently provided for and that fairness requires that providers should be treated the same unless there is good reason not to.

We therefore propose that the current guidance on LSP (see paragraphs 3.49-3.41 of **Chapter 3: 24-hour emergency first aid and pain relief**) be removed and replaced with the new guidance, which provides a broader definition of the type of practice that can be considered LSPs

and imposes a general obligation to provide out-of-hours emergency care that is proportionate to the service offered.
We believe that the proposed guidance (**Section F, paragraphs 1 and 2**) will protect animal health and welfare whilst providing clarity and ensuring fairness.
[NB Please read the *proposed guidance* first, then answer the **corresponding question**]
Limited Service Providers
1. A limited service provider is a practice that offers no more than one service to its clients and includes, but is not limited to, vaccination clinics, equine reproductive clinics and neutering clinics. For these purposes, a 'practice' is a Registered Veterinary Practice Premises (RVPP) as entered into the register held by the RCVS.
If you would like to, please give reasons for your answer

Q20. To what extent do you agree with this definition of LSPs?
Strongly disagree
Disagree
Neither agree nor disagree
Agree
Strongly agree

PDSA would suggest greater clarity that the intended definition relates to service category rather than the products or procedures that may be delivered – presumably a preventive clinic which offers vaccination and neutering only would still be considered an LSP, despite offering what appears to be more than one service if the descriptors above were to be applied?

2. Limited service providers should provide 24-hour emergency cover that is proportionate to the service they offer. 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.
If you would like to, please give reasons for your answer

Q21. To what extent do you agree with the proposed 24-hour emergency obligations for LSPs?
Strongly disagree
Disagree
Neither agree nor disagree
Agree
Strongly agree

No further comment

Advice-only services
At present, veterinary surgeons offering advice-only services are not obliged to provide 24-hour emergency first aid and pain relief.
We believe this approach is proportionate and do not propose any changes to this position.
If you would like to, please give reasons for your answer
Q22. To what extent do you agree with this approach?
Strongly disagree
Disagree
Neither agree nor disagree
Agree
Strongly agree

No further comment

Referral practices

The current out-of-hours obligation for veterinary surgeons working in referral practices is that they 'should provide 24-hour availability in all their disciplines, or they should, by prior arrangement, direct referring veterinary surgeons to an alternative source of appropriate assistance'.

The guidance also requires referral practices to make arrangements to provide advice to the referring veterinary surgeon on a 24-hour basis and that appropriate post-operative or inpatient care should be provided by the veterinary surgeon to whom the case is referred, or by another veterinary surgeon with appropriate expertise and at a practice with appropriate facilities.

We believe this approach protects animal health and welfare and as such, we do not propose any changes to this position.

If you would like to, please give reasons for your answer

Q23. To what extent do you agree with this approach?

Strongly disagree

Disagree

Neither agree nor disagree

Agree

Strongly agree

No further comment

12.09.2022

Appendix 1

Veterinary medicines

Introduction

4.1 The responsible use of veterinary medicines for therapeutic and prophylactic purposes is one of the major skills of a veterinary surgeon and crucial to animal welfare and the maintenance of public health.

Classification of veterinary medicines

4.2 The main authorised veterinary medicines are

a. Prescription-only Medicine – Veterinarian; abbreviated to POM-V;

b. Prescription-only Medicine – Veterinarian, Pharmacist, Suitably Qualified Person (SQP); abbreviated to POM-VPS;

c. Non-Food Animal – Veterinarian, Pharmacist, Suitably Qualified Person; abbreviated to NFA-VPS; and,

d. Authorised Veterinary Medicine – General Sales List; abbreviated to AVM-GSL.

Prescription of veterinary medicines

4.3 Veterinary surgeons and those veterinary nurses who are also SQPs should prescribe responsibly and with due regard to the health and welfare of the animal.

4.4 POM-V medicines must be prescribed by a veterinary surgeon, who must first carry out a clinical assessment of the animal under his or her care. (See below for RCVS interpretations)

4.5 POM-VPS medicines may be prescribed in circumstances where a veterinary surgeon has carried out a clinical assessment and has the animals under his or her care. However, the Veterinary Medicines Regulations provide that POM-VPS may be prescribed in circumstances where the veterinary surgeon, pharmacist or SQP has made no clinical assessment of the animals and the animals are not under the prescriber's care.

4.6 NFA-VPS medicines may be supplied in circumstances where the veterinary surgeon or SQP is satisfied that the person who will use the product is competent to do so safely, and intends to use it for the purpose for which it is authorised.

4.7 Veterinary surgeons have additional responsibilities with the prescription or supply of POM-V and POM-VPS and the supply of AVM-GSL medicines.

4.8 There are five schedules of controlled drugs under the Misuse of Drugs Regulations 2001, each subject to a variety of different controls, including, for example: schedule 1 - possession requires a Home Office licence; schedule 2 - drugs obtained and supplied must be recorded in a register for each drug; schedule 2 and 3 - prescriptions are subject to

additional requirements; and, schedule 4 and 5 - drugs are subject to fewer controls. Veterinary surgeons should take extra care when prescribing controlled drugs, to ensure that the medicines are used only for the animals under treatment.

Under his care

4.9 According to the Veterinary Medicines Regulations 2013 (VMRs), to prescribe prescription-only veterinary medicines (POM-Vs), a veterinary surgeon must carry out a clinical assessment of the animal and the animal must be under their care. The terms 'clinical assessment' and 'under…care' are not defined by the VMRs, however the RCVS has interpreted them in the following way.

4.10 An animal is under a veterinary surgeon's care when the veterinary surgeon is given, and accepts, responsibility for the health of an animal (or a herd, flock or group of animals) whether generally, or by undertaking a specific procedure or test, or prescribing a course of treatment. Responsibility for an animal may be given by the owner/ client, statute or other authority.

4.11 A clinical assessment is any assessment which provides the veterinary surgeon with enough information to diagnose and prescribe safely and effectively. A clinical assessment may include a physical examination, however, this may not be necessary in every case.

4.12 Whether or not a physical examination is necessary is a matter for the veterinary surgeon's judgement.

Prescribing POM-V medications

4.13 The following factors are relevant in any decision to prescribe a POM-V medication, however veterinary surgeons should note this list is not exhaustive:

a. The health condition, or potential health conditions, being treated and any associated risks
b. The nature of the medication being prescribed, including any possible side effects
c. When the animal (or premises in the case of agricultural animals) was last physically examined by a veterinary surgeon.
d. Whether there is access to the animal's previous clinical history.
e. The experience and reliability of the animal owner.
f. Whether the animal is known to the veterinary surgeon and/or whether there is an existing relationship with the client or animal owner.
g. The practicality of a physical examination for individual animals, particularly when dealing with herds, flocks or groups of animals.
h. The health status of the herd, flock or group of animals.
i. The overall state of the animal's health.
j. The impact of any prescription made without physical examination on the ability to gather subsequent diagnostic information.

4.14 The more complex or unusual the health needs of the animal, or where a differential diagnosis includes serious conditions not yet ruled out, the more likely a physical examination will be necessary.

VetPartners Response: review of under care and 24/7 care

"Under care" all species

We agree with current thinking, that the concept of "under care" needs reframing to relate to more than just prescribing. The modern concept of the Veterinary-Client-Patient Relationship (VCPR) accurately reflects the relationship we strive for in practice to inform our ability to safely care and prescribe for an animal and would be more suitable in this context.

That relationship should include significant knowledge of the animal or herd's physical health, history, management, and other factors which cannot be established remotely i.e., without in person interaction and physical examination, or inspection. Although we acknowledge the situation is different for production animals, where data can provide an accurate view of herd health and welfare, there are still elements of the VCPR that need to be established in person.

An established relationship allows the veterinary surgeon to judge the suitability of remote services going forward, including telemedicine and prescribing, and their benefit to the animal's or group of animals' health and welfare.

We consider that remote assessment, does not constitute a veterinary clinical examination or veterinary inspection and therefore, without a pre-existing VCPR it should never result in diagnosis or prescription of veterinary medicines. However, remote services can play a significant role in improved client communication and good patient care in the presence of a VCPR.

The time period beyond which a VCPR becomes defunct without further veterinary clinical examination, and assessment, and the frequency of visits and re-examinations including farm data will vary with the management system, species and condition and consequently may be best left to the veterinary surgeon's judgement. However, there is concern that having no set maximum time frame increases the pressure on veterinary surgeons and causes division between practitioners and practices. These inconsistencies make it difficult for the public to understand that they might be anything other than financially motivated.

We believe a set maximum time-frame is needed which could vary for the different sectors within the industry.

We are concerned overseas services may be allowed if not clearly prohibited, allowing vets not registered with the RCVS (Royal College of Veterinary Surgeons) and with no VCPR to provide services without being accountable and removing the protection given by the RCVS code of conduct and UK standards of animal welfare legislation. By providing remote services with or through veterinary practices, we can ensure standards of care are maintained, arrange two-way data sharing of clinical records, facilitate client access to good veterinary advice and ease time pressures for vets in practice.

We believe that safeguards are needed in law to prevent non-registered vets offering remote professional services

We feel that POM-Vs should only be prescribed remotely in the presence of an established VCPR and where, in the professional judgement of the vet, animal health and welfare will benefit, in line with legislation and in the interests of wider public health. We have concerns that an online consultation

could be like those seen in human private medicine where a simple questionnaire gives access to prescription drugs.

We feel the guidance should be clear that those providing remote advice, operating outside an established VCPR, should only offer generic information and advice and ensure that their limitations are communicated to any animal owner choosing to use their service, making them aware they may need referral to their local vet for a physical consultation.

A clear definition of what constitutes a remote consultation, and what can result from one, needs to be in place.

Some categories of POM-Vs should *never be prescribed remotely* even in the presence of a VCPR. These could include some Schedule 2 and 3 controlled drugs, or Highest Priority Critically Important Antimicrobials. However, guidance could be put in place to allow prescription of antimicrobials specifically indicated by culture and sensitivity, for example from on farm samples, where a VCPR is present.

Safeguards need to be in place describing the requirements for remote prescribing.

Farm Specific

The vet-farmer-production animal relationship also relies on advice for conservation schemes, anthelmintic resistance, and adherence to antibiotic schemes. In production animals where animal telemetry and data are available, a more holistic long-term view can lend itself to remote management, in the presence of the VCPR.

By having an established VCPR, we believe a vet can still prescribe certain antibiotics responsibly, in collaboration with the owner or keeper of an animal or group of animals, whilst also protecting highest priority critically important antimicrobials.

To summarise, we believe a physical veterinary clinical exam, inspection or health and performance review is a necessary part of any VCPR and that diagnosis, prescribing and any other act of veterinary surgery should not take place without a relevant VCPR.

24/7 care

We prefer the terminology “continuity of care” to describe the relationships and level of care we aspire to rather than “emergency first aid and pain relief.”

There is a lack of clarity regarding the definition of a Limited Service Provider (LSP) as any Registered Veterinary Practice Premises (RVPPs) only offering 1 specific service – for example, would this include a service providing only medical advice, would peripatetic vets or mobile vets be covered by these regulations - are they registered practices and if they are not or do not fall under the legal definition of a practice, are there no obligations to provide continuity of care? In theory you could see animals in your kitchen and provide a prescription to be dispensed elsewhere and not be registered as a practice - would you then have any responsibility for continuity of care if there was a reaction or a significant event?

The proposed change for Limited Service Providers (LSPs), requiring the provision of appropriate cover proportionate to services offered, also raises questions on what constitutes proportionate; for example, there are occasions, such as stump pyometras caused by retained ovarian remnants, that could necessitate emergency treatment years after the trip to the neutering clinic; would this be covered by “proportionate” continuity of care?

We have concerns from our farm practices over the ability of travelling consultants to prescribe POM-Vs without having to provide any OOH service and with poor communication and data sharing with the local practice. The increased burden of OOH care that this places on the local practice, often without access to the consultant’s clinical records, and the loss of revenue is likely to affect the sustainability of these practices.

We feel that the terminology LSP over complicates matters and that all veterinary surgeons and practices should offer all necessary continuity of care, regardless of the services offered. Whilst continuity of care may be arranged with a second practice, contracts should be in place to allow for collaboration, data sharing and to protect the viability of the practices.

CORNWALL VETERINARY ASSOCIATION

12th September 2022

Dear RCVS

With reference to the current "Review of 'under care' and 24/7 emergency cover (stage 3)"

Many of us have as individuals completed the online survey and we have encouraged our members to do the same. However, this review has caused grave concerns across the profession and as a council we would like to voice them directly with you. We also feel that many of us can not make the response we would like to within the structure of the survey.

Ultimately our concerns are around animal welfare and the relationship between the vet, client & patient.

We have concerns that this will put further financial pressure on practices. We must (try to) employ sufficient team members to provide a level of service to our clients that we are satisfied with. With more services being "cherry picked" we are left with the need to have the expensive equipment and provide the expensive OOH services, but finding that our front-line services that support this are being eroded. It appears that being seen by a vet in person with a full physical examination is being devalued and deemed as unnecessary. Will we start to see a decline in actual bricks and mortar practices, with call centres for vets seen as a much more lucrative way to practice veterinary medicine. In a rural area such as Cornwall this would have a catastrophic effect with a hugely negative impact on animal welfare.

During the pandemic many of us used video consults, with mixed results and levels of satisfaction from both vets and clients. Many of us stopped carrying them out due to the communication challenges and the client not seeing the value in having a consultation that did not include an examination. Relationships between vets and clients became strained. As with current telemedicine it became more of a triage service with physical examination being the outcome, particularly for primary consultations.

Most client complaints or dissatisfaction start with a communication issue. This is difficult at times to manage within a practice with vets in the same building. This becomes more of a challenge if an animal has been seen by another vet via a remote consultation. The passing of clinical history and a case hand over discussion often not taking place. There is potential for differing advice and opinions again undermining the vet / client relationship which may impact on delay in the most effective treatment for an animal that may be suffering.

There is acknowledgement that the prescribing of antimicrobials without a physical examination (ref paragraph 7 (a) (b) in the guidance notes on RCVS Website) would need some strong justification. This goes without saying that this would be the correct approach, but how closely would this be

monitored and who is going to be asking for this justification. We are often put under pressure to prescribe antibiotics and can justify not doing this after clinical signs do not indicate their use. How can we be assured that telemedicine companies will be following the same guidelines as we do in practice.

As part of the RCVS Practice Standards Scheme, within the awards the use of clinical protocols and treatment guidelines are strongly advocated as good practice with clinical discussion taking place in the formulation of these protocols and their dissemination to the clinical team. How does telemedicine with medicines being prescribed without a clinical examination or diagnostics fit with this. Will they be expected to work to the same standards that we do in practice?

There will also be the potential to delay treatment or further diagnostics. A lame dog with a partial tear in its cruciate ligament that does not have an examination that is prescribed NSAID when surgery should be indicated. How can the correct heart medication be prescribed if the practitioner has not listened to its heart? The list goes on. But there is the potential for the vet carrying out the remote consultation to prescribe medication to justify their charges – or what is their point.

How will the telemedicine companies be regulated? Once the right to prescribe without examination is given there will be many companies under differing guises looking to take this business opportunity, and not just ones based in this country as the British public are renowned animal lovers. This will also impact on our farm and equine services. How can we be assured that the veterinary care in this country will be consistently regulated regardless of the type of practice or services being offered?

With regards to 24/7 emergency cover we feel that regardless of the type of practice we should all have the responsibility to ensure our clients have access to appropriate out of hour provision. Again to use the phrase , 'cherry picking' the services we will and will not provide places extreme pressure on the GP practices. Particularly in areas like rural Cornwall where there is not always access to dedicated out of hours service providers. Again, it is animal welfare and vet/ client relationships that will suffer.

We urge you to think carefully and reconsider how this issue is handled as once any changes are made it will be very difficult to reverse. We are struggling to see who the main benefactor of such changes are, as we do not feel it will be the animals we care for. We can only see it being a step that will negatively impact animal welfare. Will there be an opportunity to question further within this consultation – maybe a forum of some type?

Yours faithfully

Renay Rickard RVN CVPM – CVA President

On behalf of CVA Council

From: [redacted]
Sent: 23 September 2022 09:31
To: President <President@rcvs.org.uk>
Subject: Under my care

Dear Meliissa

It was good to see you at the BEVA congress. I am writing to you to feedback the Society of Practicing Veterinary Surgeons response to the "under my care" consultation

We at SPVS have aligned ourselves with the BVA response and so feel that I views would be repeated if we sent in a separate response

However, I feel it is important for you to understand that there is a lot of disquiet amongst our members. The issue of remote prescribing and in particular the legal advice given by Fenella Morris QC. The worry is that (as you well know) the costs of providing premises, equipment etc for a general practitioner to function is far greater than that required by remote prescribers. A telephone, a computer and an office is all that is needed. This will then lead to cherry picking the bread and butter income that General practitioners require to provide the legally required service to clients.

There is concern that remote prescribing could lead to an increase in drug resistance if it is irresponsibly done, particularly in farm practice.

We are struggling to keep Veterinarians in the profession this move is likely to see more leave as they see the rewards diminish by remote prescribers cherry picking.

Mental health issues will likely increase in the profession.

The legal advice does not seem to fit RCVS long held view that face to face consultation is required to make a definitive diagnosis. I wonder if the medical profession would sanction remote prescribing of POMV's. Would it be prudent to seek a second opinion on her advice

All in all we are very concerned about this move and would hope that the RCVS has seriously considered the above points

I hope you enjoy you year as RCVS President and look forward to seeing you again.

--

[redacted]

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RCVS review of "Under our care"

Over the course of several years the practices variously described as "telemedicine", "remote consulting", "remote prescribing" seem to have morphed or amalgamated into a review of the meaning of "under our care".

As the senior veterinary surgeon in a practice on the Isle of Bute and on the Cowal peninsula of Argyll, I was concerned enough about the issue to make only my second trip to London and attended the 2019 RCVS Annual General Meeting. Below is an extract from the minutes of that meeting:-

"The first questioner was Duncan MacIntyre MRCVS who asked Council to provide reassurances regarding the protection of farm animals in rural and other isolated communities if veterinary practices went out of business due to the RCVS allowing telemedicine. In response, the President reassured Mr MacIntyre that the College would take into account those issues and the views of stakeholders, including practices of this nature, when undertaking the wider review of 'under care' that Council had announced."

My reasons for concern on the matter include having had continual and increasing interference in my practice by "remote" veterinary surgeons, including a practice in Northern Ireland and at least one in mainland Scotland. Despite gross failure to comply with our code of conduct in relation to emergency cover or with regard to more than one vet attending the same farm, my efforts to draw this to the attention of RCVS, APHA, VMD and local authority have had absolutely no effect. In relation to this please see Veterinary Record vol 188 No 8, page 293.

Whilst the minute of the 2019 AGM records that "the President reassured Mr MacIntyre" I have to say that I was not at the time reassured, and having responded to the online consultation I am even less reassured that the matter has been properly considered. I take part in a number of email discussion groups, social media pages, and have direct contact with a number of vets throughout the UK. Nowhere do I see any thought being applied to the aspect of all of this which worries me, that is what effect allowing remote consulting and prescribing will have in the long term on both farm and companion animal practice. Great store is placed on the resulting increase in accessibility by clients to veterinary surgeons. Where is the evidence of this? Has not every animal owner access to the practice best placed to offer any meaningful hands on service? Practices in "remote" or "geographically challenged" areas are well used to dealing with issues by phone or electronic communications of various sorts.

Having made a valiant effort to complete the online consultation I have to say that my feeling is that RCVS has been persuaded by lobbying from those with interest in providing widespread remote consulting including prescribing. Nowhere is any mention made of those situations which cannot possibly be dealt with other than face to face hands on clinical veterinary practice. We cannot expect the general public or farmers to behave any differently in this matter to the housewife facing a dozen free range eggs and a dozen more intensively produced – when the chips are down economics will win. Not necessarily for everyone, but for a significant number.

I would respectfully suggest that the best course of action is to restrict provision of remote consulting and prescribing to the registered clients of each practice, rather than allow a culture of remote practice to grow, with the inevitable result of reducing the viability of smaller practices whether remote or not. The result of that will certainly be areas of the country where practical help for animals in great need, such as calving cows, injured dogs, cats or horses, will just not be available. From personal experience and reports from others, there does not seem to be any effort whatsoever on the part of remote providers to seek out history of animals from the practice with which the client is registered. Nor is any effort being made to explain to the client the limitation of the services – it is assumed that the vet on the ground will pick up the fallout.

I am now 72, hopefully will be able to retire soon, this is not about self interest or self preservation. It is about long term animal welfare.

Duncan MacIntyre BVMS MRCVS
Director
Bute & Cowal Vets

RCVS “under care” consultation

BACKGROUND

The background to this consultation can be found at:

https://www.rcvs.org.uk/news-and-views/our-consultations/review-of-under-care-and-out-of-hours-emergency-cover/

METHODOLOGY (YouGov): Consultation animal owners

- This consultation comprised a total sample size of 2,032 owners:
  - 510 owned a horse (including ponies, donkeys, mules etc) and may or may not have owned other animals
  - 1,522 who owned a range of listed pets (as identified by RCVS) but no horses, ponies, donkeys or mules etc.
- Targeting for the sample was carried out on the basis of reaching pet owners from a range of urban, town and fringe and rural respondents using ONS designation based on place of residence.
- Where respondents selected they owned a horse, all questions asked, related only to horses, in light of expected differences in responses and exclusive concerns for this audience. No additional targeting was used in reaching the sample, but where possible, we sought to provide comparability between the samples and used incidence tests to try and provide some evidence base for the quotas used.
- Fieldwork was undertaken between 23rd September - 2nd October 2022. The survey was carried out online.

NOTES

Survey design, fieldwork and coding were provided by YouGov.

Analysis & reporting of the data were provided by MG&A

SUMMARY: Sample

Definitions:

- By “pet/s”, we mean any kind of small animal you own or keep, such as cats, dogs, lizards, snakes, birds, hamsters, mice, fish etc.
- By “horse(s)”, we mean any kind of equine animal you own such as horses, ponies, donkeys, mules etc.

The sample

- The sample comprised 2,032 animal owners. Analysis was carried out by:
  - “Horse” owners who may or may not have had additional pets (n=510).
    - Three-quarters of “horse” owners (77%) had a horse.
    - Two-thirds of horse owners (69%) kept their horse for pleasure riding
  - “Pet” owners who did not also have a horse (n=1,522).
    - More than half of pet owners (60%) had at least one dog
    - Less than a half of pet owners (44%) had at least one cat
    - More than two-thirds of pet owners (68%) had at least one cat and / or one dog

SUMMARY: Registered practice

Registered practice

- Most owners, particularly horse owners, had registered all animals with a vet
  - Overall, three-quarters of all animal owners (77%) said all their animals were registered with a vet
    - This decreased slightly to 72% of pet owners (78% of pet owners with a cat and / or a dog)
    - The percentage increased to 92% for horse owners

Distance between home / stable and the practice

- The distance between home / stable and the practice varied according to species
  - Three-quarters of pet owners (73%) lived less than 5 miles from their registered practice
  - A quarter of horse owners (25%) were registered with a vet less than 5 miles from where the horse was stabled; a further third (32%) being over 5 miles and less than 10 miles away.

SUMMARY: Accessing veterinary care

Access to veterinary services

- Most animal owners (pet owners (72%) and horse owners (88%)) said that nothing prevented them from accessing veterinary services when needed
  - Factors increasing the likelihood of barriers to access appeared to include:
    - Those who were younger, particularly pet owners
    - Those who are urban, particularly pet owners
    - Those with a disability, particularly pet owners
    - Pet owners classified as C2DE
    - Pet owners living in certain regions

SUMMARY: Emergency out-of-hours care

Use of emergency out-of-hours care

- Overall, emergency 24/7 care had been accessed by half of all owners (50%), at some point
    - Horse owners were more likely to have accessed out-of-hours care (64%) than pet owners with a dog and / or cat (51%) or pet owners (45%)

Provision of out-of-hours care

- When accessing out-of-hours care, overall, at least half of owners (51%) had seen their own vet team out of-hours
    - Horse owners were more likely (93%) than pet owners (51%) to have seen their own vet team out-of-hours
    - In addition, half of pet owners (51%) had received out-of-hours emergency care from a vet team at a different practice premises (respondents were able to select all options that applied).

SUMMARY: Emergency out-of-hours care

Prior knowledge of out-of-hours care

- Overall, before accessing out-of-hours care, most of these owners (70%) were aware how it would be provided
    - This figure was slightly lower for pet owners and pet owners with a cat and / or dog (64% for both) and higher for horse owners (81%)

Importance of providing emergency out-of-hours care

- Overall, more than three-quarters of all owners (82%) felt it was “VERY” important for vets to be able to provide out-of-hours emergency care. This figure rose to 97% if “FAIRLY” important were also included
    - The percentage reporting “VERY” was similar for pet owners (79%) and pet owners with a cat and / or a dog (81%) and higher for horse owners (92%)

SUMMARY: Emergency out-of-hours care

Ease of accessing emergency out-of-hours care

- In general, most owners (70%) felt it would be “VERY OR FAIRLY” easy to access emergency out-of-hours care for their animal.
    - This percentage was similar or slightly lower for pet owners (65%) and pet owners with a cat and / or a dog (68%) and higher for horse owners (86%)

Experience of emergency out-of-hours care

- Having experienced emergency out-of-hours care, a higher percentage of positive adjectives were recorded, compared with negatives, to describe their experiences.
    - Approximately half of pet owners (49%) and half of horse owners (59%) described their experience as “good”. In addition, a third of horse owners (30%) also used the adjective “quick”.
    - In contrast, 20% of pet owners included “expensive” in their description (compared with 7% of horse owners).

SUMMARY: Remote prescribing – initial response

Remote prescribing: Under the proposed guidance from the Royal College of Veterinary Surgeons, a vet may use their clinical judgment to decide whether it is appropriate to prescribe medicine for your horse/s after a remote clinical assessment, but without first having physically examined it.

- Overall, two thirds of all owners (66%) felt "VERY OR FAIRLY" comfortable with this approach. Trust in the vet was the key reason for comfort.
  - This percentage was lower for pet owners (64%) than for horse owners (72%)
- The main reason for being "VERY OR FAIRLY" uncomfortable was a fear / risk of mis-diagnosis

SUMMARY: Remote prescribing – after additional information

When deciding whether it is appropriate to prescribe medicines remotely, the vet will be expected first to consider a number of factors, which may include but are not limited to…(Please note that the proposed guidance makes clear that some medicines should not be prescribed remotely)

- *The current or potential health condition being treated, and any associated risks*
- *The sort of medicine being prescribed*
- *Any side effects the medicine might have*
- *How long it has been since the animal was physically examined*
- *Whether the vet can access the animal's clinical history*
- *Whether the vet already knows the animal, and/or whether the owner is already a client*
- *The overall state of the animal's health*

- Having read this information, a third (38%), regardless of species cohort, felt "SLIGHTLY" or "MUCH MORE" comfortable about remote prescribing.
  - The main reasons were trust in the vet and the guidelines were considered sensible. For half (49%), however, the information did not affect their level of comfort
- For less than a fifth (7%, for all species cohorts), they felt less comfortable in light of the information.
  - The main reason for this was lack of confidence in a remote diagnosis.

SUMMARY: Remote prescribing – after additional information

When prescribing remotely, additional safeguards are required. As such, the proposed guidance requires vets who prescribe medicines

remotely to provide access to a 24/7 follow-up service, including physical examination, in case the animal reacts badly to the medicine, or its health deteriorates.

- Considering the whole cohort of 2,032 owners, after reading the safeguarding information, half (47%) felt more comfortable with remote prescribing.
  - This was similar for pet owners (48%) and horse owners (50%).
  - The new information made no difference for approximately two-fifths (39% - 40%).

SUMMARY: Remote prescribing – after additional information

Approaching the data from a “cumulative percentage” perspective

- After applying a filter of all who were “FAIRLY” or “VERY” comfortable at each level of information shared, and assuming all who reached a point of comfort, would have remained comfortable with remote prescribing, most owners (82%) were “FAIRLY” or “VERY” comfortable with remote prescribing after all information had been read.
  - The percentage comfortable was similar for both species' cohorts; 81% of pet owners and 85% of horse owners

- The benefits of remote prescribing were horse / pet welfare and owner convenience. This was similar for both species' cohorts.
- The disadvantages of remote prescribing were the difficulty in gaining a complete overall picture and understanding of the specific condition, in addition to some practicalities. This was similar for both pet and horse owners

SUMMARY: Limited-service provider: use

Limited-service providers: There are a number of different types of vet practice, including: general practices, veterinary hospitals, referral centres and limited-service providers, each of which provides different types of veterinary services

- The meaning of limited-service provider was unclear to most (73%) of all owners

Our definition of a limited-service provider is: 'a practice that offers no more than one service to its clients',

[HORSES] the most common examples in equine practice being gait analysis and equine reproductive clinics

[OTHER ANIMAL OWNERS] the most common examples in small animal practice being vaccination clinics and neutering clinics.

- When defined, overall, most owners (84%) had not used a limited-service provider (82% pet owners and 82% horse owners)
- Two-thirds of all owners (67%) felt they were "VERY" OR "FAIRLY" unlikely to use such a service (similar in both species cohorts) as they provided a full service and / or were happy with their existing level of service.

SUMMARY: Limited-service provider: requirements

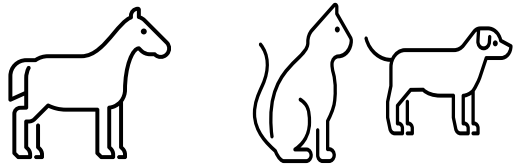
The RCVS's proposed guidance says that limited service providers should only provide 24/7 emergency cover for the service they offer. For example, only those related to the specific procedure or treatment provided (e.g. an adverse reaction to a vaccination or medicine, or a complication from the specific procedure or treatment provided).

- Two thirds of all owners (62%) felt the requirement to only provide 24/7 cover for the service they offer was appropriate (all pet owners (60%) and all horse owners (66%))

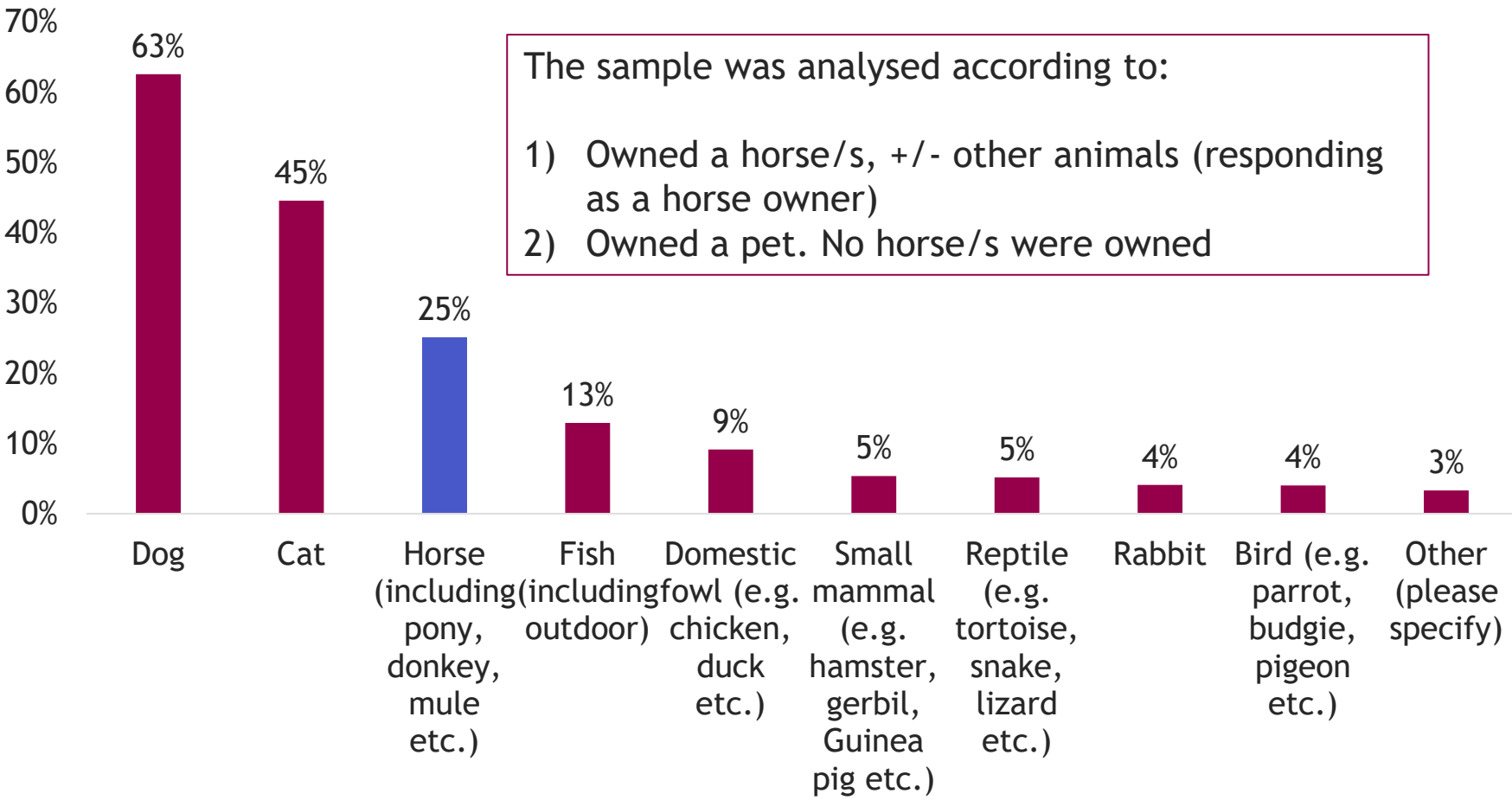
- Approximately a quarter of all owners (24%) did not know if this requirement was appropriate or not. This value was similar for all pet owners (26%) and slightly lower for all horse owners (18%).
  - The main reason for feeling this requirement was appropriate was “it’s their speciality”

MG&A

Sample



ANIMALS KEPT (ALL): All respondents owned at least one animal. A quarter (25%) of the total sample kept a horse



Q1 Which, if any, of the following animals do you keep? SELECT ALL THAT APPLY
Base All animal owners = 2,032

ABOUT RCVS

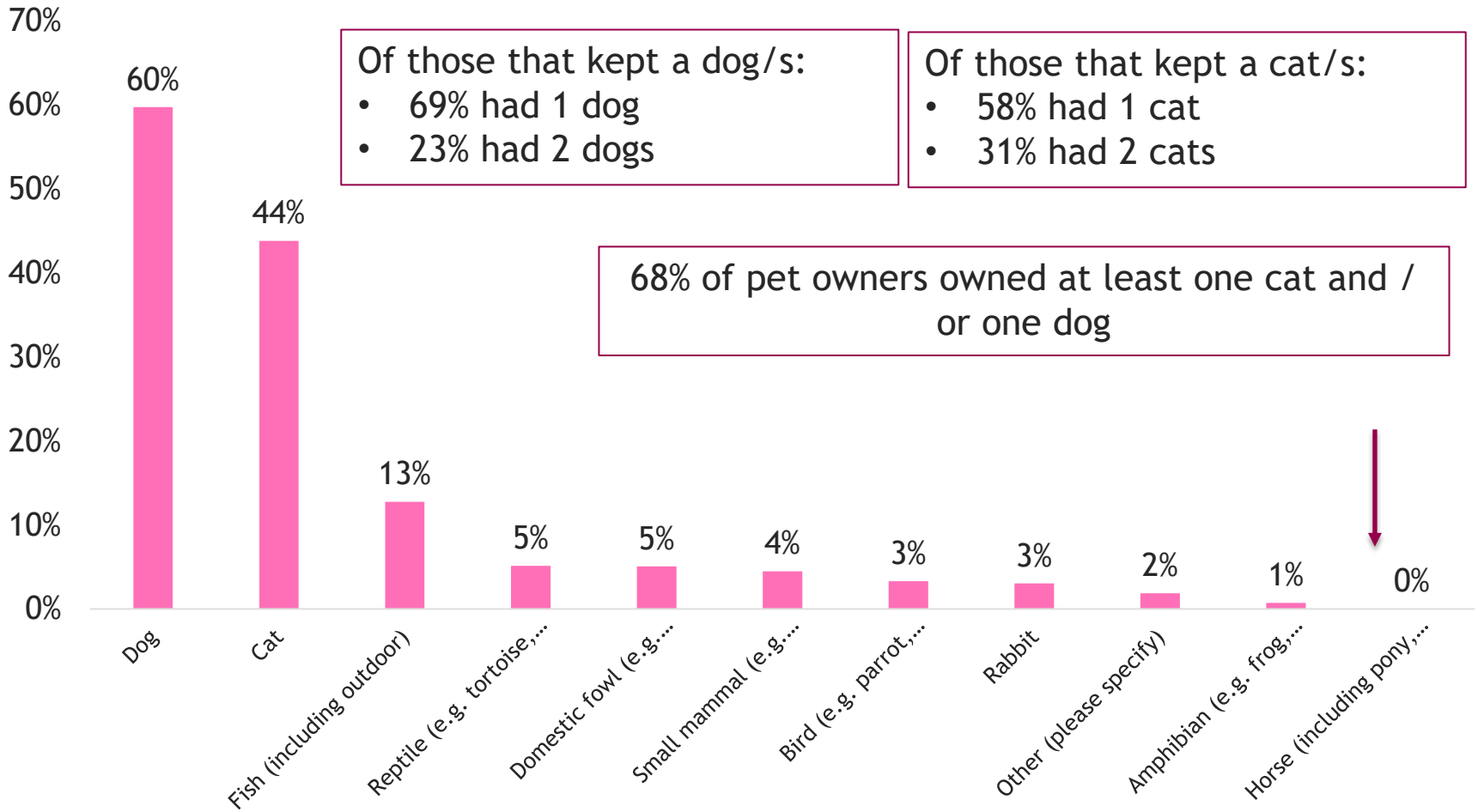
The Royal College of Veterinary Surgeons (RCVS) is the regulator of the UK veterinary professions.

Their role is to enhance society through improved animal health and welfare. They do this by setting, upholding and advancing the educational, ethical and clinical standards of veterinary surgeons and veterinary nurses.

One of their key responsibilities is providing guidance to the veterinary professions to assist them in meeting the standards and responsibilities set out in their Codes of Professional Conduct.

They regularly review this guidance to ensure that it is fit for purpose and that, by following it, vets and nurses are providing the appropriate service to the UK's animals and their owners.

ANIMALS KEPT (PETS): Over half of pet owners (60%) had a dog/s and just less than half (44%) kept a cat/s



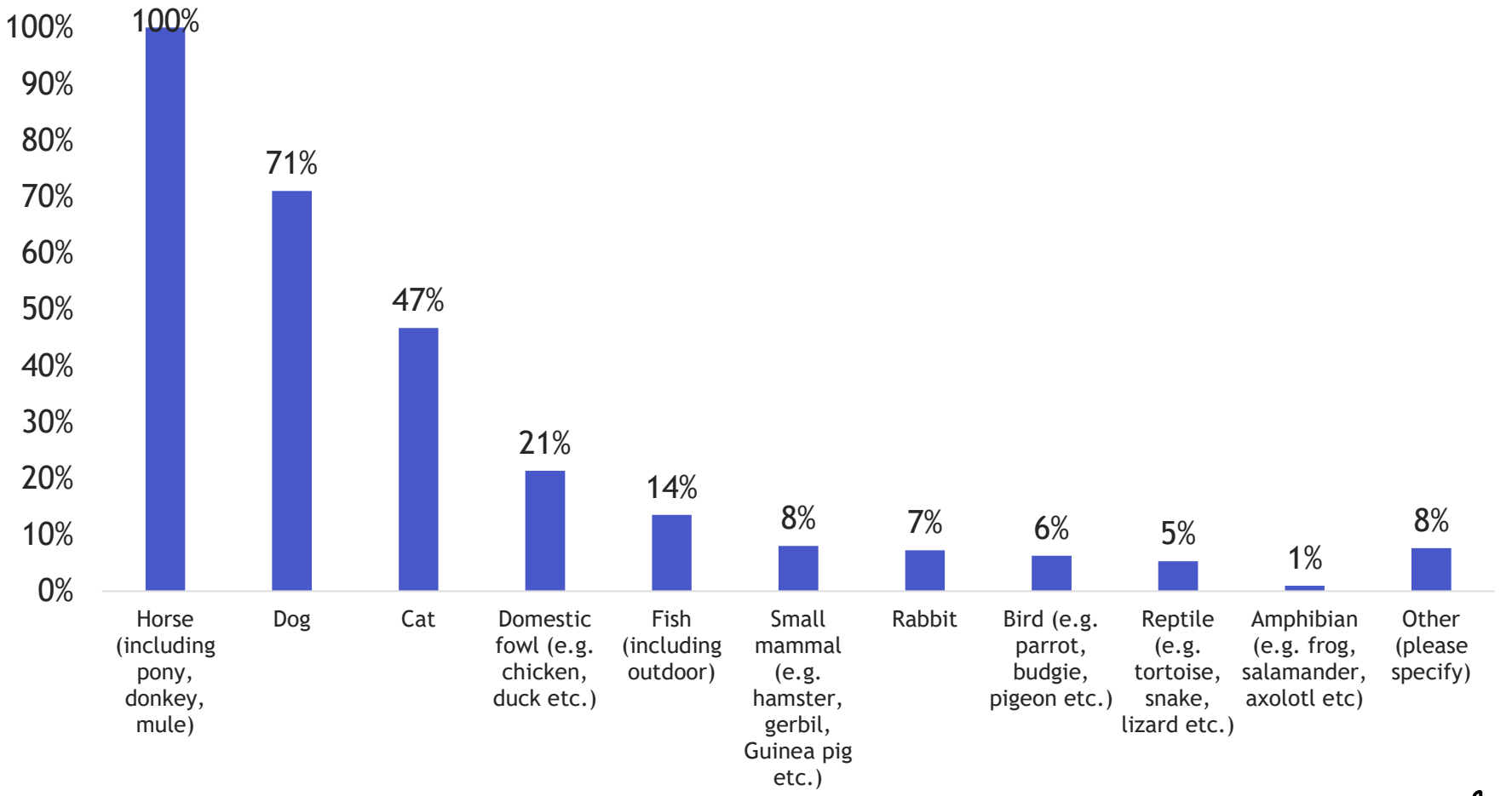
Of those that kept a dog/s:
- 69% had 1 dog
- 23% had 2 dogs

Of those that kept a cat/s:
- 58% had 1 cat
- 31% had 2 cats

68% of pet owners owned at least one cat and / or one dog

Q1 Which, if any, of the following animals do you keep? SELECT ALL THAT APPLY
Q3 How many, if any, of each of the following types of pets do you have?
Base All pet owners = 1,522

ANIMALS KEPT (HORSES): In addition to a horse/s, almost three-quarters had a dog (71%) and approaching a half had a cat (47%)

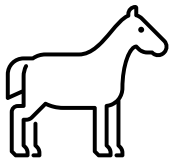


Q1 Which, if any, of the following animals do you keep? SELECT ALL THAT APPLY
Base All horse owners = 510

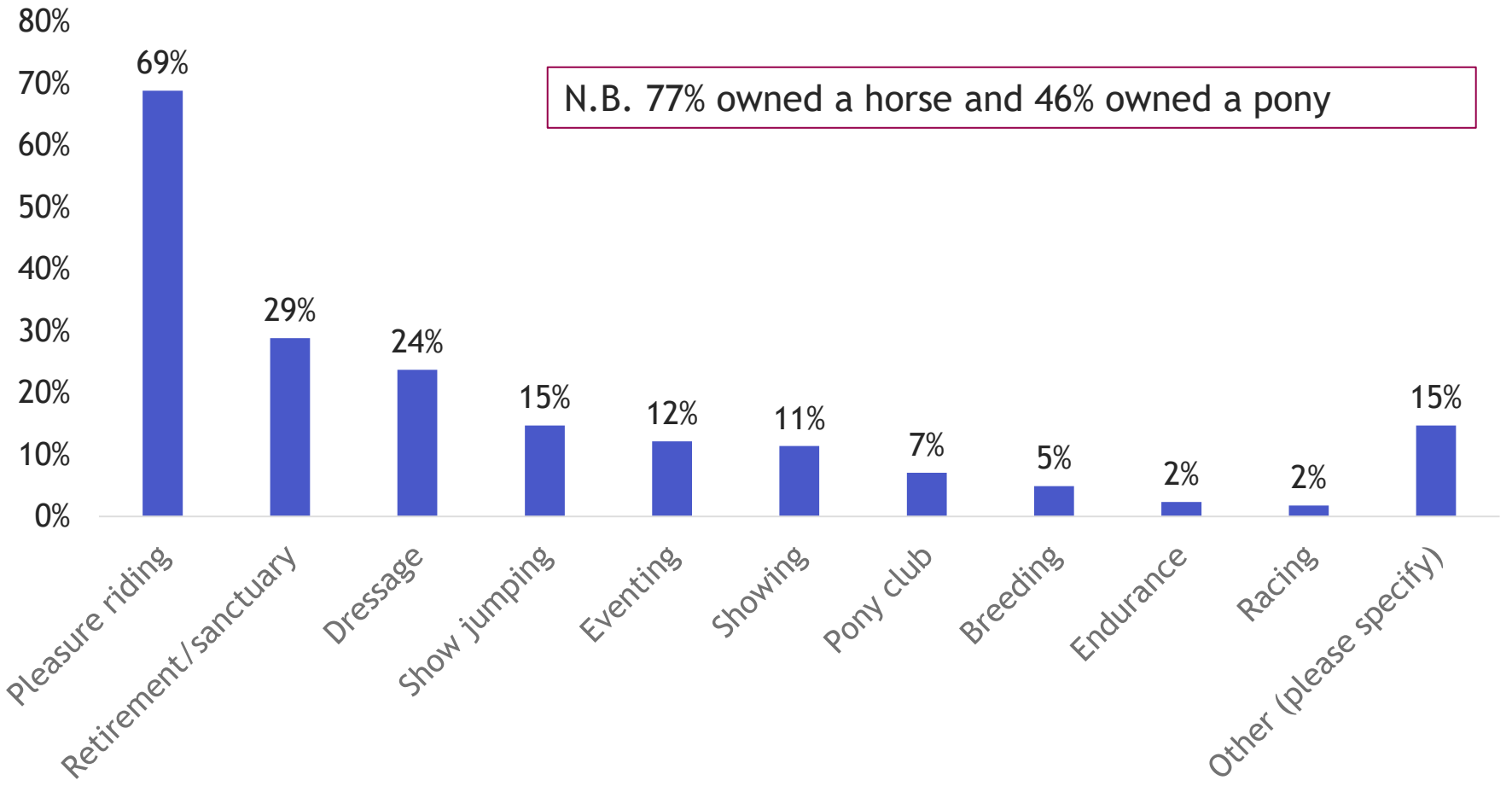
EQUINES KEPT: Approximately three-quarters of horse owners (77%) had at least one horse

Horse	Percentage with at least one of the following horse
Horses	77%
Ponies	46%
Donkeys	3%
Mules	1%

Q3 You previously said that you have horse(s)…How many, if any, of each of the following types of horses do you have?
Base All horse owners = 510



PURPOSE OF HORSE: Just over two-thirds of horse owners (69%), kept their horse for pleasure riding



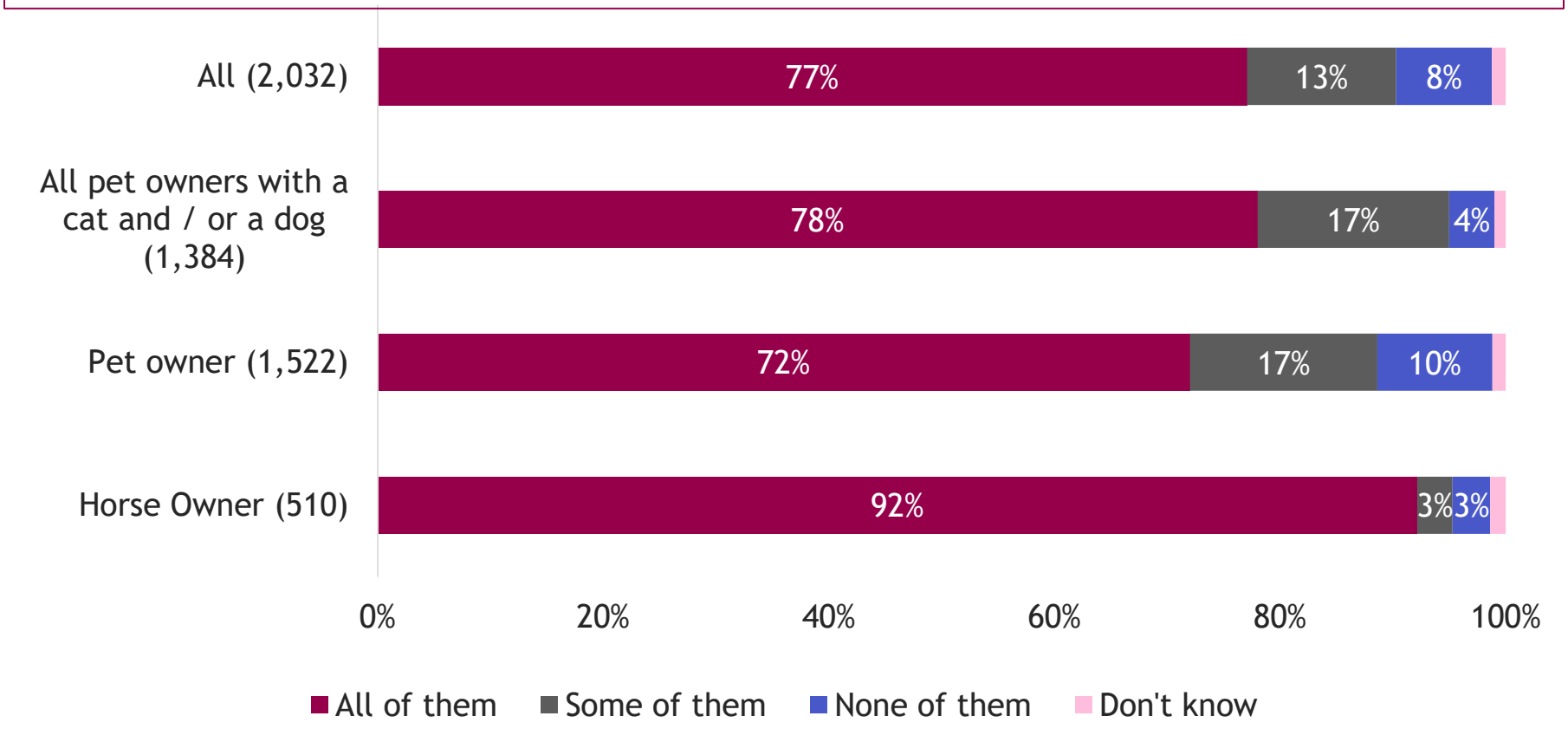
Q5 For which, if any, of the following purposes do you keep your horse(s)? SELECT ALL THAT APPLY

Base All horse owners = 510

Registered practice

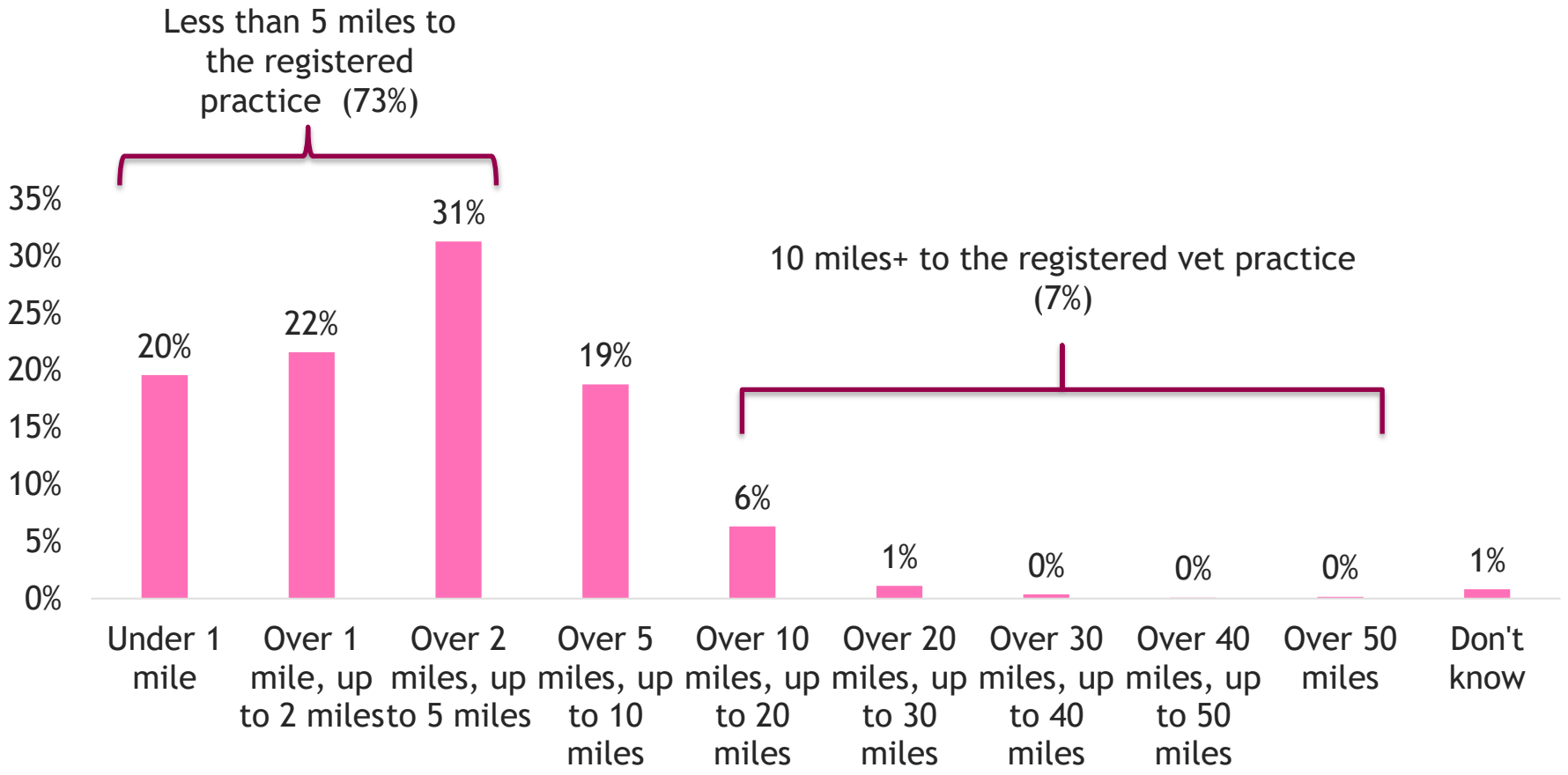
REGISTERED WITH A PRACTICE (ALL): Three-quarters of all animal owners (77%) said ALL animals were registered with a vet

Horse owners were more likely to have registered all their horses (92%) than pet owners were to have registered all their pets (72%). Pet owners with a cat and/or a dog were more likely to have registered all their pets (78%) than all pet owners (72%).



Q4 How many of your pets are currently registered with a veterinary practice? CODE ONE ONLY
Base All animal owners 2,032

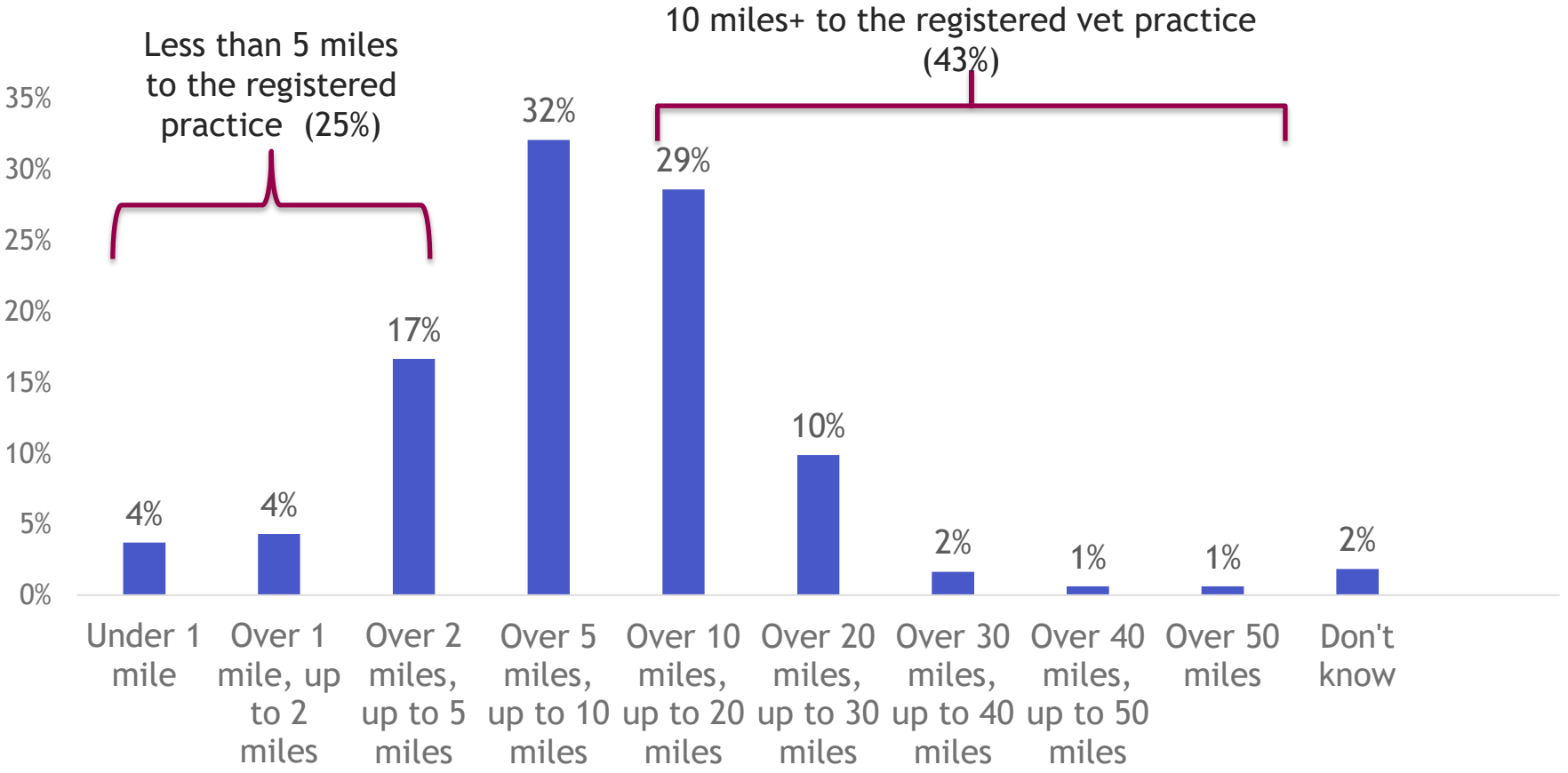
DISTANCE FROM PRACTICE (PET): Three-quarters of pet owners (73%) registered with a practice <5 miles from home



Q6 Approximately, how far from your home is the vet practice your pet/s are registered at? (If your pets are registered at different vet practices, please think about the one you use most often)

Base All pet owners who are registered with a vet practice (all or some pets) = 1,349

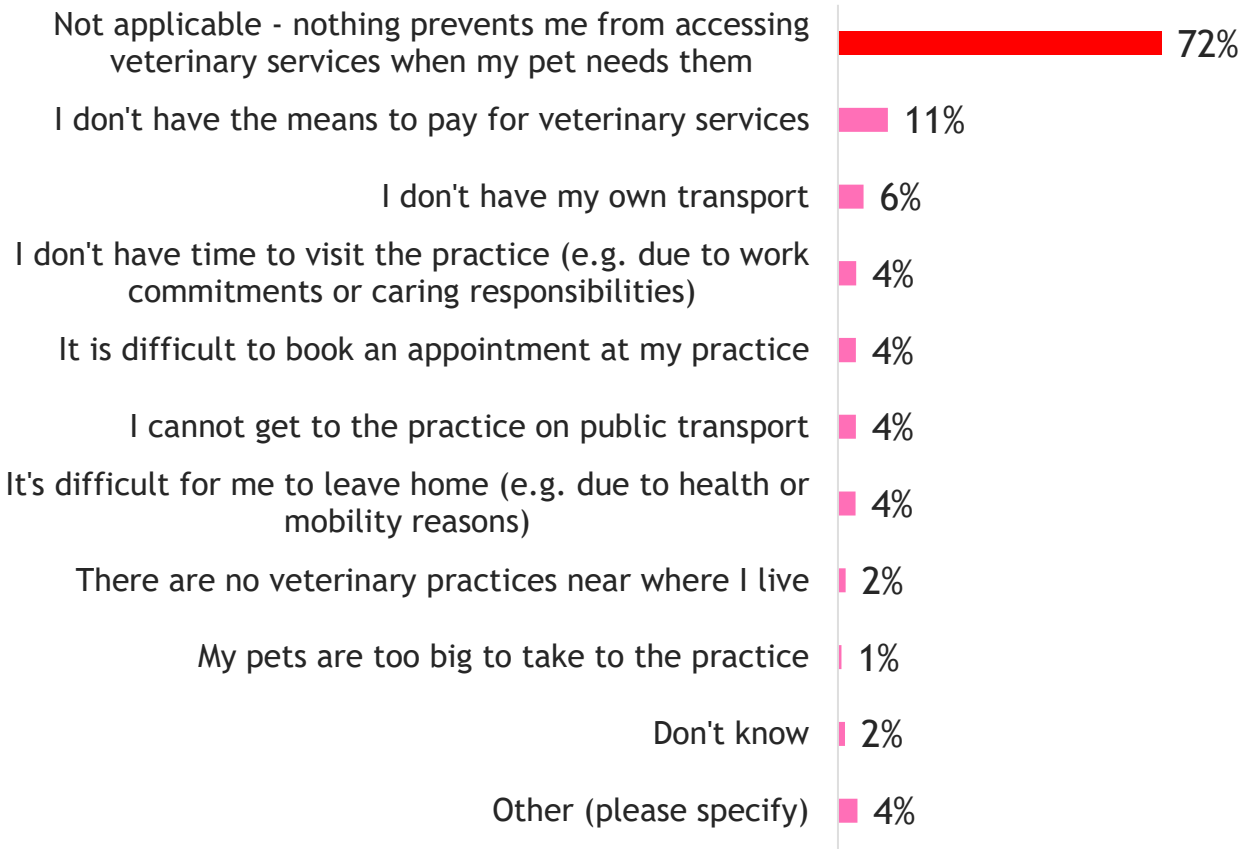
DISTANCE FROM PRACTICE (HORSE): Three-quarters of horse owners (73%) were registered with a vet >5 miles away



Q6 Approximately, how far from your stable is the vet practice your horse/s are registered at? (If your horse/s are registered at different vet practices, please think about the one you use most often)

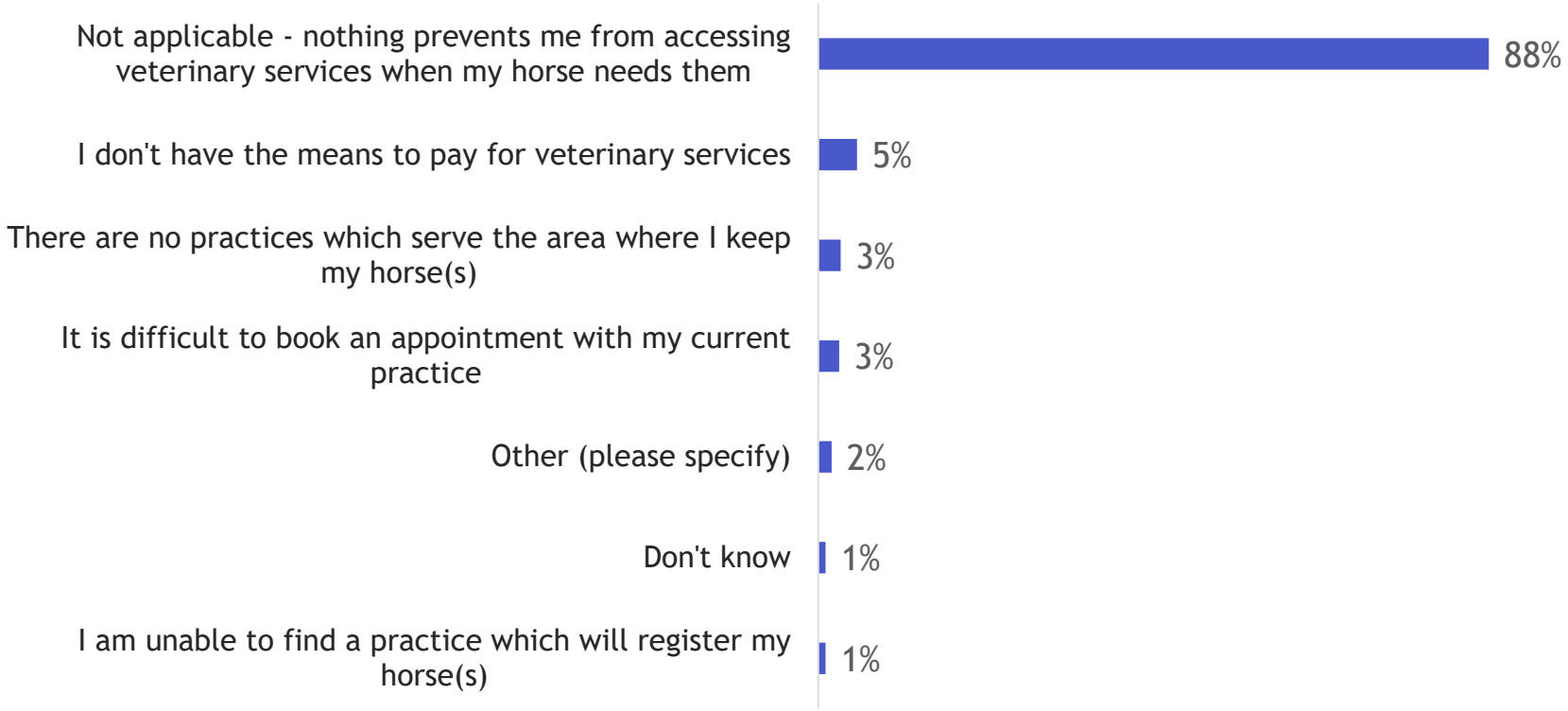
Base All horse owners who are registered with a vet practice (all or some horses) = 486

ACCESS (PETS): Almost three-quarters (72%) had no barriers to accessing veterinary services



Q7 Which, if any, of the following have ever prevented you from accessing veterinary services when your pet/s needed them? SELECT ALL THAT APPLY
If nothing prevents you from accessing veterinary services please select the 'Not applicable' option)
Base All pet owners = 1,522

ACCESS (HORSES): More than three-quarters (88%) had no barrier to accessing veterinary services when required



Q7 Which, if any, of the following have ever prevented you from accessing veterinary services when your horse needed them? SELECT ALL THAT APPLY
If nothing prevents you from accessing veterinary services please select the 'Not applicable' option)
Base All horse owners = 510

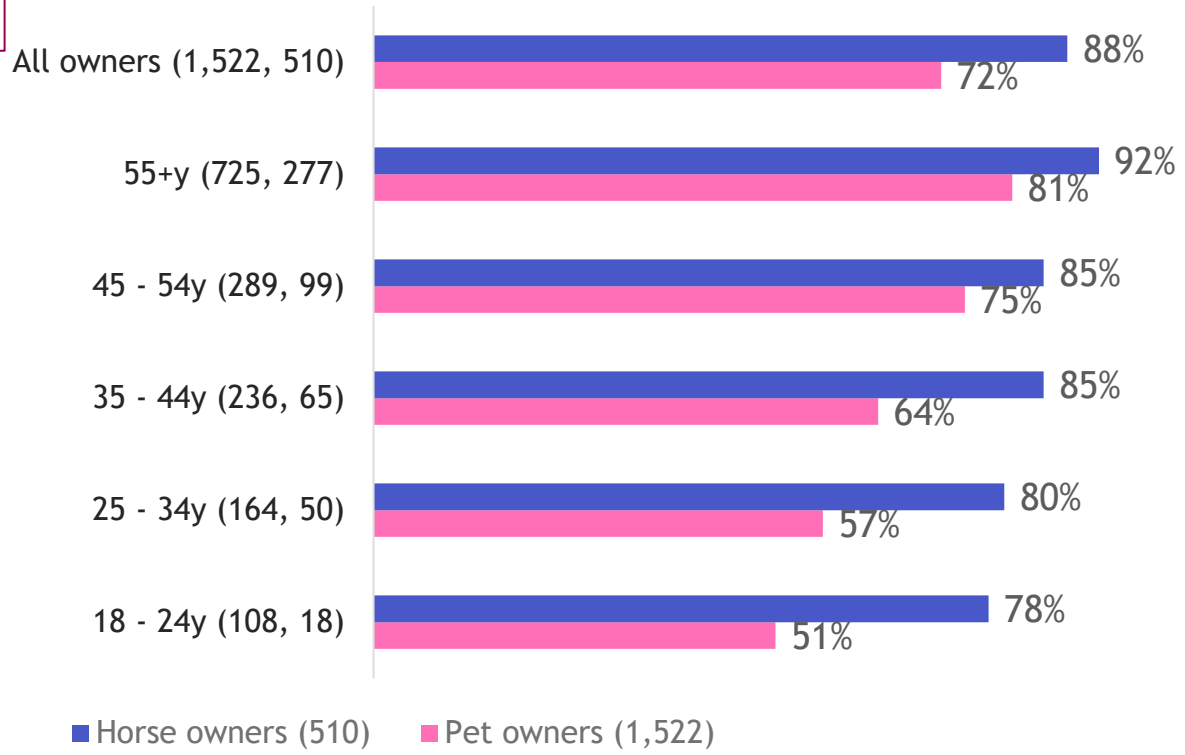
Which factors are most likely to affect access to veterinary services?

ACCESS TO VETERINARY SERVICES

Those who are younger are more likely to have barriers, particularly pet owners

% who feel that nothing prevents them from accessing veterinary services when needed

AGE



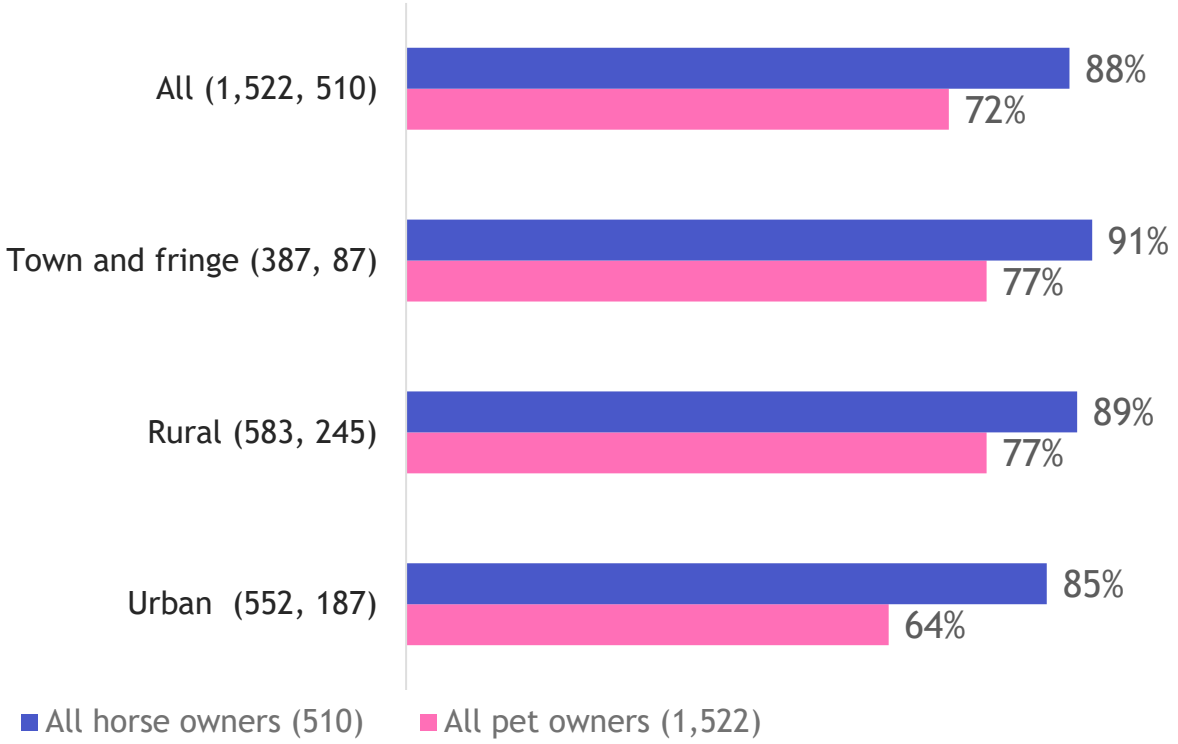
Q7 Which, if any, of the following have ever prevented you from accessing veterinary services when your pet/s needed them? SELECT ALL THAT APPLY
If nothing prevents you from accessing veterinary services please select the 'Not applicable' option)
Base All pet owners = 1,522, All horse owners = 510

ACCESS TO VETERINARY SERVICES

Those who are urban are more likely to have barriers, particularly pet owners

% who feel that nothing prevents them from accessing veterinary services when needed

LIVING



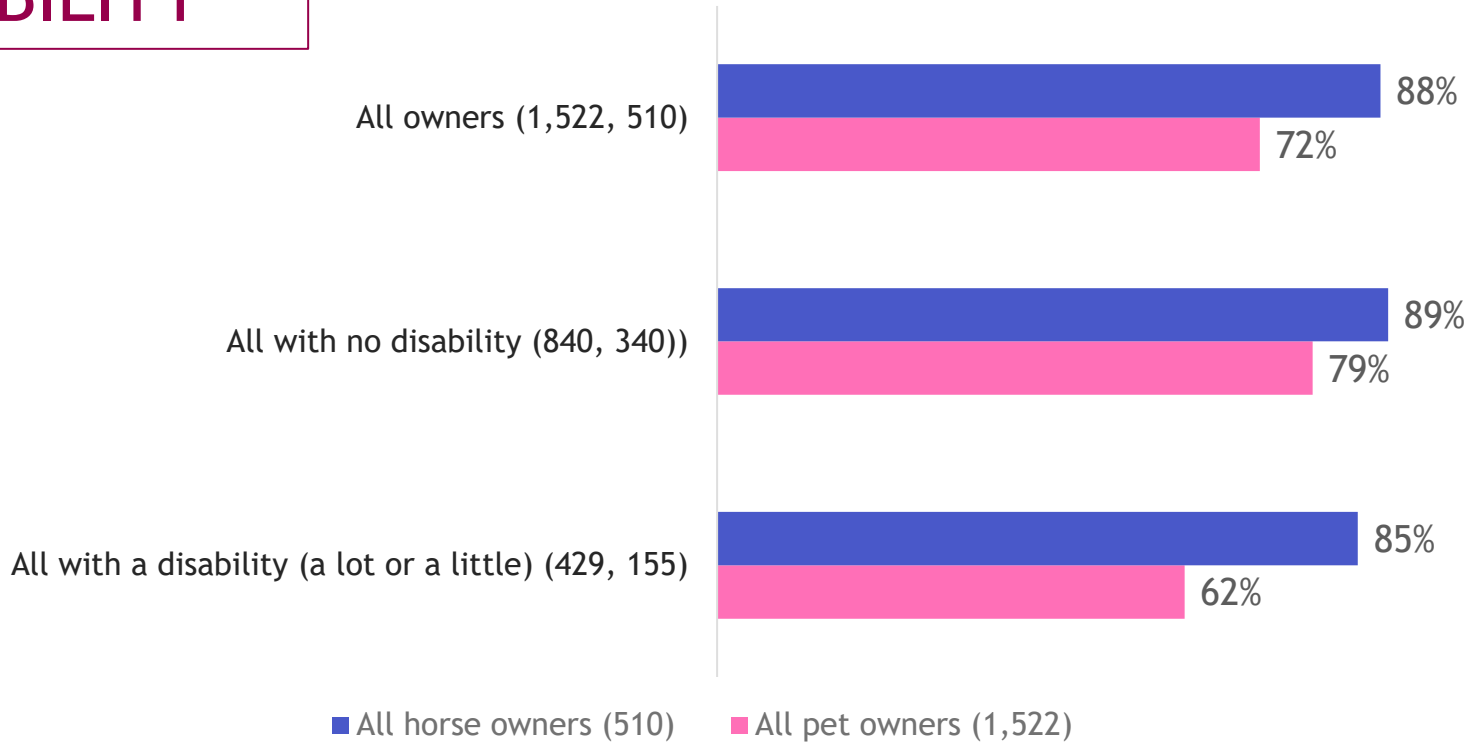
Q7 Which, if any, of the following have ever prevented you from accessing veterinary services when your pet/s needed them? SELECT ALL THAT APPLY
If nothing prevents you from accessing veterinary services please select the 'Not applicable' option)
Base All pet owners = 1,522, All horse owners = 510

ACCESS TO VETERINARY SERVICES

Those with a disability are more likely to have barriers, particularly pet owners

% who feel that nothing prevents them from accessing veterinary services when needed

ABILITY



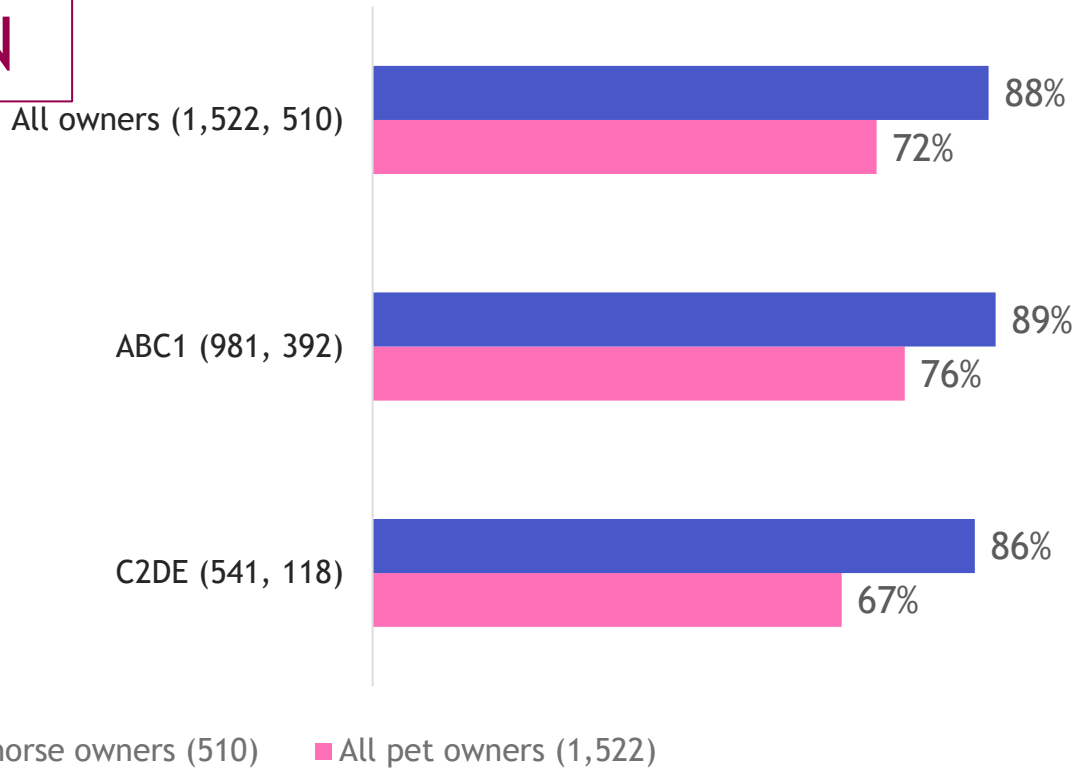
Q7 Which, if any, of the following have ever prevented you from accessing veterinary services when your pet/s needed them? SELECT ALL THAT APPLY
If nothing prevents you from accessing veterinary services please select the 'Not applicable' option)
Base All pet owners = 1,522, All horse owners (510)

ACCESS TO VETERINARY SERVICES

Pet owners who are classified C2DE are more likely to have barriers

% who feel that nothing prevents them from accessing veterinary services when needed

CLASSIFICATION



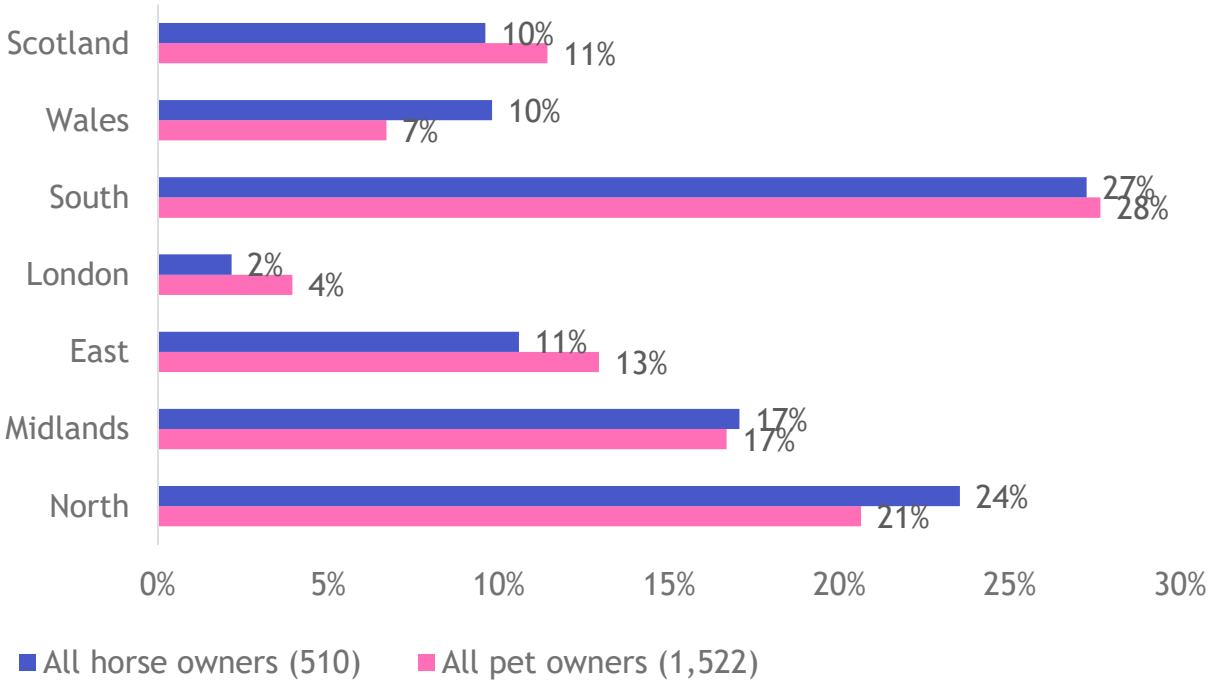
Q7 Which, if any, of the following have ever prevented you from accessing veterinary services when your pet/s needed them? SELECT ALL THAT APPLY
If nothing prevents you from accessing veterinary services please select the 'Not applicable' option)
Base All pet owners = 1,522

ACCESS TO VETERINARY SERVICES

Pet owners in certain regions are more likely to have barriers

% who feel that nothing prevents them from accessing veterinary services when needed

REGION



Q7 Which, if any, of the following have ever prevented you from accessing veterinary services when your pet/s needed them? SELECT ALL THAT APPLY
If nothing prevents you from accessing veterinary services please select the 'Not applicable' option)
Base All pet owners = 1,522, All horse owners = 510

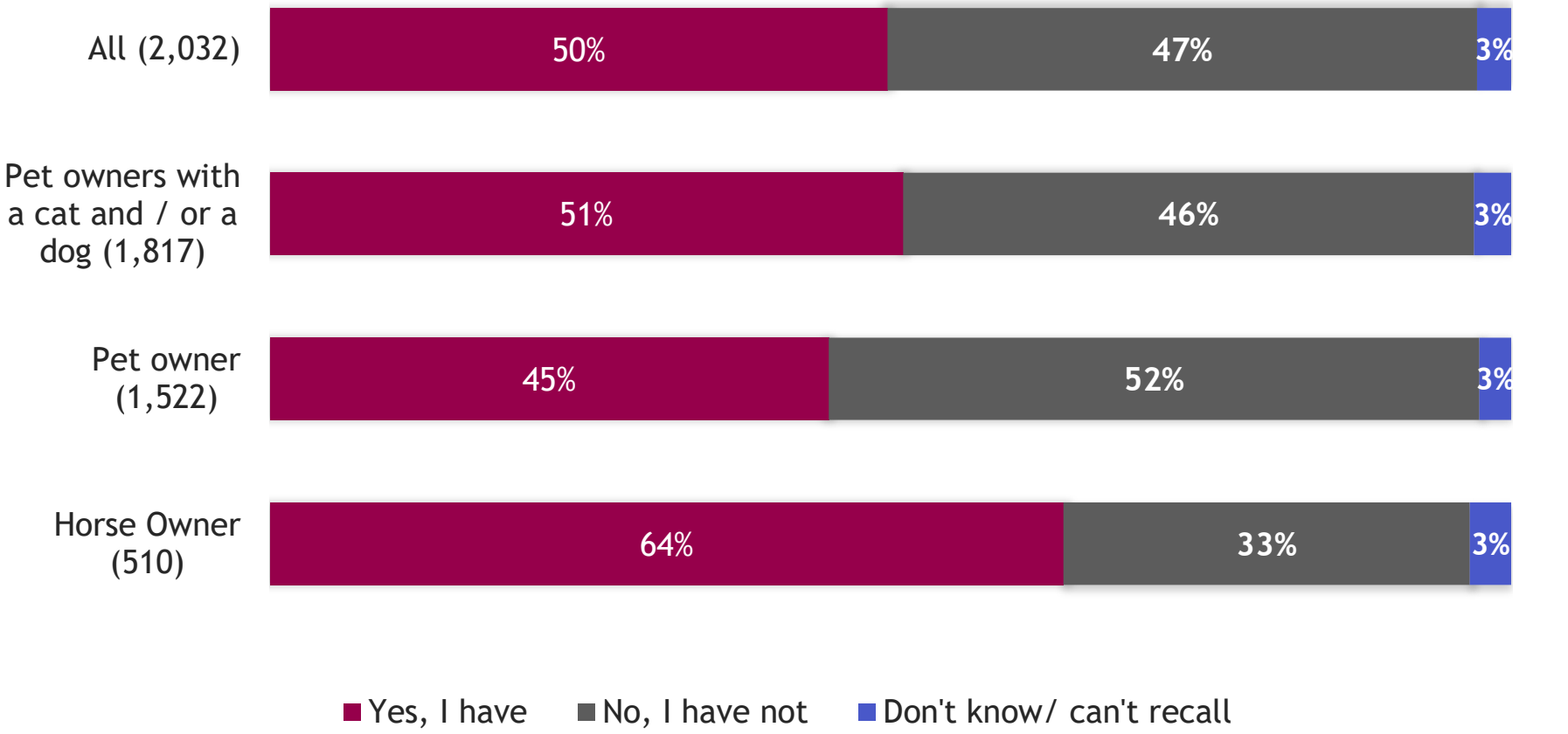
PROVISION OF 24/7 EMERGENCY VETERINARY CARE

"Under existing guidance from the Royal College of Veterinary Surgeons, vets need to take steps to provide 24/7 ***emergency first-aid and pain relief*** *to all animals according to their skills and the specific situation.*

Vets do not have to provide the service personally or remain constantly on duty but, they must ensure clients are directed to another appropriate service"

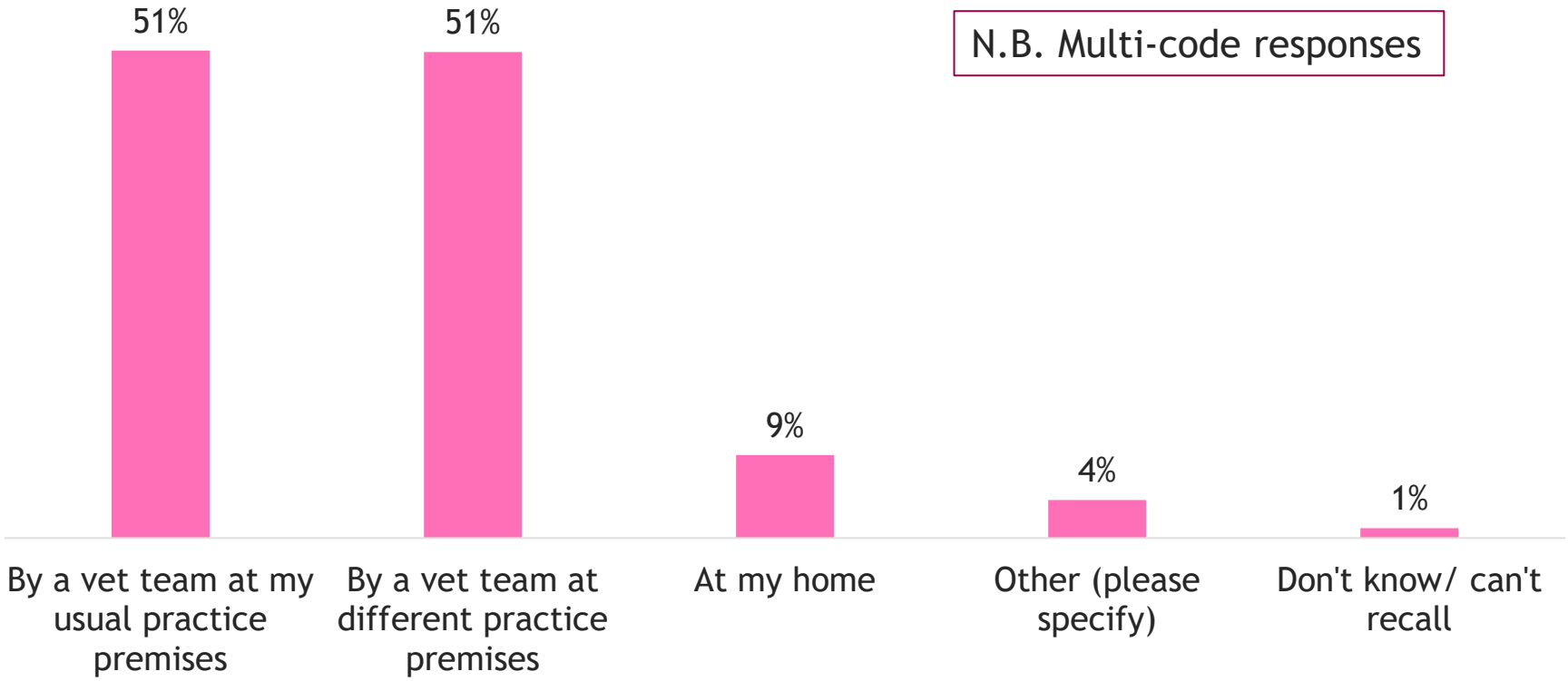
EMERGENCY OOH CARE: Half of all owners (50%) had required emergency OOH veterinary care for their animal

Horse owners are more likely to have required emergency OOH veterinary care (64%) than pet owners (50%)



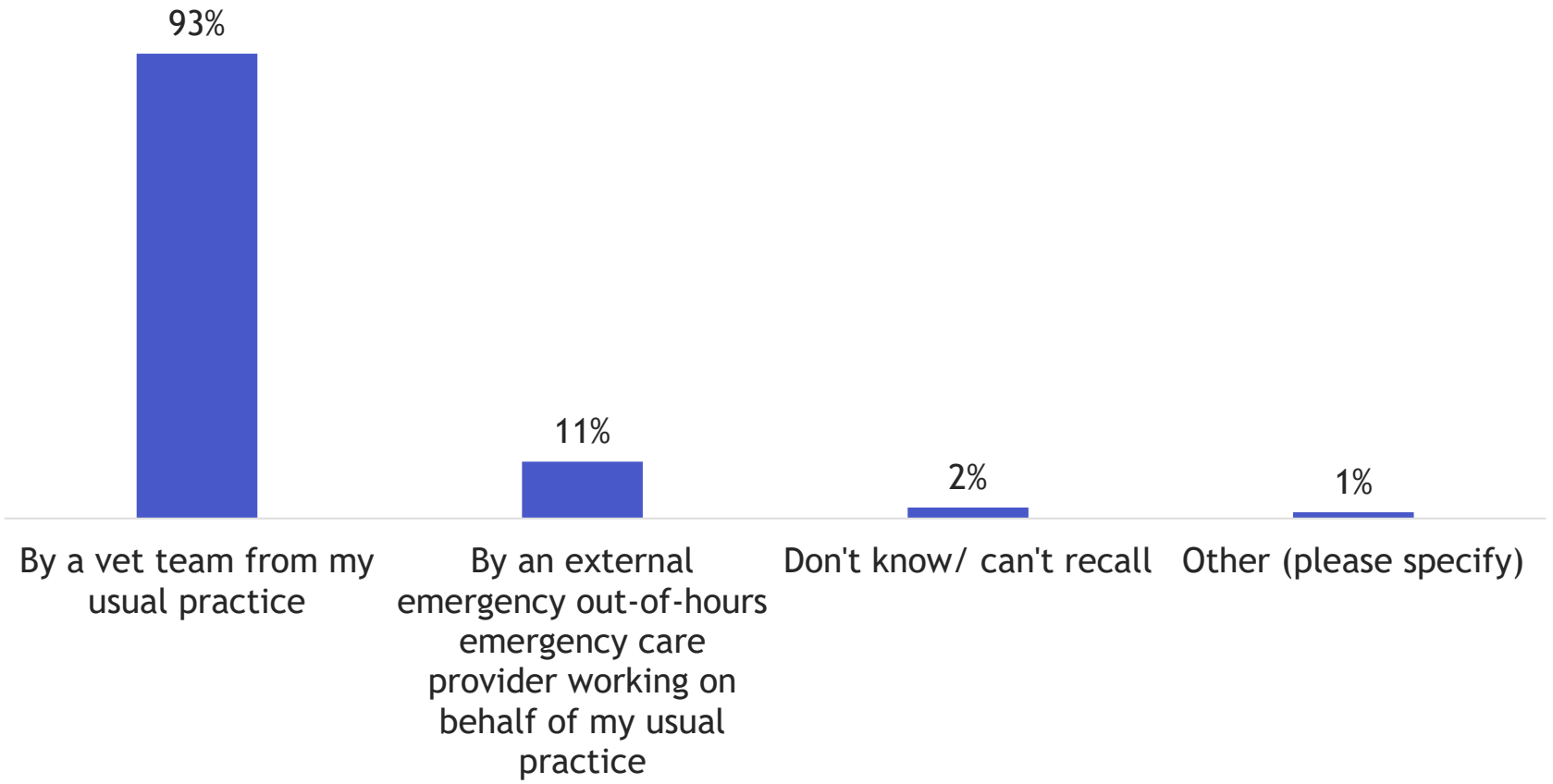
Q8 Have you ever sought out-of-hours emergency care for your horses?
Base All owners = 2,032

EMERGENCY OOH CARE (PETS): Half were at their usual practice (51%) and half (51%) were at a different practice



Q9 In which, if any, of the following ways has this out-of-hours emergency care ever been provided to your pets? SELECT ALL THAT APPLY
Base: All pet owners who have required emergency care for their pets = 685

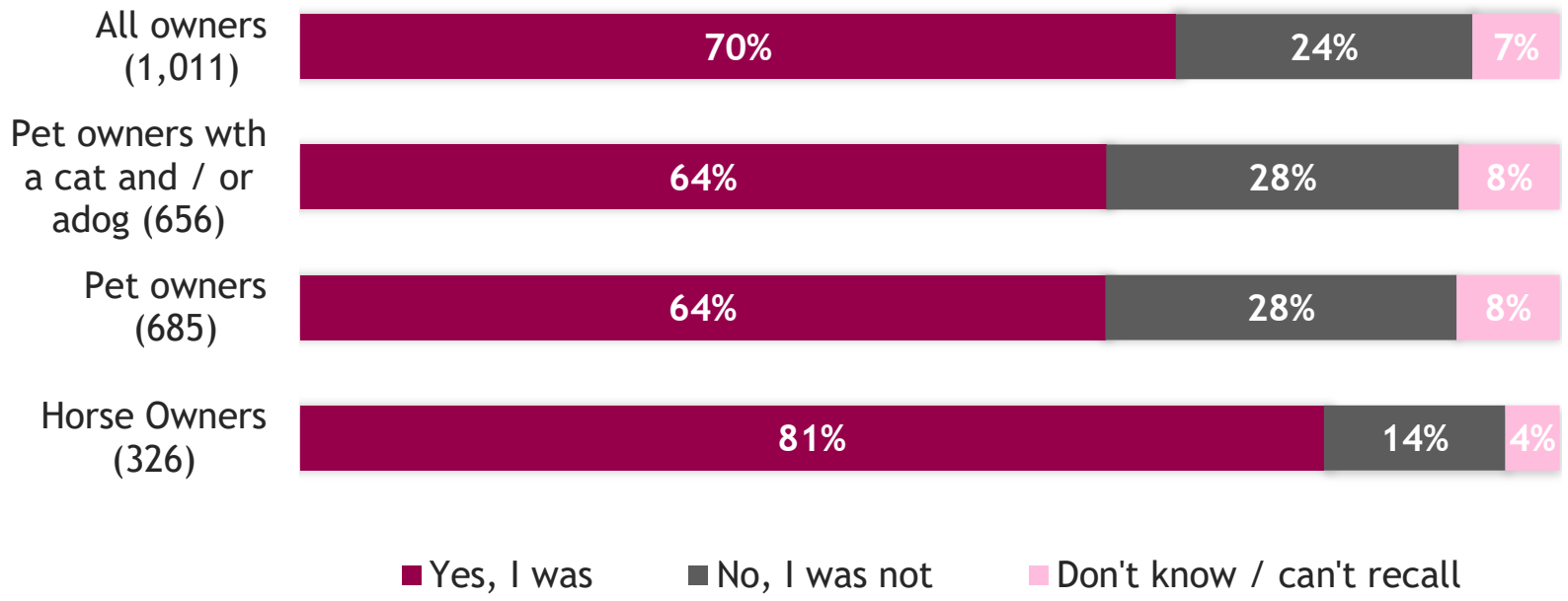
EMERGENCY OOH CARE (HORSES): The vast majority (93%) were visited by a member of the vet team from their usual practice



Q9 In which, if any, of the following ways has this out-of-hours emergency care ever been provided to your horses? SELECT ALL THAT APPLY
Base: All horse owners who have required emergency care for their horses n=326

HOW OOH EMERGENCY CARE IS PROVIDED: Before using the service, a little over two-thirds (70%) were not aware of how it would be provided

Horse owners were more likely to be aware of how OOH emergency care would be provided compared to pet owners (64%)

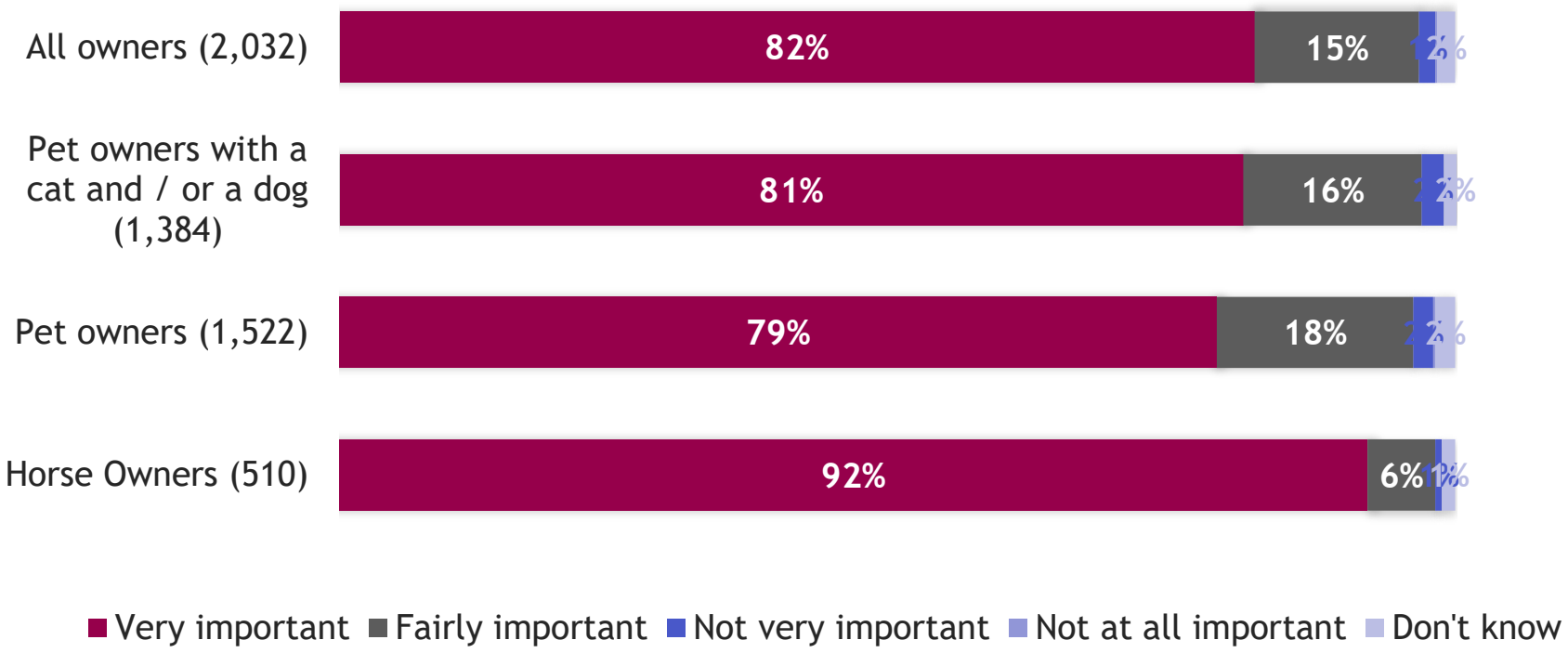


Q10 For the following question, if your horses / pets have needed out-of-hours emergency care on multiple occasions, please think about the most recent time this has happened… Before using the out-of-hours emergency care, were you aware how it would be provided?

Base: Base: All owners who have required emergency care = 1,011

IMPORTANCE OF EMERGENCY OOH CARE: The majority (82%) felt it was VERY important for vets to be able to provide OOH care

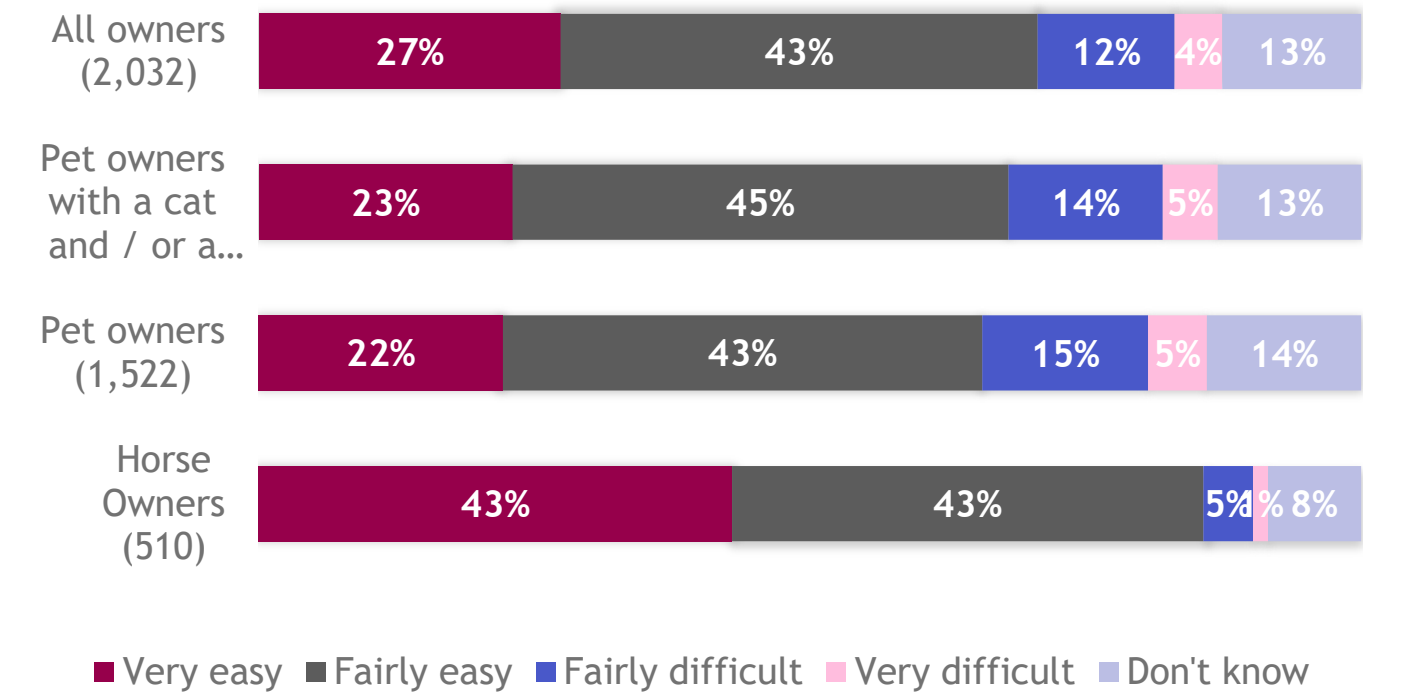
Horse owners were more likely (92%) than pet owners (79%) to feel it was very important to provide OOH care



Q11 How important, if at all, do you think it is for vets to be able to provide out-of-hours emergency care, whether this is provided in-house or outsourced to a dedicated out-of-hours emergency care provider?
Base: All owners = 2,032

ACCESSIBILITY OOH: The majority (70%) felt it would be very easy or fairly easy to access out-of-hours emergency care

Horse owners were more likely (86%) than pet owners (65%) to feel it was “very or fairly” easy to access OOH emergency care

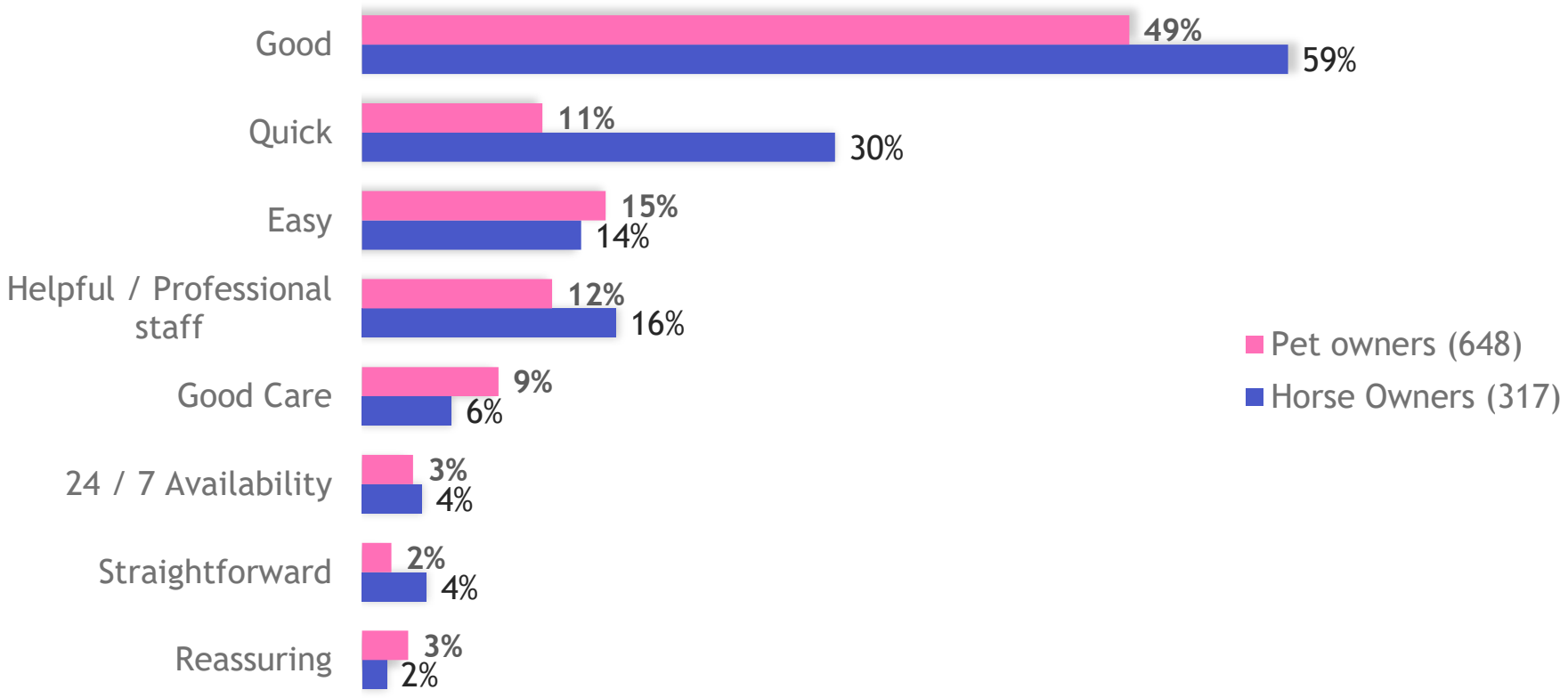


% Very or fairly easy
70%
68%
65%
86%

Q12 In general, how easy or difficult do you think you would find it to access out-of-hours emergency care for your horses / pets should you require it?

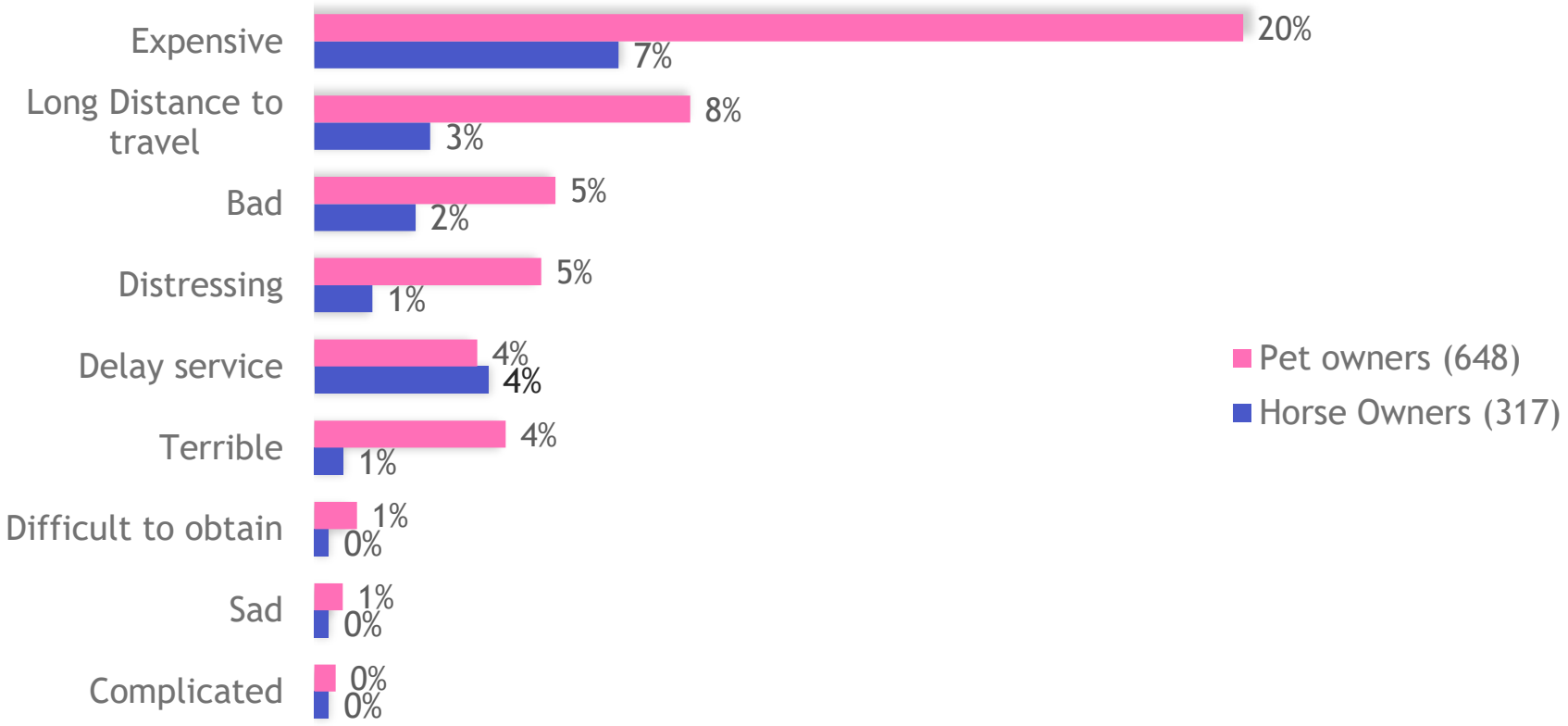
Base: Base: All owners (2,032)

EXPERIENCE OF OOH (POSITIVES):
Good was a key theme (and quick for horse owners)



Q13 Thinking about all of the times you have needed to use emergency out-of-hours-care for your animal…Overall, how would you describe your experience when accessing out-of-hours emergency care for your pet/s? OPEN ENDED
Base: All pet owners and all horse owners who have required emergency care

EXPERIENCE OF OOH (LESS POSITIVE):
Cost was the key theme for pet owners

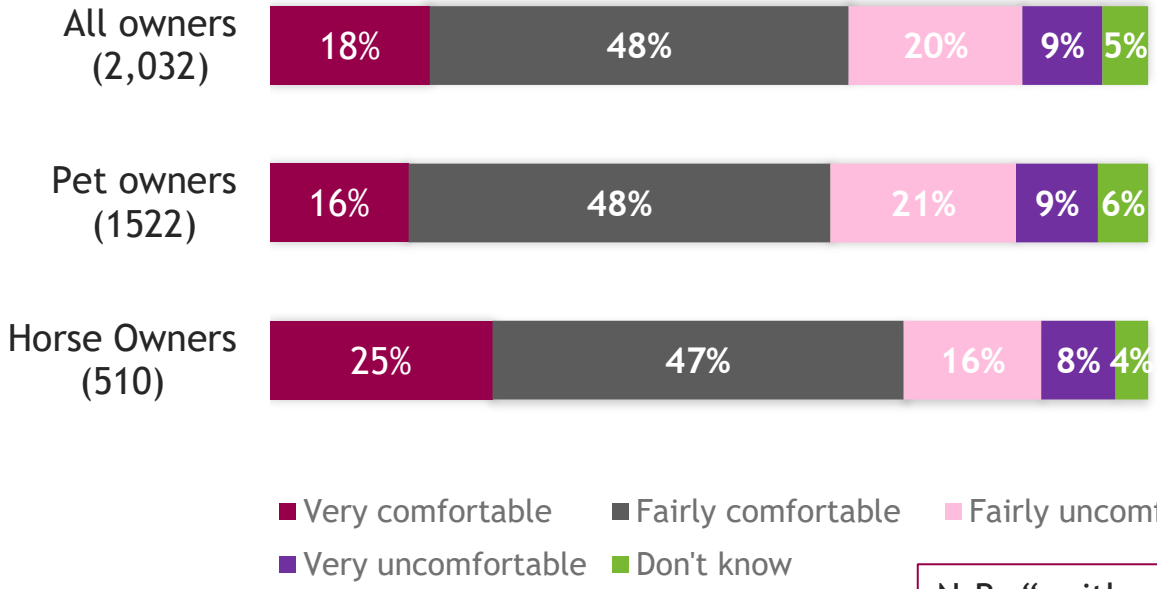


Q13 Thinking about all of the times you have needed to use emergency out-of-hours-care for your animal…Overall, how would you describe your experience when accessing out-of-hours emergency care for your pet/s? OPEN ENDED
Base: All pet owners and all horse owners who have required emergency care

INITIAL PROPOSAL FOR REMOTE PRESCRIBING

Under the proposed guidance from the Royal College of Veterinary Surgeons, a vet may use their clinical judgment to decide whether it is appropriate to prescribe medicine for your horse/s after a remote clinical assessment, but without first having physically examined it.

REMOTE PRESCRIBING INITIAL: Two-thirds (66%) were comfortable with remote prescribing; just over a quarter (29%) were uncomfortable



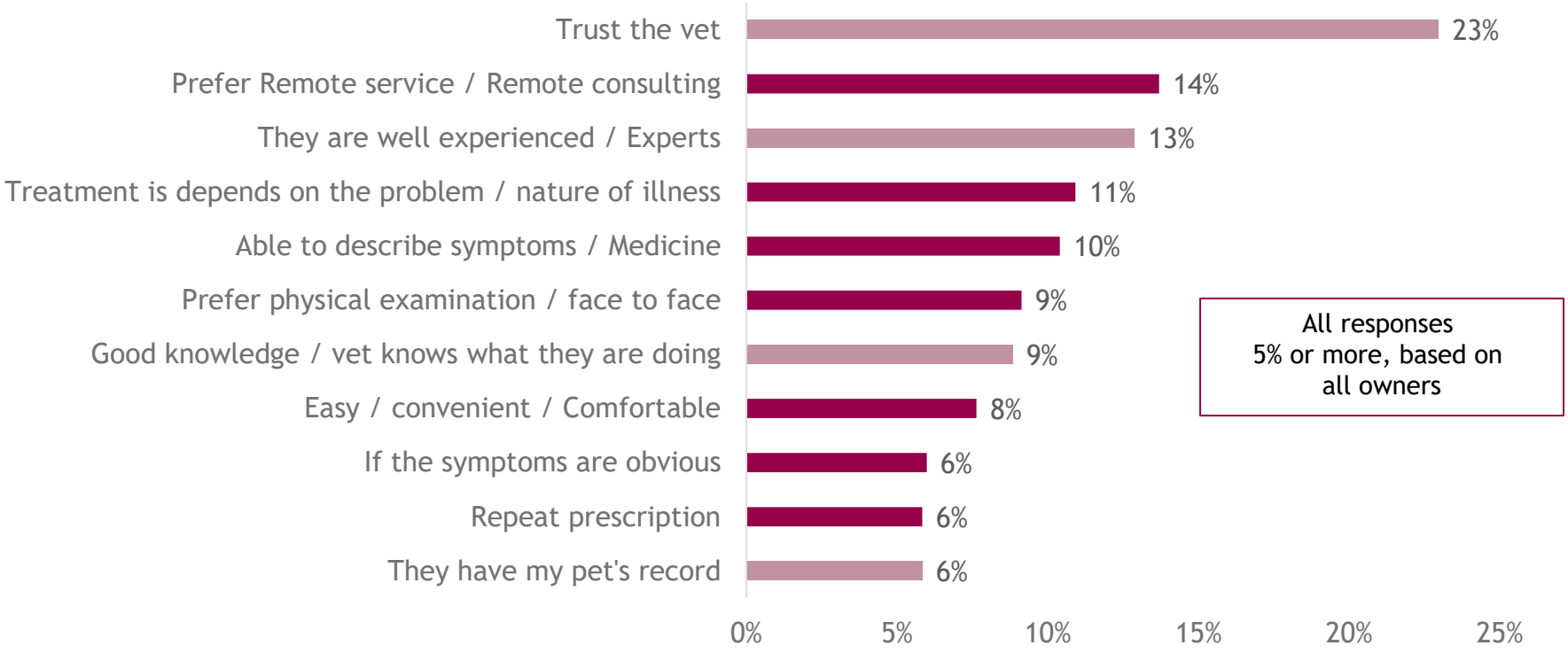
% very or fairy comfortable with remote prescribing	% very or fairly uncomfortable with remote prescribing
66%	29%
64%	30%
72%	24%

N.B. “neither comfortable nor uncomfortable” was not provided as an option

Q14 How comfortable or uncomfortable do you feel about a vet being able to prescribe medicines for your horses remotely (i.e., via video call, phone call, etc.), without first having physically examined them?
Base: Base: All owners (2,032)

COMFORTABLE WITH REMOTE PRESCRIBING INITIAL:
Trust in the vet was a key reason for comfort

All owners who were “very or fairly comfortable” with remote prescribing

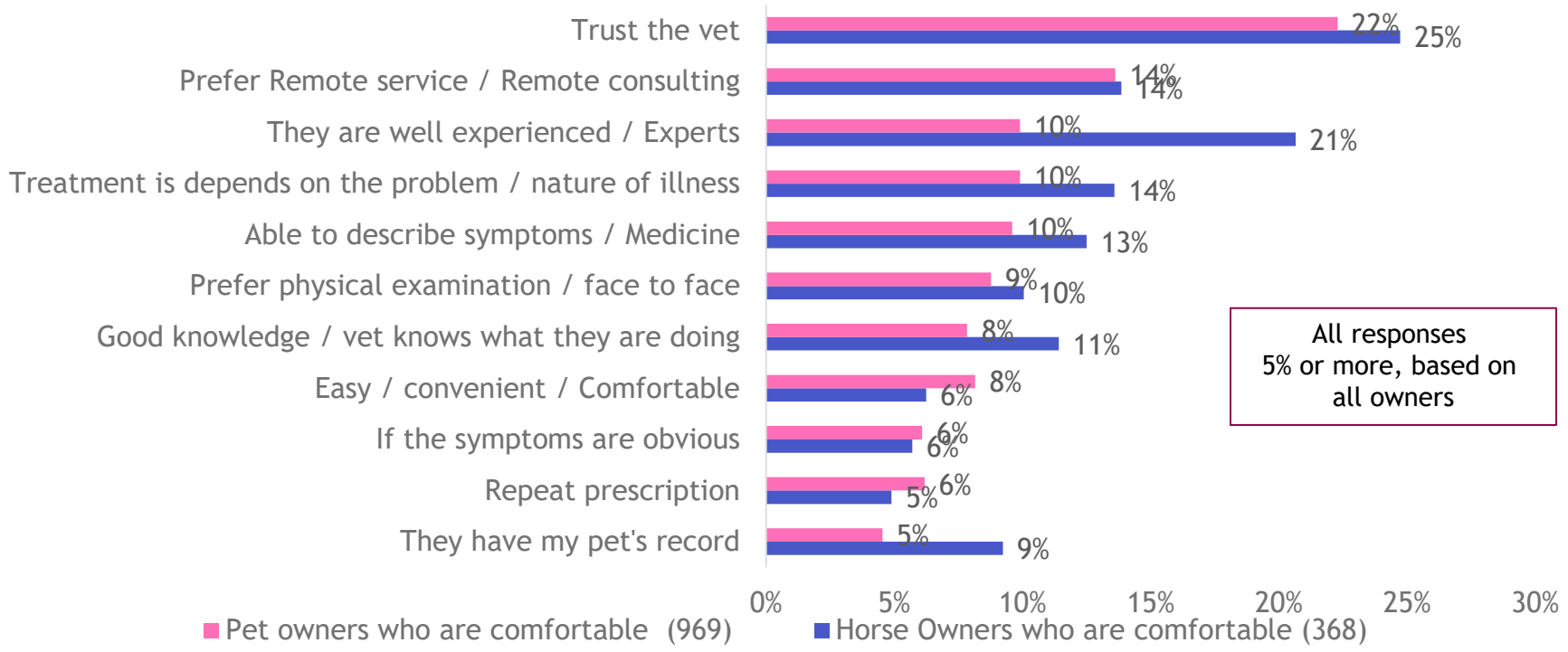


Q15 You previously said that you are very comfortable or fairly comfortable with a vet being able to prescribe medicines for your horse remotely, without first having physically examined them...What are your reason(s) for this? OPEN ENDED
Base: All owners who were very or fairly comfortable = 1,339

COMFORTABLE WITH REMOTE PRESCRIBING INITIAL:

Trust in the vet was a key reason for comfort for both pet and horse owners

Pet owners / horse owners that were “very or fairly comfortable” with remote prescribing



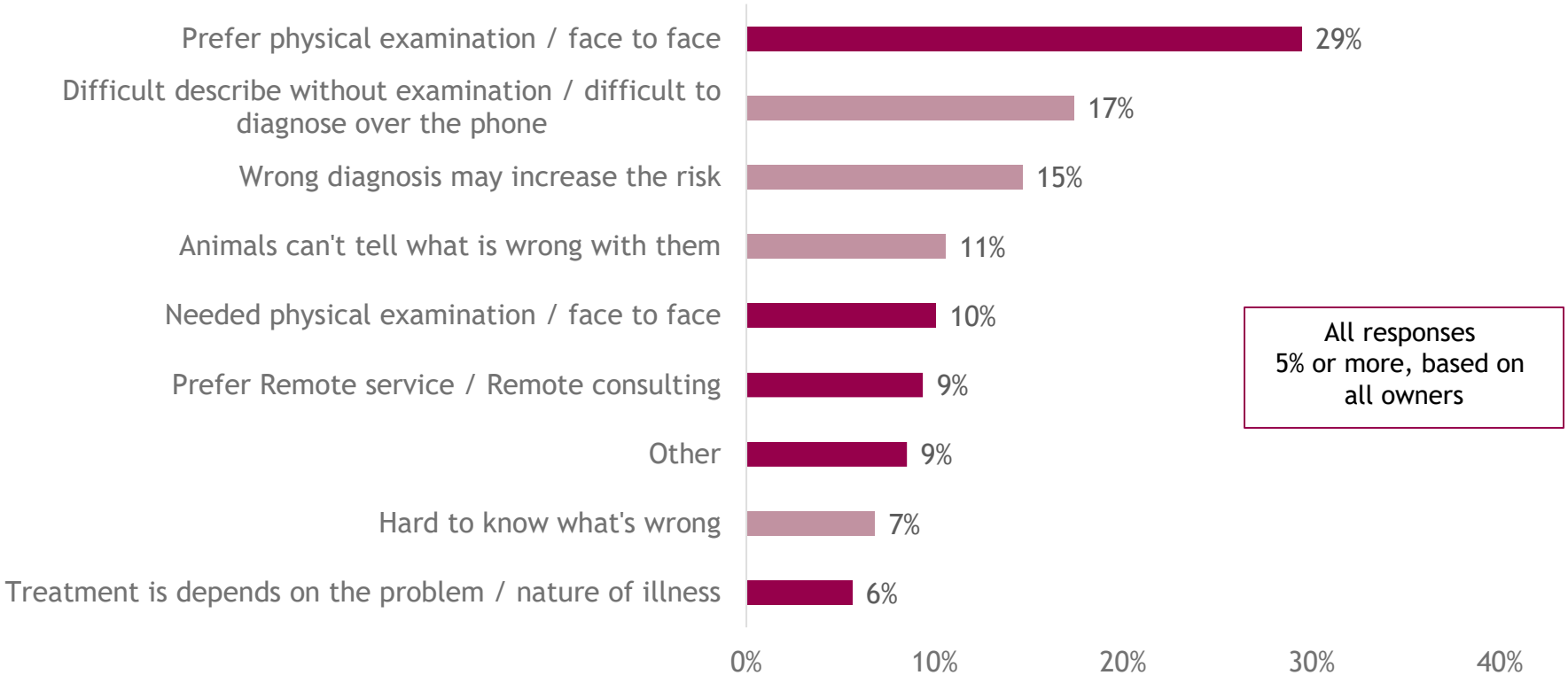
Q15 You previously said that you are very comfortable or fairly comfortable with a vet being able to prescribe medicines for your horse remotely, without first having physically examined them...What are your reason(s) for this? OPEN ENDED

Base: All owners who were very or fairly comfortable. Pet owners = 969, horse owners = 368

UNCOMFORTABLE WITH REMOTE PRESCRIBING INITIAL:

Main reason for being uncomfortable was fear of mis-diagnosis

All owners who were “very or fairly uncomfortable” with remote prescribing

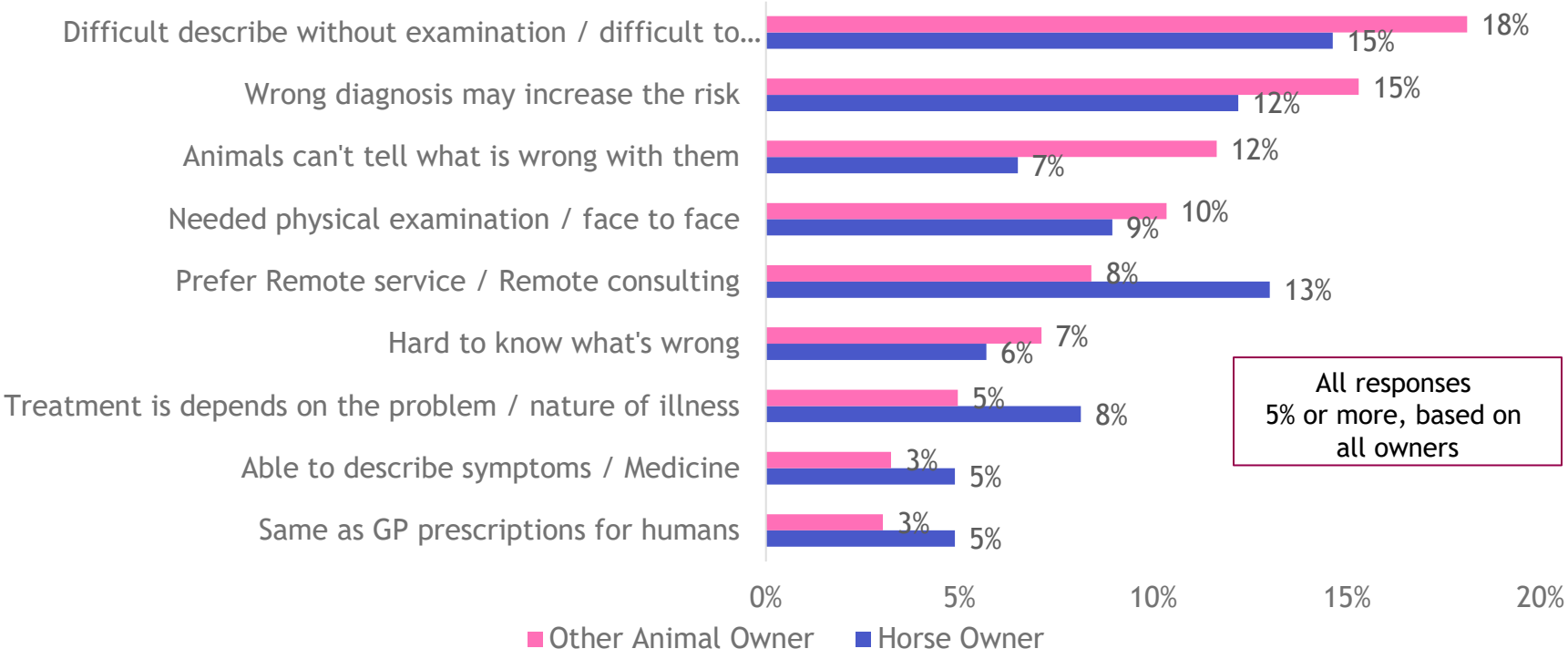


Q15 You previously said that you are very comfortable or fairly comfortable with a vet being able to prescribe medicines for your horse remotely, without first having physically examined them...What are your reason(s) for this? OPEN ENDED
Base: All owners who were very or fairly uncomfortable = 587

UNCOMFORTABLE WITH REMOTE PRESCRIBING INITIAL:

Main reason for being uncomfortable was fear of mis-diagnosis

Pet owners / horse owners that were “very or fairly uncomfortable” with remote prescribing



Q15 You previously said that you are very comfortable or fairly comfortable with a vet being able to prescribe medicines for your horse remotely, without first having physically examined them...What are your reason(s) for this? OPEN ENDED

Base: All owners who were very or fairly uncomfortable. Pet owners = 464, horse owners = 123

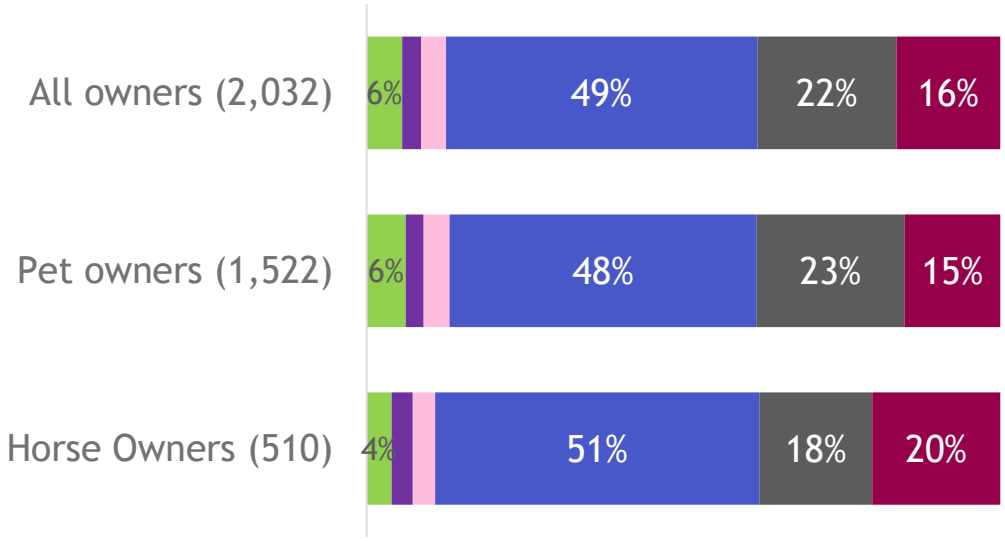
ADDITIONAL INFORMATION

When deciding whether it is appropriate to prescribe medicines remotely, the vet will be expected first to consider a number of factors, which may include but are not limited to…

(Please note that the proposed guidance makes clear that some medicines should not be prescribed remotely)

1. • The current or potential health condition being treated, and any associated risks
2. • The sort of medicine being prescribed
3. • Any side effects the medicine might have
4. • How long it has been since the animal was physically examined
5. • Whether the vet can access the animal's clinical history
6. • Whether the vet already knows the animal, and/or whether the owner is already a client
7. • The overall state of the animal's health

REMOTE PRESCRIBING ADDITIONAL INFO: The information improved comfort for almost two-fifths (38%). For half (49%), the information did not affect level of comfort

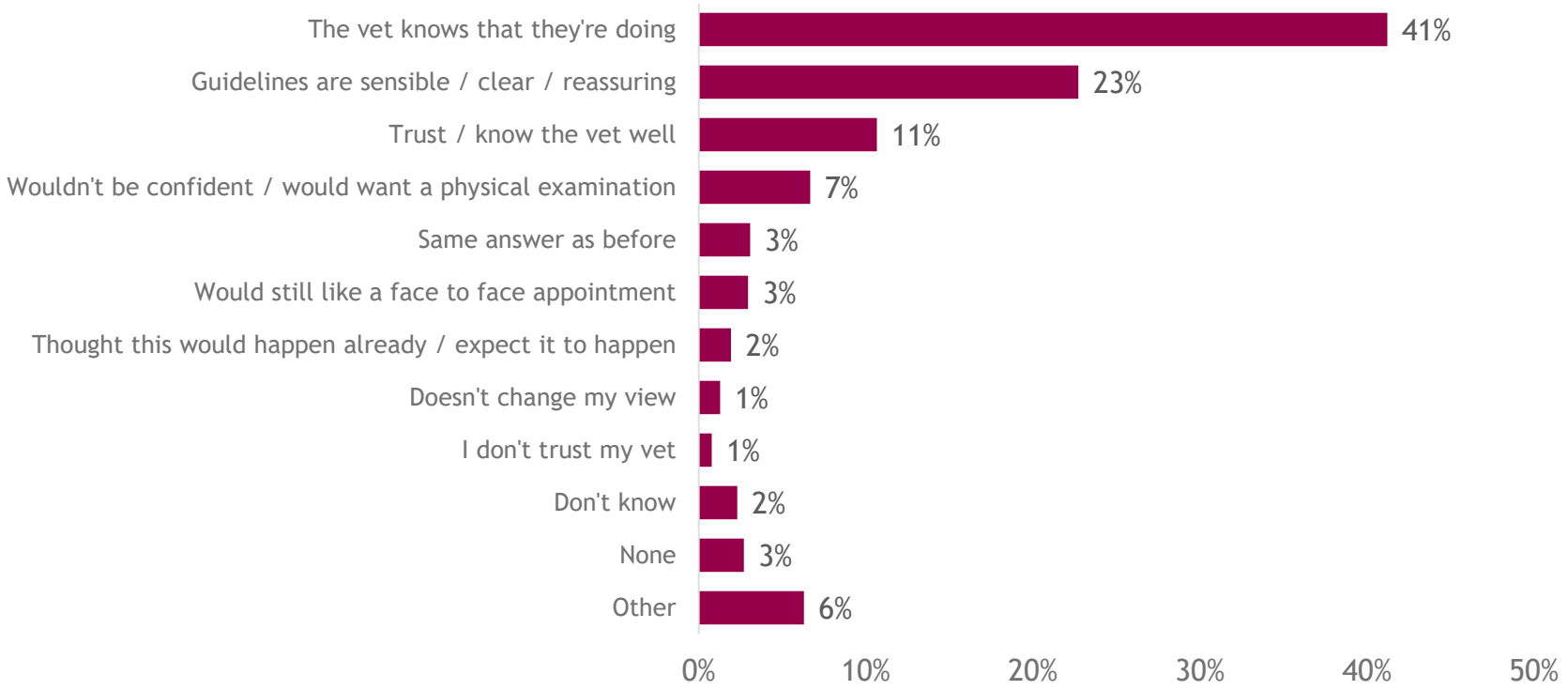


% slightly more or much more comfortable	% slightly less or much less comfortable
38%	7%
38%	7%
38%	7%

Q16 Thinking about the information above...How much more or less comfortable does this information make you feel about a vet being able to prescribe medicines for your horse / pet remotely, without first having physically examined them, or does it make no difference?
Base All owners (2,032)

REASON FOR INCREASED COMFORT ADDITIONAL INFO: Trust in vet (41%), guidelines are sensible (23%)

All owners who were “slightly or much more comfortable” following the additional information

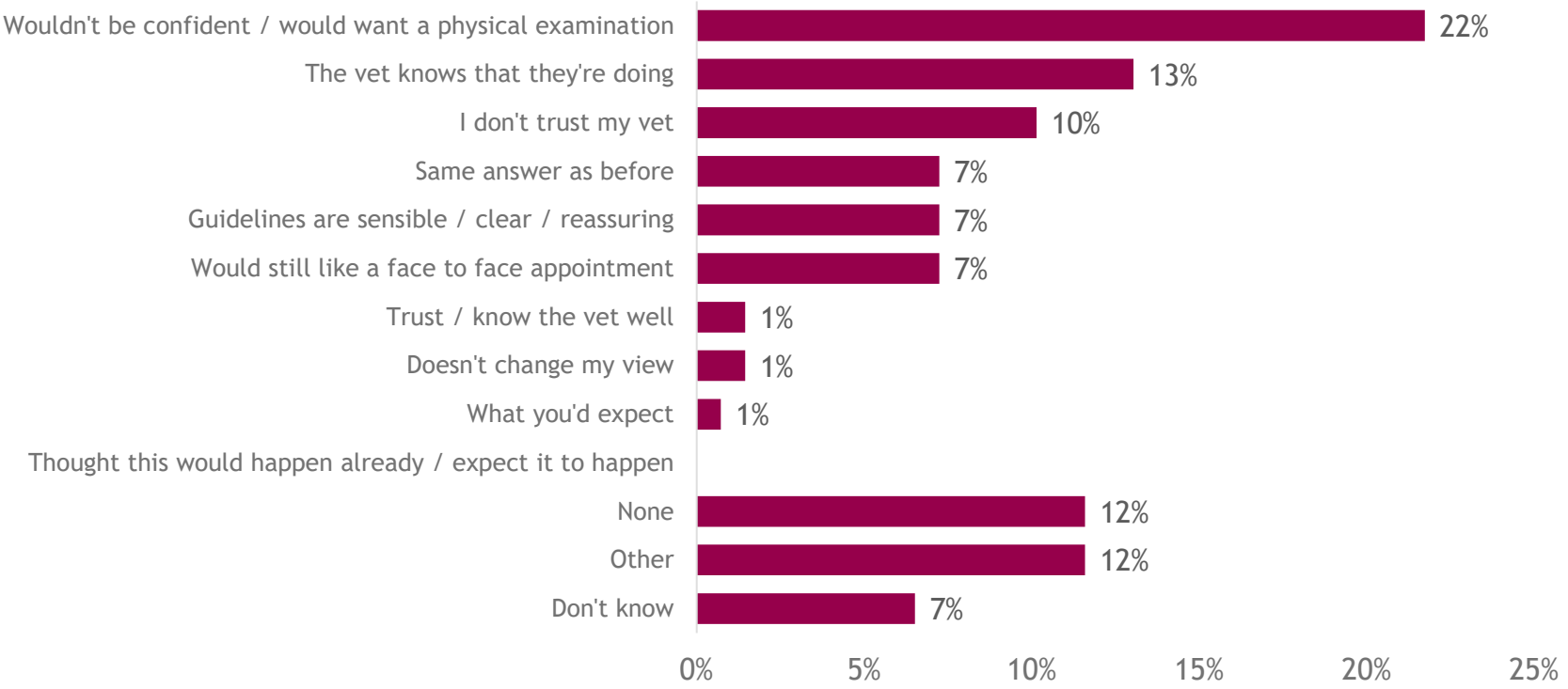


Q17 You previously said that you are slightly more or much more comfortable with a vet being able to prescribe medicines for your horse/s remotely, without first having physically examined them after hearing about the guidelines vets are expected to follow...
What are your reason(s) for this? OPEN ENDED

BASE All owners who were slightly more or much more comfortable after hearing the information (779)

REASON FOR DECREASED COMFORT ADDITIONAL INFO: Lack of confidence in diagnosis without a physical exam

All owners who were “slightly or much less comfortable” following the additional information



Q17 You previously said that you are slightly more or much more comfortable with a vet being able to prescribe medicines for your horse/s remotely, without first having physically examined them after hearing about the guidelines vets are expected to follow...
What are your reason(s) for this? OPEN ENDED

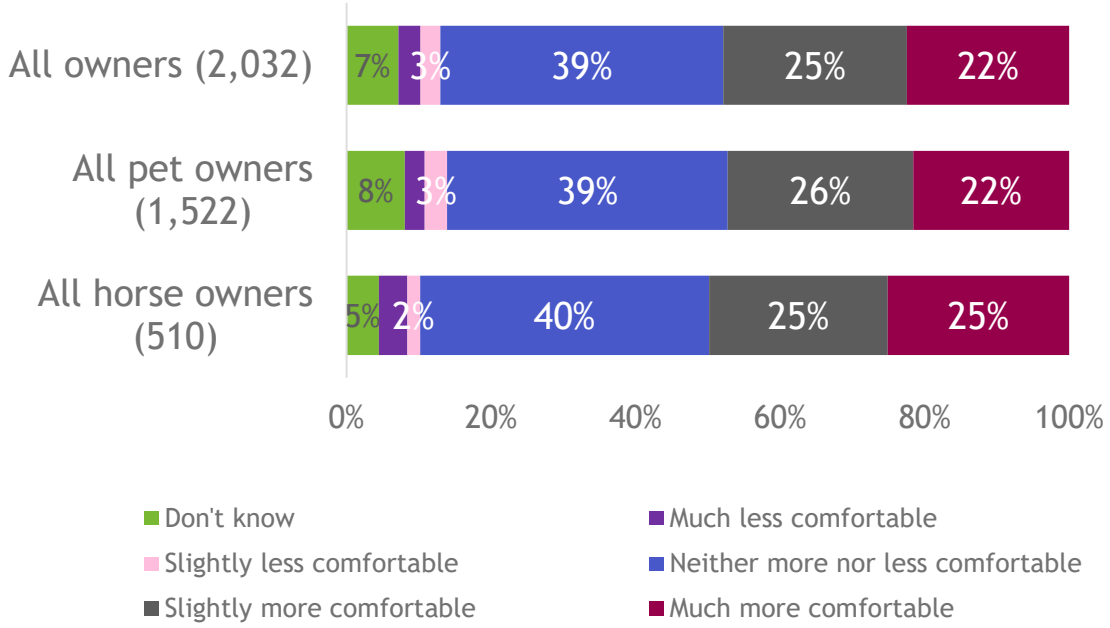
BASE All owners who were slightly more or much less comfortable after hearing the information (138)

SAFEGUARDING INFORMATION

When prescribing remotely, additional safeguards are required.

As such, the proposed guidance requires vets who prescribe medicines remotely to provide access to a 24/7 follow-up service, including physical examination, in case the animal reacts badly to the medicine, or its health deteriorates.

REMOTE PRESCRIBING SAFEGUARDING: Just under half (45%) were more comfortable when knowing the safeguards. For approx. two-fifths, it made no difference. Fewer than previously (39%) were unaffected by the information

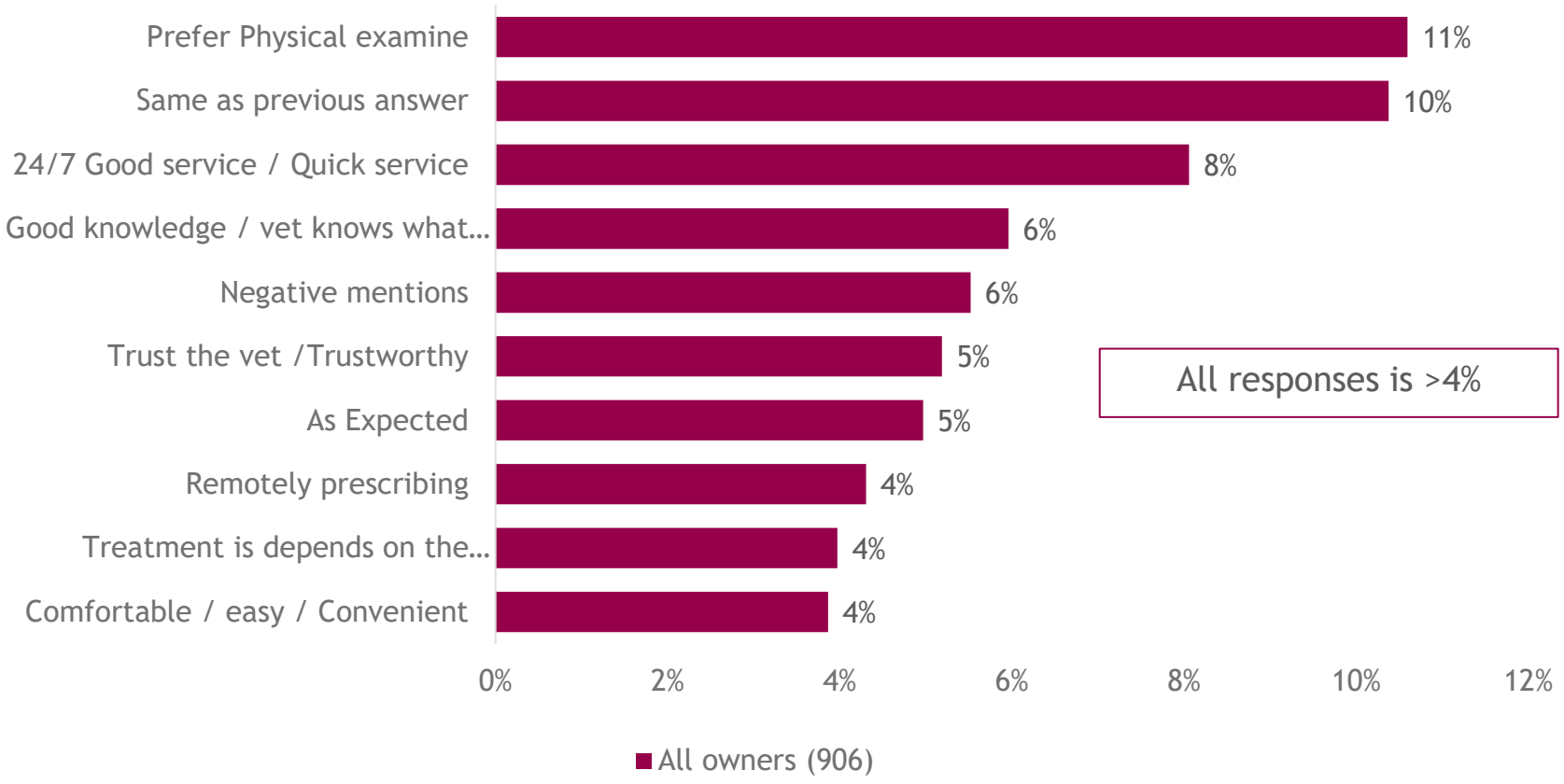


	% much more or slightly more comfortable	% slightly less or much less comfortable
All owners (2,032)	47%	6%
All pet owners (1,522)	48%	6%
All horse owners (510)	50%	6%

Q18 How much more or less comfortable does this additional safeguard make you feel about a vet being able to prescribe medicines for your horse/ pet remotely, without first having physically examined it, or does it make no difference?

Base All owners = 2,032

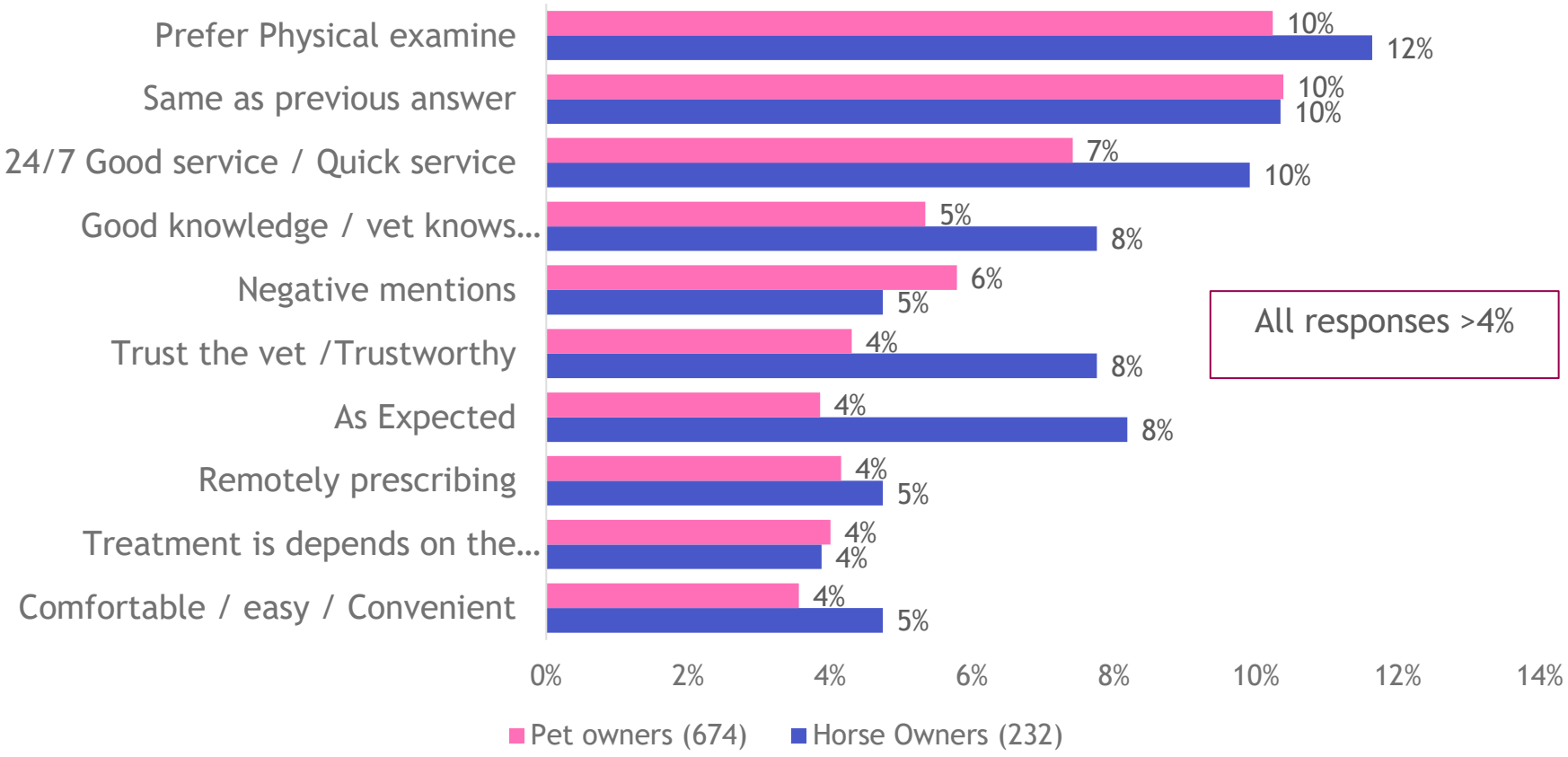
REMOTE PRESCRIBING SAFEGUARDING: Responses not insightful?



Q19 You previously said that you are not comfortable (construct) with a vet being able to prescribe medicines for your animal/s remotely, without first having physically examined them after hearing about the additional safeguard...What are your reason(s) for this? OPEN ENDED

Base All owners who did not select “much more” or “slightly more” comfortable at Q18 (906)

REMOTE PRESCRIBING SAFEGUARDING: Responses not insightful?



Q19 You previously said that you are not comfortable (construct) with a vet being able to prescribe medicines for your animal/s remotely, without first having physically examined them after hearing about the additional safeguard...What are your reason(s) for this? OPEN ENDED

Base All owners who did not select much more or slightly more comfortable at Q18 (906)

REMOTE PRESCRIBING LADDER

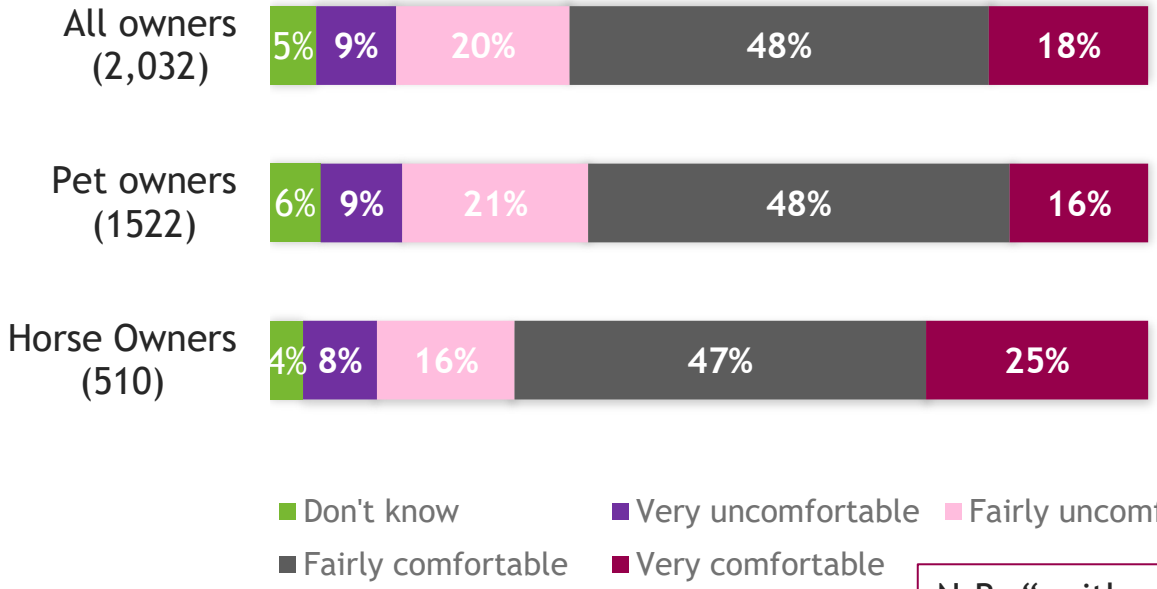
- Looking at the data differently and applying filters.

- Assumption: Those who are comfortable (“FAIRLY” or “VERY”) remain comfortable with more information i.e. that the information only affects owners positively towards remote prescribing

INITIAL PROPOSAL FOR REMOTE PRESCRIBING

Under the proposed guidance from the Royal College of Veterinary Surgeons, a vet may use their clinical judgment to decide whether it is appropriate to prescribe medicine for your horse/s after a remote clinical assessment, but without first having physically examined it.

REMOTE PRESCRIBING INITIAL: Two-thirds of all owners (66%) were comfortable with remote prescribing; just over a quarter (29%) were uncomfortable



% very or fairy comfortable with remote prescribing	% very or fairly uncomfortable with remote prescribing
66%	29%
64%	30%
72%	24%

N.B. “neither comfortable nor uncomfortable” was not provided as an option

Q14 How comfortable or uncomfortable do you feel about a vet being able to prescribe medicines for your horses remotely (i.e., via video call, phone call, etc.), without first having physically examined them?
Base: Base: All owners (2,032)

ADDITIONAL INFORMATION

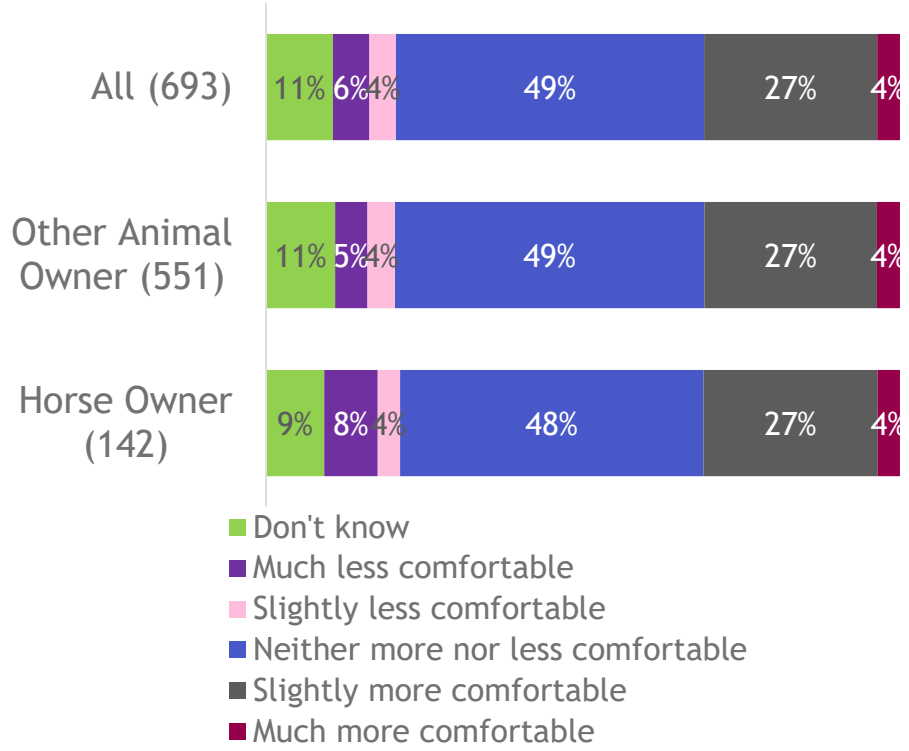
When deciding whether it is appropriate to prescribe medicines remotely, the vet will be expected first to consider a number of factors, which may include but are not limited to…

(Please note that the proposed guidance makes clear that some medicines should not be prescribed remotely)

1. • The current or potential health condition being treated, and any associated risks
2. • The sort of medicine being prescribed
3. • Any side effects the medicine might have
4. • How long it has been since the animal was physically examined
5. • Whether the vet can access the animal's clinical history
6. • Whether the vet already knows the animal, and/or whether the owner is already a client
7. • The overall state of the animal's health

REMOTE PRESCRIBING ADDITIONAL INFO: Of those who were previously uncomfortable / didn't know, two-thirds of these owners (69%) were NOT more comfortable after reading the information

All who were not "VERY" or "FAIRLY" comfortable with remote prescribing initially



	% slightly more or much more comfortable	% slightly less or much less comfortable	% NOT more comfortable
All (693)	31%	10%	69%
Other Animal Owner (551)	31%	9%	69%
Horse Owner (142)	31%	12%	69%

Q16 Thinking about the information above...How much more or less comfortable does this information make you feel about a vet being able to prescribe medicines for your horse / pet remotely, without first having physically examined them, or does it make no difference?
Base All owners who were not "VERY" or "FAIRLY" comfortable with remote prescribing initially (693)

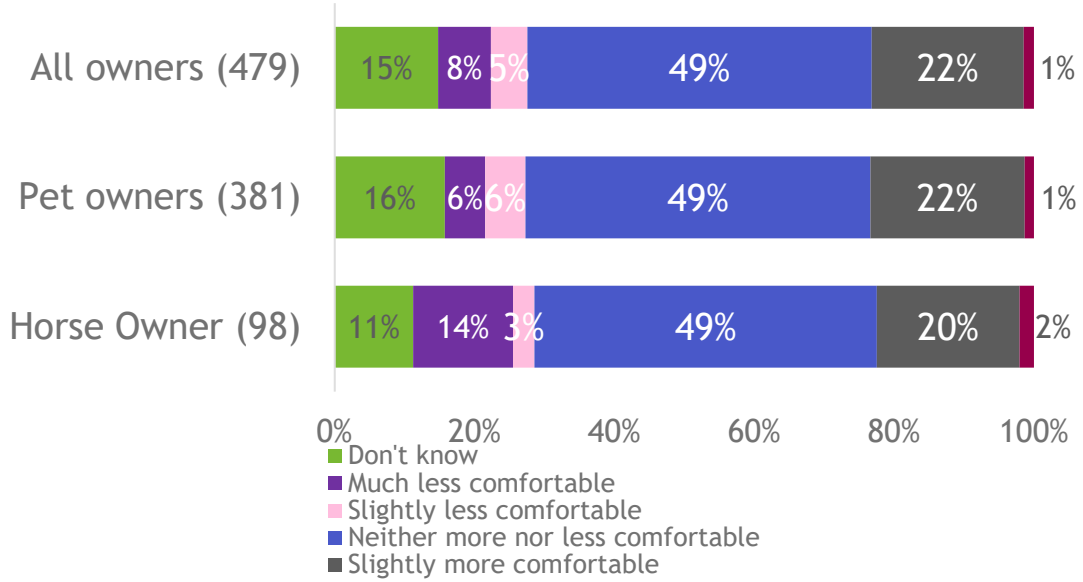
SAFEGUARDING INFORMATION

When prescribing remotely, additional safeguards are required.

As such, the proposed guidance requires vets who prescribe medicines remotely to provide access to a 24/7 follow-up service, including physical examination, in case the animal reacts badly to the medicine, or its health deteriorates.

REMOTE PRESCRIBING SAFEGUARDING: Of those who were previously uncomfortable / didn't know or neither/nor, xx of these owners were NOT more comfortable after reading the safeguards

All who were not "VERY" or "FAIRLY" comfortable with remote prescribing after additional information



	% slightly more or much more comfortable	% slightly less or much less comfortable	% NOT more comfortable
All owners (479)	23%	13%	77%
Pet owners (381)	23%	12%	77%
Horse Owner (98)	22%	17%	78%

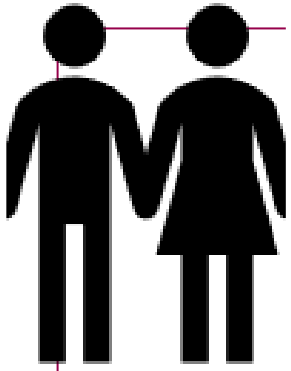
Q18 How much more or less comfortable does this additional safeguard make you feel about a vet being able to prescribe medicines for your horse/ pet remotely, without first having physically examined it, or does it make no difference?

Base All who were not "VERY" or "FAIRLY" comfortable with remote prescribing after the additional information (479)

REMOTE PRESCRIBING LADDER: After reading all the information presented, 82% of owners were "VERY" or "FAIRLY" comfortable with remote prescribing

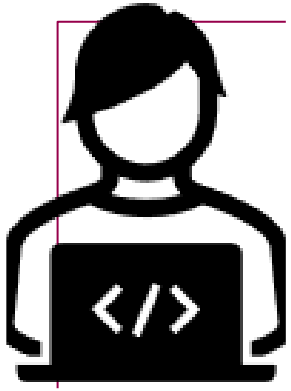
	Resulting cumulative % "VERY" or "FAIRLY" comfortable with remote prescribing	
	All owners n= 2,032	Pets (n=1,522) / horses (n=510)
Q14 Initially (n=2,032 were shown this information)	66% n = 1,339	64% / 72%
Q16 Additional information (n=693 were shown this information)	76% n = (1339+214) = 1,553	75% / 81%
Q18 Safeguarding information (n=479 asked this information), Resulting base n=368	82% n = (1339+214+111) = 1,664	81% / 85%

Comparing the demographics of those "comfortable vs "not comfortable"



Proportionately, men were statistically more likely (95%) than women to be "not comfortable" than "comfortable"

(Total sample of men n=831, women n=1,201)

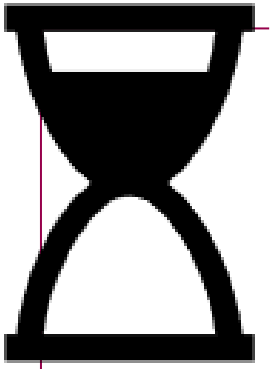


Proportionately, ABC1 were statistically more likely (99%) than C2DE to be "comfortable" than "not comfortable"

(Total sample ABC1 n=1,373, Total sample C2DE n= 659)

Proportionately more likely to be "not comfortable"
Men
C2DE

Comparing the demographics of those “comfortable vs “not comfortable”



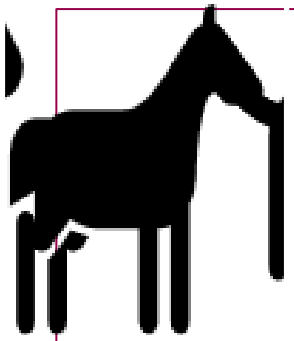
Proportionately, aged 55y+ were statistically more likely (90%) than all other age bands to be “not comfortable” than comfortable

(Total sample size of 55y+ n = 1,002)

Proportionately, no statistical differences observed based on ONS Urban / rural status

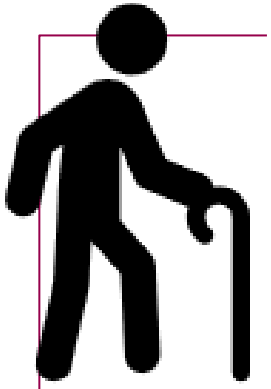
Proportionately more likely to be “not comfortable”
55y+
*

Comparing the demographics of those "comfortable vs "not comfortable"



Proportionately, pet owners were statistically more likely (90%) than horse owners to be "not comfortable" than comfortable

(Total sample of pet owners n=1,522, horse owners n= 510)



Proportionately, those with a disability (a lot or a little), were statistically more likely (95%) to be "not comfortable" than "comfortable" compared to those with no disability

(Total sample with a disability n= 584, no disability n=1,180, remainder did not disclose)

Proportionately more likely to be "not comfortable"
Pet owners
No disability

Comparing the demographics of those “comfortable vs “not comfortable”

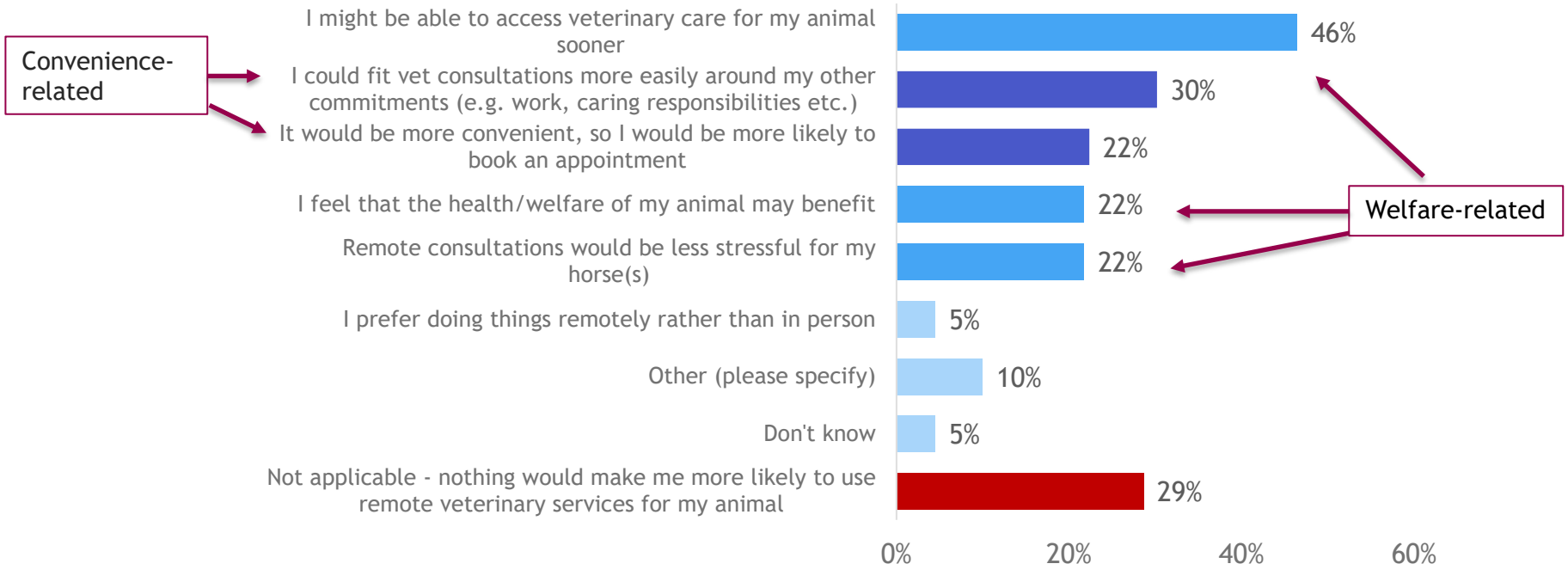
Proportionately more likely to be “not comfortable”
Not living in the north

Proportionately, those in the North were more statistically more likely (90%) to be “comfortable” than “not comfortable” compared to all other regions

(Total in North n=434)

BENEFITS OF REMOTE PRESCRIBING: Horse welfare and owner convenience

Between a quarter and a third of owners (29%) felt NOTHING would make them MORE likely to use remote veterinary services for their horse/s

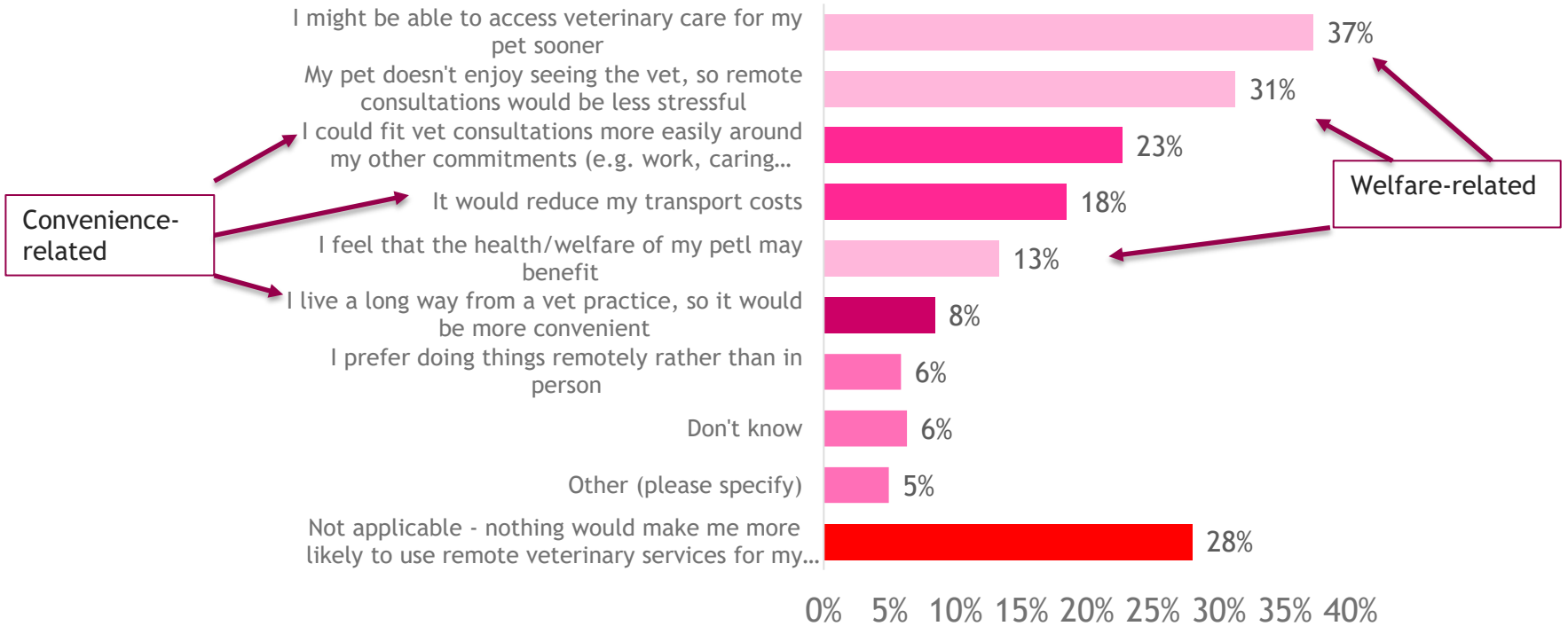


Q21 Which, if any, of the following potential advantages would make you more likely to use remote veterinary services (e.g. medicines prescribed remotely) for your horse/s? CODE ALL THAT APPLY

Base All horse owners = 510

BENEFITS OF REMOTE PRESCRIBING: Pet welfare and owner convenience

Between a quarter and a third of owners (28%) felt NOTHING would make them MORE likely to use remote veterinary services for their pet/s

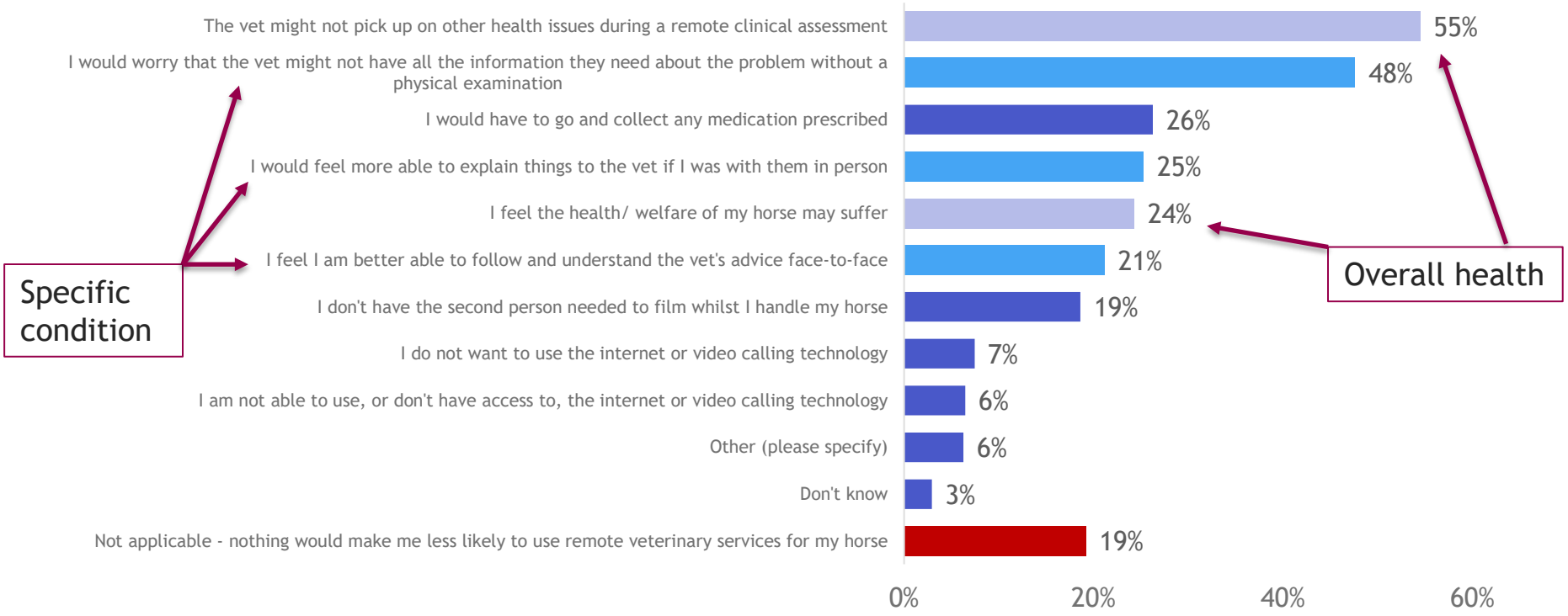


Q21 Which, if any, of the following potential advantages would make you more likely to use remote veterinary services (e.g. medicines prescribed remotely) for your pet? CODE ALL THAT APPLY

Base All pet owners = 1,522

DISADVANTAGES OF REMOTE PRESCRIBING: Incomplete overall picture and of the specific condition, plus practicalities

Approximately a fifth of owners (19%) felt NOTHING would make them LESS likely to use remote veterinary services for their horse/s

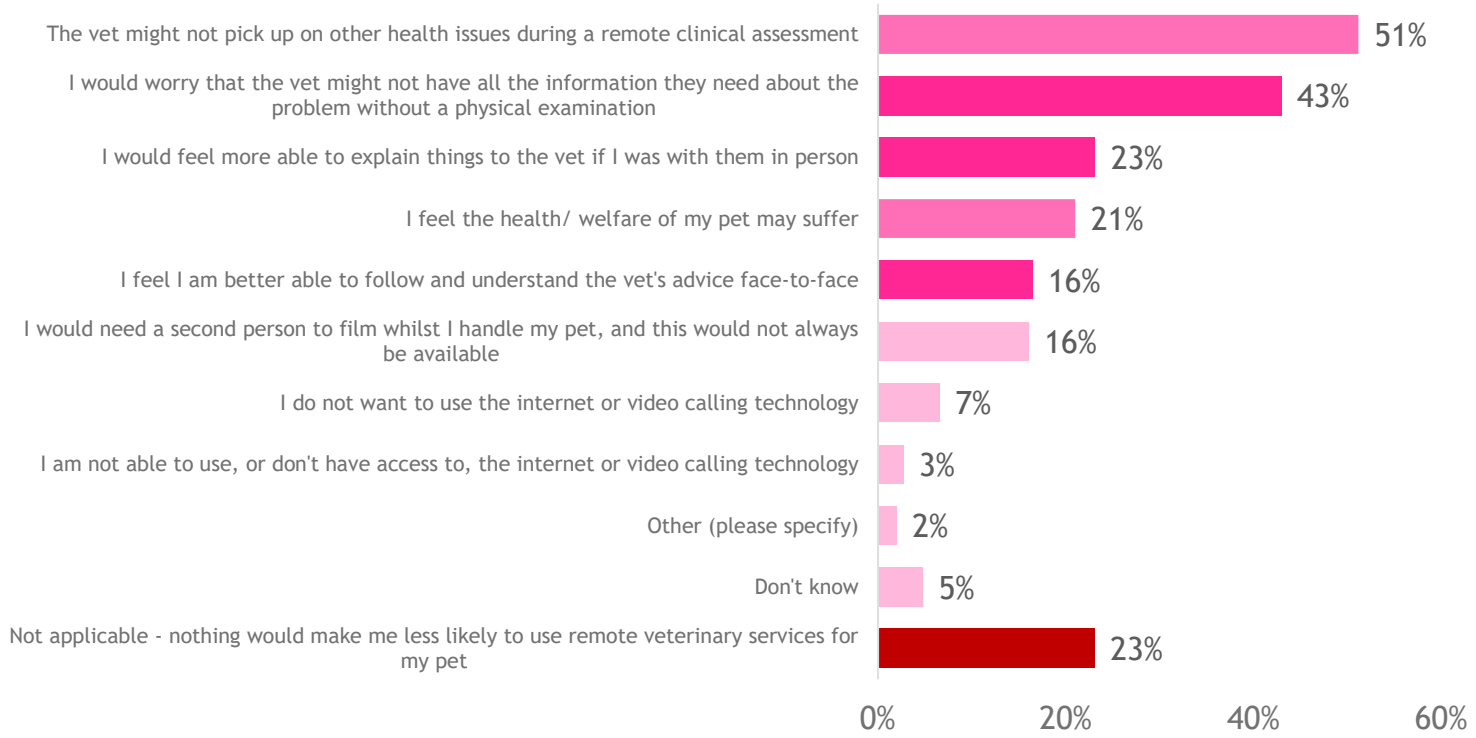


Q22 Which, if any, of the following potential disadvantages would make you less likely to use remote veterinary services (e.g. medicines prescribed remotely) for your horse/s? CODE ALL THAT APPLY

Base All horse owners = 510

DISADVANTAGES OF REMOTE PRESCRIBING: Incomplete overall picture and of the specific condition, plus practicalities

Approximately a quarter of owners (23%) felt NOTHING would make them LESS likely to use remote veterinary services for their pet/s



Q22 Which, if any, of the following potential disadvantages would make you less likely to use remote veterinary services (e.g. medicines prescribed remotely) for your horse/s? CODE ALL THAT APPLY

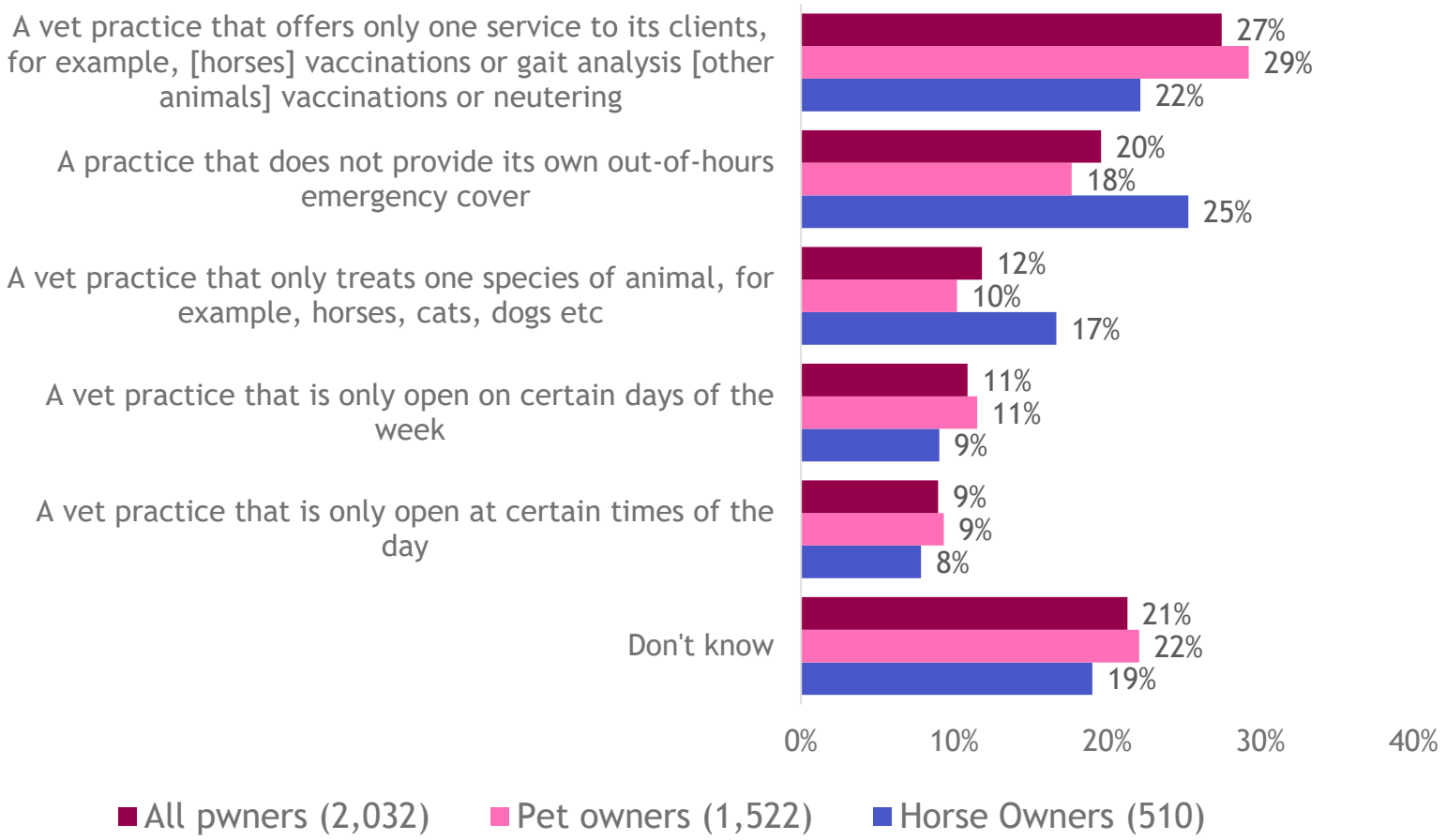
Base All horse owners = 510

LIMITED-SERVICE PROVIDERS

There are a number of different types of vet practice, including:

general practices, veterinary hospitals, referral centres and limited-service providers, each of which provides different types of veterinary services.

LIMITED-SERVICE PROVIDER: Meaning unclear to three-quarters (73%) of owners



Q23 Which ONE, if any, of the following do you think best describes a 'limited-service provider'? CODE ONE ONLY

Base All owners = 2,032, All horse owners = 510, All other animal owners = 1,522

DEFINITION OF LIMITED-SERVICE PROVIDER

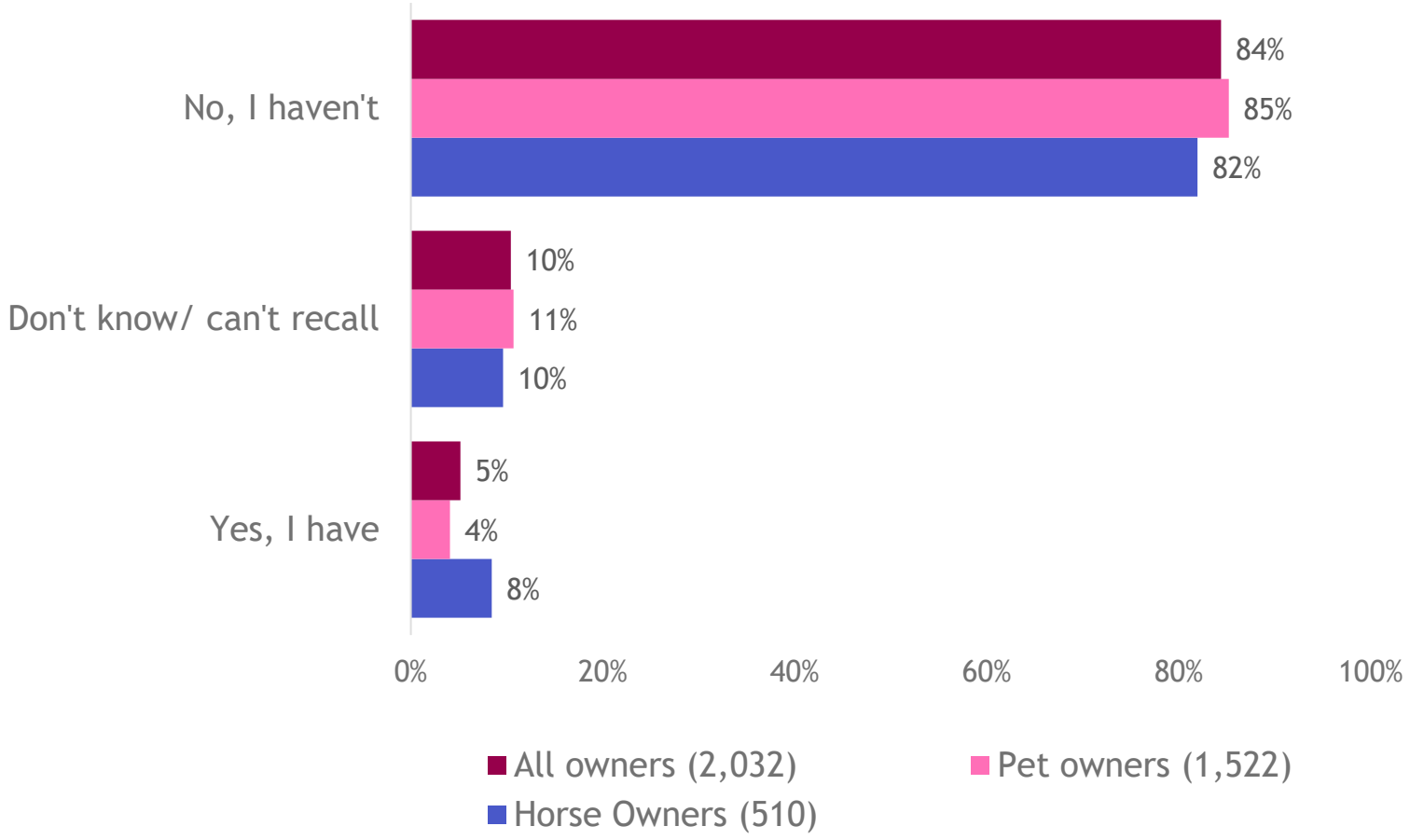
Our definition of a limited-service provider is:

‘a practice that offers no more than one service to its clients’,

[HORSES] the most common examples in equine practice being gait analysis and equine reproductive clinics

[OTHER ANIMAL OWNERS] the most common examples in small animal practice being vaccination clinics and neutering clinics.

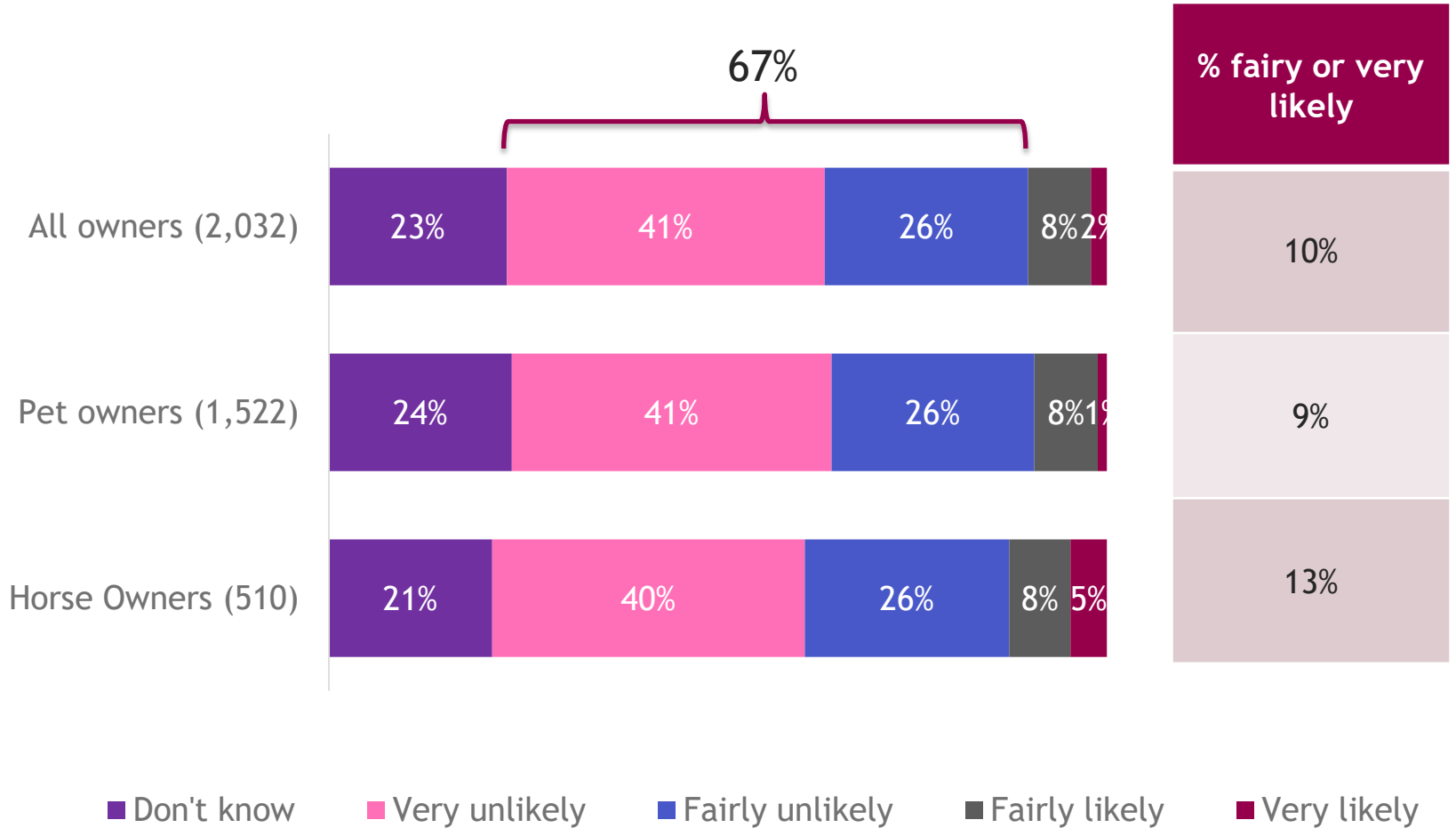
LIMITED-SERVICE PROVIDER: Most (84%) had NOT used a limited-service provider



Q24 With this definition in mind, have you ever used a limited-service provider?

Base All owners = 2,032, All horse owners = 510, All other animal owners = 1,522

LIKELIHOOD OF USE: Two-thirds (67%) felt they were UNLIKLEY to use a limited-service provider

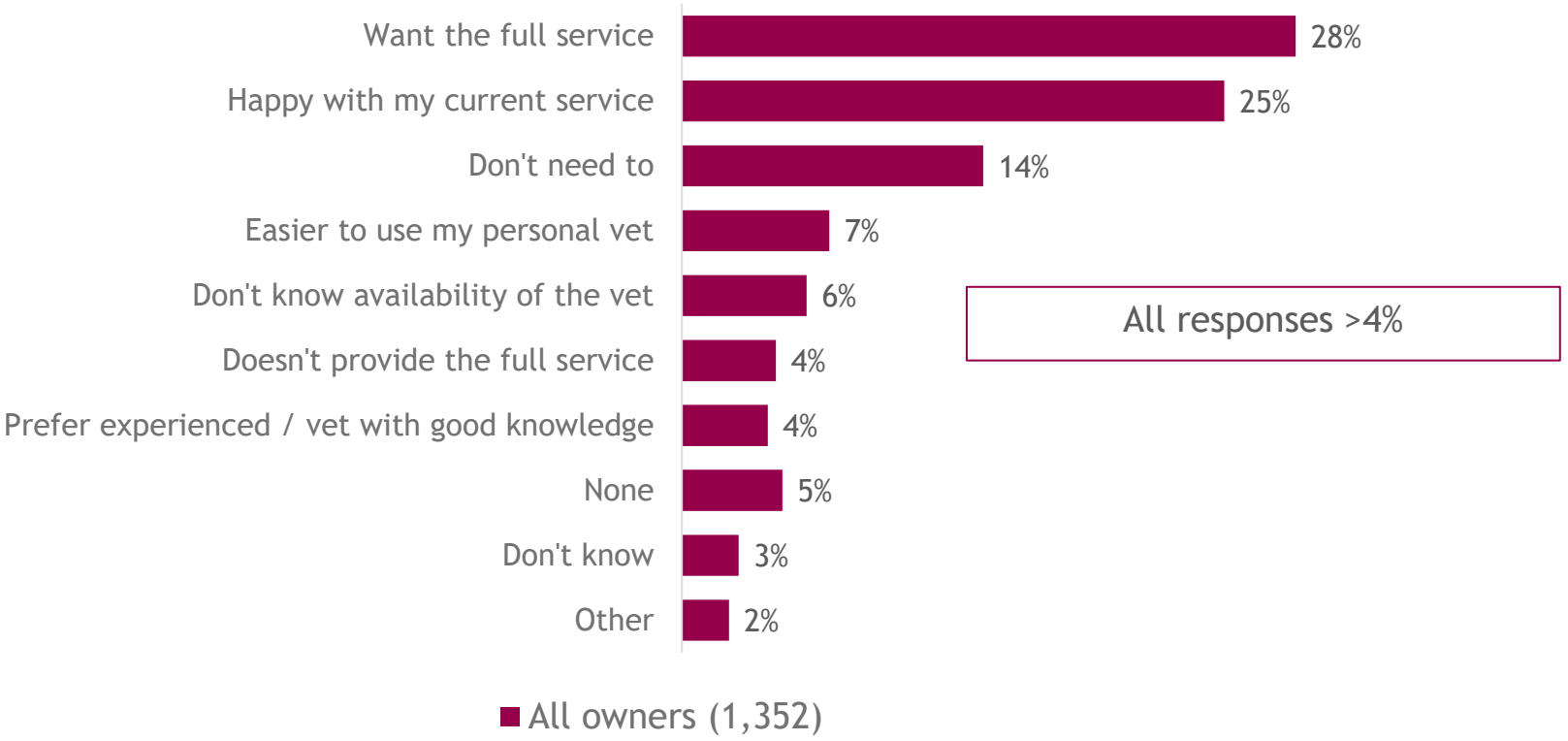


Q25 How likely or unlikely do you think you are to use a limited-service provider in the future?

Base All owners = 2,032, All horse owners = 510, All other animal owners = 1,522

LIMITED-SERVICE: Owners want a full service (28%) / are happy with current service (25%)

All who were not "VERY" or "FAIRLY" likely to use a limited-service provider

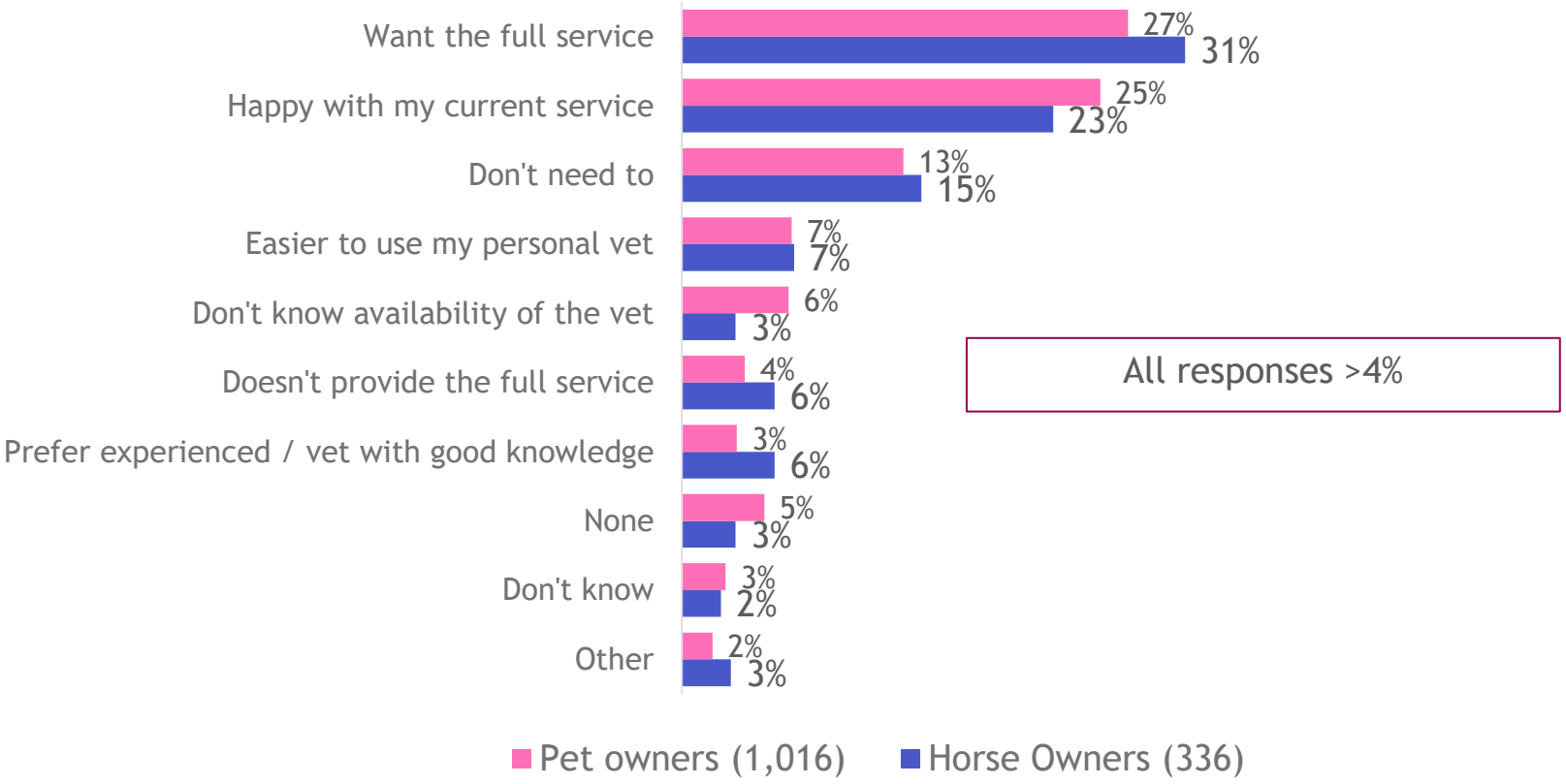


Q26 You previously said that you are [] to use a limited-service provider in the future...

Base All who were not "very" of "fairly" likely to use the limited-service provision in the future (1,352)

LIMITED-SERVICE: Little difference in opinion between the cohorts

All who were not "VERY" or "FAIRLY" likely to use a limited-service provider



Q26 You previously said that you are [] to use a limited-service provider in the future...

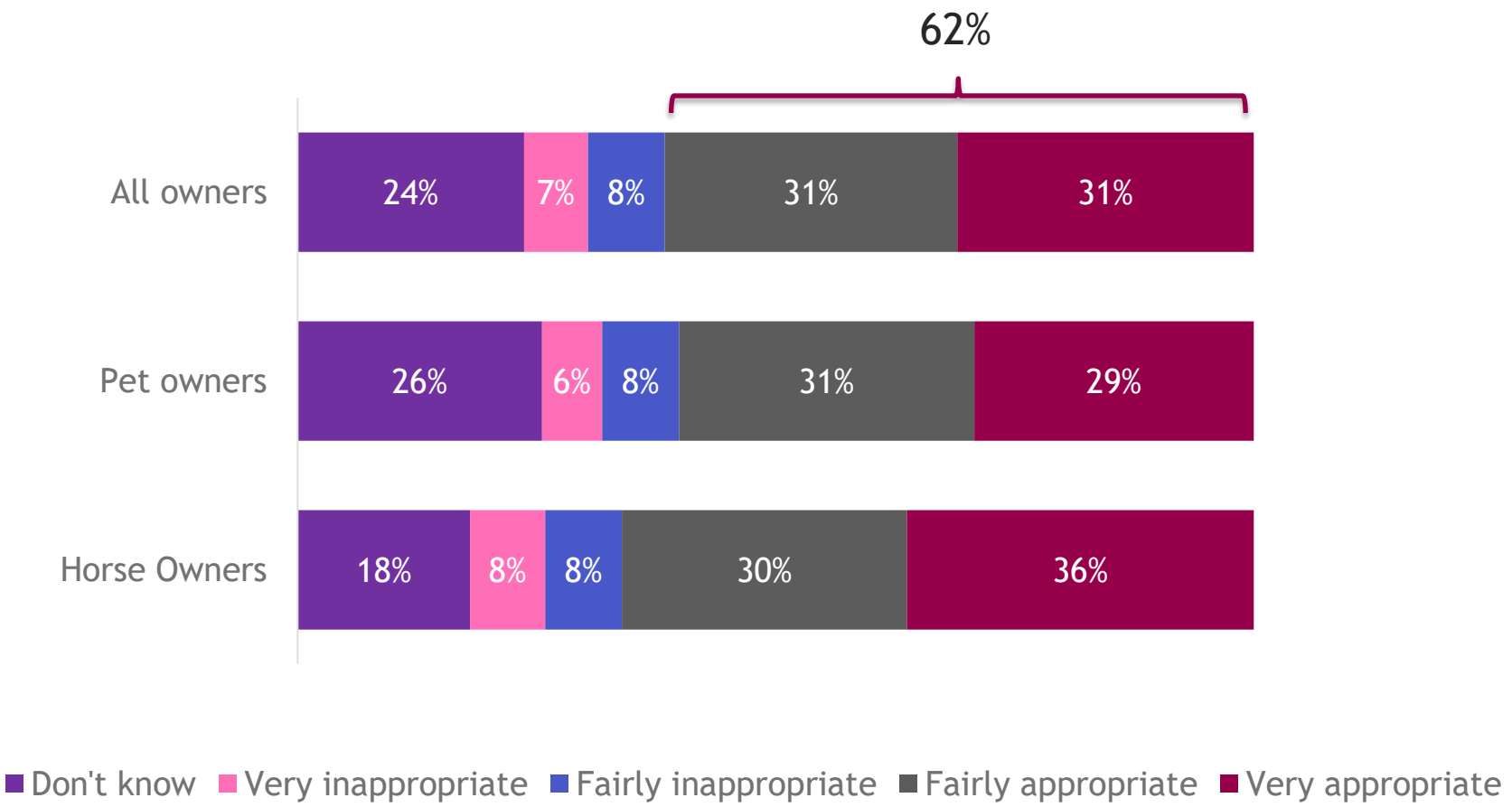
Base All who were not "very" of "fairly" likely to use the limited-service provision in the future (1,352)

LIMITED-SERIVICE PROVIDERS PROPOSED GUIDELINES

The RCVS's proposed guidance says that limited service providers should only provide 24/7 emergency cover for the service they offer.

For example, only those related to the specific procedure or treatment provided (e.g. an adverse reaction to a vaccination or medicine, or a complication from the specific procedure or treatment provided).

PROPOSED REQUIREMENT: Just under two-thirds (62%) felt the requirement to only provide 24/7 cover for the service they offer, was appropriate with only 15% feeling it would be inappropriate

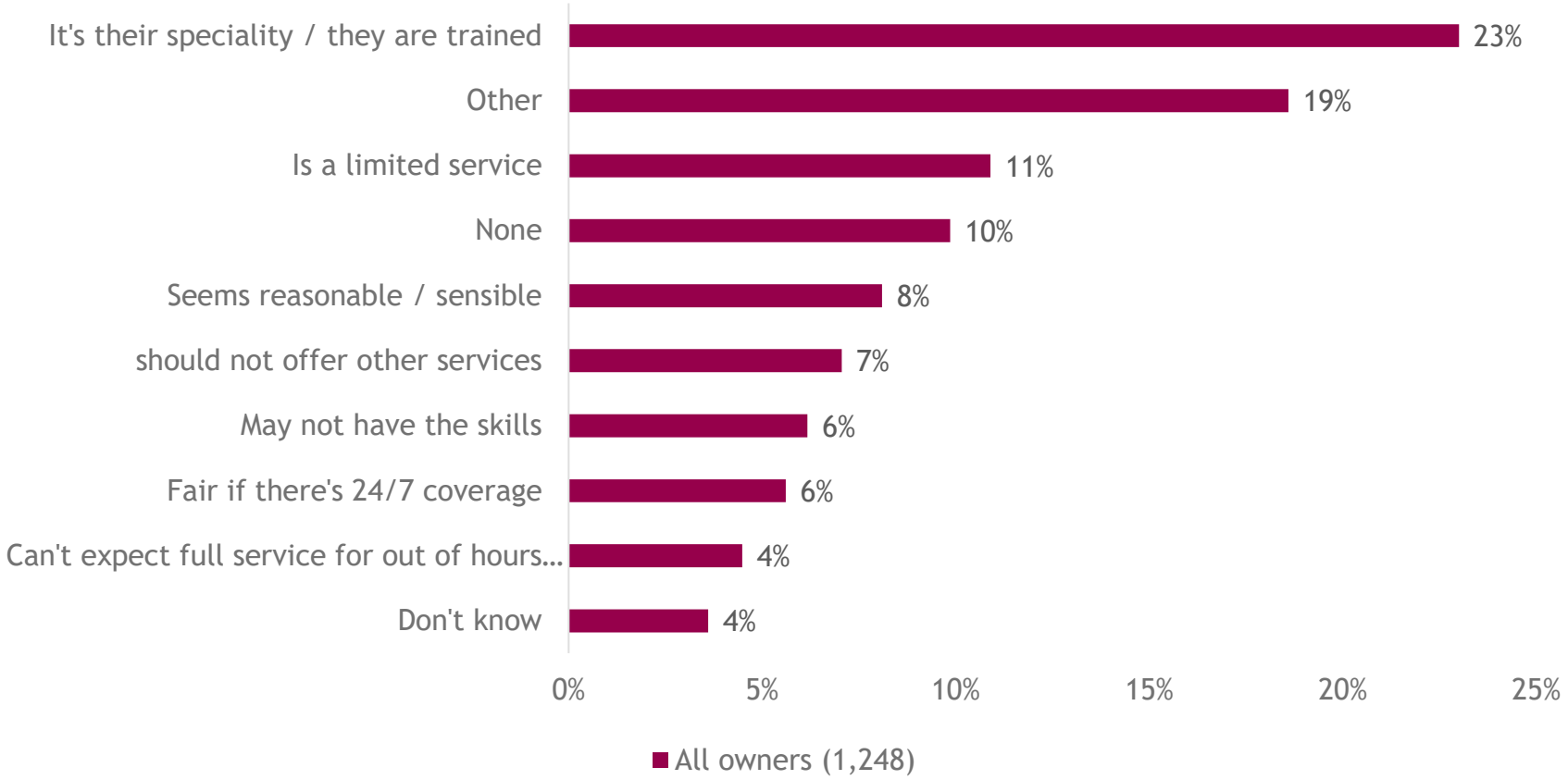


Q27 How appropriate or inappropriate do you think this requirement is?

Base All owners = 2,032, All horse owners = 510, All other animal owners = 1,522

PROPOSED REQUIREMENT: The requirements seemed appropriate as this was considered to be “their specialty”

All who felt the requirement was “VERY” or “FAIRLY” appropriate

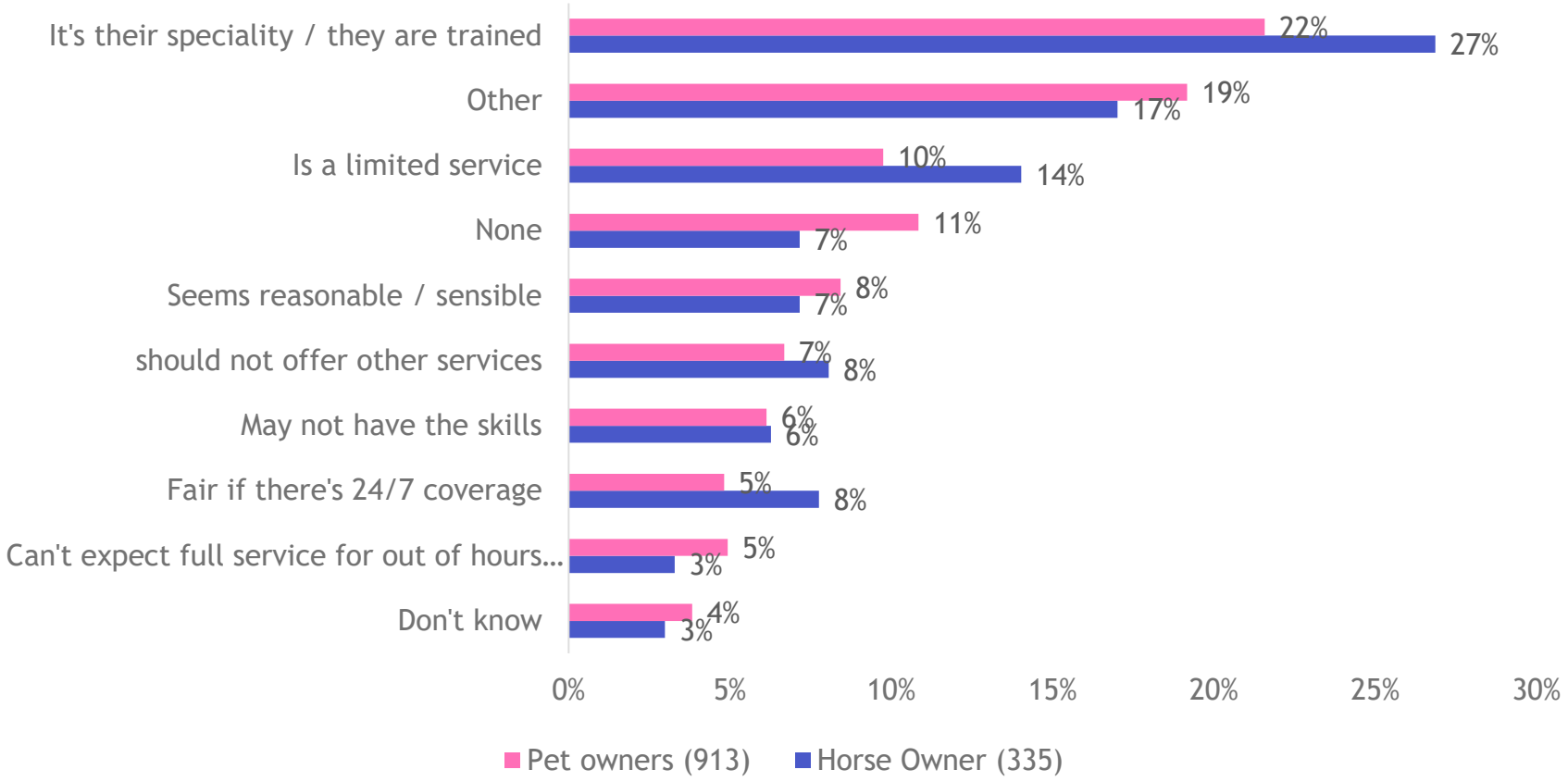


Q28 You previously said that you think the requirement for limited-service providers to only need to provide 24/7 emergency cover for the service they offer is …

Base All who felt this was “VERY” or “FAIRLY” appropriate at Q27 (1,248)

PROPOSED REQUIREMENT: Opinions were similar for both cohorts

All who felt the requirement was “VERY” or “FAIRLY” appropriate



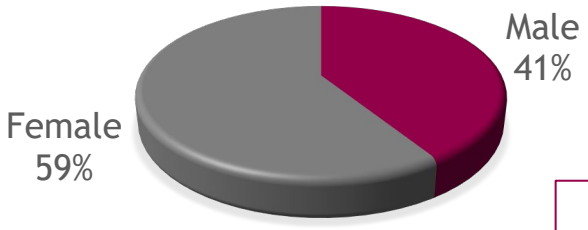
Q28 You previously said that you think the requirement for limited-service providers to only need to provide 24/7 emergency cover for the service they offer is …

Base All who felt this was “VERY” or “FAIRLY” appropriate at Q27 (1,248)

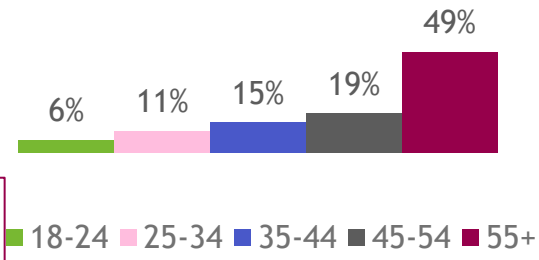
DEMOGRAPHICS

DEMOGRAPHIC PROFILE OF TOTAL SAMPLE

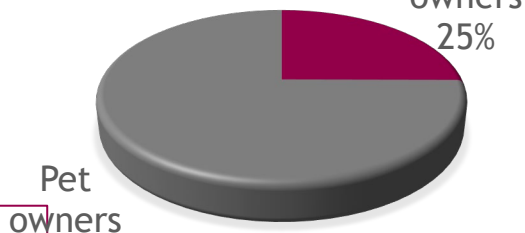
BY GENDER



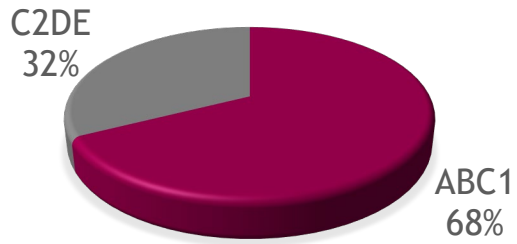
BY AGE



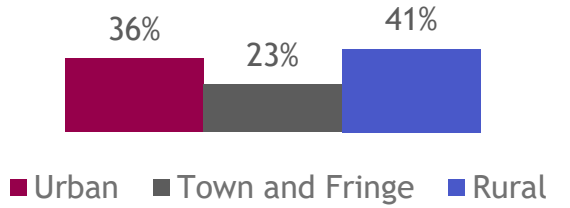
BY SPECIES



BY S/E



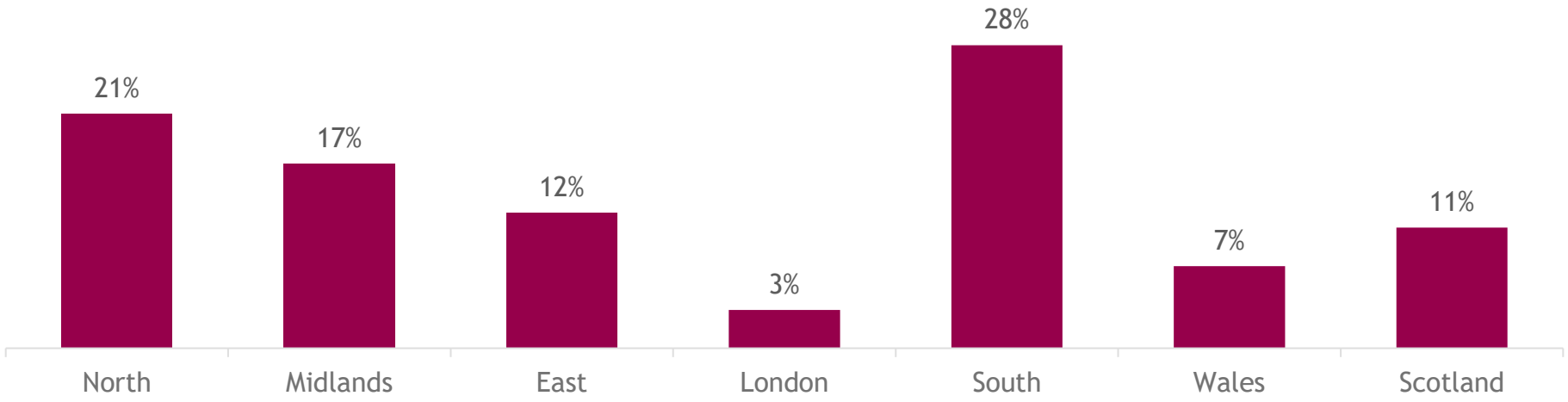
BY LOCATION



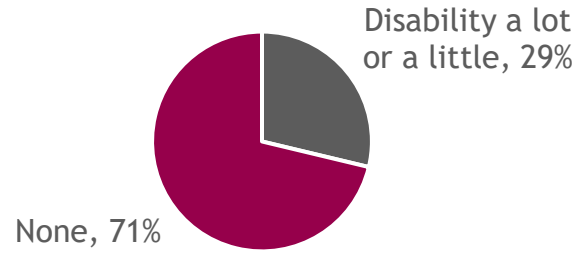
Base: All animal owners 2,032

DEMOGRAPHIC PROFILE OF TOTAL SAMPLE

BY REGION



BY ABILITY



Base: All animal owners 2,032

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RCVS review of 'under care' and 24/7 emergency cover

Analysis of survey responses from the livestock sector

1. An important part of the consultation process was to engage with the animal owning public. For small animal and equine owners, this was done through a survey provided by YouGov. For livestock and farm animals, it was felt that consulting with relevant stakeholders would be a better way to secure engagement, for example the NFU has 55,000 members in England and Wales alone.

2. In total, the RCVS wrote to 23 organisations setting out the key information relating to the review and asking them to complete a short survey. A list of the stakeholders written to is at **Appendix i** and the letter sent is at **Appendix ii**.

3. The survey asked respondents to answer five questions:

    a. How, if at all, might these proposals affect your members' access to veterinary care?
    b. How, if at all, might these proposals affect your members' access to veterinary medicines?
    c. How, if at all, do you think these proposals might affect animal health and welfare?
    d. How, if at all, might these proposals affect your members' businesses?
    e. Is there anything else you would like to tell us about how the proposals might affect your members or their animals?

4. Of the 23 organisations contacted, 6 responded. We also received a response on behalf of an an individual farm. The organisations that responded were:

    a. National Farmers' Union (NFU)
    b. NFU Scotland
    c. NFU Cymru
    d. National Sheep Association
    e. British Poultry Council
    f. Red Tractor Assurance

5. It should be noted that Quality Meat Scotland provided a response as part of the consultation with the profession.

Question 1 - How, if at all, might these proposals affect your members' access to veterinary care?

6. Most of the respondents felt that the proposals would widen, or at least preserve, access to veterinary care through a more flexible framework. However, two raised concerns about access to care in remote areas, such as the Highlands and Islands of Scotland, particularly in light of the proposed guidance regarding prescribing antibiotics and controlled drugs. A further concern raised was whether the new provisions would allow online business models to undercut traditional bricks and mortar practices, therefore resulting in a loss of emergency provision.

7. One respondent observed that some veterinary surgeons will be more open to adopting this new way of working than others, and that this may cause some businesses to benefit but others to suffer. This could lead to the closure of business, which in turn may result is reduced access to care.

8. None of the respondents raised issues with retaining the current rules on 24/7 emergency cover, nor with the proposed 24/7 provision for limited service providers.

Question 2 - How, if at all, might these proposals affect your members' access to veterinary medicines?

9. Again, most of the respondents felt that the proposals would at least preserve, if not widen, access to veterinary medicines. One respondent asked for clarification on what amounted to 'recently enough' in relation to prescribing antimicrobials.

10. Whilst a number of the responses recognised the need to ensure responsible antimicrobial stewardship, it was raised that the proposed guidance might make access to certain medicines more difficult in remote areas where the veterinary surgeon cannot attend easily.

Question 3 - How, if at all, do you think these proposals might affect animal health and welfare?

11. The majority of respondents felt the proposals would have no adverse impact on animal health and welfare and some felt that the proposals would benefit animal welfare in the long term. As with previous questions, concerns were raised about access to medicines in remote areas. It was also observed that attending farms less might mean that issues identified incidentally might be missed.

12. One respondent felt that the proposals had the capacity to erode a farmer's ability to treat their own animals, which would cause delays to animals receiving medicines and impact negatively on animal welfare.

Question 4 - How, if at all, might these proposals affect your members' businesses?

13. Most of the respondents felt that the proposals would have no impact on businesses.

14. One respondent thought that increased veterinary visits (e.g. when prescribing antimicrobials) would lead to increased costs. Others felt that animals might be lost which might otherwise have been saved (e.g. because of erosion of farmer's ability to treat own animals, growth in online businesses causing a decline in traditional practices resulting in reduced access to emergency care, remote locations).

Question 5 - Is there anything else you would like to tell us about how the proposals might affect your members or their animals?

15. One respondent felt the status quo should be maintained. Others broadly supported changes but were concerned about the impact of the changes of remote areas or to their ability to treat their own animals.

Conclusion

16. The main concerns stemmed from the proposed guidance on prescribing antimicrobials to agricultural animals which states:

> *'When prescribing antimicrobials for agricultural animals, veterinary surgeons should ensure they have an in-depth knowledge of the farm, including its production systems, the environment, disease challenges and the general health status of the herd or flock. Veterinary surgeons should have attended the premises and physically examined at least one animal immediately prior to prescribing, or where this is not possible, recently enough to ensure they have adequate information and knowledge to prescribe responsibly.*

Veterinary surgeons should be prepared to justify their decision in cases where antimicrobials are prescribed without attending the farm and physically examining at least one animal immediately prior.'

17. Several respondents felt that this 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.

18. As mentioned above, none of the respondents raised any concerns about retaining the current rules on 24/7 emergency cover or h the proposed 24/7 provision for limited service providers.

Appendix i

List of livestock/farming stakeholders

NFU Cymru
Ulster Farmers Union
British Egg Industry Council
Livestock & Meat Commission for Northern Ireland
Soil Association
The Royal Highland and Agricultural Society of Scotland
Royal Welsh Agricultural Society
British Poultry Council
Dairy UK
National Beef Association
British Pig Association
National Sheep Association
Linking Environment And Farming (LEAF)
Sustain
Farm Assured Welsh Livestock
Soil Association Scotland
Royal Agricultural Society of England
RSPCA Assured
NFU
NFUS
Farmers' Union of Wales
Red Tractor
Quality Meat Scotland

RCVS SETTING VETERINARY STANDARDS

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

A consultation with the UK livestock sector on proposed guidance

September 2022

UNDER CARE **REVIEW**

Contents

A. Foreword

As part of a long-running and wide-ranging review about some important aspects of veterinary work, we are now consulting a number of key livestock industry stakeholders and should be grateful for the views of your organisation on behalf of your members.

As you will be aware, the Royal College of Veterinary Surgeons (RCVS) is the regulator of the UK veterinary professions. Our role is to enhance society through improved animal health and welfare. We do this by setting, upholding and advancing the educational, ethical and clinical standards of veterinary surgeons and veterinary nurses.

One of our key responsibilities is providing guidance to the veterinary professions to assist them in meeting the standards and responsibilities set out in their Codes of Professional Conduct. We regularly review this guidance to ensure that it is fit for purpose and that, by following it, veterinary surgeons and nurses are providing the appropriate service to the UK's animals.

Our current review relates to our guidance on when veterinary surgeons should physically examine an animal before prescribing prescription only veterinary medicines (POM-Vs) and on the provision of 24/7 emergency first-aid and pain relief. You can learn more about the overall review at **www.rcvs.org.uk/undercare**.

As part of this review, we are keen to hear the views of different sectors and how the proposed changes to the guidance might affect them. We would therefore like to invite your organisation to consider the specific information set out on the following pages, including the proposed new guidance for the veterinary profession, and then answer five short questions about the proposals via an online survey at: **www.surveymonkey.co.uk/r/under-care-livestock**

We should be grateful to receive your feedback by 5pm on Wednesday, 5 October 2022 but if you have any questions in the meantime, do please contact us at **advice@rcvs.org.uk**.

Thank you in advance for your time and consideration.

Dr Melissa Donald BVMS MRCVS
RCVS President, Former Chair of Standards Committee

B. Key issues under review

Remote prescribing and 'under care'

1) Under the Veterinary Medicines Regulations 2013 (VMRs), before a veterinary surgeon can prescribe a POM-V, they must first carry out a clinical assessment and have the animal in question 'under their care'. Neither 'clinical assessment' nor 'under care' is defined in the VMRs and as such, it falls to the RCVS to define them. The VMRs refer to animals and veterinary surgeons in the singular, meaning that veterinary surgeons should have each individual animal under their care before they prescribe for them.

2) We recognise that this is not practical for veterinary surgeons prescribing for herds and flocks of animals and, as such, we have taken a pragmatic approach to interpretation. Our guidance currently states that an animal or herd must have been seen immediately prior to prescription, or recently enough or often enough for the veterinary surgeon to have personal knowledge of the condition of the animal or the current health status of the herd of flock to make a diagnosis and prescribe.

3) Based on the information received during the evidence gathering phase of the review, and **legal advice** we have received, we propose that the interpretations of 'clinical assessment' and 'under care' should be updated so that 'under care' means the veterinary surgeon is given, and accepts, responsibility for the animal(s) in question, and 'clinical assessment' includes any assessment that provides the veterinary surgeon with enough information to prescribe effectively and safely.

4) The intention is that these updated interpretations should allow veterinary surgeons to exercise their clinical judgement as to whether a physical examination is required as well as being consistent with the language used in the VMRs.

5) In order to assist veterinary surgeons in deciding whether or not a physical examination is required, we have set out a list of factors to be taken into consideration (see paragraph 4 of the draft guidance on page 9). The most relevant to the farming sector include:

   a) The experience and reliability of the animal owner

   b) Whether the animal is known to the veterinary surgeon and/or whether there is an existing relationship with the client or animal owner

   c) The practicality of a physical examination for individual animals, particularly when dealing with herds, flocks or groups of animals

   d) The health status of the herd, flock or group of animals

6) Although we believe that a physical examination should largely be a matter for the judgement of a veterinary surgeon, in order to continue to protect animal health and welfare, and to maintain public trust in the veterinary professions, we do identify some circumstances where we advise a physical examination should be carried out unless there is good reason why this cannot happen. These are:

   a) Where a notifiable disease is suspected, in order to protect animal health and welfare, as well as public health.

   b) When prescribing antimicrobials, given the importance of minimising antimicrobial resistance. In this situation, the guidance draws a distinction between agricultural and other animals. In the case of agricultural animals, veterinary surgeons will be required to ensure they have an in-depth knowledge of the premises, including its production systems, the environment, disease challenges and the general health status of the herd or flock. Veterinary surgeons should have attended the premises and physically examined at least one animal immediately prior to prescribing or, where this is not possible, recently enough to ensure they have adequate information and

knowledge to prescribe responsibly and effectively. Veterinary surgeons should be prepared to justify their decision in cases where antimicrobials are prescribed without conducting a physical examination and record this justification in the clinical notes.

c) When prescribing controlled drugs to an animal in the first instance, in order to protect animal and human health and welfare, as well as the wider public interest. In this situation, veterinary surgeons should carry out a physical examination in all but exceptional circumstances and be prepared to justify their decision where no physical examination has taken place. This justification should be recorded in the clinical notes. It is acceptable to issue a repeat prescription for controlled drugs without a physical examination, however, veterinary surgeons should carry out a further clinical assessment to ensure they have enough information to do so safely and effectively.

7) In addition, where veterinary surgeons do not carry out a physical examination immediately prior to prescribing, they will be required to ensure that a 24/7 in-person follow up service is immediately available in the event that the animal does not improve, suffers an adverse reaction or deteriorates.

24/7 out-of-hours emergency cover

8) Under our existing guidance, veterinary surgeons need to take steps to provide 24/7 **emergency first-aid and pain relief** to all animals according to their skills and the specific situation. Whilst they do not have to provide the service personally or remain constantly on duty, veterinary surgeons must ensure clients are directed to another appropriate service when they are off duty or otherwise unable to provide the service.

9) Whilst we do not propose any change to this general obligation, we do believe that the out-of-hours obligations for limited service providers (LSPs) should be clarified (an LSP is a practice that offers no more than once service to its clients, the most common example in farm practice being fertility work, including bovine embryo transfer). We propose that LSPs

should provide 24/7 emergency cover that is proportionate to the service they offer. This means that they do not have to provide out-of-hours emergency care for every condition and illness an animal may have, only those related to the specific procedure or treatment they provide, eg complications or adverse reaction to any medicines prescribed, procedures carried out or advice given.

C. Proposed new guidance

10) Our proposed new guidance for the veterinary profession is set out in full below.

Under care

Prescribing POM-Vs

1. *According to the Veterinary Medicines Regulations 2013 (VMRs), to prescribe prescription-only veterinary medicines (POM-Vs), a veterinary surgeon must carry out a clinical assessment of the animal and the animal must be under their care. The terms 'clinical assessment' and 'under… care' are not defined by the VMRs, however the RCVS has interpreted them in the following way.*

2. *An animal is under a veterinary surgeon's care when the veterinary surgeon is given, and accepts, responsibility for the health of an animal (or a herd, flock or group of animals) whether generally, or by undertaking a specific procedure or test, or prescribing a course of treatment. Responsibility for an animal may be given by the owner/client, statute or other authority.*

3. *A clinical assessment is any assessment which provides the veterinary surgeon with enough information to diagnose and prescribe safely and effectively. A clinical assessment may include a physical examination, however, this may not be necessary in every case.*

4. *Whether or not a physical examination is necessary is a matter for the veterinary surgeon's judgement. The following factors are relevant in this respect, however veterinary surgeons should note this list is not exhaustive:*

    - *The health condition, or potential health conditions, being treated and any associated risks (see further guidance below at paragraph 5 and 6)*
    - *The nature of the medication being prescribed, including any possible side effects (see further guidance below at paragraphs 7 and 8)*

- *When the animal (or premises in the case of agricultural animals) was last physically examined by a veterinary surgeon*
- *Whether there is access to the animal's previous clinical history*
- *The experience and reliability of the animal owner*
- *Whether the animal is known to the veterinary surgeon and/or whether there is an existing relationship with the client or animal owner*
- *The practicality of a physical examination for individual animals, particularly when dealing with herds, flocks or groups of animals*
- *The health status of the herd, flock or group of animals*
- *The overall state of the animal's health*
- *The impact of any prescription made without physical examination on the ability to gather subsequent diagnostic information*

5. *The more complex or unusual the health needs of the animal, or where a differential diagnosis includes serious conditions not yet ruled out, the more likely a physical examination will be necessary.*

6. *In respect of paragraph 4(a) above, a physical examination is required where a notifiable disease is suspected or part of a differential diagnosis.*

7. *In respect of paragraph 4(b) above, and given the importance of minimising the development of antimicrobial resistance:*

    a. *A physical examination is required in all but exceptional circumstances where a veterinary surgeon prescribes antimicrobials for an individual animal or group of animals that are not agricultural animals. Veterinary surgeons should be prepared to justify their decision in cases where antimicrobials are prescribed without a physical examination and record this justification in the clinical notes.*

    b. *When prescribing antimicrobials for agricultural animals, veterinary surgeons should ensure they have an in-depth knowledge of the premises, including its production systems, the environment,*

disease challenges and the general health status of the herd or flock. Veterinary surgeons should have attended the premises and physically examined at least one animal immediately prior to prescribing or, where this is not possible, recently enough to ensure they have adequate information and knowledge to prescribe responsibly. Veterinary surgeons should be prepared to justify their decision in cases where antimicrobials are prescribed without conducting a physical examination and record this justification in the clinical notes.

Note**: For more information about responsible prescribing to minimise antimicrobial resistance, please see **Chapter 4: Medicines, paragraphs 4.23 and 4.24.

8. *In respect of 4(b) above, when prescribing controlled drugs to an animal in the first instance, veterinary surgeons should carry out a physical examination in all but exceptional circumstances and be prepared to justify their decision where no physical examination has taken place. This justification should be recorded in the clinical notes. It is acceptable to issue a repeat prescription for controlled drugs without a physical examination, however, veterinary surgeons should carry out a further clinical assessment to ensure they have enough information to do so safely and effectively.*

9. *Where a physical examination is not carried out immediately prior to prescribing POM-Vs, veterinary surgeons should ensure that a 24/7 follow-up service involving physical examination and any other necessary investigation if required is immediately available in the event that the animal does not improve, suffers an adverse reaction or deteriorates. Where a veterinary surgeon is not able to provide this service themselves, they should arrange for another veterinary service provider to do so. This arrangement should be made before veterinary services are offered and confirmed in writing as part of the conditions of service agreed by the client.*

10. *Veterinary surgeons must maintain clinical records of animals, herds, flocks or other groups of animals under their care.*

Limited Service Providers

1. *A limited service provider is a practice that offers no more than one service to its clients and includes, but is not limited to, vaccination clinics, equine reproductive clinics and neutering clinics. For these purposes, a 'practice' is a Registered Veterinary Practice Premises (RVPP) as entered into the register held by the RCVS.*

2. *Limited service providers should provide 24-hour emergency cover that is proportionate to the service they offer. 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.*

D. Your feedback

11) Having read about the proposed guidance and the reasons behind the changes, we would like to ask you five questions about these proposals.

12) For convenience and ease of analysis, these are set out in an online survey at: **www.surveymonkey.co.uk/r/under-care-livestock**

13) We should be grateful to receive your feedback via this online survey by 5pm on Wednesday, 5 October 2022.

14) If you have any questions in the meantime, please email us on **advice@rcvs.org.uk**

RCVS SETTING VETERINARY STANDARDS

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British Poultry Council

1. **How, if at all, might these proposals affect your members' access to veterinary care?**

   Not aware of any issues that may affect our members

2. **How, if at all, might these proposals affect your members' access to veterinary medicines?**

   Not aware of any issues that may affect our members

3. **How, if at all, do you think these proposals might affect animal health and welfare?**

   Not aware of any issues that may affect our members

4. **How, if at all, might these proposals affect your members' businesses?**

   Not aware of any issues that may affect our members

5. **Is there anything else you would like to tell us about how the proposals might affect your members or their animals?**

   Yes. We need to be reassured that a post mortem inspection counts as examination and that telemedicine can be utilised in certain circumstances.

National Sheep Association

1. **How, if at all, might these proposals affect your members' access to veterinary care?**

It is important that the trust remains with the farmers have good animal husbandry and most will have extensive knowledge of the ailments and illnesses farm animals can suffer from, it is therefore vital that there doesnt become a situation where farmers can't have a stock of antibiotics where they feel fit, especially during calving/lambing.

2. **How, if at all, might these proposals affect your members' access to veterinary medicines?**

   Again, it will be vital that farmers have the access d to treat their own animals as they see fit and quantities used should be reviewed in the annual vet visit. It is vital farmers have access to medicines especially for common place ailments such as scour, mastitis, joint ill ect to ensure prompt and rapid treatment giving the animal the best chance of recovery.

3. **How, if at all, do you think these proposals might affect animal health and welfare?**

   Requesting a vet for every ailing animal will be extremely unachievable for many. Trust has to remain with the farmer to treat animals accordingly and promptly with medicines they are able to keep on farm. For example waiting a day for a vet visit for a calf with scour could be the difference between survival and otherwise.

4. **How, if at all, might these proposals affect your members' businesses?**

   Vets must be able to make their own judgements on prescription medicines and the key has to be about prescribing for a flock/ to a shepherd etc without having inspected any individual animal

5. **Is there anything else you would like to tell us about how the proposals might affect your members or their animals?**

   Ensuring there is a good relationship between farms and trusting farmers judgement in many cases will be key, vets will have a good understanding of client knowledge and ensuring that farms have the capacity and means to treat animals when they need treatment must be absolutely key.

NFU Cymru

1. **How, if at all, might these proposals affect your members' access to veterinary care?**

   NFU Cymru believes these are sensible proposals from the RCVS on the definition of what constitutes as an animal being "under care" of a veterinary surgeon and out of hours provisions for Limited Service Providers. The most important thing is that if a farm animal needs veterinary care or assistance, it receives it as quickly as possible. We do not think these proposals should inadvertently impact this from happening as they allow vets to take a pragmatic approach to determining if an animal is deemed to be under their care. The vast majority of farmers will have an established relationship with a vet practise and we agree that a physical assessment is not always necessary in order for an animal to be diagnosed and treated. In this respect, we believe the list of factors set out in the guidance to be considered such as previous history and herd / flock health are important considerations. For businesses which are farm assured - either through Red Tractor, FAWL, Lion Code or any other recognised assurance scheme – there is a requirement for the farm to have at least an annual vet visit and there is a requirement for a herd / flock health plan to be in place. All cattle keepers across Wales will also receive a vet visit at least once a year for TB testing which is a statutory requirement. We believe that out of hours care and 247 emergency cover for first aid and pain relief is a crucial role of a farm vet practise. We are pleased to see that RCVS proposed no changes to this general obligation for veterinary surgeons and we support the amendments which clarify the level of service required from limiter service providers (LSPs). It seems sensible that they offer a service proportionate to the service they themselves offer.

2. **How, if at all, might these proposals affect your members' access to veterinary medicines?**

   We agree with these proposals and believe they should not impact our members access to veterinary medicines. We support the work happening across industry to raise awareness about antimicrobial resistance (AMR) and the drive to reduce antibiotic use on farm. Under farm assurance there is a requirement in all schemes that antibiotic use is monitored, recorded and discussed. However, antibiotics are an important part of a farmer and vets toolbox when tackling disease and we believe they should be used as little as possible but as much as necessary. In many cases such as during lambing or calving or when dealing with cases of a foot infection or mastitis antibiotics are necessary but a physical examination may not be required or practically possible without causing delays to treatment and/or imposing unnecessary cost, both to the farmer and limited vet resources. We hope the guidance proposed under 7b continues to allow vets the flexibility to take a pragmatic approach to determining if a physical assessment is necessary when prescribing antibiotics. We agree that if a notifiable disease is suspected then a physical assessment should be required.

3. **How, if at all, do you think these proposals might affect animal health and welfare?**

   As discussed in our answers to Q1 and Q2, we believe these proposals should not impact animal health and welfare on farms in Wales. The most important thing is that if a farm animal needs veterinary care or assistance, it receives it as quickly as possible. The relationship between farmers and their vets is important, we hope these proposals mean both parties can continue to work together to the benefit of animal health and welfare without adding unnecessary bureaucracy or cost.

4. **How, if at all, might these proposals affect your members' businesses?**

   We believe these proposals strike a sensible balance between needing to clarify the standards and responsibilities expected of vets and the need to ensure their provision of care to farm animals is not compromised.

5. **Is there anything else you would like to tell us about how the proposals might affect your members or their animals?**

   No thank you

NFU Scotland

1. **How, if at all, might these proposals affect your members' access to veterinary care?**

   There are concerns that in some remote areas of Scotland the proposals may have a significant impact. The number of vets available vs. the number of livestock farmers, and the access difficulties relating to ferries etc, make routine, even annual visits an impossibility. Livestock production in these regions is essential to the rural economy and production must be allowed to continue, finding new ways to connect vets to the farmer and their livestock. The shortage of vets in these regions is well recognised and NFUS is happy to work with the RCVS to help address some of these issues. It may be that practices could look at online training for farmers in some basic diagnostics, such as what health respiration/gut noises sound like to help in remote diagnostics. Telemedicine for diagnosis and treatment is essential in some areas and may need to be relied on as a consultation and 'under care'. Remote working with clients needs to be encouraged, building up the relationship with the client and knowledge of their livestock without necessarily seeing animals 'in person'.

2. **How, if at all, might these proposals affect your members' access to veterinary medicines?**

   As discussed previously there are concerns around the availability of in person visits in remote regions. If vets are unwilling to prescribe medicines without 'seeing animals in person' this could significantly access producers access to veterinary medicines, in areas where prompt access may already be challenging.

3. **How, if at all, do you think these proposals might affect animal health and welfare?**

   If solutions are not found for producers in remote areas, or without local access to large animal practitioners, there could be impacts for the welfare of animals if veterinary care cannot be found. NFUS would be happy to assist RCVS in looking at what support can be provided in these areas to ensure appropriate care can be delivered in these areas, for instance through basic training for remote farmers and the availability of quality telemedicine/remote consultation.

4. **How, if at all, might these proposals affect your members' businesses?**

   If members are unable to access veterinary services either in person or remotely it could have an extremely negative impact on their businesses. If animal welfare is likely to suffer as a result of not being able to access appropriate veterinary care it is likely these businesses will have to give up production. With veterinary health plans increasingly necessary for assurance schemes they will struggle to be part of important assurance schemes. Ways must be found to deliver quality veterinary services remotely, in a way that delivers the necessary confidence to the vet that they are happy to diagnose, prescribe and assist with health planning on the holding.

5. **Is there anything else you would like to tell us about how the proposals might affect your members or their animals?**

   No vet should be placed in a position where they do not feel confident enough in the knowledge of the herd or flock to be able to diagnose or prescribe appropriately, so it makes sense to strengthen the guidance. However, there are some areas of Scotland where the vets may rely on alternative routes to obtaining this knowledge and confidence and it is vital that these options remain available to them, to deliver the quality service necessary without necessarily being 'hands on'.

Red tractor assurance

1. **How, if at all, might these proposals affect your members' access to veterinary care?**

   Red Tractor's farm schemes for livestock (Beef & Lamb, Dairy, Chicken, Duck, Turkey, Pigs, Dairy Goats) all include requirements for the farm to have a "nominated" or "designated" vet that has overall responsibility for the care of the animals. The RT Pigs Standards require quarterly visits by the designated vet, or a nominated vet from the same practice. For ruminants, the RT standards require the nominated vet to visit the farm at least annually to see the livestock. The RT Poultry Standards require the designated vet to prepare and review the farm's flock health plan and any antibiotic use must be supported by veterinary intervention (post mortem report, site visit report by vet, other written instruction from a vet). Therefore, we believe that our standards already align with the RCVS' proposed interpretation of "under care" that the veterinary surgeon is given and accepts responsibility for the animal(s) in question. As such we believe that the proposals will not change or affect access to veterinary care for farms participating in the Red Tractor livestock schemes. However, one possible difference is that the VMRs and RCVS' proposed interpretation focuses on individual/singular veterinary surgeons, whereas Red Tractor's standards refer to a designated/nominated vet or vet practice. This is to account for the fact that specific individual vets may not always be available to attend a given farm, due to holiday, illness or workload and therefore we accept that an alternative vet from the same practice may attend or provide services the farm. If another vet from the same practice were to visit a farm in the absence of the farm's designated vet (vet who has the farm/animals under their care), would this be in line with the RCVS' proposed guidance? We believe so, if the alternate vet is given and accepts responsibility for the health of the animal/herd/flock at that time. If not, this could impact our member's access to veterinary care, where their usual designated vet is not available.

2. **How, if at all, might these proposals affect your members' access to veterinary medicines?**

   We believe that, through meeting our standards, vets providing care to our members' farms would have "an in-depth knowledge of the premises" in order to prescribe antimicrobials to agricultural animals, as proposed. However, one possible difference is that the RCVS proposed interpretation (and the VMRs) focuses on individual/singular veterinary surgeons, whereas Red Tractor's standards refer to a designated/nominated vet or vet practice. This is to account for the fact that specific individual vets may not always be available to attend a given farm, due to holiday, illness or workload and therefore we accept that an alternative vet from the same practice may attend or provide services the farm. If another vet from the same practice were to prescribe POM-Vs to a farm in the absence of the farm's designated vet (vet who has the farm/animals under their care), would this be in line with the RCVS' proposed guidance? We believe so, if the alternate vet is given and accepts responsibility for the health of the animal/herd/flock at that time. If not, this could impact our member's access to veterinary medicines, where their usual designated vet is not available. One further consideration is what constitutes "recently enough" in the context of physical examination prior to prescribing of antimicrobials. We appreciate this is a matter for the veterinary surgeon's judgement and they should be prepared to justify their decision, but would a visit 12 months previously constitute "recently enough"? If not, we envisage this may increase the number of veterinary visits to farm for our members participating in the ruminant schemes. Which is perhaps a good thing but a concern would be whether there is sufficient capacity of farm vets to service an increased volume of visits, and whether farmers could afford, particularly in the current challenging climate, to pay for more visits? Both of which could have an impact on our members' access to veterinary medicines / animal health and welfare / our members' businesses.

3. **How, if at all, do you think these proposals might affect animal health and welfare?**

   With the proposed provisions around prescribing of controlled drugs and 24/7 follow-up service for POM-Vs prescribed without a physical examination immediately prior, we believe that the proposals should not negatively impact animal health and welfare. The proposed guidance places onus and responsibility on veterinary surgeons to ensure they have enough information about an

animal or group of animals to prescribe safely and effectively. The guidance around when a physical examination may be necessary appears to be flexible enough to enable vets to prescribe where needed to protect animal health and welfare, even where a physical examination may not be possible. Anything more rigid could result in delays to treatment which could adversely affect animal health and welfare.

4. **How, if at all, might these proposals affect your members' businesses?**

   We believe that the existing Red Tractor standards already support RCVS' proposed interpretations and therefore do not envisage any major impact on our members' businesses.

5. **Is there anything else you would like to tell us about how the proposals might affect your members or their animals?**

   Nothing else to add.

‘Under Care’

Prescribing POM-Vs

*This section provides guidance on what it means to have an animal under your care and what is required when carrying out a clinical assessment before prescribing POM-Vs. This section also includes a **requirement** for veterinary surgeons who have an animal under their care to have the facility to physically examine the animal should it become necessary.*

1. According to the Veterinary Medicines Regulations 2013 (VMRs), to prescribe POM-Vs, a veterinary surgeon must carry out a clinical assessment of the animal and the animal must be under their care. The terms ‘clinical assessment’ and ‘under…care’ are not defined by the VMRs, however the RCVS has interpreted them in the following way.

2. An animal is under a veterinary surgeon’s care when the veterinary surgeon is given, and accepts, responsibility for the health of an animal (or a herd, flock or group of animals) whether generally, or by undertaking a specific procedure or test, or by prescribing a course of treatment. Responsibility for an animal may be given by the owner, client or keeper, statute or other authority. 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 in the case of production animals, farmed aquatic animals and game. Veterinary surgeons should also be prepared to carry out any necessary investigation in the event that the animal does not improve, suffers an adverse reaction or deteriorates. Veterinary surgeons should provide this service within an appropriate timeframe depending on the circumstances, which could be immediately.

3. Where a veterinary surgeon is not able to provide this service set out in paragraph 2 themselves, another veterinary service provider may do so on their behalf. It is the veterinary surgeon’s responsibility to make these arrangements and it is not sufficient for the client to be registered at another practice. This arrangement should be in line with paragraphs 3.4 -3.6 of the supporting guidance, made in advance before veterinary services are offered and confirmed in writing as part of the conditions of service agreed by the client.

4. Where an animal is under the care of more than one veterinary surgeon, those veterinary surgeons should keep each other informed of any relevant clinical information (see Chapter 5: Communication between professional colleagues for further guidance on mutual clients).

5. A clinical assessment is any assessment which provides the veterinary surgeon with enough information to diagnose and prescribe safely and effectively. A clinical assessment may include a physical examination, however this may not be necessary in every case.

6. Whether a physical examination is necessary for the prescription of POM-Vs is a matter for the veterinary surgeon’s judgement depending on the circumstances of each individual case (please note that the Animals (Scientific Procedures) Act 1986 should be followed where it applies). When deciding whether a physical examination is required, the following factors are relevant, however veterinary surgeons should note this list is **not** exhaustive:

a. The health condition(s), or potential health condition(s), being treated and any associated risks (see further guidance below at paragraph 5 and 6)

b. The nature of the medication being prescribed, including any possible risks and side effects (see further guidance below at paragraphs 7 and 8)

c. Whether the medication is being prescribed under the cascade (for further guidance on this, see paragraph 4.16 of Chapter 4: Veterinary medicines).

d. When the animal was last physically examined by a veterinary surgeon, or premises physically inspected in the case of ~~(or premises in the case of~~ production animals, farmed aquatic animals or game. ~~agricultural animals~~)

e. Whether there is access to the animal's previous clinical history or, in the case of production animals, farmed aquatic animals and game, knowledge of the health status at the premises.

f. The understanding and knowledge of the owner/keeper ~~experience and reliability of the animal owner~~

g. Whether the individual animal, herd, flock or group of animals is/are known to the veterinary surgeon and/or whether there is an existing relationship with the client or animal owner/keeper

h. The practicality of a physical examination for individual animals~~, particularly when dealing with herds, flocks or groups of animals~~

i. The health status of the herd, flock or group of animals

j. The overall state of the animal's health

k. The impact of any prescription made without physical exam on the ability to gather subsequent diagnostic information

7. The more complex or unusual the health needs of the animal, or where a differential diagnosis includes serious conditions not yet ruled out, the more likely a physical examination will be necessary.

8. In respect of paragraph 4(a) above, a physical examination is required where a notifiable disease is suspected or part of a differential diagnosis.

9. In respect of paragraph 4(b) above, and given the importance of minimising the development of antimicrobial resistance (please note that in this part of the guidance, 'antimicrobials' includes antibiotics, antivirals, antifungals and antiparasitics in line with the definition given by the World Health Organisation):

    a. A physical examination is required in all but exceptional circumstances where a veterinary surgeon prescribes antimicrobials for an individual animal or group of

animals that are not agricultural animals. Veterinary surgeons should be prepared to justify their decision in cases where antimicrobials are prescribed without a physical examination and record this justification in the clinical notes.

b. When prescribing antimicrobials for production animals, farmed aquatic animals and game ~~agricultural animals~~, veterinary surgeons should ensure they have an in-depth knowledge of the premises, including its production systems, the environment, disease challenges and the general health status of the herd, flock or group. Veterinary surgeons should have attended and inspected the premises and physically examined at least one representative animal immediately prior to prescribing, or where this is not possible, recently enough to ensure they have adequate information and knowledge to prescribe responsibly. In exceptional cases where this is not possible and antimicrobials are prescribed without conducting a physical examination, veterinary surgeons should be prepared to justify their decision and to record this justification in the clinical notes. For the factors relevant to whether a physical examination is required, please see paragraph 4 above. ~~Veterinary surgeons should be prepared to justify their decision in cases where antimicrobials are prescribed without conducting a physical examination and record this justification in the clinical notes.~~

Note: For more information about responsible prescribing to minimise antimicrobial resistance, please see Chapter 4: Medicines, paragraphs 4.23 and 4.24.

10. In respect of 4(b) above, when prescribing controlled drugs to an animal in the first instance, veterinary surgeons should carry out a physical examination in all but exceptional circumstances and be prepared to justify their decision where no physical examination has taken place. This justification should be recorded in the clinical notes. It is acceptable to issue a repeat prescription for controlled drugs without a physical examination, however veterinary surgeons should carry out a further clinical assessment to ensure they have enough information to do so safely and effectively.

11. ~~Where a physical examination is not carried out immediately prior to prescribing POM-Vs, veterinary surgeons should ensure that a 24/7 follow-up service involving physical examination and any other necessary investigation if required is immediately available in the event that the animal does not improve, suffers an adverse reaction or deteriorates. Where a veterinary surgeon is not able to provide this service themselves, they should arrange for another veterinary service provider to do so. This arrangement should be in line with [paragraphs X-X] of Chapter 3 of the supporting guidance, made before veterinary services are offered and confirmed in writing as part of the conditions of service agreed by the client.~~

12. Veterinary surgeons must maintain clinical records of animals, herds, flocks or other groups of animals under their care.

Limited Service Providers

1. A limited service provider is a practice that offers no more than one service to its clients and includes, but is not limited to, vaccination clinics, equine reproductive clinics and neutering clinics. For these purposes, a ‘practice’ is a Registered Veterinary Practice Premises (RVPP) as entered into the register held by the RCVS.

2. Limited service providers should provide 24-hour emergency cover that is proportionate to the service they offer. 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.

‘Under Care’

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d. When the animal was last physically examined by a veterinary surgeon, or premises physically inspected in the case of production animals, farmed aquatic animals or game

e. Whether there is access to the animal's previous clinical history or, in the case of production animals, farmed aquatic animals and game, knowledge of the health status at the premises

f. The understanding and knowledge of the owner/keeper

g. Whether the individual animal, herd, flock or group of animals is/are known to the veterinary surgeon and/or whether there is an existing relationship with the client or animal owner/keeper

h. The practicality of a physical examination for individual animals

i. The health status of the herd, flock or group of animals

j. The overall state of the animal's health

k. The impact of any prescription made without physical exam on the ability to gather subsequent diagnostic information

7. The more complex or unusual the health needs of the animal, or where a differential diagnosis includes serious conditions not yet ruled out, the more likely a physical examination will be necessary.

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Summary	
Meeting	Council
Date	19 January 2023
Title	Eligibility of veterinary graduates from European Association for Establishments of Veterinary Education (EAEVE) approved / accredited Schools for RCVS registration
Summary	In June 2019, RCVS Council agreed the recommendation from Education Committee to implement a temporary policy to recognise vet graduates from EAEVE approved / accredited schools as eligible for RCVS registration, when the transition period post-Brexit came to an end and the Mutual Recognition of Professional Qualifications (MRPQ) no longer applied. The rationale for this temporary decision was to mitigate the expected reduction in registrants coming from the European Union as a result of the UK's departure from the EU, and the negative impact this would have on the veterinary workforce in the UK. As it was recognised that EAEVE accreditation standards are not directly equivalent to our own, this was a temporary policy decision which was to be kept under annual review. This paper outlines the current situation and invites Council to consider whether the temporary decision to recognise graduates from EAEVE approved / accredited schools should remain in place for another year.
Decisions required	To consider whether the temporary policy to recognise graduates from EAEVE approved / accredited schools as eligible for RCVS registration should remain in place for another year, until the next annual review.
Attachments	Appendix 1: EU registration numbers 2017 – Dec 2022.
Author	L Prescott-Clements Director of Education L.Prescott-Clements@rcvs.org.uk

Classifications

Document	Classification[1]	Rationales[2]
Paper	Unclassified	n/a

[1]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'.
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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.

[2]Classification rationales

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Private	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

Eligibility of veterinary graduates from European Association for Establishments of Veterinary Education (EAEVE) approved / accredited schools for RCVS registration

Background

1. In June 2019, RCVS Council agreed the recommendation from Education Committee to implement a temporary policy to recognise veterinary graduates from EAEVE approved / accredited schools as eligible for RCVS registration, when the transition period following the departure of the UK from the European Union (EU) came to an end and the Mutual Recognition of Professional Qualifications (MRPQ) directive no longer applied.

2. The rationale for this temporary decision was to mitigate the expected reduction in registrants coming from the EU, and the negative impact this would have on the veterinary workforce in the UK. Prior to the UK leaving the EU, approximately half of new RCVS registrants each year were from the EU, and there were concerns that a reduction in EU registrants due to ineligibility as a result of MRPQ no longer being in effect, could have an immediate and significant negative impact on the veterinary workforce in the UK, which was already under pressure.

3. Although EAEVE is a member of the International Accreditors Working Group (IAWG) and members have worked to harmonise accreditation standards, the updated Standard Operating Procedures and accreditation standards used by EAEVE in 2021 were noted and it was recognised that EAEVE processes and accreditation standards were not directly equivalent to our own. Although the recognition of EAEVE accredited schools provides more assurance of educational standards than the previous MRPQ legislation (which meant that veterinary graduates from any school within the EU were eligible for RCVS registration), it is not a direct equivalent to RCVS accreditation standards.

4. Consequently, it was agreed that this policy decision should be a temporary measure, to be kept under annual review by Council, until a more permanent solution could be identified.

5. The Covid-19 pandemic led to additional challenges around the veterinary workforce, and delays to progress exploring a more permanent solution. Consequently, when reviewing the decision in 2022 RCVS Council agreed that the temporary decision to accept graduates from EAEVE approved / accredited schools should remain for the following year.

Accreditation Standards

6. As noted by Council in 2021, EAEVE introduced its new Standard Operating Procedures (SOP) and accreditation standards, and further updates were agreed at their Annual General Meeting in 2022. In addition to changes to EAEVE standards, a comprehensive review of the RCVS accreditation standards and methodology for veterinary degrees concluded in 2022 and these have now come into effect.

7. Consequently, RCVS and EAEVE accreditation standards are becoming more divergent, although a degree of similarity is still evident and both organisations remain members of the IAWG. Notable differences between the approaches to accreditation include:

    a. The RCVS now adopts a risk-based approach.

b. The RCVS prioritises ‘outcomes’ evidence, with ‘input’ data such as a policy or description carrying less weight than evidence of the impact on quality (previously ‘inputs’ may have been sufficient to meet a standard).
c. The RCVS has new standards that EAEVE does not have, such as the need for the majority of clinical education to be delivered in a general practice context.

8. In recent years, EAEVE has moved towards offering veterinary programme accreditation worldwide, rather than just EU schools. A number of accreditation visits have been carried out, and some schools (e.g. two schools in Japan) have now been accredited and their graduates are eligible for RCVS registration.

EU registrant data

9. The transition period for the UK withdrawal from the EU ended on 31 December 2020, at which point the temporary decision approved by Council came into effect. In addition to this however, the Covid-19 pandemic was also having an impact on applications for registrations from overseas graduates.

10. Although EU registrations were reduced at the beginning of 2020 compared to previous years (which may have been due in part to Covid-19 lockdowns), the number of EU registrants appeared to recover somewhat in the later half of 2020. The lowest number of EU registrants was seen in 2021 (only 365 registered), and this has increased to 480 registrants in 2022. (Appendix 1).

Alternative measures under consideration

11. As previously agreed by Council, a number of approaches to a more permanent solution for the RCVS continue to be explored. The negotiation of individual Mutual Recognition Agreements (MRAs) with individual EU countries lacks feasibility due to the wide-ranging legislative frameworks and jurisdictions. Furthermore, the need for reciprocity would most likely mean that visitation panels in the UK would become too large and unwieldy.

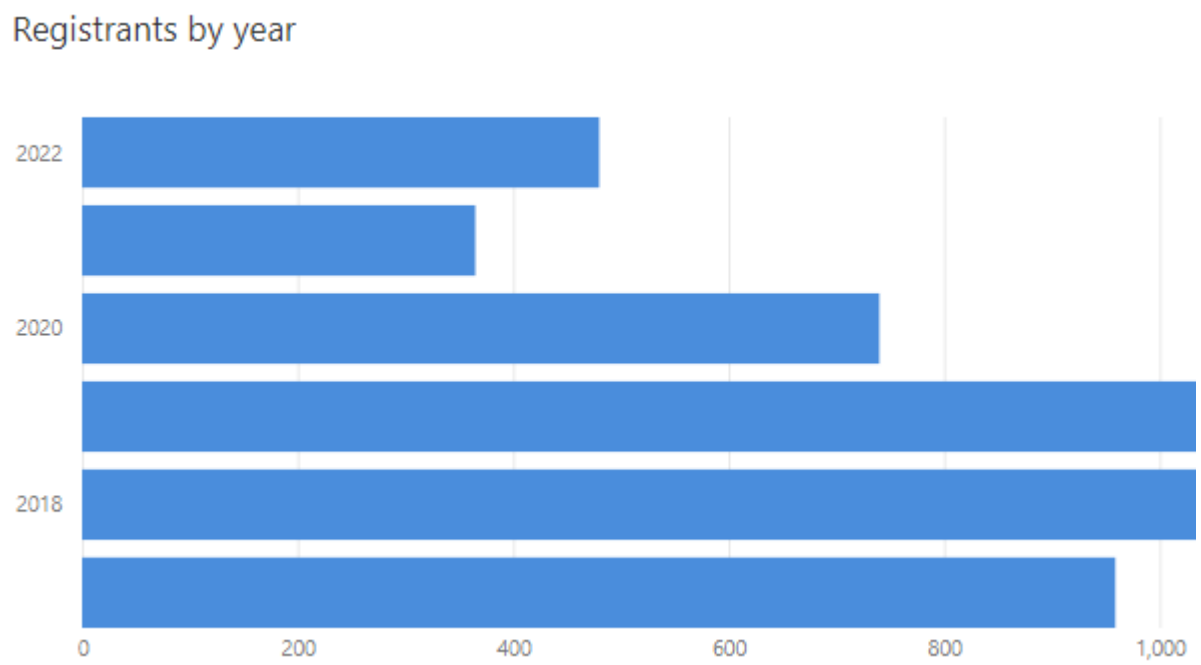
12. An alternative approach of offering individual EU vet schools direct accreditation is currently being explored. While the temporary decision to accept graduates from EAEVE-accredited schools remains in place, there is less motivation for EU schools to request direct RCVS accreditation due to the costs involved (accreditation fee of £12,000 + expenses). Therefore, a proposal has been made to Defra to secure funding to kick-start this process for a targeted number of EU schools, by waiving the accreditation fee. Schools have been targeted on the basis that their graduates are most likely to want to register and work in the UK, through consideration of previous registration data, being taught in English and current EAEVE accreditation status.

Decision

13. Council is asked to consider whether the temporary decision to recognise veterinary graduates from EAEVE-accredited schools should remain for another year, until the next annual review.

Appendix 1: EU veterinary surgeon registration data

Registration year	2017	2018	2019	2020	2021	2022	Total
Month							
January	65	75	97	79	69	33	418
February	67	86	117	68	20	27	385
March	60	62	127	46	35	12	342
April	69	72	124	41	17	72	395
May	70	78	69	33	15	43	308
June	96	120	69	32	22	26	365
July	88	115	78	60	42	57	440
August	90	122	77	55	31	62	437
September	99	127	102	59	18	43	448
October	111	132	118	100	43	47	551
November	78	123	85	72	32	29	419
December	66	84	71	95	21	29	366
Total	**959**	**1,196**	**1,134**	**740**	**365**	**480**	**4,874**



Summary	
Meeting	Council
Date	19 January 2023
Title	Advancement of the Professions Committee Report 15 November 2022.
Summary	To note the attached minutes of the meeting held on 15 November 2022. In particular, to note the following: • Updates from the Fellowship Day, and new appointments to the Board • Reflection around the activities held as part of Black History Month • Discussion around sustainability and student engagement • Workforce Action Plan updates
Decisions required	None
Attachments	N/A
Author	Jill Macdonald VN Futures Project Lead j.macdonald@rcvs.org.uk / 07867 301723

Classifications

Document	**Classification**[1]	**Rationales**[2]
Paper	Unclassified	N/A

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Minutes of the Advancement of the Professions Committee meeting held on Tuesday, 15 November 2022 at 2:30pm online via Microsoft Teams.

Members:	Mrs B Andrews-Jones	VN Council Vice-Chair, Innovation Lead
	Ms A Boag	Chair, Board of Trustees for RCVS Knowledge
	Dr J Dyer	Council member
	Dr M Gardiner	Council Member, Diversity and Inclusion Group Chair, Global Development Lead
	Ms L Lockett	Chief Executive Officer
	Dr S Paterson (Chair)	Junior Vice-President, Environment and Sustainability Lead, Leadership Lead
	Mr M Rendle*	VN Council Chair, VN Futures Project Board liaison point
	Dr K Richards	Senior Vice-President, Mind Matters Initiative Chair
	Dr C Tufnell	Chair, RCVS Fellowship Board
	Mr T Walker	Lay Council Member
In attendance:	Mrs A Belcher	Director for Advancement of the Professions
	Ms C Chick*	Senior Leadership Officer
	Dr N Connell	Council member
	Mrs J Dugmore	Director of Veterinary Nursing
	Miss G Gill	Leadership and Inclusion Manager
	Miss R Greaves	Policy and Public Affairs Officer
	Mr C Gush	Executive Director, RCVS Knowledge
	Miss A Hanson	Mind Matters Initiative Officer
	Mr I Holloway	Director of Communications
	Miss J Macdonald	VN Futures Project Lead
	Mr B Myring	Policy and Public Affairs Manager

Miss L Pitcher	MMI Outreach and Engagement Senior Officer
Dr L Prescott-Clements*	Director of Education
Mrs L Quigley*	MMI Manager
Miss S Rogers	ViVet Manager
Ms A Youngs*	Advancement of the Professions Officer

* denotes absent

Welcome and apologies for absence

1. The Chair welcomed all present to the meeting of the APC and noted that the meeting would be recorded for minuting purposes.

2. Apologies were received from Ms C Chick, Dr L Prescott-Clements, Mr M Rendle, Mrs L Quigley and Ms A Youngs.

3. The Chair advised that Dr M Gardiner had taken up the position of Vice-Chair for APC, and thanked her for coming forward.

4. The Chair updated that no-one had come forward for the position of member for the Finance and Resource Committee for APC, so Dr S Paterson would continue in this role.

Declarations of Interest

5. No new declarations of interest were received.

Minutes of the last meeting held on 13 September 2022

6. The minutes were approved as an accurate record of the meeting.

Matters Arising

7. Ms L Lockett offered an update from the recent CLEAR conference that she attended in September. A joint presentation was given around mental health alongside colleagues from Canada and Ireland. This was well received, and other bodies and regulators, who often have more of a restrictive role, displayed admiration for the work that the College was able to do in this area.

8. Ms Lockett also attended the American Association of Veterinary State Boards conference in Charlotte, North Carolina, where a general overview and update from the RCVS was given, and again, delegates were impressed with the scope of the College's work.

Updates from APC workstreams

Diversity and Inclusion Working Group

9. The key updates from the Diversity and Inclusion Group included Black History Month, ongoing work around the Equality, Diversity and Inclusion (EDI) submission to the Advance HE Conference, the Chronic Illness survey, and the inclusive recruitment toolkit that is ongoing.

10. Dr M Gardiner gave a more detailed update on Black History Month, which ran during October, the theme for which was 'actions and not words'. Interviews were carried out with Black, Asian and Minority Ethnic (BAME) individuals within the professions and the plan was to have new interviews being placed on the website on a regular basis. A further update and discussion on the activities of Black History Month was offered later in the meeting.

11. A campfire chat and panel discussion regarding the BAME report and religious clothing document had been held, with feedback gained on the document and its usefulness to students, and it was commented that it would be useful to record such sessions in the future so that they were available for those who are unable to attend.

12. It was also noted that the cut-off point for registrations on Eventbrite needed to be amended so that those signing up at the last minute were not doing so too late to join the sessions.

Fellowship

13. The newly appointed Chair of the Fellowship Board, Dr Chris Tufnell, was congratulated on his appointment, and went on to offer an update on the recently held Fellowship Day. The team was thanked for the incredible work that had gone into organising and delivering the day.

14. The interactive approach to the event was very much appreciated by the Fellows, and this was reiterated by other Committee members. One discussion was held on Quality of Life 'Maximising Good Outcomes', and another on behaviour therapy, 'Is Behavioural Medicine and act of Veterinary Surgery?'. Dr Tufnell also praised the quality of the presentations from student veterinary surgeons who contributed content to the day as part of the Fellows of the Future Competition.

15. Key ambitions for the Fellowship Chair were to create engagement with Fellows, to have a future focused Fellowship, to enhance public trust, to create collaborations with others - in particular, with RCVS Knowledge; and to combine the art and science of veterinary medicine – 'science, service and trust'.

16. It was confirmed that Professor Anna Meredith had been elected as Chair of the Science Advisory Panel, and Dr Emma Milne as the Projects & Engagement Officer.

17. The full scope of the role of the Engagement Officer was to be discussed but would include working with Dr Tufnell on organising engagement events, including a Fellow engagement session in 2023, which would ideally be self-funding.

18. The importance of continuing to ensure that the Fellowship operated with continued alignment with the RCVS corporate strategy, whilst still maintaining an independent voice, was reiterated.

19. Use of the word 'client compliance' with respect to adherence to veterinary advice was briefly discussed, and how this may now be a rather paternalistic and outdated term. 'Concordance' may be a more appropriate phrase, through creating understanding and engagement with treatment, rather than dictating what clients must do.

Global Strategy

20. The Federation of Veterinarians of Europe (FVE) was holding its General Assembly the following week in Malta. Kate Richards had now been appointed to the FVE Statutory Bodies Group.

21. A useful meeting had been held with the Veterinary Council of Ireland (VCI) in Dublin. The VCI was experiencing similar issues in terms of workforce and other challenges.

Innovation

22. Key areas of work included the Innovation MOOC, assessment tool, student innovation competition, and input to the Workforce Report.

23. The Workforce Report had been published on Thursday 10 November, and the various RCVS teams who had contributed to this were acknowledged. The report would be publicised through social media and via an RCVS press release.

24. Further discussion on the Workforce Report was held later in the meeting.

Leadership

25. Updates included the Edward Jenner course, the Leadership Library, leadership stories and continued input to RCVS Academy content.

26. Planning for further leadership stories was planned, including in-practice interviews.

27. The RCVS continued to liaise with the NHS regarding progress with the Edward Jenner course.

Mind Matters Initiative

28. Updates included Campfire Chats, Freshers' Week presentations, Mental Health First Aid (MHFA) training, Mental Health in the Workplace and the VN Futures collaboration.

29. Freshers' Week events had been held over the past two months in universities over England and Wales, with events in Scotland booked for January 2023. Students were passionate and enthusiastic and had showed real openness about talking about mental health and what good might look like for them going forward. Veterinary schools were very keen to ensure their students were supported and in giving MMI the time to talk to them. MMI was also considering how it could reach veterinary nursing cohorts.

30. Events that had been run in collaboration with the Veterinary Management Group (VMG), looking at educating line managers who were supporting those returning to the workforce after a period of mental ill health, had received positive feedback, and would be run again in January.

31. The last of the Campfire series would be run at the end of November. Suggestions for potential future topics were welcomed.

32. It was reiterated that the in-person and online MHFA training were exactly the same course, and both were free to access.

33. Kate Richards, Angharad Belcher and Niall Connell were thanked for their contribution to the Freshers' events organised by the MMI Team, with Lacey leading the majority of these engagements. The presence of the Officers had really helped to create a cohesive feel as many students had already had conversations with Kate and Niall and were able to continue these.

34. Requests from students for additional support, such as diversity support, were already available and students were signposted to these. Additional requests such as financial planning resources were also made.

RCVS Knowledge

35. Updates included a new QI box set focusing on guidelines, the exhibition at the House of Lords as part of the push for new veterinary legislation, and the antibiotic amnesty.

36. The QI boxset contained 31 hours of CPD and provided guidance for Quality Improvement in practice. It was open to all members of the veterinary team including veterinary surgeons, veterinary nurses and reception and support staff.

37. The Knowledge Team provided an exhibit at the House of Lords event demonstrating the context and history in the archive to support modern day challenges.

38. The antibiotic amnesty campaign running throughout November supported work led by the human sector in this area. Tools had been created to help practices provide client education, and the aim was to decrease misuse of antibiotics and increase correct disposal of antibiotics within practice. There had already been 1,000 visits to the website, and Knowledge was hoping the amnesty was something that could be run on an annual basis. Owners were being encouraged to return unwanted or unused antibiotics to veterinary practices for safe disposal and to avoid them being used without veterinary prescriptions.

Environment and Sustainability

39. Key updates were input to the antibiotic amnesty week, work with UK Health Alliance on Climate Change (UKHACC) which had included co-writing a letter to Alec Sharma, the minister for COP, to request that health and One Health were a focus at COP27.

40. A presentation would be given at the London Vet Show (LVS) to offer an update on the work of the Sustainability group.

Global

41. A request was made for contacts of vets who worked internationally and who were in the overseas category of the Register, so that they could be contacted to see if they would be willing to contribute to the international members' blog.

VN Futures

42. Key areas of update included the School Ambassadors Scheme, Vet-Team-in-a-Box, MMI collaborations, newly-registered RVN support, and the recent board meeting.

43. The storyboard and script for the animated strategy video has been created, and the final video should be finished in the next few weeks.

44. Communication with Ambassadors was moving forward, and included gaining feedback on progress via a survey, creating a system for email communication, and organising virtual networking sessions for ambassadors.

45. Vet Team-in-a-Box launched at the end of last week. More information was offered regarding the scheme and how it worked, and feedback from the Committee on the work was positive.

46. Research was being undertaken into a planned programme to support newly-registered veterinary nurses, and nurses re-entering practice after a Period of Supervised Practice.

Oral update and discussion: Black History Month

47. It was reported that Black History Month had generally gone well. The themed Campfire chat worked well, as did including students and newly-qualified vets within this session. It was felt there had been a lack of uptake on requests for Twitter posts from the Diversity and Inclusion Group, possibly because people were concerned about saying the wrong thing. For the next event it was suggested that members of the Group were given guidance on how best to support such messaging by the appropriate affinity group.

48. Use of Linkedin and using tags was suggested as an effective way of sharing content, as well as use of Twitter.

49. A discussion was had around the challenges of communication via social media, and it was suggested that for similar future activities it was important to ensure that all understood the exact purpose and remit.

Oral update and discussion: Sustainability

50. The Chair of the Group had been contacted by a vet student who had concerns around climate change and what the College was doing, feeling it was not enough to help drive positive change. Following a meeting, the Chair was able to reassure the student that there was considerable work being undertaken in this area by the College, but that the activities taking place were not always visible to students.

51. Ideas for increasing awareness include holding roadshows and talking about this area of work at the Freshers' event. It was also suggested that repeated communications were needed to help students understand what the RCVS could and could not do within its remit.

52. Information could be included within the student area of the website, and a sustainability competition was suggested – for example, highlighting what students are doing to promote sustainability in their universities.

53. A collaboration with Knowledge was thought to be another useful avenue.

54. It was felt that an overall strategy for communicating with students would be beneficial, and an update on the work of the Student and New Graduate Engagement Manager was given. This work encompasses many activities that help to inform students on the work of the College and the support that could be given.

55. The methods for students subscribing to email communication, and how this was managed, was currently being reviewed and actioned. Once this mechanism was in place, the College would be in a better position to communicate more effectively with various audiences, including students on this topic and others.

56. It was commented that student representation needed to be visibly demonstrated as embedded across APC activities, and it was noted that student experience or active involvement was frequent across the workstreams.

Oral update and discussion: Workforce

57. Background was given to the Workforce Summit, and how the event contributed to the final Workforce Report. A video would be recorded on the 25 November, highlighting how insight from the professions fed directly into the Summit and therefore the Action Plan ambitions. It would discuss the College's commitment to gaining direct feedback from the professions, how it was applied as part of the design thinking process and how the ambitions in the action plan linked to its original insight.

58. Ambition-focused webinars were to be organised over the coming weeks. The series would comprise seven 75- to 90-minute evening sessions throughout January and February, and would focus on each of the ambitions. Each webinar would be a mixture of a short presentation at the beginning, which would recap the insight, followed by a panel discussion. The sessions would be recorded and made available online. The panels would comprise of individuals from different sectors

59. Following publication of the Workforce Report, feedback that had come through very clearly was that the call for more responsibility for veterinary nurses and representation of veterinary nurse issues was seen as important, and it was appropriate to have this topic as a separate section in the Report.

60. Additional supporting materials would also be provided as an adjunct to the webinars and Report.

61. The outcomes of the work were envisaged to be high level strategic conversations and making sure that this was top of mind across organisations, and for each ambition to be considered as appropriate to the needs, such as return to work policies and actions that could be implemented now.

Any other business

62. A call was put out for potential attendees for the Mental Health First Aid training for large animal and rural vets, and for the Committee to help to reach this cohort.

Date of next meeting

63. The Chair closed the meeting noting the next meeting would be in the afternoon of 7 February 2023 and would be a face-to-face meeting in London. The meeting may start a little later than usual due to the Education Committee meeting in the morning.

Summary	
Meeting	RCVS Council
Date	19 January 2023
Title	ARC Meeting Minutes – 17 November 2022
Summary	Minutes of the Audit and Risk Committee meeting held on Thursday, 17 November 2022
Decisions required	None
Attachments	**Confidential Appendix**
Author	Huda Haid Governance Officer / Secretary to ARC h.haid@rcvs.org.uk 0207 2020 797

Classifications		
Document	**Classification[1]**	**Rationales[2]**
Paper	Unclassified	n/a
Appendix	**Confidential**	**1,2,3 and 4**

[1]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.

[2]Classification rationales	
Confidential	1. To allow the Committee or Council to come to a view itself, before presenting to and/or consulting with others 2. To maintain the confidence of another organisation 3. To protect commercially sensitive information 4. To maintain public confidence in and/or uphold the reputation of the veterinary professions and/or the RCVS
Private	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

Minutes of the Audit and Risk Committee (ARC) meeting held online via Microsoft Teams on 17 November 2022

Members:

Prof D Bray	Lay member of RCVS Council
Mr K Gill*	Lay member
Dr M M S Gardiner*	RCVS Council Member
Mr V Olowe	Lay member and Vice Chair
Ms J Shardlow	Lay member and Chair

*Denotes absence

In attendance:

Ms A Belcher	Director for Advancement of the Professions
Dr N T Connell	Treasurer
Ms H Haid	Secretary to ARC / Governance Officer
Ms L Lockett	CEO
Ms C L McCann	Director of Operations
Mr J Nicholls	Lead for Undergraduate Education
Mr A Quinn Byrne	Secretary to ARC / Governance Manager
Mr D Tysoe	Chief Digital Officer
Ms K Williams	Education Quality Improvement Manager

Apologies for absence

1. Apologies for absence were received from Mr Gill and Dr Gardiner.

Declarations of Interest

2. There were no declarations of interest to record.

Minutes of the last meeting

3. The Committee approved the minutes of the last meeting, held on 15 September 2022.

CEO Update

4. The CEO provided an oral update on RCVS activities since the last ARC meeting. The following points were noted:

- A new Council Culture Working Group had been established, which was going to be chaired by Council member Tim Walker, and supported by People Director, Lisa Hall. The Group would continue some of the work carried out by previous groups, for example, around Council elections and skills profiling, as well as new topics such as the structure of the Council agenda, and the frequency of Council and Committee meetings. Further confidential information is contained in paragraph 2 of the classified appendix.

- At the recent Council meeting, the Vice-Chair of ARC had informed Council that the Charity Governance Code had been reviewed against procedures and policies in place at the RCVS and an action plan drawn up.

- The Edinburgh visitation had been completed.

- The Finance and Resources Committee (FRC) was to review the College's loss of earnings policy at its meeting in February.

- A Public Advisory Group (PAG) was being established to help the RCVS to understand issues in the minds of animal owners, their thoughts on the effectiveness of messaging from the RCVS and how it could be finessed, and feedback on the services offered by the College to the public.

- The public consultation on Under Care and Out of Hours had generated a lot of responses, and recommendations based on these were planned to be put before Council at its January 2023 meeting.

- The RCVS had hosted an event in the House of Lords in October to discuss veterinary legislative reform. This was a success with good engagement from the MPs, Peers and veterinary leaders/stakeholders who were present. A website had been built by the Communications Team for the event with the theme 'Life has changed over the past 60 years. Veterinary care has too'.

- The RCVS had hosted the first in-person Fellowship Day since 2019. New Fellows from the 2020, 2021, and 2022 cohorts were welcomed, as well as three new Board Members. It was explained that the Fellowship was the scientific body of the profession, providing an independent scientific voice aligned with the objectives of the College. Thought would be given to training some Fellows as spokespeople, to support them in this. It was asked whether an official document existed that set it out the role of the Fellowship, and it was confirmed that it had a mission statement.

- Ongoing work was being undertaken to support the actions from the Workforce Report. Avian Influenza was a major present concern though there was no known public health risk. Short-term support was to be received from vets who were coming from Ireland to volunteer.

- The Registration Department had trialed a customer service ticketing system. Currently, if members had queries they went to the relevant department if there were any registration, retention, or finance issues. The trial had one team dedicated to answering the questions, which 'freed up' other team members to deal with other work and more technical queries.

- Negotiations over the charge for dilapidations on leaving Belgravia House were currently ongoing.

- Following the last Committee meeting, the Hardwick Street Refurbishment Group had met with potential Project Managers to carry out a commercial and strategic review of the opportunities posed by the new building. Since then, the College had selected Peldon Rose to undertake the review. Meetings with Senior Team had already taken place, which would be followed by four other sessions with RCVS staff. A report on the findings from these discussions would be ready by early 2023.

- In relation to the WeWork building, there had been slight issue with the availability of passes. This had been resolved under a new contract for the office space. The contract with WeWork was due to expire at the end of July 2023, at which point the RCVS would have to decide on its next steps.

5. Further confidential information is contained in paragraph 1 of the classified appendix.

Assurance Map Update

6. The Governance Manager outlined the Assurance Map.

7. It was confirmed that discussions were taking place with Crowe (who provide the software for the register) about the expansion of the Corporate Risk Register. The final Assurance Map would be presented to the Committee at its next meeting in February.

Action: Final Assurance Map to be added to the agenda of the next ARC meeting in February 2023

Corporate Risk Register Update

8. The Governance Manager outlined the updated Corporate Risk Register highlighting the key changes and additions to the register, since the Committee last met in September.

9. Confidential information is contained in paragraphs 3-10 of the classified appendix.

Risk Report from Council

10. The Governance Manager updated the Committee on the risk report from RCVS Council.

11. The Committee was informed that RCVS Council had requested to have the Corporate Risk Register available to the members for a more regular review. the Committee was happy to accommodate this request so long as they are made aware that it is a confidential document. It was proposed that the risk register could be uploaded to the 'Library' section for Council in BoardEffect, on a set date every month.

12. The Committee agreed with this proposal.

13. There was a discussion around whether to make the document non-downloadable to reinforce and maintain confidentiality. However, it was agreed that it would be better to make it downloadable to facilitate better view of risk register; and that confidentially could instead be enforced by clearly watermarking the document as confidential so that Council members are even more fully aware of its nature.

Action: Corporate Risk Register to be uploaded to BoardEffect for monthly review by Council members, as a downloadable confidential document.

Education Department Risk Register

14. The Lead for Undergraduate Education presented the Education Department Risk Register and welcomed comments from the Committee.

15. Confidential information is contained in paragraphs 11-16 of the classified appendix.

Mind Matters Initiative Risk Register

16. The Director for Advancement of the Professions presented the Mind Matters Initiative Risk Register and welcomed comments from the Committee.

17. Confidential information is contained is paragraphs 17-20 of the classified appendix.

ENQA Update

18. The Education Quality Improvement Manager provided an update on the RCVS's activities in relation to the European Association for Quality Assurance in Higher Education (ENQA) and outlined changes to the ENQA Risk Register since the last meeting.

19. Confidential information is contained in paragraphs 21-25 of the classified appendix.

IT Update: Penetration Testing

20. The Chief Digital Officer (CDO) presented the Committee with the Internal and External Vulnerability and Penetration Tests findings.

21. Confidential information is contained in paragraph 26-32 of the classified appendix.

Audit Planning Report

22. Confidential information is contained in paragraphs 33-37 of the classified appendix.

Deep Dive Discussion Topics

23. Confidential information is contained in paragraphs 38-42 of the classified appendix.

Any Other Business (AOB)

24. The Chair presented the rest of the Committee with an evaluation questionnaire which addressed the effectiveness of the Committee and would enable the Committee to evaluate its effectiveness and to identify any improvements/enhancements that could be made.

25. The Chair welcomed comments on whether it was a good exercise moving forward or if there were any further suggestions to be included.

26. It was agreed that this was good practice, and it was suggested that the self-assessment question in the questionnaire be incorporated into individual appraisals.

Action: Self-assessment question to be removed from questionnaire and questionnaire to be circulated To ARC in January 2023.

Date of the next meeting

27. The next meeting would be held on Thursday, 9 February 2022 at 10:00 am, in person.

All actions	Date
Final Assurance Map to be added to the agenda of the next ARC meeting in February 2023.	February 2023
Corporate Risk Register to be uploaded to BoardEffect for monthly review by Council members, as a downloadable confidential document.	Starting January 2023
Self-assessment question to be removed from questionnaire and questionnaire to be circulated to ARC in January 2023.	January 2023

Summary	
Meeting	Council
Date	19 January 2023
Title	Education Committee Minutes 15 November 2022
Summary	Education Committee Minutes 15 November 2022
Decisions required	To note
Attachments	None
Author	Britta Crawford b.crawford@rcvs.org.uk/ 020 7202 0777

Classifications		
Document	**Classification[1]**	**Rationales[2]**
Paper	Unclassified	
Classified appendix	**Confidential**	**1**

Education Committee

Minutes of the meeting held on 15 November 2022

Members:	Dr Abbie Calow		
	Dr Niall Connell		
	Ms Linda Ford	-	Lay member
	Professor Tim Parkin		
	Mrs Susan Howarth		
	Professor Chris Proudman		
	Professor Stuart Reid		
	*Professor Susan Rhind		
	Dr Kate Richards	-	Chair
	Ms Anna Bradbury	-	Student representative
	Ms Kate Dakin	-	Student representative
By invitation:	*Dr Melissa Donald	-	CertAVP Subcommittee Chair
	Professor Stephen May	-	Advanced Practitioner Panel Chair
	Dr Joanne Dyer	-	PQSC Chair
	Dr Susan (Sue) Paterson	-	VetGDP subcommittee Chair and Observer
	Professor Nigel Gibbens	-	Chair of Accreditation Review Working Party
In attendance:	Mr Duncan Ash	-	Senior Education Officer
	Dr Jude Bradbury	-	Examinations Manager
	Dr Linda Prescott-Clements	-	Director of Education
	Mrs Britta Crawford	-	Senior Education Officer
	Ms Claire Holliday	-	Senior Education Officer
	Mr Jordan Nicholls	-	Lead for Undergraduate Education
	Ms Esther Kadama	-	Education Assistant
	Ms Beckie Smith	-	Senior Education Officer
	Ms Jenny Soreskog-Turp	-	Lead for Postgraduate Education
	Mr Kieran Thakrar	-	Education Officer
	Mrs Kirsty Williams	-	Quality Assurance Manager
	Ms Lizzie Lockett	-	CEO

Apologies for absence and welcome

1. Apologies were sent from Susan Rhind and Melissa Donald.

Declarations of interest

2. There were no new declarations.

Minutes

3. The minutes of the meeting held on 13 September 2022 were agreed with a spelling correction in paragraph 7 (“Australasian” Veterinary Board) and in paragraph 8 regarding EMS, the year 2025 should be corrected to 2024.

Matters arising

4. The Committee noted that all actions had been completed or were in progress.

5. Regarding the licensing of the VetGDP online learning programme for Advisers, it was reported that Dr Donald had discussed the issue with a contact at the BBC and that discussions were still on going. It was agreed that a paper would come back to the Education Committee in February. It was also reported that the Future of EMS policy, agreed at the last Education Committee meeting, had been published prior to the meeting and had received supportive comments.

Education Department update

6. The Director of Education, Dr Prescott-Clements, gave an oral update on the work of the Education Department. The mapping document against the new Office for Students standards had been taken to the Veterinary Nursing Education Committee, who reached the same conclusions as this committee. After an enormous amount of work, it was reported that the College will be submitting the self-assessment report (SAR) for ENQA today and that there is a scheduled visit in March 2023. The Committee heard that Education department members will be presenting at the London Vet Show on the topics of CPD, the Advanced Practitioner review and EMS. The Committee was pleased to hear that the literature review, that was commissioned to inform the accreditation methodology review, has been accepted for publication in the Journal of Veterinary Medical Education.

Primary Qualifications Sub-Committee (PQSC)

Report of the sub-committee meetings held on the 12 October 2022

7. The minutes of the PQSC meeting held in October were received. Members heard that the sub-committee had sought volunteers for a PQSC Vice Chair. Professor Jim Anderson had offered to take on the role and had been appointed.

8. There had been discussion around which teaching staff need to be on the RCVS practicing register, and it had been agreed that the RCVS would draft some further guidance regarding this and circulate to PQSC for consideration.

9. There had been further discussions arising from the AVBC Annual Monitoring reports PQSC had originally seen at the August meeting. Members heard that the RCVS Education team had conducted further investigation and provided some additional clarifications to PQSC queries. The remaining queries had been sent to AVBC, and PQSC were awaiting a response.

10. Members were informed that there had been discussion on the Pretoria report, however, this was an agenda item for this Education Committee, and would be detailed further at that point.

11. It was noted that during the August meeting, PQSC had also discussed the process for removing individuals from the list of RCVS accreditation panel members, considered the Statutory Membership Examination (SME) Board reports and received an update about the ENQA SAR.

12. A question was raised around removal of accreditation panel members from the database. Members wanted to know how someone would know if they had been removed and what the process would be for this. It was explained that the panel member database would act as a pool of people, rather than a list that people could be removed from. For example, if a panel member had acted inappropriately on a visit, they would not be removed, they just would no longer be appointed from the pool of potential panel members. Education Committee was informed that all panel members would receive information about the required skills and attitudes of all panel members, as well as examples of behaviours that would be considered inappropriate, during the new panel member online training modules.

13. A question was raised asking whether all panel members needed to be MRCVS. Members were informed that whilst the majority of panel members would be MRCVS, it was not required of all panel members, this would enable other educational specialists who were not MRCVS to become panel members or international experts licensed in their own country. Furthermore, a range of panel members would be selected for each accreditation event to ensure that a suitable mix of backgrounds and experience were included in each panel member team.

EMS Database Specification

14. In September 2021, Education Committee approved the draft specification for the EMS Database. As work on building the database was beginning, the specification was shared with the Vet Schools Council (VSC) and the VSC EMS Coordinators Group for comment to gain some further stakeholder input. A response was received, that the committee noted as part of a paper that also summarised the main themes of the comments and feedback.

15. Based on the comments from VSC and EMS Coordinators, Education Committee were asked to consider the following:
    a) To approve the addition of insurance forms to be supplied by placement providers, with overall step of school approval to be included in the specification,
    b) To consider potential processes around reporting problem placements,
    c) To approve the addition of the option to add placements that are currently not listed on the database to the specification.

16. There was a question as to whether any other stakeholders had been consulted with on the specification, and it was explained that RCVS would be holding further focus groups with EMS providers in December to gain some further feedback from their perspective.

17. There were some concerns that with the addition of the step to include insurance forms being signed off, it could appear that RCVS was taking on the responsibility of overall care for students whilst on placements, which is the responsibility of vet schools. However, it was clarified that this had not been the intention for the database, which was being designed more around the booking of suitable placements, and that overall care of students would remain the within schools' responsibility as they would be the ones signed off and approving placements, with RCVS simply hosting the database.

18. In a discussion around possible processes for reporting "problem" placements, it was agreed that ultimately this responsibility should remain within the schools' internal processes, and RCVS would only act to remove placements from the database if they were formally approached by schools to do so. This way, it would ensure that there was a process for placements to be removed without direct involvement from RCVS and could also soothe any potential concerns providers may have had in instances of RCVS "investigating" issues on placements. Therefore, essentially the same process would follow as they did currently, whereby if students or schools had any further larger concerns with placements, they would need to formally report these to RCVS through the normal existing professional conduct chain.

19. It was agreed to add in points a. and c. to the specification.

Action: Add in additional functionality to the database specification.

Future EMS roll out plan

20. After Education Committee had approved working towards implementing the future plans for EMS in 2024, the RCVS had published these and begun to receive a number of queries from both the veterinary schools and students as to which cohort years the future policy would apply to, as currently years 1-3 would still be enrolled as students in 2024.

21. Therefore, it was proposed that the new policy would be introduced for the in-coming first year students in 2024, and then rolled out on an annual basis following that until all cohorts would be under the new policy and system. Although it would mean that there would need to be two systems running concurrently, it would make it clearer as to who the new policy applied to and avoid complications in working out new requirements for existing cohorts and situations where students may complete less EMS in the meantime as they waited for a new system to be adopted with a reduced requirement.

22. There was a question around what would happen with the proposed timelines if it became clear during piloting that the database and / or new system may not be effective. It was acknowledged that it would be difficult to completely predict how a pilot would work out, but at the same time plans would have to be made against a timetable. However, it was clarified if there were any real concerns over the success of full implementation, the timetables could be reassessed in future.

23. Education Committee ultimately agreed to the proposal to roll out the new policy from 2024, starting with the incoming first years.

VetGDP: Update from the VetGDP subcommittee – minutes from the meeting on the 22 September 2022

24. Dr Paterson presented the minutes of the VetGDP subcommittee. She informed the Committee that a three-year time limit had been set up for the VetGDP and was pleased to note graduates in almost all roles were able to successfully use the VetGDP. There had been a number of requests for further EPAs which had not been agreed but were useful in tweaking the current EPAs rather than creating a large bank of overlapping examples. Professor May raised the question of euthanasia and was informed that it had been discussed by the subcommittee and made more explicit within an EPA but would be discussed further at the next subcommittee meeting.

Action: Euthanasia EPA to be discussed at next meeting of the VetGDP subcommittee

CPD

25. The Committee received and noted the minutes from the last meeting of the CPD Policy and Compliance subcommittee. Ms Ford gave a brief overview of discussions which included 1CPD usage and compliance. The data showed that some users have not reflected on their learning even though it is part of the CPD requirement for 2022. At the moment, it is not clear in 1CPD that members are not compliant simply by recording the hours, therefore the CPD Committee agreed that they could not enforce the requirement to reflect on CPD until the features were available in 1CPD. Education Committee were reassured that members would receive communication to help them understand the requirement and how to reflect using 1CPD.

CertAVP: minutes from the meeting 27 September 2022

26. Mrs Crawford presented the minutes from the CertAVP subcommittee meeting held on 27 September 2022 which were received and noted.

Discussion on new awards

27. Education Committee were asked to consider whether RCVS should introduce an awards system to recognise EMS providers that went over and above in giving EMS experiences to students.

28. Some members felt that this might not be the best course of action due to there already being a high number of awards available in the veterinary profession and industry, and not wanting to add to a potentially over saturated market. Also, whilst awards themselves were positive, it was argued that they only give credit to small numbers, whereas with something like EMS there would be so many more providers that could be seen to being going unrecognised if individuals were singled out and being rewarded, when all providers should really be being rewarded. Therefore, there was not an appetite to introduce an awards system for EMS providers.

29. Awards for the VetGDP were discussed with a similar response, with some feeling that it would be more appropriate to have rewards for the many rather than few. Other members questioning if a reward was appropriate for a programme which was mandatory for new graduates and the practices employing them.

30. It was suggested that the Education Department should review plans to consider how RCVS can recognise practices who are doing an excellent job in supporting students and recent graduates, and if an awards scheme based on achievements rather than nominations can be implemented.

Action: Education Department to review plans for awards and report back to Education Committee.

Fellowship subcommittee minutes

31. The minutes from the Fellowship Sub-Committee meeting held on 12 September 2022 were received and noted without comment.

Risk Register

32. Reference to the risk register is included in the confidential appendix

Any other business

33. There was no other business

Date of Next Meeting

34. The date of the next meeting is 7 February 2023 in person. Venue to be announced.

Britta Crawford
November 2022
b.crawford@rcvs.org.uk

RCVS SETTING VETERINARY STANDARDS

Summary

Meeting	RCVS Council
Date	19 January 2023
Title	Finance and Resources Committee (FRC) minutes – 17 November 2022
Summary	Minutes of the FRC meeting held on Thursday, 17 November 2022.
Decisions required	None
Attachments	**Confidential Appendix**
Author	Alan Quinn-Byrne Governance Manager / Secretary a.quinn-byrne@rcvs.org.uk 020 7227 3505

Classifications

Document	**Classification[1]**	**Rationales[2]**
Paper	Unclassified	n/a
Appendix	**Confidential**	**1, 2, 3 and 4**

[1]Classifications explained

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[2]Classification rationales

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Private	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

Minutes of the Finance and Resources Committee (FRC) meeting held online via Microsoft Teams on Thursday,17 November 2022.

Members:

Ms B Andrews-Jones*	Representative from Veterinary Nurses' Council
Dr N T Connell	Chair / RCVS Treasurer
Ms L Ford	Lay Member of RCVS Council
Ms S Howarth	Representative from Education Committee
Ms C-L McLaughlan	Representative from Standards Committee
Professor S A May	Elected member of RCVS Council
Dr S Paterson	Representative from Advancement of Professions Committee
Mr M E Rendle*	RCVS Council / Veterinary Nurses Council Chair
Dr K Richards	Representative from PIC/DC Liaison Committee
Ms J S M Worthington	Lay Member of RCVS Council
Mr T J Walker	Lay Member of RCVS Council

*Denotes absence

In attendance:

Ms J Delaloye	Head of Finance
Ms E Ferguson	Registrar / Director of Legal Services
Ms L Hall	People Director
Ms L Lockett	CEO
Ms C McCann	Director of Operations (DoO)
Mr A Quinn-Byrne	Secretary / Governance Manager
Dr L Prescott Clements	Dir of Education (DoE)

Apologies for absence

1. Apologies were received from Ms Andrews-Jones and Mr Rendle.

Declarations of Interest

2. There were no new declarations of interest to record.

Minutes of the meeting held on 15 September 2022

3. Minutes of the September meeting were held as a true reflection of the meeting.

Update from the Director of Operations

4. It was confirmed that the RCVS Audit Planning Report had been prepared by Crowe LLP. A representative from Crowe had discussed the key stages of the audit process with the RCVS Audit and Risk Committee at a previous meeting. It was noted that the Audit and Risk Committee was content with the various stages within the report.

5. It was noted that a revised auditing standard ISA 315 (Revised) applies to the RCVS 2022 audit. The changes to the standard are fairly fundamental and change the way audit firms approach identification of audit risk and how they respond to these risks. This will increase the workload and also increases the audit fee.

6. It was confirmed that since the last Finance and Resources Committee meeting, in September 2022, a total of seven staff had left the organisation and there had been five new starters.

7. Further confidential information is contained in paragraphs 1-2 of the classified appendix.

Tender Contract for Statutory Membership Exam Centre

8. The Director of Education (DoE) presented a paper to the Committee:

9. It was noted that the current contract to host the practical component of the Statutory Membership Exam would expire in August 2023. The paper provided contained the tender document (Annex A) and tender supporting guidance (Annex B) along with an outline of the process being followed to find an appropriate examination centre to host the exam in 2024-2028 inclusive.

10. It was confirmed to the FRC that submitted bids would be reviewed initially within the Education Department and by the Statutory Membership Exam Board. Scores for each bid would be assigned according to Section 4 of Annex A. The Board would recommend a successful bidder.

11. If two or more bids received similar scoring, interviews with or without a visit to the proposed exam site/s would be conducted by the Examinations Manager, Director of Education and members of the Statutory Membership Exam Board to reach a final recommendation.

12. It was confirmed that the successful bid would be recommended to FRC for a decision, given the length of the contract. The value of the bid was predicted to be £10,000-£12,000 per examination week. This could equate to £50,000-£120,000 over five years, depending on exam candidate numbers and exam frequency. This figure represented the centre costs for hosting the exam, and not the costs of the exam as a whole.

13. The option of hosting weekend exams was raised and the Director of Education confirmed that this could be reviewed.

14. The Committee was content with the process and would be updated as to progress at the next FRC meeting, in February 2023.

Action: update on tender process to FRC Feb 2023

Corporate Risk Register

15. The Committee was provided with an update on the corporate risk register. The Governance Manager provided a paper that highlighted changes to the register since the last FRC meeting.

16. Further confidential information is contained in paragraphs 3-7 of the classified appendix.

Investment Update

17. A full written update was provided to the Committee on the RCVS Investment Portfolio by Investec.

18. The Committee commended the investment report at this meeting, it was noted that the recommendations put forward by the FRC in September 2022, which included a request for more in depth reporting, had been fulfilled by Investec.

19. It was confirmed a presentation would be provided by the investment portfolio Manager at the next FRC meeting, in February 2023.

Action: presentation to be arranged by Governance Manager with Investec for Feb 2023.

Management Accounts

20. The Head of Finance presented the Management Accounts to the Committee. Further information is contained paragraphs 8-11 of the classified appendix.

Resources Discussion

21. The DoO and Governance Manager informed the Committee of a mapping exercise that was being planned for 2023.

22. This would enable Senior Team and Senior Management to chart what resources were being utilised and what if any resources were needed to be applied or relocated on various projects.

23. This work would provide a full review of work taking place across the RCVS, it would also encourage staff to place time limits where required on projects.

24. The Committee praised this work and noted it would provide valuable information for the FRC. An update on progress of this work would be provided to the Committee at the next FRC meeting in February 2023.

Action: Update FRC on progress of resource mapping work.

Any other business

25. There was no further business to note.

Date of the next meeting

26. The next meeting will be held on Thursday, 9 February 2023 at 14:00pm, in person.

Summary

Meeting	Council
Date	19 January 2023
Title	Registration Committee meeting minutes -14 September 2022; including after note 12 October 2022
Summary	Minutes of the Registration Committee meeting held on Wednesday, 14 September 2022; including after note Wednesday, 12 October 2022.
Decisions required	None
Attachments	**Confidential Appendix**
Author	Huda Haid Governance Officer / Secretary h.haid@rcvs.org.uk 0207 202 0797

Classifications

Document	**Classification[1]**	**Rationales[2]**
Paper	**Unclassified**	n/a
Appendix	**Confidential**	**1, 2, 3, 4**

[1]Classifications explained	
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[2]Classification rationales	
Confidential	1. To allow the Committee or Council to come to a view itself, before presenting to and/or consulting with others 2. To maintain the confidence of another organisation 3. To protect commercially sensitive information 4. To maintain public confidence in and/or uphold the reputation of the veterinary professions and/or the RCVS
Private	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

Minutes of the hybrid Registration Committee meeting held on 14 September 2022

Members:

Mrs B S Andrews-Jones	
Dr N T Connell	Treasurer
Mr D S Chambers	
Dr A Calow	
Dr M A Donald	Chair / President
Ms L Ford	
Professor C J Proudman*	
Dr S Paterson	Junior Vice-President
Dr K A Richards	Senior Vice-President

*Denotes absence

In attendance:

Ms N Bance	Registration Administrator
Ms E C Ferguson	Registrar
Ms J Harris	Statutory and Eligibility Specialist Manager
Ms H Haid	Secretary to Registration Committee / Governance Officer
Mr R Hewes	Head of Insight & Engagement
Ms C L McCann	Director of Operations
Mr A Quinn-Byrne	Secretary to Registration Committee / Governance Manager

Apologies for absence

1. Apologies for absence were received from Professor C Proudman.

Declarations of interest

2. There were no new declarations of interest to record.

Minutes of the previous meeting

3. The Committee approved the minutes of the previous meeting held on 11 May 2022.

Temporary Registration Guidance update

4. At its previous meeting held on 11 May 2022, the Committee requested that further clarification around the 'specialist' requirement for Temporary Registration Applications is made in the Guidance, so that Applicants clearly understand what is required of them when applying. In line with this, an amendment was made to the Guidance by the Head of Registration, to include that temporary registration is not applicable, or intended, for roles in general practice or for other 'generalist' roles even where recruitment to such positions is difficult.

5. The updated Guidance was presented to the Committee for approval. The proposed section of the Guidance document which clarified that temporary registration was not applicable to roles in general practice or other generalist roles, was approved. The Committee also noted that it will be useful to keep it highlighted for future applications.

6. It was confirmed that the updated Guidance will be added to the RCVS website. A suggestion to put the agreed information on the 'Employed' category application form was put forward by the Statutory and Eligibility Specialist Manager. The Committee agreed that this would be helpful in ensuring further awareness.

Action: The approved information on the updated Guidance is to be added to the 'Employed' category application form; and to be kept highlighted in the Guidance.

Registration Statistics Report

7. The Head of Insight and Engagement presented the Committee with the Registration Statistics report. The purpose of the report is to provide the Committee with an insight into current trends in registration data for Vets, VNs and practice premises.

8. It was noted that there has been an evident increase in the registration of UK practising overseas nationals in Q2 2022. A total of 224 UK practising overseas nationals were registered compared to a total of 82 in Q2 2021. On reasons for this, it was explained that a high number of Applicants delayed their registration until April 2022 to benefit from paying the full year fee. It was also noted that international travel has returned to normal post covid, which may have contributed to an increase in applicants.

9. A decrease in UK Vet registrations at the end of Q2 2022 compared to Q2 2021 was highlighted. This is connected to the timings in the issuing of degrees and the return of in-person graduation ceremonies for many veterinary schools. In 2021, degrees were awarded earlier which meant that Vets could be admitted to the Register before their remote graduation ceremonies.

10. It was highlighted that there has been a decrease in vet renewals at the end of Q2 2022 compared to Q1 2021. This was attributed to changes of categories reducing to lower levels.

11. There was a decrease in UK VN registrations at the end of Q2 compared to the same period in Q1. It was noted that this is linked to university degrees being confirmed at later stage than in 2021. However, there was an increase in overseas VN registrations in Q2 2022. This is potentially linked to the return of international travel to normal.

12. There has been a slight increase in removals of practice premises from the register for non-payment in Q2 2022 compared to Q2 2021.The renewal period for practice premises is April to March and June is the standard time for premises to be removed for non-payment. Therefore, the main for the increase was due to removals for non-payment being completed in June 2022.

13. A Committee member requested that moving forward, it will be helpful to see graphs of this data so that trends could be better observed. It was explained that this is difficult to produce but will be looked into for future meetings.

Any other Business (AOB)

14. The Committee queried whether different membership fees apply to individuals on the temporary register, who only work half the year. It was confirmed that the yearly fee is reduced by half for those who choose to register for 6 months or less.

Date of next meeting

15. The next meeting will be held on Wednesday,16 November 2022 at 15:00 pm, online.

All actions	Date
The approved information on the updated Guidance is to be added to the 'Employed' category application form; and to be kept highlighted in the Guidance.	October 2022 (Completed)

Minutes of the Registration Committee meeting held online via Microsoft Teams on 12 October 2022

Temporary Registration applications

1. An extra meeting took place online, on 12 October 2022, for the Committee to review and consider two Temporary Registration applications.

2. Further confidential information is contained in paragraphs 1-9 of the classified appendix.

RCVS SETTING VETERINARY STANDARDS

Summary

Meeting	RCVS Council
Date	19 January 2023
Title	Registration Committee Meeting Minutes – 16 November 2022
Summary	Minutes of the Registration Committee meeting held on Wednesday, 16 November 2022
Decisions required	None
Attachments	**Confidential Appendix**
Author	Huda Haid Governance Officer / Secretary h.haid@rcvs.org.uk 0207 202 0797

Classifications

Document	**Classification[1]**	**Rationales[2]**
Paper	Unclassified	n/a
Appendix	**Confidential**	**1,2,3 and 4**

[1]Classifications explained

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Minutes of the Registration Committee meeting held online via Microsoft Teams on 16 Novemeber 2022

Members:

Mrs B S Andrews-Jones	
Dr N T Connell	Treasurer
Dr D S Chambers*	
Dr A Calow	
Dr M A Donald	Chair / President
Ms L Ford	
Professor C J Proudman	
Dr S Paterson	Junior Vice-President
Dr K A Richards	Senior Vice-President

*Denotes absence

In attendance:

Ms N Bance	Registration Administrator
Ms E C Ferguson	Registrar
Ms H Haid	Secretary to Registration Committee / Governance Officer
Ms L Lockett	CEO
Ms C L McCann	Director of Operations
Mr A Quinn-Byrne	Secretary to Registration Committee / Governance Manager

Apologies for absence

1. Apologies for absence were received from Dr D Chambers.

2. Professor C Proudman joined the meeting late due to technical difficulties.

Declarations of interest

3. Dr S Paterson and Dr K Richards declared a conflict of interest in respect of the Temporary Registration application from **Applicant 1** because of their personal relationship to the supervising MRCVS.

4. Professor C Proudman declared a conflict of interest in respect of the Temporary Registration application from **Applicant 2** because the practice was a strategic partner of his vet school.

Minutes of the meetings held on 15 September 2022 and 12 October 2022

5. The Committee approved the minutes of the meetings held in September and October 2022.

Registration Statistics Report

6. The CEO Presented the Committee with the Registration Statistics Report on behalf of the Head of Insight and Engagement who had left the RCVS at the time of the meeting; but had produced the report before their departure. The purpose of the report was to provide the Committee with an insight into current trends in registration data for Vets, VNs and practice premises.

7. A continued increase in UK-Practising EU registrants was noted. There was a higher number of EU registrants in Q3 2022 compared to Q3 2021.

8. A member of the Committee queried how far the data figures of registrants in 2022 were away from the figures of registrants pre-Covid and pre-Brexit. It was confirmed that there were approximately 1000 registrants per year before Covid and Brexit, with approximately 50% of registrants being EU and 50% being UK – though, there were more EU registrants in some years.

9. It was also noted that the formatting of this data in graph form was something that the College would like to incorporate in the future. There may be limits on how far back in time this data could go, but the Committee would be informed.

10. In addition to the report on registrations, this was the first time that Exit Survey data was produced for presentation to the Committee. Its purpose was to show reasons why vets were leaving the profession.

11. It was noted that the two main reasons were because they were moving overseas or retiring from the profession.

12. The CEO clarified that question 51 in Annex 2 specifically asked whether they will return to the UK profession and the not the wider profession generally.

13. The Committee were informed that the level of data which was gathered from the survey was small because the survey had only been running for a short amount of time. Therefore, it was not conclusive.

14. Furthermore, the CEO explained that the data was mainly from vets and not vet nurses, as significant data was not produced from the VN survey.

15. The Committee were asked to confirm if the data was of interest to them and whether they would like the data to be continually gathered and reported to them at future meetings moving forward.

16. The Committee agreed that that this data was insightful and would be useful to see in future meetings to observe trends. There was a suggestion from a committee member for future reports to include data on how long vets and vet nurses had been in the UK before leaving the UK profession moving forward too.

17. The CEO noted that statistics on vets and vet nurses who are over 60; and are on the practising register may also be of interest to the Committee moving forward.

18. It was agreed that this will also be insightful for the Committee to see.

Action: Exit Survey data to be part of the agenda for all Registration Committee meetings moving forward. Additions to this will include:

- **Data on how long vets and vet nurses had been in the UK prior to leaving the UK profession**

- **Data on vets and vet nurses who are over 60 years of age and are on the practising register**

Temporary Registration Applications

19. The Committee were presented with two Temporary Registration applications for review and decision.

20. Confidential information is contained in paragraphs 1-10 of the classified appendix.

Any other Business (AOB)

21. An update on the College's activities in relation to the Avian Influenza was provided to the Committee by the Registrar.

22. It was confirmed that the College was expecting several applications from people in Ireland who are coming to assist on a rolling basis. As well as a few applications from people on the Republic of Ireland (pre-1988) registration category

23. In addition to this, it was also confirmed that a few volunteers had said that they would come out of retirement to assist with the control of the flu.

24. The Committee were informed that the Registration Department would do their best to process the applications within in a week of them being received, to accommodate the pressure on the Animal and Plant Health Agency (APHA).

Date of the next meeting

25. The next meeting will be held on Monday, 6 February 2023 at 15:00pm.

Summary	
Meeting	Council
Date	19 January 2023
Title	Standards Committee Minutes
Summary	Minutes of Standards Committee Monday, 12 September 2022, at 10am. In particular, the Committee is to note that an updated version of the RCVS controlled drugs guidance was approved for publishing, subject to the amendments listed. The published guidance can be found here. The Committee's attention is drawn to paragraphs 1-16 in the classified appendix.
Decisions required	None
Attachments	**Classified appendix**
Author	Beth Jinks Standards and Advice Lead b.jinks@rcvs.org.uk

Classifications		
Document	**Classification[1]**	**Rationales[2]**
Paper	Unclassified	n/a
Classified appendix	**Confidential**	**1, 3**

1Classifications explained	
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Private	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

Minutes of the Standards Committee held remotely on Monday, 12 September 2022, at 10 am

Members:	L Allum	
	B Andrews-Jones	
	L Belton	Chair
	M Castle	
	D Chambers	
	O Cook	
	M Gardiner	
	C-L McLaughlan	Vice Chair
	C Roberts	
	W Wilkinson	

In attendance:	E C Ferguson	Registrar
	M Donald	President
	L Lockett	CEO
	G Kingswell	Head of Legal Services (Standards)
	B Jinks	Standards and Advisory Lead
	V Price	Senior Standards and Advice Officer
	M Akwah	Standards and Advice Officer
	V Kwok	Standards and Advice Officer

AI 1 Apologies for absence and declarations of interest

1. The Chair welcomed the President and CEO to the meeting as observers. Apologies were received from W Wilkinson and C Roberts.

2. In relation to AI 3(a), declarations of interests were made by B Andrews-Jones and O Cook, both of whom know D Doherty personally.

Matters for decision

n.b. AI 2(a) and (b) were tabled for this meeting, however these have been moved to the November 2022 meeting of the Standards Committee.

AI 2(c) Storage of quinalbarbitone – confidential [content warning: suicide]

3. See paragraphs 1-6 of the classified appendix.

AI 2(d) Controlled drugs (CD) guidance

4. The Committee were advised that the current controlled drugs guidance has been available on the RCVS website in PDF form since 2015, and therefore an update to both the content and the formatting is proposed. The key content updates comprise the inclusion of the new interpretation of ‘independent witness’, as well as updated information on the storage of Schedule 2 and 3 CDs.

Further it is proposed that the guidance sit on the website using an 'a to z' type format, instead of a separate pdf, as this will be searchable and more user-friendly.

5. The Committee had the following discussion:
   a) On p15, it states "in order to maintain independence, vets should not rely on the same vet to repeatedly witness destruction of CDs at their practice" – it was explained that practices would find this quite difficult to achieve. It was explained that this is part of the VMD's new interpretation of an 'independent witness' and unfortunately not something that can be changed internally within the College.
   b) On p14, in relation to independent witnessing it states, "a person legally authorised to witness the destruction of CDs such as a CDLO", it was queried whether this could include a pharmacist, human medics, or a non-CDLO police officer.

      Action: Standards and Advice Lead
   c) On p39, in relation to RVNs and use of CDs for euthanasia at a home visit, it was queried why it would not be permitted for an RVN to undertake this task alone. It was explained that the Misuse of Drugs Regulations 2001 specifically allow veterinary surgeons to carry CDs outside of practice, but this does not extend to RVNs. This means if an RVN was to be holding CDs out of practice, without a vet, they may be in breach of these regulations.
   d) There were concerns that the wording on p28 in relation to prescribing CDs for own animals is restrictive and would not allow vets to euthanise their own animals with CDs. However, it was noted that this was a 'should' rather than a 'must', and so there was still room for some degree of veterinary judgement within the current wording.
   e) Regarding the format of a CD register, on p32 it states that the CD register can be a computerised system but cannot be a practice management system. It was suggested that this be amended to say that if the practice management system complies with the characteristics of a computerised CD register, then it may be appropriate to use.

6. The Committee agreed to approve the new CD guidance for publication, with the above amendments and incorporating the relevant amendments regarding quinalbarbitone.

   Action: Standards and Advice Lead

AI 2(e) Review of client confidentiality

7. Amendments have been suggested to Chapters 13 and 14 of the supporting guidance to the Code of Professional Conduct in relation to client confidentiality.

8. In relation to Chapter 13, the amendments stem from an advice query where the previous owner of a horse would not consent to the clinical records of that horse being passed to the new owner's vet and insurer. It is therefore proposed that a sentence be added to the guidance to say that where a previous owner declines consent to pass over the previous clinical histories, that the previous vet can still provide these to the new vet where there are concerns that not doing so could lead to

welfare issues (para 13.14). It was clarified that this relates only to the animal's clinical data and not the client's personal data.

9. Chapter 14 was last reviewed in 2020 when the GDPR was brought in, however it is proposed that this Chapter be amended to reflect the advice queries that the team receives around client confidentiality at the moment, for example, questions about harm to animals, and failure to attend follow-up appointments. Further, the proposed changes expand the discussion around animal welfare concerns so that the guidance more clearly includes neglect and adding in a stronger theme throughout that vets and RVNs can make their own decisions about whether a report would be justified or not, and that the RCVS would be supportive of a report being made if they have genuine concerns.

10. The Committee had the following discussion in relation to the proposals for Chapter 13:
    a) There was concern that should the guidance in 13.14 be approved, it may encourage clients not to seek veterinary treatment (especially horse owners) as they may feel that they do not have a relationship of confidentiality.
    b) In relation to horses specifically, it is common for clients to use at least two different practices (e.g., one for vaccinations, one for other treatments). Each practice may not know that the other is also treating the horse - it was therefore queried whether the new owner would even get a full history. It was advised that there is already guidance around mutual clients in the supporting guidance (Chapter 5) and therefore, in theory, this should not be a problem as each practice should be sharing their clinical histories with the others.
    c) It was queried why, if the clinical records are owned by the vet, that consent needs to be sought at all before passing on records to a new owner. Discussion was had around the common-law expectation that there is a duty of confidentiality between parties (which extends to animal data, unlike GDPR) and how this means that it is the norm for consent to be given before any records are disclosed. The duty of confidentiality is important but not absolute, meaning that these records can still be disclosed where there are animal welfare concerns or issues in the wider public interest.
    d) For the sale of horses, it could be added to the pre-purchase examination that a statement is required from the vendor that they have provided all clinical records from all practices that have treated the horse while they have owned it. Although this would be difficult to enforce, the new owner could raise a case in the small claims court should the vendor be found dishonest.
    e) It was agreed that in para 13.12, "diagnostic images and similar records" should be changed to "diagnostic images and similar data relating to the animal".

Action: Standards and Advice Team

11. Whilst the Committee understood what the revised guidance was trying to achieve, it felt more work was required in order to avoid unintended consequences. It suggested that a flowchart similar to

the general one for breaching client confidentiality might be useful. It was agreed that this should be considered again at the next meeting.

Action: Standards and Advice Team

12. In relation to Chapter 14; a typo was noted in 14.31, and it was requested that the flow of 14.41 be reconsidered. The Committee approved the proposed changes to this Chapter, subject to these minor amendments.

Action: Standards and Advice Team

AI 2(f) Exemption order for vaccination of farm animals – confidential

13. See paragraphs 7-10 of the classified appendix.

AI 2(g) Legislative reform and the 'farmer exemption' – confidential

14. See paragraphs 11-14 of the classified appendix.

AI 2(h) Use of 'internal locums' – confidential

15. See paragraphs 15-16 of the classified appendix.

AI 3(a) DC report

16. The Committee noted the report.

AI 3(b) PSS report

17. The Committee noted the report.

AI 4(a) RVP Subcommittee report – Confidential

18. The Committee noted the report.

AI 4(b) ERP report – Confidential

19. The Committee noted the report.

AI 4(c) Certification subcommittee report – Confidential

20. The Committee noted the report.

AI 4(d) Riding Establishments Subcommittee report – Confidential

21. The Committee noted the report.

AI 5 Risk and equality

22. There were no new additions to the risk register.

AI 6 Any other business

23. Claire-Louise McLaughlan was voted in as vice chair of the Committee.

24. The Committee was informed that Defra are undertaking a review of the Animal Welfare (licensing of Activities Involving Animals) (England) Regulations 2018, and the Committee will have the opportunity to contribute.

25. The Committee was informed that that under care consultation deadline has been extended for two weeks to allow for the national mourning of the death of the Queen.

Date of next meeting

26. The date of the next meeting is 14 November 2022

Table of actions

Paragraph(s)	Action	Assigned to
5b	Ask the VMD whether "a person legally authorised to witness the destruction of CDs such as a CDLO" could include a pharmacist, human medics, or a non-CDLO police officer.	**Standards and Advice Lead**
6	Make agreed amendments to CD guidance and publish	**Standards and Advice Lead**
10e	Make terminology amendment	**Standards and Advice team**
11	Reconsideration of the proposal re the client confidentiality guidance	**Standards and Advice team**
12	Amend guidance typo	**Standards and Advice team**

Summary	
Meeting	Council
Date	19 January 2023
Title	Standards Committee Minutes
Summary	Minutes of Standards Committee Monday, 24 October 2022 at 3pm. The Committee's attention is drawn to paragraphs 1-8 in the classified appendix.
Decisions required	None
Attachments	**Classified appendix**
Author	Beth Jinks Standards and Advice Lead b.jinks@rcvs.org.uk

Classifications		
Document	**Classification[1]**	**Rationales[2]**
Paper	Unclassified	n/a
Classified appendix	**Confidential**	**1, 3**

1Classifications explained	
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2Classification rationales	
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Private	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

Minutes of the Standards Committee held remotely on Monday, 24 October 2022 at 3pm.

Members:	L Allum	
	B Andrews-Jones	
	L Belton	Chair
	M Castle	
	D Chambers	
	O Cook	
	M Gardiner	
	C-L McLaughlan	Vice Chair
	C Roberts	
	W Wilkinson	

In attendance:	E C Ferguson	Registrar
	M Donald	President
	L Lockett	CEO
	G Kingswell	Head of Legal Services (Standards)
	B Jinks	Standards and Advisory Lead
	V Price	Senior Standards and Advice Officer
	B Myring	Policy and Public Affairs Manager

AI 1 Apologies for absence and declarations of interest

1. The Chair welcomed the President and CEO to the meeting as observers. Apologies were received from C Roberts. D Chambers was not in attendance.

2. No new declaration of interests were received.

Matters for decision

AI 2a UCOOH: consultation analysis – confidential

3. See paragraphs 1-8 in the classified appendix.

AI 6 Any other business

4. None.

Date of next meeting

5. The date of the next meeting is 14 November 2022

Summary	
Meeting	Council
Date	19 January 2023
Title	Standards Committee Minutes
Summary	Minutes of Standards Committee Thursday, 10 November 2022 at 13:30pm. The Committee's attention is drawn to paragraphs 1-11 in the classified appendix.
Decisions required	None
Attachments	**Classified appendix**
Author	Vicki Price Senior Standards and Advice Officer v.price@rcvs.org.uk

Classifications		
Document	**Classification[1]**	**Rationales[2]**
Paper	Unclassified	n/a
Classified appendix	**Confidential**	**1, 3**

1Classifications 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.

2Classification rationales	
Confidential	1. To allow the Committee or Council to come to a view itself, before presenting to and/or consulting with others 2. To maintain the confidence of another organisation 3. To protect commercially sensitive information 4. To maintain public confidence in and/or uphold the reputation of the veterinary professions and/or the RCVS
Private	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

Minutes of the Standards Committee held remotely on Thursday, 10 November 2022 at 12:30pm.

Members:	L Allum	
	B Andrews-Jones	
	L Belton	Chair
	M Castle	
	D Chambers	
	O Cook	
	M Gardiner	
	C-L McLaughlan	Vice Chair
	C Roberts	
	W Wilkinson	

In attendance:	E C Ferguson	Registrar
	M Donald	President
	M Rendle	VN Council Chair
	L Lockett	CEO
	G Kingswell	Head of Legal Services (Standards)
	B Jinks	Standards and Advisory Lead
	V Price	Senior Standards and Advice Officer
	K Richardson	Senior Standards and Advice Officer

AI 1 Apologies for absence and declarations of interest

1. Apologies were received from C Roberts.

2. No new declarations of interest were received.

Matters for decision

AI 2a UCOOH: consultation analysis – confidential

3. See paragraphs 1-11 in the classified appendix.

AI 3 Any other business

4. None.

Date of next meeting

5. The date of the next meeting is 14 November 2022

Summary

Meeting	Council
Date	19 January 2023
Title	Standards Committee Minutes
Summary	Minutes of Standards Committee held remotely on Monday, 14 November 2022, at 10am. The Committee's attention is drawn to paragraphs 1-32 in the classified appendix.
Attachments	**Classified appendix**
Author	Ky Richardson Senior Standards and Advice Officer/Solicitor k.richardson@rcvs.org.uk

Classifications

Document	**Classification**[1]	**Rationales**[2]
Paper	Unclassified	n/a
Classified appendix	**Confidential**	**1, 2 and 3**

1 Classifications explained

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Minutes of the Standards Committee held remotely on Monday, 14 November 2022, at 10 am

Members: Linda Belton (Chair)
Louise Allum
Belinda Andrews-Jones
Mark Castle
Danny Chambers
Olivia Cook
Matshidiso Gardiner
Claire-Louise McLaughlan
Claire Roberts
Will Wilkinson

In attendance:

RCVS

Melissa Donald	President
Eleanor Ferguson	Registrar
Lizzie Lockett	CEO
Gemma Kingswell	Head of Legal Services (Standards)
Peter Jinman	Chair of the Certification Sub-Committee
Beth Jinks	Standards and Advisory Lead
Ky Richardson	Senior Standards and Advice Officer/Solicitor
Victoria Price	Senior Standards and Advice Officer

DEFRA

Anthony Ridge
John Briggs
Joseph Devere
Emma Robertson
Caitlyn Balaban
Phoebe Bakkali
Laurentiu Patea
Raquel Cobos
Alison Gadsby
Richard Gardiner
Gonzalo Sanchez-Cabezudo
Birgit Oidtmann

AI 1 Apologies for absence and declarations of interest

1. Apologies were received from Olivia Cook.

Matters for decision

AI 2(a) Fish Health Inspectors review – Confidential

2. Please see confidential appendix paragraphs 1-20.

AI 2(b) Remote certification – Confidential

3. Please see confidential appendix paragraphs 21-31.

AI 2(c) Certification of regular vet visits – Confidential

4. Please see confidential appendix paragraphs 32-45.

AI 2(d) Groupage Export Facilitation Scheme (GEFS) annual report (for note) – Confidential

5. Please see confidential appendix paragraph 46.

AI 2(e) E-certification (for note) – Confidential

6. Please see confidential appendix paragraph 47.

Matters for report

AI 3(a) DC report

7. The report was noted.

AI 3(b) RESC report

8. The report was noted.

Confidential matters for report

AI 4(a) RVP Subcommittee report – Confidential

9. Please see confidential appendix paragraph 48.

AI 4(b) ERP report – Confidential

10. Please see confidential appendix paragraph 49.

AI 4(c) Certification subcommittee report – Confidential

11. Please see confidential appendix paragraph 50.

AI 5 Risk and equality

12. It was agreed that risk to the integrity of the veterinary signature will be added to the Risk Register.

AI 6 Any other business and date of next meeting

13. The Committee was asked to provide its comments in relation to the guidance for storage of Quinalbarbitone so that this can be finalised and published. The Committee agreed to do so.

14. The scheduled meeting for May 2023 falls on the day of the King's Coronation and so an alternative date will be circulated in due course.

Table of actions – Confidential

15. Please see confidential appendix.

Summary

Meeting	Council
Date	19 January 2023
Title	Standards Committee Minutes
Summary	Minutes of Standards Committee held remotely on Monday, 7 December 2022, at 9am. The Committee's attention is drawn to paragraphs 1-4 in the classified appendix.
Attachments	**Classified appendix**
Author	Beth Jinks b.jinks@rcvs.org.uk

Classifications

Document	**Classification**[1]	**Rationales**[2]
Paper	Unclassified	n/a
Classified appendix	**Confidential**	**1, 2 and 3**

1 Classifications explained

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Minutes of the Standards Committee held remotely on Wednesday 7 December 2022, at 9am

Members: Linda Belton (Chair)
Louise Allum
Belinda Andrews-Jones
Mark Castle
Danny Chambers
Olivia Cook
Matshidiso Gardiner
Claire-Louise McLaughlan (Vice-Chair)
Claire Roberts
Will Wilkinson

In attendance:

RCVS

Melissa Donald	President
Eleanor Ferguson	Registrar
Lizzie Lockett	CEO
Gemma Kingswell	Head of Legal Services (Standards)
Beth Jinks	Standards and Advisory Lead

FSA

Natalie Sampson
Jane R Clark
Robert Locker
Christopher Jones

AI 1 Apologies for absence and declarations of interest

1. D Chambers did not attend the meeting.

Matters for discussion

AI 2(a) FSA update on temporary registered novice OVs (TRNOVs) in the meat hygiene sector – Confidential

2. See paragraphs 1-3 in the classified appendix

Table of actions – Confidential

3. Please see confidential appendix.

Summary	
Meeting	Council
Date	19 January 2023
Title	Veterinary Nurses Council Report to Council
Summary	To note the minutes of the meeting of Veterinary Nurses Council (VNC) held on 16 November 2022.
Decisions required	None
Attachments	Classified appendix **(Confidential)**
Author	Annette Amato Committee Secretary a.amato@rcvs.org.uk / 020 7202 0713

Classifications

Document	Classification[1]	Rationales[2]
Paper	Unclassified	n/a
Classified appendix	**Confidential**	**1, 2, 3, 4**

[1]Classifications explained	
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RCVS SETTING VETERINARY STANDARDS

Veterinary Nurses Council

Minutes of the meeting held online via Microsoft Teams on Wednesday 16 November 2022

Members:	Mrs Belinda Andrews-Jones	-	Vice-Chair
	Miss Alison Carr		
	Dr Niall Connell	-	Officer Team observer (non-voting)
*	Mr Dominic Dyer		
	Ms Sarah Fox		
	Mrs Susan Howarth		
*	Mrs Katherine Kissick		
	Mrs Donna Lewis		
	Dr Susan Paterson		
	Mr Matthew Rendle	-	Chair
	Dr Katherine Richards		
*	Ms Stephanie Richardson		
	Mrs Claire Roberts		

*Denotes absent

In attendance:	Mrs Annette Amato	-	Committee Secretary
	Mr Luke Bishop	-	Media and Publications Manager
	Mrs Julie Dugmore	-	Director of Veterinary Nursing
	Ms Eleanor Ferguson	-	Registrar
	Miss Shirley Gibbins	-	Qualifications Manager
	Ms Lizzie Lockett	-	Chief Executive
	Miss Jill Macdonald	-	VN Futures Project Lead
	Mr Ben Myring	-	Policy and Public Affairs Manager
	Mrs Jenny Soreskog-Turp	-	Lead for Postgraduate Education
Guests:	*Ms Rachael Buzzel*	-	*VN Times*

Apologies for absence

1. Apologies for absence were received from Dominic Dyer, Katherine Kissick and Stephanie Richardson.

Declarations of interest

2. There were no new declarations of interest.

Obituaries

3. No written obituaries had been received. Council observed a minute's silence for all members of the professions who had passed away since the last meeting.

Minutes of the meeting held on 14 September 2022

4. The Minutes of the meeting held on 14 September 2022 were approved as a correct record.

Matters arising

5. There were no matters arising on the previous Minutes.

CEO update

6. The CEO presented a brief oral update on a number of operational matters and recent activities and said that matters relating to Policy and Public Affairs, and Communications would be covered later in the meeting by the relevant Managers.

7. The RCVS Awards nomination period had recently opened, including the VN Golden Jubilee award. Although VN Council members are not permitted to nominate, they may encourage others to do so, and raise awareness. A number of other RCVS awards, such as the compassion and inspiration awards, are also open to veterinary nurses, and details are on the website.

8. Activities since the last meeting had included celebration of Black History Month with a series of new leadership stories published on the website, and a Mind Matters Initiative (MMI) campfire around this theme, to promote allyship and stressing the importance of supporting colleagues from ethnic minorities.

9. At the September meeting of RCVS Council, it had been agreed to launch a Public Advisory Group, comprising animal owners and keepers, to provide support to the RCVS in its messaging to animal owners and to advise on important issues in the public interest to be considered by the RCVS as regulator. The group would be chaired by Council member Dr Louise Alum, and a call for applications would be put out in the New Year.

10. Phase 2 of the Council Culture work would commence in November, with VN Council being represented in the meetings by the Chair.

11. A firm of consultants had been appointed to assist with the commercial strategy for the new RCVS office premises, to provide the best understanding of how the space could be used to best serve the needs of staff, Councils and the profession. The consultants were holding a series of meetings with staff, external stakeholders and Council members, to be followed by a questionnaire to all potential staff users of the building. The work of the consultants would be

concluded in January 2023. It was likely that the move to the new premises would not take place until late 2022.

12. Following the death of Her Majesty Queen Elizabeth in September, a condolence book had been set up online. Nearly 900 messages had been received, which would be bound into a hard copy and placed in the archive.

Veterinary Nurse Education Committee (VNEC)

13. Susan Howarth, Chair of the VNEC, presented the minutes of the meeting of the VNEC held on 12 October 2022. This had been a very full agenda due to the deferral of a number of items from the August meeting of the Committee.

15. The Committee had approved two new educator members of the accreditation panel, one for the panel for Further Education (FE) visitations, and one for the Higher Education (HE) panel. These were a welcome addition to the pool of visitors.

16. The Committee had been pleased to accredit the following further post-registration Certificates in Advanced Veterinary Nursing (CertAVN) awards from the Royal Veterinary College:
    - Graduate Certificate in Advanced Veterinary Nursing – Medical Nursing
    - Postgraduate Certificate in Advanced Veterinary Nursing – Medical Nursing

    There are currently five accredited providers of Certificates in Advanced Veterinary Nursing, with a diverse range of pathways being offered.

17. The Committee had received an update report on the pre-accreditation support package for all Accredited Education Institutions (AEIs). The support continued to be very worthwhile and well received, enabling AEIs to be better prepared for their accreditation visits, with the outcome being provision of better education as a result.

18. The Committee had been provided with many reports from the quality assurance team on action plan monitoring and quality assurance activities for Accredited Education Institutions. The Committee had been reassured from the reports and the auditing activity carried out, that the team was keeping a close eye on all aspects of the accredited programmes to ensure that standards are being met.

19. The Committee had been provided with statistics on student enrolments for each academic year (1 July to 30 June) over the last five years via the FE and HE routes and had been reassured to note that despite the pandemic, the numbers of enrolments and registrations were increasing overall.

20. It was commented by a member that it was good to see that the pre-accreditation visits were being well received and effective, and in keeping with the RCVS philosophy of being a supportive regulator.

21. It was noted that the VNEC Terms of Reference (ToR) had been updated, and it was confirmed by the Director of Veterinary Nursing that this had been in response to an ENQA (European Association for Quality Assurance in Higher Education) requirement that the terms of office for members of the Committee should be included in the ToR. As this had been a simple amendment, it had been agreed via Chair's action and the revised ToR were now on the website. However, there were a few other changes which the Director of Veterinary Nursing was proposing, and these would be brought to Council for full approval at a future meeting.

22. The Chair thanked the VNEC and the team for the work they were doing, and also remarked on the very positive comments from members of the profession that he had heard at many conferences on the CertAVN framework and the qualifications that were being offered, and it was hoped that further and more diverse options would be offered in the future. It was also pleasing to note that there were now over 22,000 RVNs on the Register.

Continuing Professional Development (CPD)

23. The Lead for Postgraduate Education presented the Minutes of the CPD Policy and Compliance Subcommittee held on 27 October 2022 and highlighted a few items.

24. The Committee had welcomed some new members and was now a slightly larger group. There were currently about 93% of RVNs now using 1CPD, but a number of users, both vets and veterinary nurses, were not reflecting on their CPD and work was being carried out with the Comms team to provide further guidance and assistance on this aspect. The RCVS Academy had developed an online course on reflection, and there would also be a CPD promotion at the forthcoming London Vet Show, with a drop-in session. To promote recording of CPD, the RCVS had created a facility on the website to create QR codes for CPD events. Members organising events were also encouraged to provide time at the end of the event for reflection.

25. The Committee had discussed whether there should be a cut-off point at the end of the year for recording CPD, and it had been agreed this this should be two months after the year end. Liaison would be carried out with the Comms team to ensure that regular reminders were in place.

26. The annual audit of veterinary nurses' CPD had been a little delayed and the report would be presented to the February meeting of Council.

27. It was commented that the option to include QR codes for courses was a very positive move.

Reports from RCVS Committees

Registered Veterinary Nurse Preliminary Investigation Committee (RVN PIC)

28. Council noted the report of the work of the RVN PIC since September 2021.

Standards Committee

29. Claire Roberts provided a brief update on items from the Standards Committee meeting held on 15 November.

RVN Disciplinary Committee

30. The reports from the Disciplinary hearings in September and November 2022 were noted.

31. It was commented that although VN Council receives reports from a number of RCVS standing committees, it does not currently receive a report from the Advancement of the Professions Committee. It was suggested that a regular update from this committee would be useful and it was agreed that this would be included as an item for the next meeting, and going forward.

Policy and Public Affairs update

32. The Policy and Public Affairs Manager provided a brief update.

33. An event hosted by Lord Trees had taken place in the House of Lords a few weeks previously, as part of the programme for raising awareness of the legislative reform recommendations. There had been various speakers from RCVS, BVA and also the allied professions which the RCVS intended to regulate in the future, who were able to provide information on their profession and how regulation would benefit them. This had been a very positive and well attended event.

34. RCVS Knowledge had provided an exhibition at the event to give a sense of how things had changed since 1966, and some of the campaign materials from the day had been put together as a microsite: https://lifehaschanged.vet/ This included a number of case studies, including videos, aiming to illustrate the changes which the RCVS hoped to make.

35. On the policy side, legal advice had been sought in terms of how the Bill might work, in terms of primary and secondary legislation, and important areas to be considered including governance, and the definition of “animal”.

36. The Chair commented that the House of Lords event had been very useful and informative, and had highlighted the need to raise awareness of the veterinary nursing profession and what it does, including the range of animals that RVNs treat. It was suggested that the Public Advisory Group referred to by the CEO earlier in the meeting might include topics focused on veterinary nursing in the future.

Communications report

37. The Media and Publications Manager provided an overview of recent VN-related activities in the Comms Department.

38. The Workforce Action Plan had been published the previous week, based around seven key ambitions, one of which was focused on developing greater responsibility for veterinary nurses,

including demonstrating the capabilities of the veterinary nursing role; ensuring clear career pathways for veterinary nurses; and continuing to progress the need for legislative change which would see veterinary nurses gain more autonomy and responsibility. Council members were encouraged to access this via the RCVS publications page on the website. Further media and press announcements would take place around the Action Plan.

39. During the previous month, a new round of leadership stories had been launched to coincide with Black History Month and had included an interview of a veterinary nurse with former President Mandisa Greene.

40. The election nomination period for VN and RCVS Councils would open in the next few days, and the web pages were in the process of being finalised.

41. Forthcoming events included the London Vet Show with messaging focused on CPD, the SPVS (Society of Practising Veterinary Surgeons) Congress in January and a RCVS Regional Question Time in Nottingham in January, to coincide with the RCVS Council meeting, which would also take place in Nottingham.

42. The revised version of the VN Standards handbook had been published the previous week and could be accessed from the publications page.

43. A content review project of the RCVS website was taking place to revise and update the content.

44. Following the accreditation of the additional CertAVN provision covered earlier in the meeting, there would be coverage in the press, media and *RCVS News* to highlight the increase in provision and the diverse range of post-registration qualification options available to veterinary nurses. The Chair added that a further Veterinary Nurses Day was being planned to take place in Oxford, in early February, and urged that those achieving the CertAVN should be encouraged to attend to promote awareness and provide inspiration. The VN days held in 2022 had been very successful.

Any other business (unclassified)

45. There was no other business.

Date of next meeting

46. Wednesday 8 February 2023, to be held in person.

Summary

Meeting	Council
Date	Thursday, 19 January 2023
Title	November 2022 PIC / DC Liaison Committee minutes
Summary	Minutes of the meeting held on Thursday, 24 November 2022
Decisions required	None
Attachments	**Classified appendix**
Author	Hannah Alderton Committee Liaison Officer h.alderton@rcvs.org.uk / 020 7856 1033

Classifications

Document	**Classification[1]**	**Rationales[2]**
Paper	Unclassified	n/a
Classified Appendix	**Confidential**	**3, 4**

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Preliminary Investigation Committee and Disciplinary Committee Liaison Committee

Minutes of the remote meeting held by MS Teams on Thursday, 24 November 2022 at 10:00 am

Members:

Dr K A Richards (Chair)	Senior Vice-President
Dr L Belton	Chair, Standards Committee
Dr N T Connell	Treasurer
Mrs O Cook	Council member
Mrs S K Edwards	Chair, RVN Preliminary Investigation Committee (RVN PIC)
Dr B P Viner	Chair, Preliminary Investigation Committee (PIC)
Mrs J Way	Chair, Disciplinary Committee (DC)
*Mr W Wilkinson	Council member
Ms J S M Worthington	Council member

In attendance:

Miss H Alderton	Committee Liaison Officer
Ms G Crossley	Head of Professional Conduct (HoPC)
Ms E C Ferguson	Registrar
Ms L Lockett	CEO
*Ms Y Yusuph	DC Clerk

*Denotes absent

Apologies for absence

1. Apologies for absence were received from Mr W Wilkinson.

Declarations of interest

2. There were no new declarations of interest to record.

Minutes of the meeting held on Thursday, 22 September 2022

3. The Committee was updated on an action from the minutes. In response to a query, it was explained that the Veterinary Client Mediation Service (VCMS) 'product' category related to items such as products sold in the practice, for example, food, or consumer issues with picking up medicines, such as the quantity being wrong or it not being available.

4. The minutes were agreed.

Updates – general

5. The Registrar updated the Committee on the following matters:

   - Recruitment for VN members of the statutory committees, an information evening had been held and was well attended. Twenty-two people applied in total, and a panel would meet in the early part of 2023 for interviews;
   - the new PIC process had started in October, and it seemed to be working as expected;
   - DC training had taken place and there had been a good turnout of both Committee members and legal assessors. The training had included many topics, such as dishonesty and the anonymising of cases;
   - The Charter Case Committee was on schedule to begin in the new year.

6. A question was raised with regards to cases where the respondents were anonymised and how the need for this was weighed against protection of the public. It was confirmed that cases where this kind of application was made were rare, and it was usually due to there being a risk to life. Case law around the subject aided the Committee in making its decisions.

Monitoring / performance / working methods / outcomes / dashboard / KPIs

7. Enquiry numbers had remained reasonably consistent since the last meeting and the last month had seen low concern rates. The new process had been put into place at the beginning of October and there were a few cases that were being concluded through the old system, so both were currently running in parallel.

8. This information can be found at paragraph 1 – 3 of the confidential appendices.

Finance Report

9. This information can be found at paragraphs 4 – 6 of the confidential appendices.

Disciplinary Committee report

10. The report was presented, and comments and questions were asked for.

11. It was asked in relation to the final case where the respondent was not represented what level of insurance did VNs have compared to vets. It was explained that as this was a conviction case often this was not covered on anyone's insurance as it wasn't to do with professional activity.

Veterinary Client Mediation Service (VCMS) feedback

12. Sections of the report were highlighted, including there being a slight change to stage B, which was where the practice first interacted with the process. At this point, the number of practices declining to engage seemed to be increasing, which may be a sign of practice pressure.

13. The annual report would be presented at the next meeting.

Feedback to Standards Committee v.v. PIC / DC Liaison Committee

14. The Chair of PIC raised an issue that had recently come up at PIC in relation to a matter of certification. He felt that the guidance attached to paragraph 6.2 of the Code of Professional Conduct defined a veterinary certificate, but did not make clear that the obligations relating to accurate and honest certification applied to all matters that were certified by a Registrant, whether they were required to be a vet for the purposes of such certification or not. He felt that it should be made explicitly clear if that were to be the case. The Committee discussed the issue, but did not consider that there was any lack of clarity or that the guidance needed to be reworded.

Any other business

15. It was asked if the performance figures that were marked as confidential could be shared with the rest of the PIC. It was confirmed that this would not be an issue.

Risk Register, equality and diversity

16. The Committee had nothing to raise.

Date of next meeting

17. The date of the next meeting would be Thursday, 16 February 2023 at 10:00 am. It was agreed that the meetings continue to be virtual.

18. The Chair brought the meeting to a close.

Summary

Meeting	Council
Date	19 January 2023
Title	Preliminary Investigation Committee Report to Council
Summary	This report describes the work of the Preliminary Investigation Committee since RCVS Council's last meeting, including by reference to key stage indicators, and provides information about the nature of concerns being considered by the RCVS.
Decisions required	None
Attachments	None
Authors	Chris Murdoch Senior Case Manager c.murdoch@rcvs.org.uk Gemma Crossley Head of Professional Conduct g.crossley@rcvs.org.uk

Classifications

Document	**Classification**[1]	**Rationales**[2]
Paper	Unclassified	n/a

[1]Classifications explained	
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Preliminary Investigation Committee

Report to Council January 2023

Introduction

1. This report provides information about the activities of the Preliminary Investigation Committee in November and December 2022 (6 January 2023 being the date of writing the report).

2. Since the last Report to Council (which gave information to 31 October 2022), there have been 4 Preliminary Investigation Committee (PIC) meetings (including one on 4 January 2023).

New cases considered by the PIC

3. The total number of new cases considered by the Committee at the 4 meetings referred to above is 14. Of the 14 new cases considered:

   - 8 were concluded at first consideration by the Committee. Of these:

     - 4 cases were closed with no further action, and
     - 3 cases were closed with advice issued to the veterinary surgeon.
     - 1 case was referred to DC.

   - 6 cases were referred for further investigation, that is, further enquiries, visits and/or preliminary expert reports.

4. No cases have been referred to the RCVS Health or Performance Protocols in the reporting period.

Ongoing Investigations

5. The PI Committee is currently investigating 55 ongoing cases where the Committee has requested statements, visits or preliminary expert reports (for example). This figure does not include cases on the Health and Performance Protocols.

Health Protocol

6. There are two veterinary surgeons either under assessment or currently on the RCVS Health Protocol.

Performance Protocol

7. There are no veterinary surgeons currently on the RCVS Performance Protocol.

Professional Conduct Department - Enquiries and concerns

8. Before registering a concern with the RCVS, potential complainants must make an Enquiry (either in writing or by telephone), so that Case Managers can consider with the enquirer whether they should raise a formal concern or whether the matter would be more appropriately dealt with through the Veterinary Client Mediation Service.

9. In the period 31 October 2022 to 6 January 2023,

- the number of matters registered as Enquiries was 510, and
- the number of formal Concerns registered in the same period was 81.

10. The table below shows the categories of matters registered as Concerns between 31 October 2022 and 6 January 2023.

Concerns registered between 31 October 2022 and 6 January 2023

Description of Category	**Number of Cases**
- Advertising and publicity	0
- Appeal against DC decision	1
- Certification	1
- Client confidentiality	0
- Clinical and client records	0
- Clinical governance	1
- Communication and consent	2
- Communication between professional colleagues	0
- Conviction/notifiable occupation notification	1
- CPD compliance	0
- Delegation to veterinary nurses	0
- Equine pre-purchase examinations	0
- Euthanasia of animals	2
- Giving evidence for court	0
- Health case (*potential)*	0
- Microchipping	0
- Miscellaneous	2
- Practice information, fees & animal insurance	1
- Performance case *(potential)*	0
- Recognised veterinary practice	0
- Referrals and second opinions	0
- Registration investigation	0
- Restoration application	0
- Social media and networking forums	0
- Treatment of animals by unqualified persons	0
- Use of samples, images, post-mortems and disposal	0
- Veterinary care	68
- Veterinary medicines	2
- Veterinary teams and leaders	0
- Whistle-blowing	0

- 24-hour emergency first aid and pain relief	0
- Unassigned	0
Total	**81**

Data source – Profcon computer system concerns data.

Referral to Disciplinary Committee

11. In the period 31 October 2022 to 6 January 2023, the Committee has referred 2 cases involving 2 veterinary surgeons to the Disciplinary Committee.

Veterinary Investigators

12. The Chief Investigator has undertaken 1 visit since the last report. This was an unannounced visit carried out jointly with the VMD to investigate concerns raised about a veterinary practice.

Concerns procedure

13. At Stage 1 of the process, the aim is for the Case Examiner Group to decide 90% of cases within four months of registration of complaint (the Stage 1 KPI). In the two months since the last Report to Council the KPI has been met in 94% and 90% of cases respectively. As explained in previous reports, an expanded team has made a significant difference to the number of cases that can be resolved within the four-month period, and we are really pleased with the progress made.

14. The Stage 2 KPI is now for the PIC to reach a decision on simple cases before it within seven months, and on complex cases within 12 months. A case is deemed to be complex where the PIC requests that witness statements and/or expert evidence be obtained.

15. In the period 31 October 2022 to 6 January 2023, the PIC reached a decision (to close, hold open or refer to DC) within the relevant KPI in 7 out of 8 simple cases.

16. Two complex cases were decided, of which none met the 12-month KPI. In accordance with normal practice, these cases (and KPI's in general) have been reported and discussed in detail at the PIC/DC Liaison Committee meeting.

Operational matters

17. The new process commenced on 1 October 2022 and is now bedding in. Stage one PIC meetings are taking place on a regular basis as arranged to close those cases that do not present a realistic prospect of serious professional misconduct. Both Case Managers and PIC members have worked hard to ensure that the new process is running smoothly and to address any initial issues that have arisen.

18. Stage two PIC meetings continue to be held alternately in person or online, albeit that recent rail strikes have led to some rearrangement. A further training session to address the impending Charter Case Committee and to reflect on the new process will be arranged in the next couple of months.

Summary

Meeting	Council
Date	19 January 2023
Title	RVN Preliminary Investigation Committee Report to Council
Summary	This report sets out the work of the Registered Veterinary Nurse (RVN) Preliminary Investigation Committee (PIC)
Decisions required	None
Attachments	None
Authors	Sandra Neary Professional Conduct Officer s.neary@rcvs.org.uk / 020 7202 0730 Gemma Crossley Head of Professional Conduct g.crossley@rcvs.org.uk / 020 7202 0740

Classifications

Document	**Classification**[1]	**Rationales**[2]
Paper	Unclassified	n/a

[1]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.

[2]Classification rationales	
Confidential	1. To allow the Committee or Council to come to a view itself, before presenting to and/or consulting with others 2. To maintain the confidence of another organisation 3. To protect commercially sensitive information 4. To maintain public confidence in and/or uphold the reputation of the veterinary professions and/or the RCVS
Private	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

Registered Veterinary Nurses Preliminary Investigation Committee

Report to Council

Introduction

1. Since the last Report to Council, there have been two meetings of the RVN Preliminary Investigation Committee, which took place on 1 November and 13 December 2022.

RVN Concerns received / registered

2. In the period 25 October 2022 to 6 January 2023, there were 7 new Concerns relating to RVNs. Of these 7 new Concerns:

    - All are currently under investigation by a Case Manager, Veterinary Nurse, Veterinary surgeon, and a lay member (Stage 1 Preliminary Investigation Committee)

RVN Preliminary Investigation Committee

3. There have been 2 new cases considered by the RVN PIC between 25 October 2022 and 6 January 2023. The first case was referred to external solicitors for formal statements to be taken and a decision on the second case was adjourned pending further investigation. At the meeting on 1 November, the Committee considered an ongoing case and decided to refer it to the RVN Disciplinary Committee for a formal hearing.

Ongoing Investigations

4. Three concerns are currently under investigation and will be returned to the RVN PIC for a decision in due course.

Health Concerns

5. One RVN is currently being managed in the context of the RCVS Health Protocol.

Performance Concerns

6. There are currently no RVNs being managed in the context of the RCVS Performance Protocol.

Referral to Disciplinary Committee

7. Since the last report, one case has been referred to the RVN Disciplinary Committee. This will be listed for a hearing in due course.

Disciplinary Hearings

8. A disciplinary hearing took place between 25 and 26 October 2022. The Disciplinary Committee directed that the RVN's name should be removed from the Register.

Operational matters

9. The new concerns process commenced on 1 October 2022 and is now bedding in. Both Case Managers and PIC members have worked hard to ensure that the new process is running smoothly and to address any initial issues that have arisen.

10. Stage two PIC meetings continue to be held remotely. A few meetings have been scheduled to take place in person in 2023. A further training session to address the impending Charter Case Committee and to reflect on the new process will be arranged in the next couple of months.

Summary	
Meeting	Council
Date	19 January 2023
Title	Disciplinary Committee Report
Summary	Update of Disciplinary Committee since the last Council meeting on 10 November 2022
Decisions required	None
Attachments	None
Author	Yemisi Yusuph Disciplinary Committee Clerk Tel: 020 7202 0729 Email: y.yusuph@rcvs.org.uk

Classifications		
Document	**Classification[1]**	**Rationales[2]**
Paper	Unclassified	n/a

[1]Classifications explained	
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Report of Disciplinary Committee hearings since the last Council meeting on 10 November 2022

Background

1. Since the last update to Council, the Disciplinary Committee ('the Committee') have met on four occasions. The RVN Disciplinary Committee have met on three occasions.

Hearings

Respondent A (Registered Nurse)

2. Between 25 and October 2022, the Committee met to hear an Inquiry into A Registered Nurse. At the outset of the hearing, Respondent A made an application for anonymisation to protect their family members safety. The Committee granted the application.

3. The full decision on the anonymisation application can be found here: A, a Registered Veterinary Nurse October 2022 Annex A - Professionals (rcvs.org.uk)

4. The Inquiry into Respondent A was in relation them being convicted in court in March 2022 of three charges related to indecent images of children. Which as a result, Respondent A was sentenced to eight months' imprisonment suspended for 24 months, with rehabilitation activities of a maximum 35 days, 12 months mental health treatment, 100 hours unpaid work, 10 years sexual harm prevention order, their name was placed on the sex offenders' register for 10 years and they were ordered to pay £425 prosecution costs.

5. Respondent A admitted the convictions and that the conviction rendered A unfit to continue to work as a veterinary nurse from the onset of the hearing.

6. In considering the sanction for the individual, the Committee considered the aggravating factors including that their conviction involved behaviour which increased the risk of harm or injury to human beings, the fact that viewing such images fuelled demand for such exploitative images, and that the conviction related to premeditated sexual misconduct which was sustained or repeated over a period.

7. In mitigation the Committee considered that A had taken several steps to address the root cause of the offending behaviour, had recognised the seriousness of these offences and had engaged fully with the College throughout the disciplinary process.

8. The Committee decided that the only appropriate and proportionate response to the respondent's convictions was a removal order. Convictions of this kind are fundamentally incompatible with being a registered veterinary nurse. At this point in time, a removal order is the only sanction capable of satisfying the public interest in safeguarding the reputation of the profession of veterinary nursing and ensuring that public confidence in the profession is maintained.

9. The full decision can be found here: A, a Registered Veterinary Nurse October 2022 Decision of Disciplinary Committee - Professionals (rcvs.org.uk)

Donal Johnston

10. This was a resumed hearing that took place on 1 November 2022. The original hearing took place in April 2022.

11. The charges against Mr Johnston related to several fraudulent insurance claims made by the Respondent. He worked at Banbridge Pet Vets ("the practice"), a small animal practice in Northern Ireland. Part of the Respondent's duties involved making insurance claims on behalf of the practice's clients. During Mr Johnston's time working at the practice, he created accounts in his name for two fictitious dogs. In addition, Mr Johnston submitted insurance claims for two animals that did exist, namely a cat and a dog, both of whom belonged to Ms Jacqueline McMillan, a receptionist at the practice. The Respondent treated these animals and submitted claims to an insurance company on behalf of Ms McMillan, with her consent. The insurers paid the amounts claimed, but the Respondent (without Ms McMillan's knowledge) directed them to send the payments to an account which Mr Johnston's had set up for his own benefit, rather than the practice's account.

12. At the original in April 2022, the Committee made their decisions on both the findings of fact, as well as disgraceful conduct.

13. The Committee concluded that Mr Johnston conduct, fell far below the standard expected of a Registered Veterinary Surgeon and that his dishonesty was of a nature and seriousness that amounts to disgraceful conduct in a professional respect. To find otherwise would undermine public confidence in the profession and fail to uphold proper standards of conduct and behaviour in veterinary surgeons.

14. The Committee's full decision on findings of facts and disgraceful conduct can be found here: johnston-donal-november-2022-decision-of-the-disciplinary-committee-on-facts-and-disgraceful-conduct-in-a-professional-respect (3).pdf

15. At the resumed hearing in November 2022, the Committee continued to look into the appropriate sanction to impose on Mr Johnston.

16. The Committee considered the sanction of Postponement. It also considered whether the provision of Undertakings should be provided during any period of postponement. This possible course of action was raised with the Respondent's legal representatives at the Hearing on 28 April 2022. The Chair informed the Respondent the Committee would need to look at the issue of whether medical evidence to confirm the existence of a gambling addiction would be provided together with evidence of a strong support network to be accompanied by progress reports from independent third parties and a plan for mitigating financial risks associated with the Respondent's gambling addiction. There would need to be full disclosure to his employers and his regulatory bodies of the Committee's findings of Disgraceful Conduct in a Professional Respect. These steps the Committee considered were necessary to demonstrate that the Respondent will no longer be a risk to the profession, to his colleagues to the public and, in this instance, to insurance companies by reason of his gambling addiction. Having taken instructions Mr Rafferty informed the Committee that he wished an adjournment so that these matters could be

considered, and steps taken to seek to satisfy the Committee that a Postponement supported by suitable Undertakings could meet the requirements and objectives indicated by the Chair.

17. An adjournment was granted, and the Committee reconvened on 1 November 2022 to consider and reflect on the additional steps taken by the Respondent's representatives to produce supportive medical and other specialist reports.

18. The reason for the delay in reconvening this Hearing lies in the fact that the medical and other reports took some time to secure and, thereafter, securing a date which was available to all members of this Committee

19. Mr Johnston provided the Committee with Undertakings, which where very much accepted by them. The Committee made a few changes to the Undertakings, which Mr Johnston readily acceded to.

20. The Committee decided that the sanction should be Postponed for the full period of 2 years. The reason for this was to ensure that the Mr Johnston is subjected to the longest period of supervision and support permitted by the Rules. At the conclusion of the 2-year period there will be a Resumed Hearing to review the totality of the Respondent's progress and compliance with the Undertakings he has provided to the Committee.

21. The Committee stated that "in the event, which it is anticipated is unlikely to occur, it is discovered that the Respondent has not so complied, the Committee will have available to it the whole range of sanctions permitted under the Act. If Mr Johnston fails to take advantage of the opportunity now afforded to him, he can be under no illusions about the result in such an eventuality"

22. The Resumed Hearing will take place at some point in November 2024.

23. The full decision on sanction can be found here: johnston-donal-november-2022-decision-of-the-disciplinary-committee-on-sanction (1).pdf

Katherine Power

24. The Committee met in person between 7-11 November 2022 and 22-28 November to her the Inquiry into Dr Power.

25. The hearing was adjourned on 28 November 2022 and will resume on 20 March 2023.

26. A report on this hearing will be provided to Council at the conclusion of the hearing.

James Gracey

27. The Committee met at the original hearing for this case in July 2022.

28. At the outset of the hearing, applications were made by Mr Gracey's representatives to the Disciplinary Committee asking them to rule that the whole proceedings should be stopped as an abuse of process on various grounds including the delay that had occurred in the matters being referred to the RCVS, and that there had been flaws in the original investigatory process.

29. Mr Gracey's Counsel also made a separate application, namely that the evidence of one of the College's witnesses should be excluded on the grounds that the witness had been convicted of bribery. The Committee, having considered the submissions made by Counsel representing Mr Gracey and the College, decided that there was no abuse in allowing the proceedings to continue and ruled that the statement and evidence of one witness should be excluded from the hearing based upon their conviction.

30. The full decision on application for abuse of power can be found here: Gracey, James - Decision and Reasons on Abuse of Process and Admissibility Argument - Professionals (rcvs.org.uk)

31. Mr Gracey was found guilty in respect of five charges in relation to cows, some of which were owned by his father. These were namely:

    1. On or about 15 December 2016 he signed a Food Chain Information form in relation to a cow without declaring that there was a conflict of interest because the cow belonged to his father and without including his and his practice's contact details with his signature;

    2. On or about 30 March 2017 he signed a Food Chain Information form in relation to a cow, also without declaring a conflict of interest or leaving sufficient contact details;

    3. On or about 6 April 2017 he signed an Emergency Slaughter form for a cow without declaring a conflict of interest as above, and that he stated that he hadn't not administered any treatment to the cow within the previous seven days of signing the form when he himself had;

    4. On or about 2 July 2019 signed a Food Chain Information form stating that a cow was fit for travel when it was not;

    5. That his conduct in relation to the proven charges risked undermining public health and animal welfare, and in relation to the Emergency Slaughter Form his conduct was dishonest and misleading.

32. The Committee found Mr Gracey guilty of the above charges. There were three other charges that were found not proven and one allegation was withdrawn by the RCVS.

33. The full decision on finding of facts can be found here: Gracey, James - Decision on Admissibility and Findings of Fact - Professionals (rcvs.org.uk)

34. Committee next went on to consider if the proven charges amounted to serious professional misconduct. In doing so it referred to the Code of Professional Conduct and its supporting guidance, particularly in relation to the 10 Principles of Certification. These principles set out the expectations and obligations, including around honesty and candour, when veterinary surgeons are signing documentation in an official capacity.

35. The Committee stated “that it is satisfied that such conduct, when taken together, would be considered deplorable by other members of the profession. The respondent’s conduct on four occasions in respect of four animals and three conflicts of interest called into question his competence in relation to completing such forms.” The Committee concluded that Mr Gracey’s conduct amounted to disgraceful conduct in a professional respect.

36. The full decision on disgraceful conduct can be found here: Gracey, James - Decision on Disgraceful Conduct - Professionals (rcvs.org.uk)

37. The Committee then went onto consider the appropriate sanction for Mr Gracey, the Committee took into account both mitigating and aggravating circumstances, as well as a number of character witnesses for the respondent who highlighted his positive personal and professional qualities.

38. In mitigation, the Committee considered that Mr Gracey has hitherto been of good character with no previous disciplinary findings, that he had admitted some parts of the charges against him at the outset of the hearing, that he had made efforts to avoid repeating the misconduct and remediate it – this included making alternative certification arrangements for his father’s farm and taking more appropriate care with record keeping. Furthermore, the Committee also acknowledged the significant lapse of time between the date of the misconduct and the hearing and the stress that had caused to Mr Gracey, as well as the insight he had shown into his misconduct.

39. In Considering all the factors, the Committee decided that imposing a period of six months suspension from the Register of Veterinary Surgeons was the appropriate sanction for Mr Gracey.

40. The Committee concluded that suspension of the respondent’s registration for a period of six months was proportionate. The Committee considered whether a shorter period was appropriate bearing in mind the mitigating factors it had found applied in this case. It decided that a period of six months was proportionate and the minimum length necessary to meet the public interest balancing the seriousness of the misconduct and the mitigation. It decided that a shorter period of suspension would be insufficient to uphold proper standards within the profession, or to have a deterrent effect.

41. The full decision on sanction can be found here: Gracey, James - Decision of the Disciplinary Committee on Sanction - Professionals (rcvs.org.uk)

Upcoming DC case

42. The DC currently have 6 hearings listed, 1 of which is a restoration hearing and another a resumed hearing,

- 30-31 January 2023
- 20-24 February 2023
- 1-2 March 2023
- 20-23 March
- 27 – 31 March 2023

- 24-28 April 2023

43. There is currently one referred hearing, which will be listed shortly.