

## Standards Committee

### Agenda for the meeting to be held on 13 November 2023 at 10.00am

<b>1.</b>	Apologies for absence, declarations of interest.	
<b>2.</b>	Matters for decision	
	a. Chapter 23 – cold calling	Paper attached
	b. Chapter 28 – social media	Paper attached
	c. Diagnosis case studies	Paper attached
	d. Use of Specialist title – confidential	Paper attached
<b>3.</b>	Matters for discussion	
	a. FSS update re TROVs – confidential	Paper attached
	b. Isle of Man exemption order	Paper attached
	c. CD update	Oral update
	d. Under care review	Oral update
<b>4.</b>	Matters for report	
	a. Disciplinary Committee Report	Paper attached
	b. Riding Establishments Subcommittee Report	Paper attached
	c. PSS update	Paper attached
<b>5.</b>	Confidential matters for report	
	a. Routine Veterinary Practice Subcommittee Report	Paper attached
	b. Ethics Review Panel Report	Paper attached
	c. Certification Subcommittee Report	Paper attached
<b>6.</b>	Risk and equality	Oral update
<b>7.</b>	Any other business and date of next meeting on 14 February 2024 (remote)	Oral update

**Standards Committee 2023/2024****Chair:**

Miss Linda Belton BVSc MRCVS

**Members:**

Dr Louise Allum MRCVS

Dr Danny Chambers MRCVS

Dr Olivia Cook MRCVS

Professor Derek Bray

Dr Melissa Donald MRCVS

Ms Claire-Louise McLaughlan

Dr Alice McLeish MRCVS

Dr Sue Paterson FRCVS

Mr Matthew Rendle RVN

Mr Tim Walker

Mr Will Wilkinson MRCVS

<b>Summary</b>	
Meeting	Standards Committee
Date	13 November 2023
Title	Proposed amendment to Chapter 23 of the supporting guidance
Summary	This paper references former guidance in relation to unsolicited approaches (“cold calling”) and proposes to reintroduce it.
Decision	The Committee is asked to discuss and decide whether to re-introduce the former guidance unamended, or whether to introduce an amended version that better reflects this Committee’s aims.
Attachments	<b>Annex A</b> – Former and illustrated re-introduction of unamended guidance in relation to cold calling
Author	Ky Richardson Senior Standards and Advice Officer/Solicitor Secretary to the Certification Sub-Committee <a href="mailto:k.richardson@rcvs.org.uk">k.richardson@rcvs.org.uk</a> / 0207 202 0757

<b>Classifications</b>		
<b>Document</b>	<b>Classification<sup>1</sup></b>	<b>Rationales<sup>2</sup></b>
Paper	Unclassified	NA
<b>Annex A</b>	Unclassified	NA

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

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

## Proposed amendment to Chapter 23 of the supporting guidance

### Unsolicited approaches (“cold calling”)

1. At its meeting on 6 February 2023, the Committee was informed as AOB that a slight amendment to Chapter 23 of the supporting guidance in relation to cold calling would be circulated by email for comment and approval.
2. The Standards and Advice Team sent this email to the Committee on 27 February 2023 and explained that the proposed amendment to Chapter 23 sought to re-introduce reference to cold calling as an example of conduct that is likely to bring the profession into disrepute. This reference was not included in the guidance when it was updated in June 2022, following the review of endorsements, however the College continues to receive regular enquiries about this issue.
3. The Committee was provided with a copy of the former guidance as it stood prior to June 2022 (**Annex A**), which reads as follows:

*“Any advertising and publicity should be professional, accurate and truthful. It should not be of a character likely to bring the profession into disrepute, eg an unsolicited approach by visit or telephone (**although a telephone call to a business may not be considered unprofessional, provided that the data protection and marketing laws are complied with, and telephone preferences registered with the TPS or CTPS are respected**).*”

4. Whilst the Committee agreed that guidance in relation to cold calling should be reintroduced, it was felt that a discussion should be had in relation to whether the former guidance could be re-worded to better reflect the aim of discouraging cold calling across the board, i.e., by telephone and in person, to individuals and businesses.
5. The former guidance sought to discourage cold calling to individuals and businesses alike, however, the text in bold and brackets in paragraph 3 above was included in the guidance when it was introduced in 2015 as the Standards Committee at that time felt that preventing calls to a business, including a farm, would be difficult to enforce for competition reasons. Please see excerpt from the paper presented to the Standards Committee in 2015:

*“The Committee recognised that there are a number of issues to consider in the context of advertising and publicity, including the substance and form of any advertisement or publicity, rules around data protection and advertising codes of practice. The Committee had mixed views on unsolicited mailings but the consensus was that unsolicited visits should continue to be discouraged. Unsolicited telephone calls may be considered acceptable when made to a business e.g. a farm, as opposed to a member of the public, who may find this oppressive and intimidating.*

*The Committee acknowledged that veterinary practices now operate in a changed and changing world – junk mail, spam emails and cold calls are commonplace in*

*other aspects of life. However, as regulator for the profession, we must continue to have regard to professionalism. The Committee identified a conflict of sorts between producing guidance that is realistic and enforceable, and striving for best practice.*

*It was noted that the Advice Team rarely receives concerns and queries from members of the public about advertising and publicity; generally any complaints or concerns come from fellow professionals and perhaps therefore these are actually complaints about competition, which the RCVS does not interfere with."*

### Decisions required

6. This Committee is asked to discuss and decide whether to re-introduce the former guidance unamended, as illustrated in **Annex A**, or whether to introduce an amended version that better reflects this Committee's aims.

## Previous guidance

23.1 Advertising and publicity may involve many forms with the aim of providing information to others and attracting new business. **Any advertising and publicity should be professional, accurate and truthful. It should not be of a character likely to bring the profession into disrepute, eg an unsolicited approach by visit or telephone (although a telephone call to a business may not be considered unprofessional, provided that the data protection and marketing laws are complied with, and telephone preferences registered with the TPS or CTPS are respected).** Advertising and publicity should not be misleading or exploit an animal owner's lack of veterinary knowledge. Practice websites and professional social media pages should be kept up to date

## Proposed amendment to current guidance

### Introduction

23.1 The purpose of advertising is usually to provide information to the public and attract new business. There are many different forms of advertising (including the recommendation, endorsement, and/or promotion of veterinary products and services) and publicity can be achieved across multiple media, including but not limited to, printed materials, websites, and social media platforms (see [Chapter 28](#) for specific guidance in relation to social media and online networking forums).

23.2 Veterinary products include prescription medicines and other products that may be used as part of the practice of veterinary surgery, as well as retail products that, although not veterinary products in and of themselves, become so when associated with, or are sold by, veterinary surgeons and veterinary nurses. For example, nutritional supplements, shampoos, dog leads, chewy toys, and pet foods, including prescription diets.

23.3 Veterinary services include the prescribing of medicines, the diagnosis of disease, the treatment and tests of animals, vaccination services, and other services that may be offered as part of the practice of veterinary surgery.

### Forms of advertising

23.4 Where the word 'advertising' is used in this chapter, it should be read to include all forms of advertising. The RCVS defines these different forms of advertising as follows:

- a. Advertisement - the dissemination of information with the aim of informing the public about a veterinary product or service.
- b. Endorsement – the association of a veterinary surgeon or veterinary nurse with a veterinary product or service with the aim of encouraging the public to buy or use the veterinary product or service based on the support or approval of the veterinary surgeon or veterinary nurse.
- c. Promotion – the dissemination of information with the aim of increasing the sales or use of a veterinary product or service.
- d. Publicity – the dissemination of information with the aim of attracting attention to a veterinary product or service.
- e. Recommendation - a suggestion or specific veterinary advice stating that a veterinary product or service is good, suitable, or the best choice for a particular purpose or animal.

23.5 All advertising should be accurate, truthful, and not of a character likely to bring the profession into disrepute or undermine public confidence in veterinary surgeons and veterinary nurses, **e.g., an unsolicited approach by visit or telephone (a telephone call to a business may not be considered unprofessional, provided that the data protection and marketing laws are complied with, and telephone preferences registered with the TPS or CTPS are respected).** All advertising should provide factual and balanced information which enables the public to make informed choices about the veterinary products and services available to their animals.

<b>Summary</b>	
Meeting	Standards Committee
Date	13 November 2023
Title	Review of Chapter 28 of the supporting guidance, Social media and online networking forums
Summary	<p>This paper proposes minor amendments to Chapter 28 of the supporting guidance in relation to social media to:</p> <ol style="list-style-type: none"> <li>a. bring it in line with other healthcare regulators,</li> <li>b. modernise it, and</li> <li>c. cross reference it with Chapter 23 of the supporting guidance in relation to advertising, endorsements, and publicity.</li> </ol>
Decisions required	The Committee is asked to consider and approve the proposed amendments to Chapter 28 of the supporting guidance.
Attachments	<p><b>Annex A</b> – Current Chapter 28 of the supporting guidance</p> <p><b>Annex B</b> – Current Chapter 23 of the supporting guidance</p> <p><b>Annex C</b> – NMC – Guidance on using social media responsibly</p> <p><b>Annex D</b> – GMC – Doctors’ use of social media</p> <p><b>Annex E</b> – GDC – Guidance on usual social media</p> <p><b>Annex F</b> – Proposed amendments to Chapter 28 of the supporting guidance</p>
Author	<p>Ky Richardson</p> <p>Senior Standards and Advice Officer/Solicitor</p> <p>k.richardson@rcvs.org.uk</p>



<b>Classifications</b>		
<b>Document</b>	<b>Classification<sup>1</sup></b>	<b>Rationales<sup>2</sup></b>
Paper	Unclassified	
<b>Annex A</b>	Unclassified	
<b>Annex B</b>	Unclassified	
<b>Annex C</b>	Unclassified	
<b>Annex D</b>	Unclassified	
<b>Annex E</b>	Unclassified	
<b>Annex F</b>	Unclassified	

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

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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.

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

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

1. The Standards and Advice Team ('Advice Team') as part of its periodic review of the supporting guidance has identified Chapter 28, Social media and online networking forums (**Annex A**) as a chapter that may benefit from minor amendments.
2. Chapter 28 is also due to be included in an RCVS Academy course, alongside the recently updated (2022) Chapter 23, Advertising, endorsements, and publicity (**Annex B**). Subject to this review, the intention is to publish the course in the first or second quarter of 2024. The Advice Team is keen to ensure that all chapters of the supporting guidance that are developed into RCVS Academy courses have first been reviewed and updated (where appropriate) to ensure that course content is up to date, in-keeping with this Committee's aims, and as relevant to the profession as possible.

## Review

3. The social media standards and guidance of the following healthcare regulators has been considered as part of this review:
  - a. NMC – Guidance on using social media responsibly (**Annex C**);
  - b. GMC – Doctors' use of social media (**Annex D**); and
  - c. GDC – Guidance on usual social media (**Annex E**).
4. The proposed minor amendments to Chapter 28 can be found at **Annex F** and are summarised and explained as follows:
  - a. Veterinary nurses should be referred to alongside veterinary surgeons throughout Chapter 28 rather than it being confirmed that Chapter 28 applies to them in the final paragraphs. This is in-keeping with the remainder of the supporting guidance.
  - b. Chapter 28 should make specific reference to Chapter 23 given that advertising, endorsements, and publicity is likely to be done or shared, at least in part, across social media platforms and so both chapters should ideally be read together.
  - c. Veterinary surgeons and veterinary nurses should be alerted to the fact that information about their location may be embedded within photographs or other content shared online so they can be mindful of this when seeking to protect their own privacy. This is in line with other healthcare regulators.
  - d. Veterinary surgeons and veterinary nurses should, if identifying themselves as such publicly, identify themselves by name. This is because content written by members of the profession is likely to be taken on trust and the public should have the ability to check whether a person is on the RCVS register before deciding whether to trust/rely on what has been posted online. This is also in line with other healthcare regulators. It is anticipated that such an expectation will not only remind veterinary surgeons and veterinary nurses to think carefully about what they post or share online when referencing their professional status but will also enable the RCVS to better advise/consider concerns.
  - e. The word 'facilitated' should be defined as meaning to 'share, forward, or cite' so that veterinary surgeons and veterinary nurses have further clarity around the fact that

their conduct could be called into question even when they are not the author of alleged unprofessional content.

- f. Veterinary surgeons and veterinary nurses should not post pictures or videos, or live stream on social media, treatment being provided to patients without explicit consent from the client. This is implicit within RCVS guidance already but making it explicit is in line with other healthcare regulators. Additionally, the Advice Team has received calls where this has happened and there appears to be an assumption that because animal data is not protected under GDPR, it is permitted. It has also become more common because of the rise in social media influencing and using social media as a tool to highlight expertise. It is anticipated that such an explicit expectation will remove any doubt in this respect and will reinforce the guidance at Chapter 14 and seek to contribute to the preservation of the veterinary/client relationship, and specifically, trust.
- g. In the wake of the rise of social media influencers and the new freedom to endorse veterinary products and services, veterinary surgeons and veterinary nurses should declare any real or perceived conflicts of interest relating to content posted or facilitated on social media. It is anticipated that such an expectation will reinforce similar expectations set out in Chapter 23 as well as illustrate another area of practice where conflicts of interest are likely to arise and should be carefully considered. Veterinary surgeons and veterinary nurses are also reminded to follow the Advertising Standards Authority (ASA) CAP Code in this respect and a hyperlink to ASA social media specific guidance is included.
- h. Language relevant to the growing phenomenon of cyber bullying and harmful online 'cancel culture' behaviours should be included in Chapter 28 to modernise the chapter. The proposed words are 'instigating or participating' in. This is in line with other healthcare regulators and is also anticipated to once again reinforce the fact that alleged unprofessional conduct is not limited to the creation of that content.

#### **Decisions required**

- 5. The Committee is asked to consider and approve the proposed amendments to Chapter 28 of the supporting guidance.

# 28. Social media and online networking forums

Updated 21 September 2021

## Introduction

28.1 'Social media' is the term used to describe websites and online applications that encourage social interaction between users and content creators. It encompasses all technology that can be used to share opinions and insights, information, knowledge, ideas and interests, and enables the building of communities and networks. Examples include media sites that allow public posts and comments (e.g. Twitter), content sharing websites (e.g. YouTube, Instagram and Flickr), professional and social networking sites (e.g. LinkedIn, Facebook), internet forums (e.g. vetsurgeon.org), discussion boards, blogs (Tumblr, Wordpress) and instant messaging.

28.2 It is recognised that social media is likely to form part of veterinary surgeons' everyday lives and they are free to take advantage of the personal and professional benefits that social media can offer. Social media can for example be a valuable communication tool and can be used to establish professional links and networks, to engage in wider discussions relating to veterinary practice, and to facilitate the public's access to information about animal health and welfare. However, the use of social media is not without risk and veterinary surgeons should be mindful of the consequences that may arise from its misuse.

28.3 Veterinary surgeons have a responsibility to behave professionally and responsibly when offline, online as themselves and online in a virtual world (perhaps as an avatar or under an alias). This responsibility also applies to private forums as there is no guarantee that comments posted will remain private (for example, someone could take a screenshot and post it on public social media platforms.) Veterinary surgeons may put their registration at risk if they demonstrate inappropriate behaviour when using social media. The standards expected of veterinary surgeons in the real world are no different to the standards they should apply online, and veterinary surgeons must uphold the reputation of the veterinary profession at all times.

## Protecting your privacy

28.4 Veterinary surgeons should also consider how to protect their own privacy when using social media. It should be remembered that online information can readily be accessed by others and once it is published online, the information can be difficult, if not impossible, to remove. Added to this are the risks that other users may comment on the information, or circulate or copy this to others. Veterinary surgeons should be thoughtful about what they post online as they may be connected directly or indirectly to clients, client's friends and other staff members. Private messages can easily be forwarded. For that reason, it is sensible to presume that everything shared online will be there permanently. Veterinary surgeons should also be mindful that content uploaded on an anonymous basis can, in many cases, be traced back to the original author.

28.5 Veterinary surgeons should read, understand and use appropriate privacy settings in order to maintain control over access to their personal information. It is advisable for veterinary surgeons to review their privacy settings on a regular basis to ensure that the information is not available to unintended users. However, veterinary surgeons should remember that this does not guarantee that their information will be kept private and personal information could potentially be viewed by anyone including clients, colleagues and employers.

## **Good practice when using social media**

28.6 When using social media, veterinary surgeons should:

- a. be respectful of and protect the privacy of others, and comply with the data protection laws and their own practice's privacy policy.
- b. consider whether they would make the comments in public or other traditional forms of media. If not, veterinary surgeons should refrain from doing so.
- c. be proactive in removing content which could be viewed as unprofessional
- d. remember that innocent references to social activities that might be construed as taking place on duty / on call could be misinterpreted or used as the basis for a complaint
- e. maintain and protect client confidentiality by not disclosing information about a client or a client's animal which could identify them on social media unless the client gives explicit consent (see paragraphs 28.8 to 28.12 below)
- f. comply with employer's or organisation's internet or social media policy (practices are encouraged to develop and implement a social media policy applicable to all staff)

28.7 When using social media veterinary surgeons should avoid making, posting or facilitating statements, images or videos that:

- a. contravene any internet or social media policy set out by their employer or organisation (Remember that comments or statements made or facilitated by veterinary surgeons may reflect on your employer / organisation and the wider profession as a whole)
- b. cause undue distress or provoke anti-social or violent behaviour
- c. are offensive, false, inaccurate or unjustified (Remember that comments which are damaging to an individual's reputation could result in a civil claim for defamation for which veterinary surgeons could be personally liable. Defamation law can apply to any comments posted online made in either a personal or professional capacity)
- d. abuse, bully, victimise, harass, threaten or intimidate clients, colleagues, staff or others (the Codes of Professional Conduct states that veterinary surgeons and veterinary nurses should not speak or write disparagingly about another veterinary surgeon or veterinary nurse. This covers all forms of interaction and applies to comments about individuals online)
- e. discriminate against an individual based on his or her race, gender, disability, sexual orientation, age, religion or beliefs, or national origin (comments demonstrating hostility towards an individual's race, disability, sexual orientation, religion or transgender identity may amount to a 'hate crime' and may be reported to the authorities and prosecuted in a criminal court)
- f. bring the veterinary profession into disrepute (veterinary surgeons should be mindful that their online persons can have a negative impact on their professional lives)

NB: Please note that this is not an exhaustive list. There are many different types of social media misuse.

## Maintaining client confidentiality

28.8 Veterinary surgeons have a legal and ethical responsibility to maintain client confidentiality. The Code of Professional Conduct states that veterinary surgeons must not disclose information about a client or the client's animals to a third party, unless the client gives permission or animal welfare or the public interest may be compromised. See also Supporting Guidance [Chapter 14](#) for more information.

28.9 This principle also applies to veterinary surgeons using social media. Veterinary surgeons should maintain and protect client confidentiality by not

disclosing information about a client or the client's animal, which could identify them on social media unless the client gives explicit consent. If consent is obtained, this should be recorded separately (ideally in the clinical records). Written consent may be particularly helpful in the event of any future challenges. Practices should ensure that such consent is compliant with the GDPR, namely freely given, specific, informed, unambiguous and affirmative. It must also be possible to withdraw consent easily.

28.10 It is recognised that some veterinary surgeons use social media websites that are not necessarily accessible to the general public, for example, to discuss veterinary practice and related issues. If a veterinary surgeon considers it is appropriate to discuss a case – for example to further an animal's care or the care of future animals – steps should be taken to anonymise the client, and/or the client's animal. Veterinary surgeons should note that although individual pieces of information may not breach client confidentiality, the totality of the published information could be sufficient to identify a client.

28.11 Some clients may use public forums to make negative or adverse comments about a veterinary surgeon or practice, or to raise concerns about the treatment provided to their animal(s). Veterinary surgeons should seek to avoid engaging in disputes in a public forum and may invite clients who make negative comments or raise concerns to contact the practice directly to discuss further. Discretion should be used when deciding how much to say publicly. Veterinary surgeons should be very careful not to breach applicable data protection laws and caution should be taken so as not to disclose confidential information, which could result in a complaint to the Information Commissioner's Office (ICO) or to the RCVS. Those involved may need to seek specific advice from the ICO on matters of data protection, as appropriate.

28.12 Concerns about inappropriate comments may also be reported to the site administrator / internet service provider and it may be possible for such comments to be removed. If a veterinary surgeon considers that the comments are defamatory, legal advice should be sought from an independent solicitor, or from the British Veterinary Association (BVA) legal helpline.

## **Other members of the veterinary team**

28.13 Veterinary nurses should also follow the above guidance when using social media.

28.14 Veterinary surgeons and veterinary nurses should ensure that support staff for whom they are responsible are aware of any practice protocols on data protection and the use of social media.



# 23. Advertising, endorsement, and publicity

Updated 29 June 2022

## Introduction

23.1 The purpose of advertising is usually to provide information to the public and attract new business. There are many different forms of advertising (including the recommendation, endorsement, and/or promotion of veterinary products and services) and publicity can be achieved across multiple media, including but not limited to, printed materials, websites, and social media platforms (see [Chapter 28](#) for specific guidance in relation to social media and online networking forums).

23.2 Veterinary products include prescription medicines and other products that may be used as part of the practice of veterinary surgery, as well as retail products that, although not veterinary products in and of themselves, become so when associated with, or are sold by, veterinary surgeons and veterinary nurses. For example, nutritional supplements, shampoos, dog leads, chewy toys, and pet foods, including prescription diets.

23.3 Veterinary services include the prescribing of medicines, the diagnosis of disease, the treatment and tests of animals, vaccination services, and other services that may be offered as part of the practice of veterinary surgery.

## Forms of advertising

23.4 Where the word 'advertising' is used in this chapter, it should be read to include all forms of advertising. The RCVS defines these different forms of advertising as follows:

- a. Advertisement - the dissemination of information with the aim of informing the public about a veterinary product or service.
- b. Endorsement – the association of a veterinary surgeon or veterinary nurse with a veterinary product or service with the aim of encouraging the public to

buy or use the veterinary product or service based on the support or approval of the veterinary surgeon or veterinary nurse.

c. Promotion – the dissemination of information with the aim of increasing the sales or use of a veterinary product or service.

d. Publicity – the dissemination of information with the aim of attracting attention to a veterinary product or service.

e. Recommendation - a suggestion or specific veterinary advice stating that a veterinary product or service is good, suitable, or the best choice for a particular purpose or animal.

23.5 All advertising should be accurate, truthful, and not of a character likely to bring the profession into disrepute or undermine public confidence in veterinary surgeons and veterinary nurses. All advertising should provide factual and balanced information which enables the public to make informed choices about the veterinary products and services available to their animals.

## Endorsement

23.6 Veterinary surgeons and veterinary nurses should only endorse veterinary products and services that are underpinned by sound scientific principles or have a recognised evidence base. All advertising that promotes or publicises an endorsement of a veterinary product or service should provide factual and verifiable information only and not be of a character likely to bring the profession into disrepute.

23.7 Veterinary surgeons and veterinary nurses should ensure they do not expressly or implicitly suggest that their endorsement is shared by the whole profession. Veterinary nurses should ensure that their endorsement does not amount to, or give the impression of, the giving of advice or recommendation of a treatment option based upon a diagnosis.

23.8 Veterinary surgeons and veterinary nurses may endorse non-veterinary products and services so long as that endorsement does not bring the profession into disrepute and any relevant legislation or regulation applicable to those non-veterinary products and services is complied with. Please see [Chapter 9](#) for guidance in relation to animal insurance.

# Recommendations in the course of treatment or when providing other veterinary services to clients

23.9 Where veterinary surgeons recommend veterinary products and services in the course of treatment or when providing other veterinary services to clients (including by way of referrals and second opinions – please see [Chapter 1](#)), this recommendation should be clinically justified, i.e., based on sound scientific principles or have a recognised evidence base, and be in the best interests of the animal.

23.10 Veterinary surgeons should not allow any interest in a particular product or service to affect the way they prescribe or make recommendations. This is the case whether the interest is held by the veterinary surgeon themselves, their employer, or any other organisation they are associated with. Veterinary surgeons should inform clients of any real or perceived conflict of interest.

## UK advertising codes and claims of general veterinary approval

23.11 All advertising should comply with the [UK Code of Non-broadcast Advertising, Sales Promotion and Direct Marketing \(CAP Code\)](#), which is enforced by the Advertising Standards Authority.

23.12 Veterinary surgeons and veterinary nurses who make claims of superiority or other comparisons with competitors should have regard to section 3 of the CAP Code and should not mislead the public.

23.13 Veterinary surgeons and veterinary nurses who manufacture their own veterinary products, for example, health supplements, may make claims about the health benefits of those products only where they hold 'robust clinical evidence' to support them (see rule 12.1 of the CAP Code). Claims to treat adverse conditions are likely to be considered medicinal claims and should only be made for licenced veterinary medicines in accordance with the relevant guidance linked at paragraph 23.18 below.

23.14 An organisation claiming 'general' veterinary approval for a product or service should also ensure it complies with the CAP Code.

23.15 Claims of 'general' veterinary approval should not suggest that the whole profession endorses those veterinary products or services. Claims of this kind are regulated by the Advertising Standards Authority through the CAP Code. Where an organisation makes a claim of 'general' veterinary approval, there should be no suggestion that veterinary surgeons or veterinary nurses employed by, or associated with, the organisation, endorse those veterinary products or services, unless those veterinary surgeons or veterinary nurses have expressly agreed to do so. Where express agreement is sought from employees to claim endorsement on their behalf, it should be made clear that the employee may opt out. Veterinary surgeons and veterinary nurses should not feel under any pressure to endorse their employer's products, and clauses requiring endorsement of products and services as part of contracts of employment should be avoided so that clinical freedom is maintained (see paragraph 23.20, below). Where veterinary surgeons and veterinary nurses freely choose to endorse the products or services of their employer, they should do so in accordance with the guidance in this chapter.

23.16 Veterinary surgeons and veterinary nurses should not allow organisations to suggest that they endorse a veterinary product or service unless they expressly agree to do so, in compliance with the guidance in this chapter.

23.17 Concerns about advertisements should be raised with the [Advertising Standards Authority](#) in the first instance.

## Advertising veterinary medicines

23.18 In relation to advertising veterinary medicines, veterinary surgeons and veterinary nurses should not make medicinal claims about unlicensed products. When advertising licenced veterinary medicines, including the publishing of medicines prices, veterinary surgeons and veterinary nurses should comply with the Veterinary Medicines Regulations and associated [guidance on advertising veterinary medicines legally](#), issued by the Veterinary Medicines Directorate (VMD).

23.19 Concerns about the advertisement of unlicensed products should be raised with the [VMD's enforcement team](#) in the first instance.

## Maintaining clinical freedom

23.20 Advertisements, endorsements, or claims of 'general' veterinary approval made by organisations should not impact upon the clinical freedom and decision-making of veterinary surgeons and veterinary nurses employed by, or associated with, that organisation.

23.21 Veterinary surgeons and veterinary nurses should not allow any interests, including those arising from associations with particular organisations or products, to affect their clinical decision-making, i.e. they must make animal health and welfare their first consideration when attending to animals.

## **Advertising by email and GDPR**

23.22 Veterinary surgeons and veterinary nurses undertaking email marketing will need the consent of the recipient (see paragraph 23.23 below), unless they can rely on a "soft opt-in" (see paragraph 23.24 below). Email marketing would include vaccination reminders and information regarding any promotions, but not appointment reminders or information about 24-hour emergency first aid and pain relief. There should be systems and processes in place to keep consent up to date and veterinary surgeons and veterinary nurses should comply promptly if an individual withdraws their consent. Care should be taken before sending any email marketing to clients of the practice who have not been seen for some time, as there may not be valid and up to date consent in place or where it is unclear whether GDPR compliant consent has been obtained (see paragraph 23.23 below). Emailing clients to ask them to give consent to email marketing may amount to direct marketing without consent, and therefore be a breach of data protection and/or direct marketing laws. Clients can be contacted by post on the basis that keeping in touch with them is in the practice's legitimate interest.

23.23 Veterinary surgeons and veterinary nurses relying on consent for email marketing should ensure that, (a) the client has given clear, specific and informed consent, and (b) the practice has records of the wording provided to the client at the time consent was given, to show that the consent was "informed". Consent should be freely given and there should be a specific opt-in by the client. It is not acceptable to rely on a pre-ticked box or infer consent from silence. Consent can include verbal consent. If relying on a discussion with a client, a record should be made to this effect (for example, when the consent was obtained, what the client was told about how their data would be used and, for what purpose).

23.24 It may be possible to send direct marketing to existing clients without their specific consent, where, (a) the practice obtained the client's email address in the context of providing veterinary services, (b) the marketing relates to its own services, which are similar to those previously provided to the client, and (c) the client was clearly given the opportunity to opt out of email marketing at the time their email address was collected, and each time a marketing email is sent. This is known as a "soft opt-in", and could apply, for example, to vaccination reminders where the client has previously paid for vaccinations. The practice would have a legitimate interest in sending such marketing emails. However, if the practice does not have records that the opt-out information was given when the email address was collected, it should not rely on the soft opt-in for email marketing. If the opt-out information was given to some clients but not to others, the practice can only rely on the soft-opt in for the relevant clients and should divide its database accordingly for marketing purposes.

## **Advertising of professional status and qualifications**

### **Recognised titles**

#### **Advanced practitioners**

23.25 The RCVS Advanced Practitioner List (advanced practitioner list) is a list of veterinary surgeons who meet certain entry criteria and are entitled to use this title. The purpose of the advanced practitioner list is to provide a clear indication to the profession and the public of those veterinary surgeons who have been accredited at postgraduate certificate level by the RCVS, by virtue of having demonstrated knowledge and experience in a particular area of veterinary practice beyond their initial primary veterinary degree as well as undertaking additional CPD. Continued inclusion on the advanced practitioner list requires veterinary surgeons to undertake periodic revalidation. For more information about entry criteria and revalidation please see the [Advanced Practitioner status web page](#).

23.26 Veterinary surgeons must be registered with the RCVS and included on the advanced practitioner list if they want to practise in the UK and use the title 'advanced practitioner', or imply they are an 'advanced practitioner'. This includes veterinary surgeons seeking to use such titles, or allowing others to use such titles, in connection with their business, trade, employment, or profession.

23.27 Veterinary surgeons on the advanced practitioner list may use the title 'Advanced Practitioner'.

## Specialists

23.28 The [RCVS Specialist List](#) is a list of veterinary surgeons who meet certain entry criteria and are entitled to use the title 'specialist'. The purpose of the specialist list is to provide a clear indication to the profession and the public of those veterinary surgeons who have been accredited as specialists by the RCVS. Continued inclusion on the specialist list requires veterinary surgeons to undertake periodic revalidation. For more information about entry criteria and revalidation please see the [Specialist status web page](#).

23.29 Veterinary surgeons do not have to join the specialist list to practise any particular specialty, but they must be registered with the RCVS and included on the specialist list if they want to practise in the UK and use the title 'specialist', or imply they are a specialist'. This includes veterinary surgeons seeking to use such titles, or allowing others to use such titles, in connection with their business, trade, employment, or profession.

23.30 Only veterinary surgeons on the specialist list may use the title 'specialist' or 'RCVS Recognised Specialist' or imply they are a 'specialist'. Specialists on the specialist list may also use an appropriate title conferred by their speciality college.

23.31 Veterinary surgeons who are not on the specialist list should not use the title 'specialist' or imply they are a specialist, for example, they should not use such terms as 'specialising in'. They may however use terms such as 'having a special interest in...', 'experienced in...', or 'practice limited to...', when promoting their services.

## The courtesy title 'Doctor' or 'Dr'

23.32 Nothing prevents veterinary surgeons using the courtesy title 'Doctor' or 'Dr' ('the title') if they wish to, however veterinary surgeons using the title must be careful not to mislead the public.

23.33 A courtesy title does not reflect academic attainment, instead it is associated with professional standing. As a result, it is important that the use of 'Doctor' or 'Dr' by a veterinary surgeon does not suggest or imply that they hold a human medical qualification or a PhD if they do not.

23.34 As a result, if the title is used, the veterinary surgeon should use the title in conjunction with:

- a. their name; and
- b. the descriptor 'veterinary surgeon'; or
- c. the post-nominal letters 'MRCVS'.

For example: 'Dr Alex Smith, veterinary surgeon' or 'Dr Alex Smith MRCVS'.

## **Inaccurate claims**

23.35 Veterinary surgeons and veterinary nurses should not hold themselves or others out as veterinary surgeons, veterinary nurses, specialists, or advanced practitioners unless they are appropriately registered or listed as such with the RCVS.

23.36 Veterinary surgeons and veterinary nurses should not allow organisations to make misleading or inaccurate claims on their behalf.

## **Public life and interaction with the media**

23.37 Veterinary surgeons and veterinary nurses can make a worthwhile contribution to the promotion of animal welfare and responsible pet ownership by taking part in public life, whether in national or local politics, community service, or involvement with the media (including press, television, radio, or the internet).

23.38 In commenting to the media, veterinary surgeons and veterinary nurses should ensure they distinguish between personal opinion, political belief, and established facts. Veterinary surgeons and veterinary nurses should declare any relevant conflicts of interest when interacting with the media.

23.39 A veterinary surgeon or veterinary nurse should be careful not to express or imply that their view is shared by other veterinary surgeons or veterinary nurses or a professional organisation to which they belong, unless previously authorised, for example, by the RCVS, British Veterinary Association, British Veterinary Nursing Association, or other professional body.



# Guidance on using social media responsibly



We're the independent regulator for nurses, midwives and nursing associates. We hold a register of all the 690,000 nurses and midwives who can practise in the UK, and nursing associates who can practise in England.

Better and safer care for people is at the heart of what we do, supporting the healthcare professionals on our register to deliver the highest standards of care.

We make sure nurses, midwives and nursing associates have the skills they need to care for people safely, with integrity, expertise, respect and compassion, from the moment they step into their first job.

Learning does not stop the day nurses, midwives and nursing associates qualify. To promote safety and public trust, we require professionals to demonstrate throughout their career that they are committed to learning and developing to keep their skills up to date and improve as practitioners.

We want to encourage openness and learning among healthcare professionals to improve care and keep the public safe. On the occasions when something goes wrong and people are at risk, we can step in to investigate and take action, giving patients and families a voice as we do so.

This guidance should be read together with *The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates* (the Code).

Nurses, midwives and nursing associates should refer to this guidance along with any guidance issued by their employer on social media.

This guidance is not intended to cover every social media situation that you may face, however it sets out broad principles to enable you to think through issues and act professionally, ensuring public protection at all times.

As the nature and scope of social media is constantly evolving, we will review this guidance as necessary and reapply the principles of the Code to new situations that emerge.

# Introduction

If used responsibly and appropriately, social networking sites can offer several benefits for nurses, midwives, nursing associates, and students. These include:

- building and maintaining professional relationships
- establishing or accessing nursing and midwifery support networks and being able to discuss specific issues, interests, research and clinical experiences with other healthcare professionals globally, and
- being able to access resources for continuing professional development (CPD).

This document provides guidance for nurses, midwives and nursing associates on how to use social media<sup>1</sup> and social networking<sup>2</sup> sites responsibly and in line with the requirements of the Code.

The principles outlined in this guidance can also generally be applied to other kinds of online communication, such as personal websites and blogs, discussion boards and general content shared online, including text, photographs, images, video and audio files.

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<sup>1</sup> Social media: “Websites and applications that enable users to create and share content or to participate in social networking.”

<sup>2</sup> Social networking: “The use of dedicated websites and applications to interact with other users, or to find people with similar interests to one’s own.”

## How the Code can be applied to social media use

The Code contains a series of statements that taken together signify what good nursing and midwifery practice looks like. It is important that you display a commitment to these standards including:

**“Use all forms of spoken, written and digital communication (including social media and networking sites) responsibly.”**

(The Code, paragraph 20.10)

Nurses, midwives and nursing associates may put their registration at risk, and students may jeopardise their ability to join our register, if they act in any way that is unprofessional or unlawful on social media including (but not limited to):

- sharing confidential information inappropriately;
- posting pictures of patients and people receiving care without their consent;
- posting inappropriate comments about patients;
- bullying, intimidating or exploiting people;
- building or pursuing relationships with patients or service users;
- stealing personal information or using someone else’s identity;
- encouraging violence or self-harm; and
- inciting hatred or discrimination.

If you are aware that another nurse, midwife or nursing associate has used social media in any of these ways, it might be helpful to refer to our guidance on raising concerns (NMC, 2013). This sets out your professional duty to report any concerns you have about the safety of people in your care or the public, and the steps you should take to do this.

We highlight the relationship between social media use and the Code on the next page.

## Prioritise people

The Code emphasises the importance of putting the interests of people using or needing nursing or midwifery services first. You should always make sure that your behaviour on social media is in line with this.

**“Treat people with kindness, respect and compassion.”** (The Code, paragraph 1.1)

Do not post anything on social media that may be viewed as discriminatory, does not recognise individual choice or does not preserve the dignity of those receiving care.

**“As a nurse, midwife or nursing associate, you owe a duty of confidentiality to all those who are receiving care.”** (The Code, paragraph 5)

It is unacceptable for nurses, midwives or nursing associates to discuss matters related to the people in their care outside clinical settings. If you refer to your work or study on social media you need to demonstrate respect and professionalism towards all your patients or service users by respecting their right to privacy and confidentiality. This is regardless of whether you believe that there is a risk they could be identified.

Sharing confidential information online can have the potential to be more damaging than sharing it verbally due to the speed at which it can be shared and the size of the potential audience. It is important to remember that although some information may not directly breach a patient’s right to confidentiality when anonymised, people may still be identifiable and this behaviour may be inappropriate.

## Practise effectively

**“Always practise in line with the best available evidence.”** (The Code, paragraph 6)

As a nurse, midwife or nursing associate, you have a responsibility to ensure that any information or advice that you provide via social media is evidence-based and correct to the best of your knowledge. You should not discuss anything that does not fall within your level of competence and you should avoid making general comments that could be considered inaccurate.

**“Maintain effective communication with colleagues.”** (The Code, paragraph 8.2)

You must work cooperatively with your colleagues and this includes communicating in an appropriate way when you use social media.

## Preserve safety

**“Act without delay if you believe that there is a risk to patient safety or public protection.”** (The Code, paragraph 16)

Social media should not be used to harass or victimise someone, or to attempt to prevent or discourage someone from raising their concerns.

## Promote professionalism and trust

**“Stay objective and have clear professional boundaries at all times with people in your care (including those who have been in your care in the past), their families and carers.”** (The Code, paragraph 20.6)

Nurses, midwives and nursing associates should not use social networks to build or pursue relationships with patients and service users as this can blur important professional

boundaries. It is important to be aware that even without engaging with patients or service users on social media, they may still be able to access your information.

**“Act with honesty and integrity in any financial dealings you have with everyone you have a professional relationship with, including people in your care.”** (The Code, paragraph 21.3)

As a nurse, midwife or nursing associate, you have a responsibility to ensure that you declare any conflict of interest around material that you post on social media including financial or commercial dealings.

## **How to use social media responsibly**

### **Be informed**

Make sure that you familiarise yourself with how individual social media applications work and be clear about the advantages and disadvantages.

### **Think before you post**

It is important to realise that even the strictest privacy settings have limitations. This is because, once something is online, it can be copied and redistributed.

### **Protect your professionalism and your reputation**

If you are unsure whether something you post online could compromise your professionalism or your reputation, you should think about what the information means for you in practice and how it affects your responsibility to keep to the Code.

It is important to consider who and what you associate with on social media. For example, acknowledging someone else's post can imply that you endorse or support their point of view. You should consider the possibility of other people mentioning you in inappropriate posts. If you have used social media for a number of years, it is important to consider, in relation to the Code, what you have posted online in the past.





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# Doctors' use of social media

## 1 In *Good medical practice*<sup>1</sup> we say:

- 36 You must treat colleagues fairly and with respect.
- 65 You must make sure that your conduct justifies your patients' trust in you and the public's trust in the profession.
- 69 When communicating publicly, including speaking to or writing in the media, you must maintain patient confidentiality. You should remember when using social media that communications intended for friends or family may become more widely available.
- 70 When advertising your services, you must make sure the information you publish is factual and can be checked, and does not exploit patients' vulnerability or lack of medical knowledge.

## 2 In *Confidentiality: good practice in handling patient information*<sup>2</sup> we say:

- 118 Many improper disclosures of patient information are unintentional. Conversations in reception areas, at a patient's bedside and in public places may be overheard. Notes and records may be seen by other patients, unauthorised staff, or the public if they are not managed securely. Patient details can be lost if handover lists are misplaced, or when patient notes are in transit.
- 119 You must make sure any personal information about patients that you hold or control is effectively protected at all times against improper access, disclosure or loss. You should not leave patients' records, or other notes you make about patients, either on paper or on screen, unattended. You should not share passwords.

- 3 In this guidance, we explain how doctors can put these principles into practice. You must be prepared to explain and justify your decisions and actions. Only serious or persistent failure to follow our guidance that poses a risk to patient safety or public trust in doctors will put your registration at risk.

## Social media

- 4 Social media describes web-based applications that allow people to create and exchange content. In this guidance we use the term to include blogs and microblogs (such as Twitter), internet forums (such as doctors.net), content communities (such as YouTube and Flickr), and social networking sites (such as Facebook and LinkedIn).

- 5 The standards expected of doctors do not change because they are communicating through social media rather than face to face or through other traditional media. However, using social media creates new circumstances in which the established principles apply.
- 6 You must also follow our guidance on prescribing,<sup>3</sup> which gives advice on using internet sites for the provision of medical services.
- 7 As well as this guidance, you should keep up to date with and follow your organisation's policy on social media.

## Privacy

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- 8 Using social media has blurred the boundaries between public and private life, and online information can be easily accessed by others. You should be aware of the limitations of privacy online and you should regularly review the privacy settings for each of your social media profiles.<sup>4</sup> This is for the following reasons.
  - a Social media sites cannot guarantee confidentiality whatever privacy settings are in place.
  - b Patients, your employer and potential employers, or any other organisation that you have a relationship with, may be able to access your personal information.
  - c Information about your location<sup>5</sup> may be embedded within photographs and other content and available for others to see.
  - d Once information is published online it can be difficult to remove as other users may distribute it further or comment on it.

## The benefits and risks of using social media

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- 9 Doctors' use of social media can benefit patient care by:
  - a engaging people in public health and policy discussions
  - b establishing national and international professional networks
  - c facilitating patients' access to information about health and services.

### Maintaining boundaries

- 10 Using social media also creates risks, particularly where social and professional boundaries become unclear. You must follow the guidance in *Maintaining a professional boundary between you and your patient*.<sup>6</sup>
- 11 If a patient contacts you about their care or other professional matters through your private profile, you should indicate that you cannot mix social and professional relationships and, where appropriate, direct them to your professional profile.

### Maintaining confidentiality

- 12 Many doctors use professional social media sites that are not accessible to the public. Such sites can be useful places to find advice about current practice in specific circumstances. However, you must still be careful not to share identifiable information about patients.
- 13 Although individual pieces of information may not breach confidentiality on their own, the sum of published information online could be enough to identify a patient or someone close to them.
- 14 You must not use publicly accessible social media to discuss individual patients or their care with those patients or anyone else.

## Respect for colleagues

- 15 *Good medical practice* says that doctors must treat colleagues fairly and with respect.<sup>7</sup> This covers all situations and all forms of interaction and communication. You must not bully, harass or make gratuitous, unsubstantiated or unsustainable comments about individuals online.
- 16 When interacting with or commenting about individuals or organisations online, you should be aware that postings online are subject to the same laws of copyright and defamation<sup>8</sup> as written or verbal communications, whether they are made in a personal or professional capacity.<sup>9</sup>

## Anonymity

- 17 If you identify yourself as a doctor in publicly accessible social media, you should also identify yourself by name. Any material written by authors who represent themselves as doctors is likely to be taken on trust and may reasonably be taken to represent the views of the profession more widely.<sup>10</sup>
- 18 You should also be aware that content uploaded anonymously can, in many cases, be traced back to its point of origin.<sup>11</sup>

## Conflicts of interest

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- 19 When you post material online, you should be open about any conflict of interest and declare any financial or commercial interests in healthcare organisations or pharmaceutical and biomedical companies.<sup>12</sup>

## Other sources of information

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British Medical Association (2011) *Using social media: practical and ethical guidance for doctors and medical students* London, British Medical Association, 1st edition

Australian Medical Association Council of Doctors-in-Training, New Zealand Medical Association Doctors-in-Training Council, New Zealand Medical Students' Association, Australian Medical Students' Association (2010) *Social media and the medical profession – a guide to online professionalism for medical practitioners and medical students* Canberra, Australian Medical Association

Mansfield SJ, Morrison SG, Stephens HO, et al (2011) Social media and the medical profession *Med J Aust* 194: 642–44 2011

Canadian Medical Association (2011) *Social media and Canadian physicians – issues and rules of engagement* Ottawa, Canadian Medical Association

College of Physicians and Surgeons of British Columbia (2010) *Social media and online networking forums* Vancouver, College of Physicians and Surgeons of British Columbia

## Endnotes

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- 1 General Medical Council (2013) *Good medical practice* London, GMC.
- 2 General Medical Council (2017) *Confidentiality: good practice in handling patient information* London, GMC.
- 3 General Medical Council (2013) *Good practice in prescribing and managing medicines and devices* London, GMC.
- 4 For practical advice in setting privacy settings for social media sites, see *Social media: practical guidance and best practice* (2017), published by the British Medical Association.
- 5 Such as Global Positioning System (GPS) coordinates.
- 6 General Medical Council (2013) *Maintaining a professional boundary between you and your patient* London, GMC.
- 7 General Medical Council (2013) *Good medical practice* London, GMC, paragraph 36.
- 8 Defamation is the act of making an unjustified statement about a person or organisation that is considered to harm their reputation.
- 9 [2008] EWHC 1781 (QB).
- 10 General Medical Council (2013) *Good medical practice* London, GMC, paragraph 69.
- 11 [2008] EWHC 1781 (QB).
- 12 You must follow our guidance on financial and commercial arrangements and conflicts of interest. General Medical Council (2013) *Financial and commercial arrangements and conflicts of interest* London, GMC.

## Guidance on using social media

### Social media

Social networking sites and other social media are effective ways of communicating with others on both a personal and professional level.

*Social media* covers a number of internet based tools including, but not limited to, blogs, internet forums, content communities and social networking sites such as Twitter, YouTube, Facebook, LinkedIn, GDP UK, Instagram and Pinterest.

Professional social networking websites aimed solely at dental professionals are also forms of social media and are covered by this guidance.

### Professional standards

4.2.3 of the [Standards for the Dental Team](#) states:

*'You must not post any information or comments about patients on social networking or blogging sites. If you use professional social media to discuss anonymised cases for the purpose of discussing best practice you must be careful that the patient or patients cannot be identified.'*

The standards expected of dental professionals do not change because they are communicating through social media, rather than face to face or by other traditional media. As a dental professional you have a responsibility to behave professionally and responsibly both online and offline.

However, because anything that is said on social media is instantly made public, it creates new circumstances in which the standards apply. Your professional responsibilities, such as patient confidentiality and professional courtesy, are still fundamental when you use social media.

When using social media, you must:

- a) Maintain and protect patients' information by not publishing any information which could identify them on social media without their explicit consent;
- b) Maintain appropriate boundaries in the relationships you have with patients and other members of the dental team;
- c) Comply with any internet and social media policy set out by your employer.

## Guidance on using social media

Standard 6.1.2 of the [Standards for the Dental Team](#) states:

*You must treat colleagues fairly and with respect, in all situations and all forms of interaction and communication. You must not bully, harass, or unfairly discriminate against them.*

This includes interaction and communication on social media.

Do not instigate or take part in any form of cyber bullying, intimidation, or the use of offensive language online. If you share any such content posted by someone else, you can still be held responsible even though you did not create it.

### Privacy

Social media has blurred the boundaries between public and private life, and your online image can impact on your professional life. You should not post any information, including personal views, or photographs and videos, which could damage public confidence in you as a dental professional.

Posting information under another username does not guarantee your confidentiality. Even if you do not identify yourself as a dental professional, you must still follow the standards and this guidance when using social media.

You should think carefully before accepting friend requests from patients.

It is important to remember that anything you post on social media is instantly made public. It can be easily accessed by others and can be copied and redistributed without you knowing. You should presume that what you post online will be there permanently, even if you delete it afterwards.

You should regularly review your privacy settings for each of your social media profiles or accounts. However, you should be aware of the limitations of privacy online, and remember that even the strictest privacy settings do not guarantee that your information will be kept secure. Ultimately, any information that you post could be viewed by anyone including your patients, colleagues or employer.

You should remember that information about your location may be embedded within photographs and other content, and may be available for others to see.

### Maintaining confidentiality

Social media can be a useful and effective way of sharing information for the benefit of your work or business. For example, social media can be an effective means of advertising products and services.

## Guidance on using social media

Online discussions about anonymised patients and best practice can have an educational and professional benefit. Sites and groups for dental professionals can be useful places to find advice about current practice in specific circumstances.

Many dental professionals use social media sites that are not accessible to the public to share and find information. However, you must remember that many social media groups, even those set up for dental professionals, may still be accessible to members of the public.

If you decide to upload clinical information, including radiographs and photographs to any form of social media, you should carefully consider who may be able to view this information.

You must be careful not to share identifiable information about patients without their explicit consent. When obtaining consent you should specify to the patient how exactly the information you propose to share will be used, for what purpose and where it will be available.

If you are sharing anonymised patient information, you must also take all possible precautions to make sure that the patient cannot be identified. Although individual pieces of information may not breach a patient's confidentiality on their own, a number of pieces of patient information published online could be enough to identify them or someone close to them.

### Raising concerns

Social media should not be used as a way of raising concerns.

If you believe patients are being put at risk by a colleague's conduct, behaviour or decision-making, or by your working environment you should, where possible, follow the whistleblowing procedure at your workplace. For advice or information on raising concerns you can:

- see Principle 8 of the [Standards for the Dental Team](#);
- call the independent advice line set up for dental professionals on **0800 668 1329**;
- see the GDC's [advice for dental professionals on raising concerns](#);
- seek advice from your employer, defence organisation, or professional association.

You may find it helpful to contact your professional association or indemnifier for further guidance on the responsible use of social media.

**Effective from 27 June 2016**



## 28. Social media and online networking forums

Updated ~~xx 21 September 2023~~<sup>1</sup>

### Introduction

28.1 'Social media' is the term used to describe websites and online applications that encourage social interaction between users and content creators ~~and enables the building of communities and networks~~. It encompasses all technology that can be used to ~~create or share content, including but not limited to~~ opinions and insights, information, knowledge, ~~and~~ ideas and interests, ~~and enables the building of communities and networks~~. Examples include media sites that allow public posts and comments (e.g., Twitter), content sharing websites (e.g. e.g., YouTube ~~and~~ Instagram ~~and~~ Flickr), ~~video posting platforms (e.g., TikTok)~~, professional and social networking sites (e.g., LinkedIn ~~and~~ Facebook), internet forums (e.g., vetsurgeon.org), discussion boards (e.g., Tumblr, ~~Wordpress~~) and instant messaging (e.g., ~~WhatsApp~~).

28.2 It is recognised that social media is likely to form part of ~~veterinary surgeons' the~~ everyday lives ~~of veterinary surgeons and veterinary nurses~~ and they are free to take advantage of the personal and professional benefits that social media can offer. Social media can for example be a valuable communication tool and can be used to establish professional links and networks, to engage in wider discussions relating to veterinary practice, and to facilitate the public's access to information about animal health and welfare. ~~Social media may also be used to advertise veterinary products and services and where this is the case, this Chapter should be read alongside Chapter 23 of the supporting guidance, Advertising, endorsement, and publicity. Whilst advantageous, However,~~ the use of social media is not without risk and veterinary surgeons ~~and veterinary nurses~~ should be mindful of the consequences that may arise from its misuse.

28.3 Veterinary surgeons ~~and veterinary nurses~~ have a responsibility to behave professionally and responsibly when offline, online as themselves and online in a virtual world (perhaps as an avatar or under an alias). This responsibility also applies to private forums as there is no guarantee that comments posted will remain private (for example, someone could take a screenshot and post it on public social media platforms.) Veterinary surgeons ~~and veterinary nurses~~ may put their registration at risk if they demonstrate inappropriate behaviour when using social media. The standards expected of veterinary surgeons ~~and veterinary nurses~~ in the real world are no different to the standards they should apply online, and ~~veterinary surgeon they~~ must uphold the reputation of the veterinary profession at all times.

### Protecting your privacy

28.4 Veterinary surgeons ~~and veterinary nurses~~ should ~~also~~ consider how to protect their own privacy when using social media. It should be remembered that online information can readily be accessed by others and once it is published online, the information can be difficult, if not impossible, to remove. ~~Information about your location may also be embedded within photographs and other content and available for others to see.~~ Added to this are the risks that other users may comment on the information, or circulate or copy this to others. Veterinary surgeons ~~and veterinary nurses~~ should be thoughtful about what they post online as they may be connected directly or indirectly to clients, client's friends ~~and or~~ other staff members. Private messages can easily be forwarded. For that reason, it is sensible to presume that everything shared online will be there permanently. Veterinary surgeons ~~and veterinary nurses~~ should also be mindful that content uploaded on an anonymous basis can, in many cases, be traced back to the original author.

28.5 Veterinary surgeons ~~and veterinary nurses~~ should read, understand and use appropriate privacy settings in order to maintain control over access to their personal information. It is advisable for veterinary surgeons ~~and veterinary nurses~~ to review their privacy settings on a regular basis to ensure that the information is not available to unintended users. However, veterinary surgeons ~~and veterinary nurses~~ should remember that this does not guarantee that their information will be kept private and personal information could potentially be viewed by anyone including clients, colleagues ~~and or~~ employers.

## Good practice when using social media

28.6 When using social media, veterinary surgeons and veterinary nurses should:

a. be respectful of and protect the privacy of others, and comply with the data protection laws and their own practice's privacy policy.

b. if identifying themselves as a veterinary surgeon or veterinary nurse in publicly accessible social media, they should also identify themselves by name.

cb. consider whether they would make the comments in public or other traditional forms of media. If not, veterinary surgeons~~they~~ should refrain from doing so.

de. be proactive in removing content they have posted or facilitated (i.e., shared/forwarded/cited) which could be viewed as unprofessional

ed. remember that innocent references to social activities that might be construed as taking place on duty / on call could be misinterpreted or used as the basis for a complaint

fe. maintain and protect client confidentiality by not disclosing information about a client or a client's animal which could identify them on social media unless the client gives explicit consent (see paragraphs 28.8 to 28.12 below)

f. not post pictures or videos or live stream on social media treatment being provided to patients without explicit consent from the client (see also paragraph 28.9 below)

gf. comply with their employer's or organisation's internet or social media policy (practices are encouraged to develop and implement a social media policy applicable to all staff)

h. declare any real or perceived conflicts of interest relating to content posted or facilitated and ensure that the content complies with the UK Code of Non-broadcast Advertising, Sales Promotion and Direct Marketing (CAP Code), which is enforced by the Advertising Standards Authority. (see also Chapter 23 in relation to endorsing veterinary products and services)

28.7 When using social media veterinary surgeons and veterinary nurses should avoid making, posting or facilitating statements, images or videos content that:

a. contravenes any internet or social media policy set out by their employer or organisation (Remember that comments or statements made or facilitated by veterinary surgeons and veterinary nurses may reflect on your/their employer / organisation and the wider profession as a whole)

b. may cause undue distress or provoke anti-social or violent behaviour

c. are/is offensive, false, inaccurate or unjustified (Remember that comments which are damaging to an individual's reputation could result in a civil claim for defamation for which veterinary surgeons and veterinary nurses could be personally liable. Defamation law can apply to any comments posted online made in either a personal or professional capacity)

d. instigates or amounts to participation in any form of abuse, cyber bullying, victimisation, harassment, or threatening or intimidating behaviour towards e-clients, colleagues, staff or others (the Codes of Professional Conduct states that veterinary surgeons and veterinary nurses should not speak or write disparagingly about another veterinary surgeon or veterinary nurse. This covers all forms of interaction and applies to comments about individuals online)

e. discriminate against an individual based on his or her/their race, gender, disability, sexual orientation, age, religion or beliefs, or national origin (comments demonstrating hostility towards an individual's race, disability, sexual orientation, religion or transgender identity may amount to a 'hate crime' and may be reported to the authorities and prosecuted in a criminal court)

f. bring the veterinary profession into disrepute (veterinary surgeons and veterinary nurses should be mindful that their online persons-interactions can have a negative impact on their professional lives)

NB: Please note that this is not an exhaustive list. There are many different types of social media misuse.

## Maintaining client confidentiality

28.8 Veterinary surgeons and veterinary nurses have a legal and ethical-professional responsibility to maintain client confidentiality. The Code of Professional Conduct states that veterinary surgeons and

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veterinary nurses must not disclose information about a client or ~~the a~~ client's animals to a third party, unless the client gives permission, ~~or to an authority unless~~ animal welfare or the public interest may be compromised ~~or they are otherwise justified in doing so~~. See ~~also~~ Supporting Guidance [Chapter 14](#) for more information.

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28.9 This ~~principle professional responsibility~~ also applies to veterinary surgeons and veterinary nurses using social media. Veterinary surgeons and veterinary nurses should maintain and protect client confidentiality by not disclosing information about a client or ~~the a~~ client's animal, which could identify them on social media, ~~or posting pictures or videos of, or live streaming treatment being provided to patients,~~ unless the client gives explicit consent. If consent is obtained, this should be recorded separately (ideally in the clinical records). Written consent may be particularly helpful in the event of any future challenges. Practices should ensure that such consent is also GDPR compliant ~~with the GDPR~~, namely freely given, specific, informed, unambiguous and affirmative. It must also be possible to withdraw consent easily and at any time.

28.10 It is recognised that some veterinary surgeons and veterinary nurses use social media websites that are not necessarily accessible to the general public, for example, to discuss veterinary practice and related issues. If a veterinary surgeon or veterinary nurse considers it is appropriate to discuss a case – for example to further an animal's care or the care of future animals – steps should be taken to anonymise the client, and/or ~~the a~~ client's animal. Veterinary surgeons and veterinary nurses should note that although individual pieces of information may not breach client confidentiality, the totality of the published information could be sufficient to identify a client.

28.11 Some clients may use public forums to make negative or adverse comments about a veterinary surgeon, a veterinary nurse or a practice, or to raise concerns about the treatment provided to their animal(s). Veterinary surgeons and veterinary nurses should seek to avoid engaging in disputes in a public forum and instead may invite clients who make negative comments or raise concerns to contact the practice directly to discuss further. Discretion should be used when deciding how much to say publicly. Veterinary surgeons and veterinary nurses should be very careful not to breach applicable data protection laws and caution should be taken ~~so as~~ not to disclose confidential information, which could result in a complaint to the Information Commissioner's Office (ICO) or to the RCVS. Those involved may need to seek specific advice from the ICO on matters of data protection, as appropriate.

28.12 Concerns about inappropriate or untrue comments may also be reported to the site administrator / internet service provider and it may be possible for such comments to be removed. If a veterinary surgeon or veterinary nurse considers that the comments are defamatory, legal advice should be sought from an independent solicitor, or from the British Veterinary Association (BVA) legal helpline.

#### **Other members of the veterinary team**

~~28.13 Veterinary nurses should also follow the above guidance when using social media-~~

28.14 Veterinary surgeons and veterinary nurses should ensure that ~~support practice~~ staff for whom they are responsible are aware of any practice protocols on data protection, client confidentiality and the use of social media including this chapter of the supporting guidance-

<b>Summary</b>	
Meeting	Standards Committee
Date	13 November 2023
Title	Diagnosis case studies
Summary	This paper attaches a set of case studies illustrating what can be done by Veterinary Nurses, without straying into the realms of diagnosis.
Decisions required	The Committee is asked to approve the case studies for publication.
Attachments	Annex A – Diagnosis case studies - confidential
Author	Vicki Price Senior Standards and Advisory Officer v.price@rcvs.org.uk / 020 7202 0789

<b>Classifications</b>		
<b>Document</b>	<b>Classification<sup>1</sup></b>	<b>Rationales<sup>2</sup></b>
Paper	Unclassified	
Annex A	Confidential	1
<b><sup>1</sup>Classifications explained</b>		
Unclassified	Papers will be published on the internet and recipients may share them and discuss them freely with anyone. This may include papers marked 'Draft'.	
Confidential	Temporarily available only to Council Members, non-Council members of the relevant committee, sub-committee, working party or Board and not for dissemination outside that group unless and until the relevant committee or Council has given approval for public discussion, consultation or publication.	
Private	The paper includes personal data which should not be disclosed at any time or for any reason, unless the data subject has agreed otherwise.	

	<p>The Chair may, however, indicate after discussion that there are general issues which can be disclosed, for example in reports to committees and Council.</p>
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## **<sup>2</sup>Classification rationales**

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

## Diagnosis case studies

### Introduction

1. At the request of Veterinary Nurses' Council (VNC), four case studies illustrating what can be done by veterinary nurses in terms of 'recognising symptoms' (without straying into the realms of diagnosis) have been prepared.
2. The Committee is therefore asked to review these case studies and approve them prior to publication.

### Background

3. Section 19 of the VSA provides, subject to a number of exceptions, that only registered members of the RCVS may practise veterinary surgery. The term 'veterinary surgery' is defined in subsection 27(1) of the VSA as follows:

*“veterinary surgery” means the art and science of veterinary surgery and medicine and, without prejudice to the generality of the foregoing, shall be taken to include—*

- (a) the diagnosis of diseases in, and injuries to, animals including tests performed on animals for diagnostic purposes;*
- (b) the giving of advice based upon such diagnosis;*
- (c) the medical or surgical treatment of animals; and*
- (d) the performance of surgical operations on animals.*

4. Schedule 3 of the VSA allows veterinary surgeons to delegate the carrying out of medical treatment or minor surgery not involving entry into a body cavity to RVNs and SVNs. There is no provision allowing for diagnosis to be delegated.
5. The supporting guidance to the Codes of Professional Conduct does not provide specific guidance on the meaning of 'diagnosis'. [Chapter 18](#) sets out guidance on what veterinary surgeons should consider before directing an RVN or SVN to carry out medical treatment or minor surgery in accordance with the Schedule 3 exemption and the meaning of 'direction' and 'supervision' for these purposes, but does not provide guidance on the meaning of 'diagnosis'. [Chapter 19](#) sets out the definition of 'veterinary surgery' in the VSA and discusses the delegation of tasks to unqualified staff, but does not provide specific guidance on the meaning of 'diagnosis'.
6. At recent Veterinary Nurses' Council (VNC) meetings, there has been discussion about the definition of diagnosis and, in particular, the dividing line between diagnosis, which may only be done by veterinary surgeons, and recognising conditions or symptoms and relaying this information to a veterinary surgeon, which may be done by veterinary nurses. The outcome of these discussions being there is confusion in this area and that both professions would benefit from greater clarity,
7. As a result, VNC requested that some case studies be prepared to help aid understanding of what amounts to 'diagnosis' and the extent of what veterinary nurses may do in this regard, without issuing prescriptive guidance.

8. These case studies have been prepared and are attached at **Annex A**. They have been approved by VNC and are now presented for the Committee's approval, prior to publication. By way of summary the topics covered are:
  - a. Looking at cells for cytology
  - b. Nurses performing triage
  - c. Emergencies
  - d. Nurse-only consultations

**Decisions required**

9. The Committee is therefore asked to consider the case studies and approve them for publication.

<b>Summary</b>	
Meeting	Standards Committee
Date	13 November 2023
Title	Isle of Man – exemption orders
Summary	<p>The RCVS has been contacted by the Chief Veterinary Officer for the Isle of Man (IoM) regarding a new piece of secondary legislation for the Island. This legislation, if passed, would allow non-veterinarians to perform artificial insemination (AI) of mares and cows under certain conditions, aligning the Isle of Man with the rest of the United Kingdom.</p> <p>The new legislation would be brought in under the Isle of Man Veterinary Surgeons Act 2005, however before this can be done there is a requirement within that act that the RCVS is consulted.</p> <p>The proposed IoM Veterinary Surgery (Artificial Insemination) Order 2023 is attached at <b>Annex A</b>. In the rest of the UK, lay people are already able to do this by virtue of the Veterinary Surgery (Artificial Insemination) Order 2010 (see <b>Annex B</b>). The Committee will note that the proposed IoM order almost exactly mirrors the existing 2010 order and that there is no material difference between the two.</p> <p>Given that the proposal is for the IoM to be aligned with the rest of the UK, it is difficult to envisage any legitimate grounds on which the RCVS could object to this legislation. Nonetheless, consultation is legally required and as such, the Committee is invited to discuss this matter if it so wishes.</p>
Decisions required	None, paper for discussion/note.
Attachments	Annex A – Proposed IoM secondary legislation Annex B – Veterinary Surgeon (Artificial Insemination) Order 2010
Author	Gemma Kingswell Head of Legal Services (Standards) g.kingswell@rcvs.org.uk / 020 7965 1100



<b>Classifications</b>		
<b>Document</b>	<b>Classification<sup>1</sup></b>	<b>Rationales<sup>2</sup></b>
Paper	Unclassified	
Annex A	Unclassified	
Annex B	Unclassified	
<b><sup>1</sup>Classifications explained</b>		
Unclassified	Papers will be published on the internet and recipients may share them and discuss them freely with anyone. This may include papers marked 'Draft'.	
Confidential	Temporarily available only to Council Members, non-Council members of the relevant committee, sub-committee, working party or Board and not for dissemination outside that group unless and until the relevant committee or Council has given approval for public discussion, consultation or publication.	
Private	The paper includes personal data which should not be disclosed at any time or for any reason, unless the data subject has agreed otherwise. The Chair may, however, indicate after discussion that there are general issues which can be disclosed, for example in reports to committees and Council.	

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

Statutory Document No. 20XX/XXXX

# C

*Veterinary Surgeons Act 2005*

## VETERINARY SURGERY (ARTIFICIAL INSEMINATION) ORDER 2023

*Approved by Tynwald:**Coming into operation in accordance with article 2*

The Department of Environment, Food and Agriculture makes the following Order under section 2 of the Veterinary Surgeons Act 2005, after consulting with the Royal College of Veterinary Surgeons in accordance with section 6(1) of that Act.

### 1 Title

This Order is the Veterinary Surgery (Artificial Insemination) Order 2023.

### 2 Commencement

If approved by Tynwald this Order comes into operation on the day after it is approved.<sup>1</sup>

### 3 Interpretation

In this Order –

“**the Act**” means the Veterinary Surgeons Act 2005;

“**cow**” means a cow of the bovine species, including bison and buffalo.

### 4 Exemption from prohibition on the practice of veterinary surgery for artificial insemination of cows

(1) Section 1 of the Act does not prohibit an individual who is not registered in the Register of Veterinary Surgeons from artificially inseminating a cow if the conditions in paragraph (2) are complied with.

(2) The conditions are that the individual carrying out the artificial insemination –

<sup>1</sup> Section 6(2) of the Veterinary Surgeons Act 2005 specifies that the Order shall be laid before Tynwald and if Tynwald at the sitting before which the Order is so laid or at the next following sitting fails to approve the Order, the Order shall thereupon cease to have effect.

- (a) is 16 years or older;
  - (b) has never been convicted of an offence relating to the welfare of animals;
  - (c) is an authorised person to carry out artificial insemination in cows under the Artificial Insemination Regulations 1989<sup>2</sup>; and
  - (d) either —
    - (i) carries out that artificial insemination as part of an approved course; or
    - (ii) has successfully completed an approved course.
- (3) In this article “approved course” means a training course in the artificial insemination of cows that —
- (a) has been approved for the purposes of regulation 3(3) the Veterinary Surgery (Artificial Insemination) Order 2010 (of Parliament)<sup>3</sup>; or
  - (b) is approved for the time being by the Department, after consultation with the Royal College of Veterinary Surgeons.

## **5 Exemption from prohibition on the practice of veterinary surgery for artificial insemination of mares**

- (1) Section 1 of the Act does not prohibit an individual who is not registered in the Register of Veterinary Surgeons from artificially inseminating a mare if the conditions in paragraph (2) are complied with.
- (2) The conditions are —
- (a) that the individual carrying out the artificial insemination is 18 years or older;
  - (b) is an authorised person to carry out artificial insemination in mares under the Artificial Insemination Regulations 1989<sup>4</sup>; and
  - (c) either —
    - (i) carries out that artificial insemination under the direct and continuous supervision of a veterinary surgeon as part of an approved course; or
    - (ii) has successfully completed an approved course and in each of the 2 years beginning with the date on which that individual successfully completed that approved course —
      - (aa) has carried out at least 5 artificial inseminations of mares; or

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<sup>2</sup> GC 10/90

<sup>3</sup> SI 2010/2059

<sup>4</sup> GC 10/90

- (bb) is declared in writing by a veterinary surgeon, who has personally supervised that individual's artificial insemination of a mare, competent to carry out artificial insemination of mares.
- (3) In this article “approved course” means a training course in the artificial insemination of mares that –
- (a) has been approved for the purposes of regulation 4(3) of the Veterinary Surgery (Artificial Insemination) Order (of Parliament)<sup>5</sup>; or
  - (b) is approved for the time being by the Department, after consultation with the Royal College of Veterinary Surgeons.

**MADE**

**CLARE BARBER**

*Minister for Environment, Food and Agriculture*

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<sup>5</sup> SI 2010/2059

*EXPLANATORY NOTE*

*(This note is not part of the Order)*

This Order permits people who are not veterinary surgeons to carry out artificial insemination of cows and mares, subject to the conditions set out in the Order.

Article 3 of this Order specifies the conditions with which a person who is not a veterinary surgeon must comply in order to carry out artificial insemination of cows.

Article 4 specifies the conditions with which a person who is not a veterinary surgeon must comply in order to carry out artificial insemination of mares.

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STATUTORY INSTRUMENTS

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**2010 No. 2059**

**VETERINARY SURGEONS**

**The Veterinary Surgery (Artificial Insemination) Order 2010**

*Made* - - - - *12th August 2010*  
*Laid before Parliament* *18th August 2010*  
*Coming into force* - - *14th September 2010*

The Secretary of State for Environment, Food and Rural Affairs, the Secretary of State for Scotland, the Secretary of State for Wales and the Minister of Agriculture and Rural Development for Northern Ireland acting jointly, in exercise of the powers conferred by section 19(4)(e) and (6) of the Veterinary Surgeons Act 1966(1), and now vested in them(2), and after consultation with the Council of the Royal College of Veterinary Surgeons, make the following Order.

**Title, application, commencement and interpretation**

1.—(1) This Order—

- (a) may be cited as the Veterinary Surgery (Artificial Insemination) Order 2010;
- (b) applies in the United Kingdom save for article 3 which applies in Great Britain only; and
- (c) comes into force on 14th September 2010.

(2) In this Order—

“the Act” means the Veterinary Surgeons Act 1966;

“cow” means a cow of the bovine species, including bison and buffalo; and

“veterinary surgeon” means a person who is registered in the register of veterinary surgeons or the supplemental veterinary register or who holds a qualification listed in Table A of Schedule 1A(3) to the Act.

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- (1) 1966 c. 36. “The Ministers” is defined in section 27(1) of the Act (as amended by paragraph 1 of Schedule 5 to the Transfer of Functions (Wales) (No.1) Order 1978 (S.I. 1978/272)) as “the Minister of Agriculture, Fisheries and Food, the Secretary of State for Scotland and the Secretary of State for Wales and the Minister of Agriculture for Northern Ireland acting jointly”.
- (2) The functions of the Minister of Agriculture, Fisheries and Food in section 19 of the Veterinary Surgeons Act 1966 were transferred to the Secretary of State for Environment, Food and Rural Affairs by article 3(1) of the Ministry of Agriculture, Fisheries and Food (Dissolution) Order 2002 (S.I. 2002/794). By virtue of section 95(5) of, and paragraph 10 of Schedule 12 to, the Northern Ireland Act 1998 (c. 47) the reference in the Veterinary Surgeons Act 1966 to the Minister of Agriculture for Northern Ireland is to be construed as a reference to the Northern Ireland department which exercises that function or to the Northern Ireland Minister in charge of that department. The Department of Agriculture for Northern Ireland was renamed the Department of Agriculture and Rural Development by Article 3(4) of the Departments (Northern Ireland) Order 1999 (S.I. 1999/283 (N.I. 1)).
- (3) Schedule 1A was inserted by S.I. 1980/1951 and substituted by S.I. 2008/1824.

**Revocations**

2. The Veterinary Surgery (Artificial Insemination) Order 2007(4), the Veterinary Surgery (Artificial Insemination) (Amendment) Order 2007(5) and the Veterinary Surgery (Artificial Insemination) (Amendment) Order 2009(6) are revoked.

**Exemption from prohibition on the practice of veterinary surgery for artificial insemination of cows**

3.—(1) Section 19(1) of the Act(7) does not prohibit the artificial insemination of a cow if the conditions in paragraph (2) are complied with.

- (2) The conditions are that the person carrying out the artificial insemination—
- (a) is 16 years or older;
  - (b) has never been convicted of an offence relating to the welfare of animals; and
  - (c) either—
    - (i) carries out that artificial insemination as part of an approved course;
    - (ii) has successfully completed an approved course;
    - (iii) was, immediately before the coming into force of this Order, a qualified inseminator by virtue of paragraph (b) of the definition of “qualified inseminator” in article 3(2) of the Veterinary Surgery (Artificial Insemination) Order 2007; or
    - (iv) is authorised by the competent authority of a relevant European State(8) to carry out the artificial insemination of cows.
- (3) In this article “approved course” means—
- (a) a training course in the artificial insemination of cows that—
    - (i) has been approved before 22nd May 2007 by the Secretary of State, the Department of Agriculture and Rural Development, the Scottish Ministers or the National Assembly for Wales or, before its winding up, by the Agricultural Training Board(9); or
    - (ii) is approved for the time being by the Secretary of State or the Department of Agriculture and Rural Development, after consultation with the Royal College of Veterinary Surgeons; or
  - (b) a course of training in a relevant European State successful completion of which entitles a person to perform artificial insemination of a cow in that State.

**Exemption from prohibition on the practice of veterinary surgery for artificial insemination of mares**

4.—(1) Section 19(1) of the Act does not prohibit the artificial insemination of a mare if the conditions in paragraph (2) are complied with.

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(4) [S.I. 2007/1315](#).

(5) [S.I. 2007/1767](#).

(6) [S.I. 2009/2769](#).

(7) Section 19(1) of the Act was amended by the Magistrates’ Courts Act 1980 (c. 43), section 32(2).

(8) See section 27(1) of the Act for the meaning of “relevant European State”.

(9) The Agricultural Training Board (“the Board”) was established by the Industrial Training (Agricultural, Horticultural and Forestry Board) Order 1966 ([S.I. 1966/969](#)). The Agricultural Training Board Act 1982 (c. 9) (“the 1982 Act”) listed the approval of courses provided by other persons as a function of the Board. The Board was wound up by the Agricultural Training Board (Revocation) Order 1994 ([S.I. 1994/555](#)), which lapsed on the repeal of the 1982 Act by the Statute Law (Repeals) Act 2004 (c. 14).

(2) The conditions are that the person carrying out the artificial insemination is 18 years or older, and either—

- (a) carries out that artificial insemination under the direct and continuous supervision of a veterinary surgeon as part of an approved course; or
- (b) has successfully completed an approved course and in each two-year period starting on the date on which that person successfully completed that approved course—
  - (i) has carried out at least five artificial inseminations of mares; or
  - (ii) is declared in writing by a veterinary surgeon, who has personally supervised that person's artificial insemination of a mare, competent to carry out artificial insemination of mares.

(3) In this article “approved course” means—

- (a) a training course in the artificial insemination of mares that is approved for the time being by the Secretary of State after consultation with the Royal College of Veterinary Surgeons; or
- (b) a course of training in a relevant European State successful completion of which entitles a person to perform artificial insemination of a mare in that State.

9th August 2010

*Jim Paice*  
Minister of State  
Department for Environment, Food and Rural  
Affairs

9th August 2010

*David Mundell*  
Parliamentary Under Secretary of State  
Scotland Office

10th August 2010

*David Jones*  
Parliamentary Under Secretary of State  
Wales Office

12th August 2010

*Norman Fulton*  
A senior officer of the  
Department of Agriculture and Rural  
Development



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## EXPLANATORY NOTE

*(This note is not part of the Order)*

This Order permits people who are not veterinary surgeons to carry out artificial insemination of cows and mares, subject to the conditions set out in the Order. It revokes the Veterinary Surgery (Artificial Insemination) Order 2007 (S.I. 2007/1315) and remakes the provisions of that Order with amendments to comply with the Provision of Services Regulations 2009 (S.I. 2009/2999) by which the United Kingdom transposed Directive 2006/123/EC of the European Parliament and of the Council (OJ No L 376, 27.12.2006) on services in the internal market.

Article 3 of this Order, which applies in England, Scotland and Wales only, specifies the conditions with which a person who is not a registered veterinary surgeon must comply in order to carry out artificial insemination of cows.

Article 4, which applies in the whole of the United Kingdom, specifies the conditions with which a person who is not a registered veterinary surgeon must comply in order to carry out artificial insemination of mares.

In accordance with Directive 2006/123/EC and the Provision of Services Regulations 2009, the definitions of “approved course” include training courses in other EEA States, successful completion of which entitles a person to perform artificial insemination of cows and mares in those States.

No impact assessment has been carried out for this instrument as it has no significant impact on the costs of business, charities, voluntary bodies or the public sector.

<b>Summary</b>	
Meeting	Standards
Date	9 November 2023
Title	Disciplinary Committee Report
Summary	Update of Disciplinary Committee since the last Standards meeting on 15 May 2023
Decisions required	None
Attachments	None
Author	Yemisi Yusuph DC Clerk <a href="mailto:y.yusuph@rcvs.org.uk">y.yusuph@rcvs.org.uk</a>

<b>Classifications</b>		
<b>Document</b>	<b>Classification<sup>1</sup></b>	<b>Rationales<sup>2</sup></b>
Paper	Unclassified	n/a

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

Unclassified	Papers will be published on the internet and recipients may share them and discuss them freely with anyone. This may include papers marked 'Draft'.
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**<sup>2</sup>Classification rationales**

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

## Report of Disciplinary Committee hearings since the last Standards meeting on 15 May 2023

### Hearings

#### Pavels Antonovs

1. Between Monday 19 to Friday 23 June 2023, the Committee met to hear the Inquiry into Mr Antonovs at the International Dispute Resolution Centre in London. The inquiry related to three charges against him.
2. There were three charges brought against him. The first being that, on 2 September 2020 whilst in practice at Beverley Vets4Pets, Mr Antonovs attended work when under the influence of alcohol. The second being that, between 25 September and 3 December 2020, whilst at Peel Veterinary Clinic, Mr Antonovs attended work on two occasions when under the influence of alcohol. The final charge being that, between around 1 February 2021 and 8 February 2023, Mr Antonovs failed to respond adequately to reasonable requests from the Royal College of Veterinary Surgeons regarding concerns raised about his conduct and/or health.
3. Mr Antonovs admitted the facts of the charges and the Committee decided that the facts amounted to serious professional misconduct.
4. The Committee's full decision on professional misconduct can be found here:  
<https://www.rcvs.org.uk/document-library/decision-of-the-disciplinary-committee-on-disgraceful-conduct/>
5. Having found professional misconduct, the Committee went on to consider what sanction to impose. Having particular regard to the circumstances of this case, they concluded that a reprimand and warning as to his future conduct on the basis that it would be proportionate in order to maintain public confidence in the profession and uphold proper standards of conduct and behaviour.
6. The full details Committee's decision on sanction can be found here:  
<https://www.rcvs.org.uk/document-library/decision-of-the-disciplinary-committee-on-sanction/>

#### Warwick Seymour Hamilton

7. Between Thursday 29 and Friday 30 June, the Disciplinary Committee met virtually to hear the Restoration Application of Mr Seymour Hamilton.

8. Mr Seymour-Hamilton made his application on the basis that he did not want to be restored to the Register in order to practise veterinary surgery, but in order for him to easily achieve recognition from academics and drug companies for his work on herbal and natural remedies. Mr Seymour-Hamilton also disputed the original findings of the 1994 case for which he was removed from the Register, although was told that this was inadmissible.
9. In considering his application, the Committee took into account the fact that he had not accepted the original findings from 1994 nor had he, over the course of his various applications for restoration, shown any insight into his original conduct or the serious concerns about his fitness to practice raised in previous restoration hearings.
10. It also considered that Mr Seymour-Hamilton had been off the Register for 29 years and would need to have demonstrated prolonged, intensive and formal training to ensure he met the Day One Competences required of a veterinary surgeon. The College submitted that he had made no such attempts and so would pose a significant risk to animal health and welfare if he were allowed to practice again.
11. The Committee also considered that Mr Seymour-Hamilton had indicated that he had practised veterinary surgery while off the Register – including conducting two spay procedures in Calais, France – and had used his own animals to try out new and untested ‘herbal remedies’. The College submitted that this indicated someone who didn’t have due regard to the importance of the current level of skills, experience and qualifications required in order to undertake veterinary surgery competently, and therefore posed a risk to animal health and welfare.
12. Accordingly, the Committee decided that it would not be in the public interest to restore Mr Seymour-Hamilton to the Register.
13. The Committee’s full decision can be found here: <https://www.rcvs.org.uk/document-library/seymour-hamilton-warwick-john-june-2023-decision-of-the/>

#### Stavros Paschalidis

14. The Committee met between Monday 3 to Wednesday 12 July to hear the inquiry into Mr Paschalidis. The Inquiry was in respect of three charges against him.
15. The first charge concerned the allegation that, on 7 October 2021, in relation to Beluga, a Beagle dog, Mr Paschalidis failed to carry out any adequate examination; failed to vaccinate Beluga; and made entries in the clinical records for Beluga indicating that he had examined and/or vaccinated the dog, when he had not done so.

16. The second charge concerned the allegation that, also on 7 October 2021, in relation to Simba, a Bengal cat, Mr Paschalidis failed to carry out any adequate examination; failed to vaccinate Simba; confirmed to a veterinary nursing colleague that he had vaccinated the cat when he had not; and made entries into the clinical records for the cat indicating that he had examined and/or vaccinated Simba, when he had not done so.
17. The third and final charge was that the conduct of Mr Paschalidis in relation to the other two charges was dishonest and/or misleading and that he was therefore guilty of disgraceful conduct in a professional respect.
18. The full charges can be found here: <https://www.rcvs.org.uk/document-library/paschalidis-stavros-2023-decision-disciplinary-finding-of-facts/>
19. The Committee considered whether the above charges were found proved. At the start of the hearing, Mr Paschalidis admitted the charge that he had failed to examine Simba, but denied that the record was misleading or dishonest as he said he was interrupted by a colleague whilst making the notes, rendering them an incomplete draft. The Committee found the charges relating to the failure to carry out an adequate examination and vaccinate Beluga and Simba proven. The Committee also found that Mr Paschalidis had been dishonest and misleading in relation to his clinical records for Beluga. However, it found the allegation that Mr Paschalidis had made entries in the clinical records for Simba indicating that he had vaccinated him when he hadn't done so, and that his conduct was misleading and/or dishonest in relation to that fact, not proven. The Committee also found it not proven that Mr Paschalidis had been dishonest in relation to making entries in the clinical records for Simba indicating that he had been examined when he had not been, instead finding that his conduct in this instance was misleading.
20. The Committee's full decision on finding of facts can be found here: <https://www.rcvs.org.uk/document-library/paschalidis-stavros-2023-decision-disciplinary-finding-of-facts/>
21. Having found that Mr Paschalidis was dishonest in his recording of his examination/vaccination of Beluga and that he was dishonest in relation to his communication of vaccination of Simba to a colleague, the Committee found that his conduct amounted to conduct falling far below that to be expected of a reasonably competent veterinary surgeon.
22. The Committee's full decision on disgraceful conduct can be found here: <https://www.rcvs.org.uk/document-library/paschalidis-stavros-july-2023-decision-disciplinary-disgraceful/>

23. On deciding the sanction, the Committee took into account eight testimonials, which were all positive about Mr Paschalidis' character. The Committee also noted his Continuing Professional Development (CPD) record, which, from February 2020 to February 2023, totalled over 170 hours.
24. The Committee concluded that Mr Paschalidis was dishonest and directed he be removed from the Register for a period of six months.
25. The Committee's full decision on sanction can be found here:  
<https://www.rcvs.org.uk/document-library/paschalidis-stavros-july-2023-decision-disciplinary-sanction/>

#### Andrew Dobson

26. On Thursday 20 July, the Committee met virtually to hear the restoration application of Mr Dobson.
27. Mr Dobson, despite having submitted the restoration application, did not attend and did not contact the RCVS setting out his reasons for non-attendance, nor did he provide any detail supporting his application for restoration.
28. The original hearing for Andrew Dobson took place in August 2021 with the Committee requesting that he be removed from the Register after it found that he had: carried out an act of veterinary certification while off the Register, after being removed from the Register for non-payment; had failed to have professional indemnity insurance in place between November 2018 and August 2020; and, failed to respond to reasonable requests from the RCVS about the same.
29. Having decided to proceed with the new restoration application hearing in his absence, the Committee had to consider whether Mr Dobson had proven himself fit to be restored to the Register and to be allowed to practise veterinary surgery once more.
30. The Committee heard that the last contact with Mr Dobson had been made on 2 June 2023 and that, despite numerous attempts to contact him since that date, there had been no communication from Mr Dobson, including in support of his restoration application.
31. Although the Committee found that his email on 2 June 2023 did suggest that he accepted the original findings for which he was removed from the Register, it had insufficient evidence before it demonstrating that he had, for example, shown remorse and insight into the original failings, had attempted to keep his continuing professional development (CPD) up-to-date or that, if restored, he would pose no risk to animal health and welfare.

32. Paul Morris, chairing the Disciplinary Committee and speaking on its behalf, said: "The Disciplinary Committee will only restore the name of the applicant veterinary surgeon to the Register where the applicant has satisfied it that he or she is fit to return to unrestricted practice as a veterinary surgeon and that restoration is in the public interest"
33. The Committee denied his application to be restored. Their full decision can be found here: <https://www.rcvs.org.uk/document-library/dobson-andrew-july-2023-decision-of-the-disciplinary-committee/>

#### Melanie Herdman RVN

34. The RVN Committee met between Monday 31 July – Thursday 3 August to hear the Inquiry into Miss Herdman.
35. The Inquiry was in relation to three charges against her.
36. The first charge related to an intention to supply diazepam and/or tramadol for use by a friend. The second charge related to supplying diazepam and/or tramadol and/or gabapentin. The third charge related to providing advice on the dosages of diazepam and/or tramadol and/or gabapentin.
37. The full charges can be found here: <https://www.rcvs.org.uk/document-library/herdman-melanie-july-2023-charges/>
38. Miss Herdman was not present at the hearing and was unrepresented, but the Committee determined that it was appropriate to proceed in her absence as she had been formally notified, was aware that the hearing was taking place and her absence was voluntary.
39. The first thing the Committee did was establish whether the facts of the case were found proved.
40. From the outset of the hearing Miss Herdman indicated her pleas to the charges, and admitted her intention to supply diazepam and/or tramadol and that she had provided advice on the dosages. She also admitted that she had supplied diazepam but strongly denied that she had supplied tramadol and/or gabapentin. Taking all the evidence into account (including messages sent by Miss Herdman and her admissions), the Committee found proven the charges in relation to the intent to supply and the advice on dosages. The Committee also found proven the charge in relation to the supply of diazepam, but found not proved the



charge relating to the supply of tramadol and gabapentin for several reasons, including the fact that the messages sent by Miss Herdman did not point unequivocally to her actually supplying each of the drugs to which she referred. It should be noted that there was no suggestion that the diazepam was stolen from her place of work.

41. The Committee then went on to establish whether there had been serious professional misconduct.
42. The Committee found that Miss Herdman's actions had breached paragraphs 1.5 and 6.5 of the Code of Professional Conduct for Veterinary Nurses. In the Committee's judgment there were also a number of aggravating features of Miss Herdman's conduct, including that she was not qualified or authorised to prescribe medication to animals, let alone to human beings and that, in providing a controlled drug to a person who was already taking various painkilling medications, she had acted recklessly. In finding that Miss Herdman's actions amounted to serious professional misconduct, the Committee noted that, in addition to the obvious risk to the health of her friend, a reasonable and fully informed member of the public would be very concerned to learn that a veterinary nurse had supplied a controlled drug to a friend for their personal use.
43. Lastly the Committee went on to consider the appropriate sanction to impose on Miss Herdman.
44. The Chair in this case Paul Morris, stated: *"Drawing all the material together, and considering the matter as a whole, the Committee had to impose a proportionate sanction for an isolated incident of serious professional misconduct which arose out of a misguided attempt to help a friend. The conduct in question was entirely out of keeping with Miss Herdman's usual practice and there is no real risk that it will be repeated"*
45. The Committee concluded that the most appropriate sanction to impose on Miss Herdman was to enforce a 3 month suspension of her registration.
46. The full Committee decision can be found here: <https://www.rcvs.org.uk/document-library/herdman-melanie-july-2023-decision-of-the-disciplinary/>

#### Alina Grecko

47. The Committee met between Monday 18 September and Thursday 21 September to hear the Inquiry into Mrs Grecko.

48. The Inquiry was in relation to two charges against her that related to her dishonestly obtaining prescription-only medication knowing that it was for human use, rather than legitimate veterinary use.
49. The first charge was that she had caused a registered veterinary nurse colleague to order griseofulvin, a prescription-only antifungal medication, knowing that it was for human use, rather than legitimate veterinary use. The charges also alleged that she then caused a student veterinary nurse colleague to record the order in the name of another veterinary surgeon, who was not involved in the order or prescription of the medication, and falsely record that it was for Mrs Grecko's dog.
50. The second charge was that, in relation to the circumstances outlined in the first charge, she had acted dishonestly and misleadingly, as the medication was, in fact, intended for use by Mrs Grecko's husband.
51. After having the charges read out, the Committee went on to consider whether the facts can be proved.
52. At the outset of the hearing, Mrs Grecko admitted she had asked her RVN colleague to order the medication and for her SVN colleague to record that the medication was for her dog and that doing this was dishonest and misleading, Mrs Grecko accepted that these admitted charges amounted to serious professional misconduct. However, she denied the allegation that she asked an SVN to record it under the name of another veterinary surgeon and that this was therefore dishonest and misleading.
53. In respect of the parts of the charge that she denied, the Committee considered evidence from all of the primary witnesses in the case, noting it had the evidence of two witnesses who were consistent in their eyewitness evidence that Mrs Grecko had told her SVN colleague to record the medication under another colleague's name as well as the supporting evidence from another witnesses that Mrs Grecko had made a similar admission. It therefore found it proven that she had asked her SVN colleague to make a false record under the name of another veterinary surgeon, and that this was dishonest and misleading.
54. The Committee's full decision on facts can be found here: <https://www.rcvs.org.uk/document-library/grecko-alina-september-2023-decision-of-the-disciplinary/>
55. Having considered the facts of the charges, the Committee went on to consider whether the admitted and proven charges amounted to serious professional conduct, taking into account

both aggravating and mitigating circumstances. The Committee found that all the proven charges amounted to serious professional misconduct.

56. The Committee considered that Mrs Grecko's conduct had breached her obligations as a veterinary surgeon to respect the proper protections that were in place for the control of prescription-only medications. She had committed a serious abuse of her position in using the fact that she could obtain medications by virtue of her profession to circumvent the protections. She had been prepared to involve others in the course of the conduct. In addition, Mrs Grecko had been prepared to engage in an attempt to conceal her actions and falsify the clinical records in the process.
57. The Committee stated that *"Although it was acknowledged that Mrs Grecko may have been subject to some conflicting demands, being affected by her husband's interests and may have felt a pressure to act, the Committee considered that she had completely failed to acknowledge and respect her overriding professional responsibilities."*
58. The full Committee decision on disgraceful conduct can be found here:  
<https://www.rcvs.org.uk/document-library/grecko-alina-september-2023-dc-decision-conduct/>
59. After finding misconduct on all proved facts, they went on to consider the most appropriate sanction to impose on Mrs Grecko. In doing so, the Committee bore in mind that the purpose of such sanctions was not to punish, but to protect the public and maintain public confidence in the profession as a whole.
60. The Committee considered that the disgraceful conduct was very serious, when taking into account the abuse of position and pre-meditated and dishonest conduct. The Committee further found that the previous adverse findings against Mrs Grecko from 2011, which involved misconduct of a very similar nature, meant that they could not accept her argument that she had learnt her lesson, and also meant that, in the Committee's judgement, she presented a significant risk of further repeated errors of judgement and dishonest conduct.
61. The Committee concluded that the most appropriate sanction to impose on Mrs Grecko was for her name to be removed from the register.
62. The Committee's full decision can be found here: <https://www.rcvs.org.uk/document-library/grecko-alina-september-2023-dc-decision-sanction/>

### Simon Wood

63. Simon Wood was originally removed from the Register in June 2018, following the December 2017 conviction and January 2018 sentencing which saw him receive a community sentence and made subject to a Sexual Harm Prevention Order for a period of five years.
64. Mr Wood had previously applied to rejoin the Register in 2020 but his application was rejected on that occasion.
65. The hearing for his current application took place on Wednesday 27 and Thursday 28 September.
66. At the outset of the hearing, Mr Wood's counsel said the basis for the current application was that he: was professionally competent to be restored; he had strong mitigation for his offending; had consistently and repeatedly expressed and demonstrated profound remorse; posed a low risk of re-offending; had proactively engaged with the Probation Service and voluntary counselling to gain further insight into his offending; and had completed his community sentence and was no longer subject to any of the court orders arising from his conviction.
67. Having heard the evidence from Mr Wood and his counsel, it was for the Committee to decide if he was fit to be restored to the Register. The factors it considered in doing so were: whether he had accepted the findings of the Committee at its original hearing; the seriousness of the offences; whether he demonstrated insight; protection of the public and the public interest; the future welfare of animals should he be restored to the Register; length of time off the Register; conduct since removal; and, evidence that he had kept up-to-date with veterinary knowledge, skills and practice.
68. The stated that they were "satisfied that Mr Wood has done everything required of him in order to be able to satisfy the Committee that he is fit to be restored to the Register".
69. The Committee's full decision can be found here: <https://www.rcvs.org.uk/document-library/wood-simon-peter-sept-2023-decision-disciplinary-restoration/>

### Upcoming DC cases

1. There are currently 4 listed hearings, two of which are RVN cases :

- 6-10 November
- 29 November – 12 December
- 13 -14 December
- 18-22 December

2. There are currently three referred cases, which will be listed shortly.



<b>Summary</b>	
Meeting	Standards Committee
Date	13 November 2023
Title	Riding Establishments Subcommittee report
Summary	Standards Committee is asked to note this brief update on the work and considerations of the Riding Establishments Subcommittee. The topics discussed are as follows: <ul style="list-style-type: none"> <li>• Annual Q&amp;A sessions;</li> <li>• Annual Meeting;</li> <li>• Audit; and</li> <li>• Advice queries.</li> </ul>
Decisions required	None
Attachments	None
Author	Stephanie Bruce-Smith Senior Standards and Advice Officer s.bruce-smith@rcvs.org.uk

<b>Classifications</b>		
<b>Document</b>	<b>Classification<sup>1</sup></b>	<b>Rationales<sup>2</sup></b>
Paper	Unclassified	

<b>1Classifications explained</b>	
Unclassified	Papers will be published on the internet and recipients may share them and discuss them freely with anyone. This may include papers marked 'Draft'.
Confidential	Temporarily available only to Council Members, non-Council members of the relevant committee, sub-committee, working party or Board and not for dissemination outside that group unless and until the relevant

	committee or Council has given approval for public discussion, consultation or publication.
Private	The paper includes personal data which should not be disclosed at any time or for any reason, unless the data subject has agreed otherwise. The Chair may, however, indicate after discussion that there are general issues which can be disclosed, for example in reports to committees and Council.

## 2Classification rationales

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Private	<ol style="list-style-type: none"> <li>5. To protect information which may contain personal data, special category data, and/or criminal offence data, as listed under the General Data Protection Regulation</li> </ol>



### Annual Q&A sessions

1. Following the success of the 2022 Annual Q&A sessions, the Riding Establishments Subcommittee (RESC) ran the sessions for a second year at the beginning of November. The format remained the same being open to all members of the Riding Establishments Inspectorate on a voluntary basis, to provide Inspectors with a further opportunity to interact with the Subcommittee in addition to the annual Induction and Refresher Training course.
2. Inspectors were invited to pre-submit written questions and to ask further questions during the live sessions, which were addressed by Subcommittee members during each 1.5-hour session. 45 inspectors attended representing 25% of the Inspectorate. Questions covered a wide range of issues, including dealing with owners of riding establishments and what checks interim inspections should involve.

### Annual Meeting

3. The RESC Annual Meeting will be held on 22 November. Matters to be discussed include the 2024 Training and Induction course format, Annual Q&A sessions, the 2023 audit of Inspector's reports, promoting the availability of Inspectors to Councils, DEFRA's progress with updating the Animal Welfare (Licensing of Activities Involving Animals) (England) Regulations 2018, the Scottish Government Consultation on licensing and the content of the 2024 REIN newsletter.

### Audit

4. A number of Inspectors have been selected at random and contacted to participate in the annual audit, and the Inspector report forms and accompanying documents have been collated for consideration by the Subcommittee in advance of the Annual Meeting.

### Advice queries

5. The Standards and Advice Team continue to receive a steady number of enquiries from local authorities, veterinary surgeon Inspectors and the owners of riding establishments.
6. Recent queries have related to the following topics:
  - a. Dealing with owners of riding establishments;
  - b. Role of the veterinary Inspector; and
  - c. What checks interim inspections should involve.

<b>Summary</b>	
Meeting	Standards Committee
Date	16 November 2023
Title	Practice Standards Scheme Update
Summary	An update on the Practice Standards Scheme (“PSS”)
Decisions required	No decisions required – For information only.
Attachments	<b>Annex A</b> - PSG Minutes 16 <sup>th</sup> August 2023 <b>Annex B</b> – PSG Minutes 16 August 2023 ( <b>classified appendix</b> ) <b>Annex C</b> - Table A – Changes to the Standards to incorporate the RCVS new guidance on ‘under care’ and ‘24/7 cover’.
Authors	Sarah Iddon Head of Legal Services- PSS <a href="mailto:s.iddon@rcvs.org.uk">s.iddon@rcvs.org.uk</a>

<b>Classifications</b>		
<b>Document</b>	<b>Classification<sup>1</sup></b>	<b>Rationales<sup>2</sup></b>
Paper	Unclassified	n/a

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

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## An Update on the Practice Standards Scheme

### PSG Meetings

1. PSG last met on 31<sup>st</sup> October 2023. The minutes from this meeting are yet to be ratified. However, the main discussions and decisions are presented below. The minutes relating to the previous PSG meeting held on 16<sup>th</sup> August are attached at **Annexes A and B**.

### PSS Update

2. The Team have been focusing on the assessment scheduling for 2024 and 2025 and allocating assessments for Q1 and beginning to send out the notices as part of the re-scheduling of some practices four years on from Covid times.
3. We are developing our communications to the profession in preparation for the Rule change to add a time limit of 12 months to the assessment process. This is likely to commence and affect all PSS practices from January 2024.
4. As our work and our relationships grow with our large organisations, we are starting to see an improvement in the level of engagement and rate at which evidence post assessment is being submitted. However, the number of deficiencies appear to be increasing.
5. The under care changes have now been implemented into the PSS Standards and are live for practices currently being assessed.
6. The Team is updating our website pages to ensure that the content is current and relevant, and these changes will be visible towards the end of November.
7. We have received feedback that practices would like more content and materials to showcase their compliance with PSS, and we are review and updating our media packs and will begin to release some general statistics on our website pages.
8. The Team is continuing to follow up on the practice feedback survey data that we receive following the assessment process and pursuing negative and constructive feedback and taking forward the comments into our stands of work to positively influence change.

### Update from Lead Assessor (LA)

9. The Environmental Sustainability Awards continue to be successfully assessed and rolled out. Another 'Outstanding' was achieved at a large referral premise in the Southeast.
10. The Lead Assessor is continuing to work on the assessor core training programme with an aim to completing it with Academy in Spring 2024.

11. The training provided by the VMD in October went very well and the assessor team found it very useful. The Lead assessor is going to continue to work very closely with the VMD team to ensure we align ourselves with regards to messaging.

### Scheme figures

12. Scheme membership— shows overall membership has remained stable overall at 69% of all UK eligible practice premises although there has been a slight increase in the number of members from 3,905 to 3,913 since the last report to Standards in September 2023.

13. Performance –while the number of assessments has increased compared to quarter one and quarter two last year, we are still delivering an average of 250 assessments per quarter. There has been a decline in the number of accreditations and awards held which is relative to the volume of practice premises with outstanding evidence due post assessment and those that are focusing their resources on their routine assessments rather than awards this year.

14. The data pulled on the top deficiencies medicines and non-medicines is consistently the same deficiencies and has been for the last few years, although progress has been made to reduce the number of practices premises with those deficiencies, PSS will focus on developing and delivering a plan by firstly focusing on the top 3 VMR's and work with the VMD to produce some joint materials that can be accessed via our website pages.

### Under Care

15. PSG were informed of the changes made to the Standards to PSS incorporate the RCVS new guidance on 'under care' and '24/7 cover'.

16. Table A (attached at **Annex C**) sets out the changes including additional guidance notes to five current standards to signpost and highlight relevant changes within the standard impacted by the new 'Under Care' guidance. RCVS website links have been added to encourage practices to read further where needed.

### The five yearly review of Standards

17. A plan as to how to tackle the review was agreed in principle and the Group will move forward to arrange small groups and begin the process of reviewing the standards and Awards.

End of paper

<b>Summary</b>	
Meeting	Practice Standards Group
Date	16 August 2023
Title	Minutes of meeting
Summary	Minutes of the Practice Standards Group meeting held on 16 August 2023
Attachments	<b>Classified appendix</b> Annex A – PSG 160823 Actions progress update
Author	Sarah Iddon Head of Legal Services PSS <a href="mailto:S.iddon@rcvs.org.uk">S.iddon@rcvs.org.uk</a> / +442081485561

<b>Classifications</b>		
<b>Document</b>	<b>Classification<sup>1</sup></b>	<b>Rationales<sup>2</sup></b>
Minutes	Unclassified	n/a
Classified appendix	<b>Confidential</b>	<b>1, 3</b>
Annex A	Unclassified	n/a
Annex B	Unclassified	n/a

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## Practice Standards Group

Minutes of the remote meeting held on Tuesday, 16 August 2023 via MS Teams

### Members:

Belinda Andrews-Jones	Chair & VN Council
Adam Mugford	BAVECC
Andrew Parker	SPVS
Kathy Kissick*	VN Council
Lyndsay Hughes	BVNA
Tim Mair*	BEVA
Mark McLaren	Lay member
Jim Hughes	BSAVA
James Russell*	BVA
Stuart Saunders	VMG
Sally Wilson	BCVA
Sara Pedersen*	BCVA

### In attendance

Eleanor Ferguson	RCVS Registrar / Director of Legal Services
Sarah Iddon	RCVS Head of Legal Services – Practice Standards Scheme (HoLS – PSS)
Alice Duvernois	PSS Lead Assessor
Adam Swift	RCVS PSS Lead Officer
Bob Lehner	PSS Assessor and Review Group member
Charles Thursby-Pelham	PSS Assessor and Review Group member
Rudo Ruvangu	PSS Assessor
Sarah Robel	PSS Officer (note taker for August PSG)

\*Denotes absence

### Welcome and introductions

1. The Chair welcomed everyone and introduced the new members to the Group: Adam Swift, (PSS Lead Officer), Jim Hughes (BSAVA) who would replace Krista Arnold (BSAVA) in June 2023, and Sally Wilson (BCVA), who would replace Nicky Bowden (BCVA).
2. Members individually introduced themselves as it had been some time since the last meeting was held in August 2022.



## Apologies for absence

3. Apologies for absence received from Tim Mair (BEVA), Kathy Kissick (VN Council), James Russell (BVA).
4. BVHA have decided to withdraw from PSG. Despite recruiting they have reached the stage where all remaining council members are retired from clinical practice and as a result, they cannot guarantee feedback from an active membership.

## Declarations of interest

5. Belinda Andrews-Jones declared that she is due to start a new position as Head of Nursing Services for Vet4Pets.

## Minutes and actions of previous meeting

6. The minutes of the meetings in August 2022 and March 2023 were approved.
7. Sarah Iddon (HoLS- PSS) raised that feedback had subsequently been received questioning the accuracy of the Duty Firearms Officer referred to in the suggested changes to the firearms guidance at 16.1.35. It was raised that it was more likely to be the 'Firearms Equality Officer' who is the person responsible for the investigation and enquiries around firearms applications and licensing issues. Whereas the 'Duty Firearms Officer' or 'Authorised Firearms Officer' is a police officer trained and authorised to carry a firearm. Questions were also raised regarding the assessment of the Standard (16.1.35), particularly when the licence is likely to be connected to the veterinary surgeons' home rather than the practice premise. Furthermore, where some firearms and dart guns fall outside of the legal remit of a 'firearm' more guidance has been requested to confirm how these will be assessed beyond those set out in Section 5 of the Firearms Security Handbook 2020.

**Action:** HoLS – PSS will investigate and present a recommendation to the Group at the October PSG meeting.

8. The Group was updated on the progress with outstanding actions to date which can be found at **Annex A:**
9. The following actions were discussed in a little more detail:
  - a) **PSS Team to set up a process for reviewing the standards resources on an annual basis. This action is about checking the links and make sure that the resources referenced and referred to is the most up to date information.** The Group raised some concern regarding the annual review of the resources on the website, checking the links, references and ensuring content was the most up to date. The Group felt that if this was left to

the five-year review of the standards in 2025, then many materials would be outdated. It was felt this should remain as an action and be part of the five-year review plan. It should be a quality checking process to try to divert some links to RCVS knowledge to ensure materials remain relevant and up to date.

b) **HoLS – PSS to chase VMD for further clarity in the language of examples used in the VMD guidance on what constitutes a Destruction of Controlled Drugs (CDs)**

**'independent witness'**: The Group had previously noted that VMD's guidance made it clear that an 'independent veterinary surgeon' included one who 'may work for the same franchise or corporate group provided the practices have a different owner and are separate legal entities. Whilst this had eased the issue of build-up of CDs to some extent there remained ongoing problems particularly in relation to the examples given in the VMD guidance. The HoL-PSS confirmed that we are still awaiting a response for the VMD.

## Practice Standards Scheme (PSS) Update

### Scheme Update

10. The HoLS – PSS outlined the PSS update paper and confirmed that PSS were making some internal changes to develop a delivery model that is sustainable and fit for the future needs of the Scheme.
11. Anne Lawson was appointed the part time, Lead Assessor Support role.
12. The HoL-PSS confirmed that PSS have been looking closely at the future forecasting, and that corporate reports have been reinstated as part of PSS working more closely with large organisations to ensure compliance to at least Core standard. These relationships are proving successful in ensuring the practise premises are fully supported. A question was raised to understand if reports and information can be shared more widely with large organisations and legal structures such as joint venture partners. It was reconfirmed that the Rules were amended in March 2023 to widen and clarify the scope of data sharing.
13. The HoL-PSS had received some feedback from a couple of charities that have enquired about the ability to flex the standards to meet the needs of their organisations. It was mentioned that as part of the five year review, the Standards should be considered to ensure that the Standards are amenable and accessible to all types of organisations and structures.
14. The HoL-PSS explained to the Group the progress of the 'Ensuring Compliance' paper. This was approved by Standards Committee, who had a comment to ensure that the right persons were held accountable. This paper has now been approved by RCVS Council and a plan to implement the framework is underway. That Plan will include the communications plan, final numbers and minor changes to the IT systems that are required, particularly 'FindaVet'. The HoL-PSS will share the plan with this Group.

### Lead Assessor Update

15. The LA informed to the Group that Practices are still under pressure with the recruitment and retention crisis, and this is having an impact on practices able to prepare for their assessments.
16. There have been some issues identified with regards to hospital accreditations and PSS will present a paper at the next meeting on hospital exemptions including hospital accreditation and the requirement to have two FTE certificate holders, with some possible solutions on how to preserve hospital accreditation to reflect the current landscape of the profession.
17. The first environmental sustainability award took place in Cumbria with an Independent mixed practice. They achieved 'outstanding' and Sue Patterson presented their certificate in person to celebrate their achievements.
18. There have been no reported issues with the rollout and implementation of the new environmental sustainability standards since they went live in June. Although the extra module is more preparation for the practice.
19. Regarding the assessor team, the Lead Assessor set out that current staff capacity in the team is slightly reduced due to sickness and maternity leave. A question was asked if we now have the correct number of assessors to meet current demand. While the Assessor Team is stable it is a team of 24 assessors that work part time. PSS are currently exploring an improved delivery model to ensure we can meet current demand that is fit for the future of the Scheme. This means ensuring we have the right people in the right places and that we are more strategically planning our assessments to minimise travel time for our Assessors and minimise costs for our practise premises. PSS is currently delivering approximately one thousand assessments per year or two hundred and fifty per quarter.
20. The four new Assessors that started in October 2022 are now confidently assessing. The PSS team is working to streamline the onboarding process and training for Assessors and scoping some new training opportunities by working with RCVS Academy.
21. A meeting and workshop is booked with the VMD at their head offices in October for ongoing medicines training.

### Scheme figures Update

22. The HoL- PSS summarised the figures presented and confirmed that the report is still a work in progress as we continue to improve our data and have the right reporting systems in place. We have taken steps towards this but recognise there is still more to do. HoL-PSS noted the request from the last meeting that the Group would like to see the data presented:
  - i. By species and accreditation
  - ii. By corporate
  - iii. By independents
  - iv. Displaying yearly figures to see trends
  - v. 10 x deficiencies for medical, and non-medical separately.

23. The number of memberships has slightly risen to **3905**, which is still at about 69-70% of all eligible UK practice premises. This is largely driven by acquisitions and the rate at which large organisations are acquiring sites.

24. The heat map which shows the concentration of practices throughout the UK is helpful as the PSS Team begins its planning and remodelling work. The Group suggested the map shows the percentage of member practices premises in PSS within an area and how many are not a part of PSS for comparison purposes. It was mentioned that other heat maps had been produced that show total density of premises within a county which could be included, but the Group felt that they wanted to see how many practices were in each county to give a better representation.

**Action:** PSS will aim to provide data at the next meeting that shows the percentage of member practices premises in PSS within an area and how many are not a part of PSS for comparison purposes.

25. PSS has seen a fall in the number of Awards, of about 13% which was expected, as practice premises focus on their routine assessments.

26. Accreditations held are mostly core small animal and small animal GP, has decreased from 5608 in August 2022 to 4142 in August 2023. This is consistent with the increasing number of practices with overdue evidence remaining after their assessment day and practice premises finding it increasingly challenging to prepare for their assessment.

27. The top ten deficiencies for medicines and non-medicines, is interesting as this data varies depending on species type. The Group was encouraged to consider this issue within their respective organisations to consider if anyone had any particular ways that we can engage members on how to meet these standards. For instance, on controlled drugs, there is a lot of information out there but is it presented in the right way that is easy for practice premises to follow and implement. Some initial ideas include bite size videos on our web pages, for example presented how to monitor temperatures.

28. The LA reminded the Group that sometimes the deficiencies maybe where there are failings in particular elements of the Standard to be met, even if most parts of the Standard are carried out well.

29. PSS confirmed that it is starting to formulate its plans to target and reduce these numbers as they have remained problematic areas for quite some time. PSS will use the VMD meeting in October as an opportunity to begin this work.

**ACTION:** HoL-PSS to report back with a plan on how PSS will start to tackle the top ten deficiencies.

30. The survey feedback results provide an indicator as to how practice premises feel about their PSS experiences. Since last year we have seen an increase in the number of responses 364 responses for 2023 to date (1<sup>st</sup> January – 1<sup>st</sup> August 2023) compared to just 29 in 2022. This

increase is mainly due to encouraging the completion of the survey to comply with Rule 91, before accreditation is granted.

31. The summary of free text responses is positive towards the PSS standards, the service provided by the PSS team, and the Scheme in general but there are some negative comments particularly with the online system.

## Matters for decision

### Client Services Award

32. The LA introduced the paper and set out that the Client Services Award has been the most popular award with 225 awards held compared to any of the other seven Awards offered. The Client Service Award is given to clinics who demonstrate high levels of care for their clients. This award encompasses practical and behavioural steps that clinics can take to improve client service.
33. As part of the standards to be met, 3.5.25 required the practice premises to obtain client feedback using a survey that is provided by PSS to the practice and then sent out to recent clients.
34. Some concerns were raised relating to:
- a) The security of data in a) capturing the IP addresses in SurveyMonkey platform and b) the open text questions.
  - b) The expected number of responses to collect and this being based on a fixed number per full time equivalent vet, 50 (small animal), 10 (farm), 20 (equine); and
  - c) The points awarded. Some have felt that 40 points awarded simply for questions being answered is not as meaningful as looking for behaviours in the actual questions answered and they would like to see a change in the apportionment of the points for standards 3.5.24, 3.5.25, 2.5.26, which will mean that the same number of points can be awarded overall.
35. PSS recommended that we continue to send out the questions to be used rather than provide the questionnaire and it is proposed that some amendments to guidance are inserted to clarify. They also felt that an amendment to the apportionment of points allocated between standards, 3.5.24, 3.5.25 and 3.5.26 would help to address concerns regarding the number of responses when the essence of the Standards is based on the behaviours and feedback received from their clients.
- d) 3.5.24SA increased from 30 to 40 points. The impact of the practice demonstrating that they have tried to find a solution should carry the most points.
  - e) 3.5.25SA decreased from 40 to 20 points as practices struggle to get to 50 responses per F/E for Small animal.
  - f) 3.5.26SA increased from 10 to 20 points as PSS will no longer provide the survey monkey that calculates the NPS. The guidance will provide for the equation to calculate the NPS.
36. The Group discussed that 'full-time equivalent' is a challenge and question to be answered, particularly if the Group should define this as client facing consulting, primarily responsible for case management. The LA confirmed that this had been considered by Review Group and

whether a percentage of clientele overall would be a more effective approach. It was confirmed that this would be considered as part of the five yearly review of the Standards and Awards.

37. The Group agreed with the recommendations as proposed in the table at Annex A to the paper.

#### **Assessment forecast schedule for 2024 and 2025**

38. This information is available in the classified appendix.

#### **Matters for discussion.**

#### **Five yearly review of the Standards and Awards**

39. This information is available in the classified appendix.

#### **Matters arising**

40. There were no matters arising.

#### **Risk Register and equality**

41. There were no new items to add to the PSG Risk Register.

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

The next two meetings have been scheduled for 31st October 2-4pm (remote) and 31st January 10-12pm (remote). It was discussed if the Group would like to meet in person and it was suggested that the January or possibly the April meeting could be an in-person meeting.

#### **Any other business**

42. There was no other business discussed.

43. The meeting was drawn to a close.

Annex A – Table of PSS Under Care Changes

Standard	Current Standard and Guidance notes	Proposed change to Standard or Guidance notes
<p><b>10.1.15</b> <b>9.1.15 E</b></p>	<p>Medicines must be prescribed and supplied according to current legislation</p> <p>Guidance:</p> <p><i>A veterinary surgeon who prescribes a POM-V medicine must first carry out a clinical assessment of the animal and the animal must be under his or her clinical care. See Chapter 4 of the supporting guidance to the RCVS Code of Professional Conduct: <a href="https://www.rcvs.org.uk/vetmeds">https://www.rcvs.org.uk/vetmeds</a>.</i></p> <p><i>A veterinary surgeon who prescribes a POM-V or POM-VPS medicine must be satisfied that the person who will use the product will do so safely and intends to use it for the purpose for which it is authorised.</i></p> <p><i>POM-V and POM-VPS medicines may be prescribed and supplied by a veterinary surgeon. Alternatively, medicines may be prescribed and a prescription written by a veterinary surgeon and the supply made by another veterinary surgeon (or a pharmacist) on the authority of that prescription.</i></p> <p><i>There should be appropriate protocols, certificate records and/or clinical records for evidence of compliance with prescribing requirements.</i></p> <p><i>If a veterinary surgeon supplies a POM-V or POM-VPS medicine, in addition to the requirements for prescribing generally they must:</i></p> <ul style="list-style-type: none"> <li><i>Advise on its safe administration and, as necessary, on any warnings or contraindications on the label or package leaflet</i></li> </ul>	<p>Medicines must be prescribed and supplied according to current legislation</p> <p>Guidance:</p> <p><b>POM-Vs:</b></p> <p><i>A veterinary surgeon who prescribes a POM-V medicine must first carry out a clinical assessment of the animal and the animal must be under his or her clinical care. See Chapter 4 of the supporting guidance to the RCVS Code of Professional and changes and the ‘Under care new guidance’ on the RCVS website: <a href="https://www.rcvs.org.uk">‘Under care’ - new guidance - Professionals (rcvs.org.uk)</a></i></p> <p><i>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).</i></p> <p><i>For controlled drugs, antibiotics, antifungals, antiparasitics and antivirals, a physical examination should be carried out at the time of prescribing unless there are exceptional circumstances.</i></p> <p><b>POM-VPS:</b></p> <p><i>POM-VPS medicines may be prescribed and supplied by a veterinary surgeon. Alternatively, medicines may be prescribed and a prescription written by a veterinary surgeon and the supply made by another veterinary surgeon (or a pharmacist) on the authority of that prescription. A veterinary surgeon who prescribes POM-VPS medicine must be satisfied that the person who will use the product will do so safely and intends to use it for the purpose for which it is authorised.</i></p> <p><i>There should be appropriate protocols, certificate records and/or clinical records for evidence of compliance with prescribing requirements.</i></p>

	<ul style="list-style-type: none"> <li>• <i>Not supply more than the minimum amount required for the treatment (see exemptions in Schedule 3 paragraph 7 of the VMR)</i></li> </ul>	<p><i>If a veterinary surgeon supplies a <b>POM-V or POM-VPS</b> medicine, in addition to the requirements for prescribing generally they must:</i></p> <ul style="list-style-type: none"> <li>• <i>Advise on its safe administration and, as necessary, on any warnings or contraindications on the label or package leaflet</i></li> <li>• <i>Not supply more than the minimum amount required for the treatment (see exemptions in Schedule 3 paragraph 7 of the VMR)</i></li> </ul>
<p><b>10.1.17</b> <b>9.1.17 E</b></p>	<p>Having prescribed a POM-V or POM-VPS medicines, if the veterinary surgeon is not present when the medicine is handed over, they must:</p> <ul style="list-style-type: none"> <li>- Authorise each transaction individually before the medicine is supplied</li> <li>- Be satisfied that the person handing it over is competent to do so</li> </ul> <p><i>Guidance notes:</i></p> <p><i>A veterinary surgeon could meet the requirement to authorise each transaction by:</i></p> <ul style="list-style-type: none"> <li>• <i>Handing over a medicine personally following a consultation, or instructing a fellow team member to supply the medicine</i></li> <li>• <i>Making a note on a client’s record that repeat prescriptions could be supplied to the client</i></li> <li>• <i>A team member taking a call from a client and putting a medicine aside for the veterinary surgeon to authorise before being supplied</i></li> <li>• <i>In the case of a client unexpectedly coming into the practice, by a phone call to the veterinary surgeon, to authorise the supply</i></li> </ul>	<p><i>Having prescribed a POM-V or POM-VPS medicines, if the veterinary surgeon is not present when the medicine is handed over, they must:</i></p> <ul style="list-style-type: none"> <li>- Authorise each transaction individually before the medicine is supplied</li> <li>- Be satisfied that the person handing it over is competent to do so</li> </ul> <p><i>Guidance notes:</i></p> <p><i>A veterinary surgeon could meet the requirement to authorise each transaction by:</i></p> <ul style="list-style-type: none"> <li>• <i>Handing over a medicine personally following a consultation, or instructing a fellow team member to supply the medicine</i></li> <li>• <i>Making a note on a client’s record that repeat prescriptions could be supplied to the client</i></li> <li>• <i>A team member taking a call from a client and putting a medicine aside for the veterinary surgeon to authorise before being supplied</i></li> <li>• <i>In the case of a client unexpectedly coming into the practice, by a phone call to the veterinary surgeon, to authorise the supply</i></li> </ul> <p><i>Note:</i></p>



	<p><i>Note: A Suitably Qualified Person (SQP) under the VMR is under similar requirements for the prescription and supply of POM-VPS medicines.</i></p>	<p>- A Suitably Qualified Person (SQP) under the VMR is under similar requirements for the prescription and supply of POM-VPS medicines.</p> <p>- For Prescribing POM-V's, please see Under Care guidance changes: <a href="https://www.rcvs.org.uk">'Under care' - new guidance - Professionals (rcvs.org.uk)</a></p>
<p><b>10.1.28</b></p> <p><b>9.1.28 E</b></p>	<p>A practice must be able to demonstrate that when using antimicrobials or anthelmintics, it does so responsibly, and is accountable for the choices made in such use.</p> <p>Guidance:</p> <p><i>The development and spread of antimicrobial resistance is a global public health problem that is affected by use of these medicinal products in both humans and animals. 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. Resistance to anthelmintics in grazing animals is serious and on the increase; veterinary surgeons must use these products responsibly to minimise resistance development. Antimicrobials advice is available from the BVA: <a href="https://www.rcvs.org.uk/bva-amr">https://www.rcvs.org.uk/bva-amr</a> as well as their antimicrobials poster for use in practice: <a href="https://www.rcvs.org.uk/bva-amr-plan">https://www.rcvs.org.uk/bva-amr-plan</a> . The BSAVA also provides advice on the responsible use of antimicrobials: <a href="https://www.rcvs.org.uk/bsava-amr">https://www.rcvs.org.uk/bsava-amr</a> . Additional wording effective from 1 June 2023, unless applying for the optional Environmental Sustainability Award: 'Vets play a key role in preserving the efficiency of these medicines. Additional Resources from BSAVA, all free to download regardless of BSAVA membership status: 1. BSAVA Medicines Guide: Section on Antimicrobials - Protocol for responsible use of antimicrobials and anthelmintics. Small Animal Module 10: Medicines Core Standards Page 159 of 310 <a href="https://www.bsavalibrary.com/content/chapter/10.22233/9781905319862.chap13">https://www.bsavalibrary.com/content/chapter/10.22233/9781905319862.chap13</a> 2. PROTECTME notes</i></p>	<p>A practice must be able to demonstrate that when using antimicrobials, it does so responsibly, and is accountable for the choices made in such use.</p> <p>Guidance:</p> <p><i>As regards prescribing antibiotics, antifungals, antiparasitics and antivirals, please see Under Care new guidance: <a href="https://www.rcvs.org.uk">'Under care' - new guidance - Professionals (rcvs.org.uk)</a></i></p> <p><i>The development and spread of antimicrobial resistance is a global public health problem that is affected by use of these medicinal products in both humans and animals. 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. Resistance to anthelmintics in grazing animals is serious and on the increase; veterinary surgeons must use these products responsibly to minimise resistance development. Antimicrobials advice is available from the BVA: <a href="https://www.rcvs.org.uk/bva-amr">https://www.rcvs.org.uk/bva-amr</a> as well as their antimicrobials poster for use in practice: <a href="https://www.rcvs.org.uk/bva-amr-plan">https://www.rcvs.org.uk/bva-amr-plan</a> . The BSAVA also provides advice on the responsible use of antimicrobials: <a href="https://www.rcvs.org.uk/bsava-amr">https://www.rcvs.org.uk/bsava-amr</a> . Additional wording effective from 1 June 2023, unless applying for the optional Environmental Sustainability Award: 'Vets play a key role in preserving the efficiency of these medicines. Additional Resources from BSAVA, all free to download regardless of BSAVA membership status: 1. BSAVA Medicines Guide: Section on Antimicrobials - Protocol for responsible use of antimicrobials and anthelmintics. Small Animal Module 10: Medicines Core Standards Page 159 of 310 <a href="https://www.bsavalibrary.com/content/chapter/10">https://www.bsavalibrary.com/content/chapter/10</a></i></p>

	<p><a href="https://www.bsavalibrary.com/content/book/10.22233/9781910443644#chapters">https://www.bsavalibrary.com/content/book/10.22233/9781910443644#chapters</a> 3. PROTECTME posters (general and rabbit) <a href="https://www.bsavalibrary.com/content/chapter/10.22233/9781910443644.chap6_1#supplementary_data">https://www.bsavalibrary.com/content/chapter/10.22233/9781910443644.chap6_1#supplementary_data</a> 4. Non-Prescription form (sample) <a href="https://www.bsavalibrary.com/content/chapter/10.22233/9781910443644.app15#supplementary_data">https://www.bsavalibrary.com/content/chapter/10.22233/9781910443644.app15#supplementary_data</a> Examples of what assessors might look at - policy, medical records, poster, meetings where they created perioperative antibiotic protocol. Assessors will also talk to practice team members.'</p>	<p>.22233/9781905319862.chap13 2. PROTECTME notes <a href="https://www.bsavalibrary.com/content/book/10.22233/9781910443644#chapters">https://www.bsavalibrary.com/content/book/10.22233/9781910443644#chapters</a> 3. PROTECTME posters (general and rabbit) <a href="https://www.bsavalibrary.com/content/chapter/10.22233/9781910443644.chap6_1#supplementary_data">https://www.bsavalibrary.com/content/chapter/10.22233/9781910443644.chap6_1#supplementary_data</a> 4. Non-Prescription form (sample) <a href="https://www.bsavalibrary.com/content/chapter/10.22233/9781910443644.app15#supplementary_data">https://www.bsavalibrary.com/content/chapter/10.22233/9781910443644.app15#supplementary_data</a> Examples of what assessors might look at - policy, medical records, poster, meetings where they created perioperative antibiotic protocol. Assessors will also talk to practice team members.'</p>
<p><b>10.1.30</b></p> <p><b>9.1.30 E</b></p>	<p>A practice must be able to demonstrate that when using Endoparasiticides, it does so responsibly, and is accountable for the choices made in such use.</p> <p>Guidance notes:</p> <p><i>Endoparasiticides are linked to various environmental concerns such as the development of resistance.</i></p> <p><i>In particular, the resistance to anthelmintics in animals is serious and on the increase; veterinary surgeons must use these products responsibly to minimise resistance development.</i></p> <p><i>Examples of what assessors might look at include: policy, medical records, poster, meetings where anthelmintics has been discussed. Assessors will also talk to practice team members.</i></p> <p><i>Resources for companion animals: <a href="https://www.esccap.org/guidelines/">https://www.esccap.org/guidelines/</a></i></p>	<p>A practice must be able to demonstrate that when using Endoparasiticides, it does so responsibly, and is accountable for the choices made in such use.</p> <p>Guidance notes:</p> <p><i>As regards prescribing Endoparasiticides, please see Under Care new guidance: <a href="https://www.rcvs.org.uk">'Under care' - new guidance - Professionals (rcvs.org.uk)</a></i></p> <p><i>Endoparasiticides are linked to various environmental concerns such as the development of resistance.</i></p> <p><i>In particular, the resistance to anthelmintics in animals is serious and on the increase; veterinary surgeons must use these products responsibly to minimise resistance development.</i></p> <p><i>Examples of what assessors might look at include: policy, medical records, poster, meetings where anthelmintics has been discussed. Assessors will also talk to practice team members.</i></p> <p><i>Resources for companion animals: <a href="https://www.esccap.org/guidelines/">https://www.esccap.org/guidelines/</a></i></p>

<p><b>10.1.31</b></p> <p><b>9.1.31 E</b></p>	<p>A practice must be able to demonstrate that when using ectoparasiticides, it does so responsibly, and is accountable for the choices made in such use.</p> <p>Guidance notes:</p> <p><i>Ectoparasiticides are linked to various environmental concerns such as the development of resistance and damage to ecosystems. A recent study highlighted ectoparasiticides as a source of pollution for aquatic ecosystems (<a href="#">Potential role of veterinary flea products in widespread pesticide contamination of English rivers - ScienceDirect</a>).</i></p> <p>Resources for companion animals: <a href="#">Homepage   ESCCAP</a></p>	<p>A practice must be able to demonstrate that when using ectoparasiticides, it does so responsibly, and is accountable for the choices made in such use.</p> <p>Guidance notes:</p> <p><i>As regards prescribing ectoparasiticides, please see Under Care new guidance: <a href="#">'Under care' - new guidance - Professionals (rcvs.org.uk)</a></i></p> <p><i>Ectoparasiticides are linked to various environmental concerns such as the development of resistance and damage to ecosystems. A recent study highlighted ectoparasiticides as a source of pollution for aquatic ecosystems (<a href="#">Potential role of veterinary flea products in widespread pesticide contamination of English rivers - ScienceDirect</a>).</i></p> <p>Resources for companion animals: <a href="#">Homepage   ESCCAP</a></p>
<p><b>10.1.32</b></p> <p><b>9.1.32 E</b></p>	<p><i>*None currently</i></p>	<p>For antibiotics, antifungals, antiparasiticides and antivirals, a physical examination should be carried out at the time of prescribing unless there are exceptional circumstances.</p> <p>Guidance:</p> <p><i>As per the Under Care guidance changes: <a href="#">'Under care' - new guidance - Professionals (rcvs.org.uk)</a></i></p> <p><i>Veterinary surgeons should be prepared to justify their decision in cases where these medicines are prescribed without a physical examination, an explanation of the relevant exceptional circumstances should be set out in the clinical records.</i></p> <p><i>Where samples are obtained for the purpose of testing following a physical examination, it is acceptable for a veterinary surgeon to prescribe antibiotics, antifungals, antiparasiticides and antivirals based on the results of those contemporaneous tests without the need for a further physical examination.</i></p>

<p><b>10.1.33</b></p> <p><b>9.1.33 E</b></p>	<p><i>*None currently</i></p>	<p>When prescribing a controlled drug to an animal, veterinary surgeons should in the first instance carry out a physical examination in all but exceptional circumstances.</p> <p><i>Guidance notes:</i></p> <p><i>The veterinary surgeon must 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 further prescription for that controlled drug 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. Please read our <a href="#">further guidance on prescribing controlled drugs</a>.</i></p> <p><i>For Controlled drugs, if a written prescription is needed or requested, the requirements <a href="#">as set out in the VMRs</a> must be met. To be valid, a written prescription must include:</i></p> <ul style="list-style-type: none"><li><i>• the name, address and telephone number of the person prescribing the product;</i></li><li><i>• the qualifications enabling the person to prescribe the product;</i></li><li><i>• the name and address of the owner or keeper;</i></li><li><i>• the identification (including the species) of the animal or group of animals to be treated;</i></li><li><i>• the premises at which the animals are kept if this is different from the address of the owner or keeper;</i></li><li><i>• the date of the prescription;</i></li><li><i>• the signature or other authentication of the person prescribing the product;</i></li><li><i>• the name and amount of the product prescribed;</i></li><li><i>• the dosage and administration instructions;</i></li><li><i>• any necessary warnings;</i></li><li><i>• the withdrawal period if relevant; and</i></li><li><i>• if it is prescribed under the cascade, a statement to that effect.</i></li></ul>
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		<p><i>The following additional requirements apply to written prescriptions for CDs listed in Schedule 2 or 3:</i></p> <ul style="list-style-type: none"><li>• <i>A declaration that the CD is prescribed for an animal or herd under the veterinary surgeon’s care.</i></li><li>• <i>The name of the animal to whom the CD prescribed is to be administered.</i></li><li>• <i>Name and form of the CD, even if only one form exists.</i></li><li>• <i>Amount of the CD prescribed, in both words and figures.</i></li><li>• <i>Strength of the preparation (if more than one strength is available).</i></li><li>• <i>Dose to be administered (‘take as directed’ or ‘take as required’ are not acceptable).</i></li><li>• <i>RCVS registration number of the prescribing veterinary surgeon.</i></li></ul> <p><i>Prescriptions must be signed in ink by the person issuing them and may be hand-written, typed in a computerised form, or computer generated.</i></p> <p><i>Electronic signatures, or any form of authentication other than a signature in indelible ink is not permitted for prescriptions of Schedules 2 and 3.</i></p> <p><i>The Post-dating of prescriptions for Schedules 2 and 3 CDs is only permitted in specific and exceptional circumstances (e.g., if there is to be a delay in the start of the 28-day period due to a bank holiday). It is a matter for the professional judgement of the prescribing veterinary</i></p> <p><i>surgeon as to whether it is appropriate to prescribe in this manner and they must consider the risk of diversion of the CD and responsibility will remain with them.</i></p> <p><i>Single prescriptions with multiple dispenses (i.e., repeat prescriptions) are not allowed for CDs in Schedules 2 and 3, however an instalment prescription can be used if required (see below). Repeat prescriptions for</i></p>
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		<p><i>Schedule 4 and 5 CDs are permitted. The repeats must be dispensed within the period of validity of the prescription (28 days or six months).</i></p> <p><i>When the total quantity of the prescription is to be dispensed in instalments, the written prescription needs to state the dates (i.e., the intervals) for the instalments and the amount or quantity to be dispensed. The first instalment must be dispensed within the 28-day validity period. Further instalments do not need to be dispensed during the 28-day validity for Schedule 2, 3 and 4 CDs.</i></p>
<p><b>10.1.34</b></p> <p><b>9.1.34 E</b></p>	<p><i>*none currently</i></p>	<p>A veterinary surgeon who has an animal under their care must be able, on a 24/7 basis, to physically examine the animal.</p> <p><i>Guidance notes:</i></p> <p><i>Where a veterinary surgeon is not able to provide this service 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 <a href="#">paragraphs 3.4 -3.6 of Chapter 3: 24-hour emergency first-aid and pain relief</a>, made in advance before veterinary services are offered and confirmed in writing as part of the conditions of service agreed by the client. Veterinary surgeons should provide clients with full details of this arrangement, including relevant telephone numbers, location details, when the service is available, and the nature of service provided.</i></p> <p><i>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.</i></p>
<p><b>13.1.9</b></p>	<p><i>*None currently</i></p>	<p>Limited-service providers should provide, or provide access to, 24-hour emergency cover that is proportionate to the service they offer.</p>

<p><b>12.1.9 E</b></p>		<p><i>Guidance notes:</i></p> <p><i>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. limited-service providers do not have to provide this service themselves and may engage another veterinary provider to do so on their behalf. Where another provider is engaged, the arrangement should be in line with <a href="#">paragraphs 3.4 -3.6 of the supporting guidance</a>, made before veterinary services are offered and confirmed in writing as part of the conditions of service agreed by the client.</i></p> <p><i>For most practices, the current day time opening hours and OOH arrangements will suffice. Practices offering remote services which include, or might include, prescribing POM-Vs to animals outside of their usual client base, will need to demonstrate the ability to physically examine the animals in question.</i></p>
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