

Standards Committee

Agenda for the meeting to be held on 14 February 2024 at 10.00am

1.	Apologies for absence, declarations of interest, minutes from the meeting of 13 November 2023.	
2.	Matters for decision	
	a. TRNOVs NI – confidential	Paper attached
	b. Review of guidance re use of ‘specialist’ and other related titles - confidential	Paper attached
	c. Maintaining boundaries	Paper attached
	d. Diagnosis case studies	Paper attached
3.	Matters for discussion	
	a. Update re recent discussions with VMD	Oral update
4.	Matters for note	
	a. Remote certification update from Defra – confidential	Report attached
5.	Matters for report	
	a. Disciplinary Committee Report	Paper attached
	b. Riding Establishments Subcommittee Report	Paper attached
	c. PSS update	Paper attached
6.	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
7.	Risk and equality	Oral update
8.	Any other business and date of next meeting on 16 April 2024 (in-person)	

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

Summary	
Meeting	Standards Committee
Date	14 February 2024
Title	Maintaining appropriate boundaries
Summary	Following a request by the Committee to explore this area, this paper proposes paragraphs to be added to the supporting guidance to clarify the position on maintaining appropriate boundaries, personal/social relationships with clients, and treating animals of family and friends.
Decisions required	The Committee is asked to: <ul style="list-style-type: none"> a. Discuss whether the proposed guidance in paragraph 7 above achieves the Committee's desired aims. b. If not, advise on further amendments/additions to the guidance.
Attachments	None
Author	Beth Jinks Standards and Advice Lead b.jinks@rcvs.org.uk

Classifications		
Document	Classification¹	Rationales²
Paper	Unclassified	

¹Classifications explained

Unclassified	Papers will be published on the internet and recipients may share them and discuss them freely with anyone. This may include papers marked 'Draft'.
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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.

²Classification rationales

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Background

1. At its meeting in November 2023, the Committee raised that it wanted to explore whether guidance on maintaining professional boundaries could be added to the supporting guidance to the Code of Professional Conduct. The Committee discussed that while relationship dynamics between vets/nurses and clients are different to that in human medicine, there is still a potential power disparity, especially with vulnerable clients.
2. The minutes of the discussion are as follows:
 1. *The Committee noted that other healthcare regulators include standards prohibiting personal relationships with clients/patients and observed that neither Chapter 28 nor the remainder of the supporting guidance sets a related standard. The Committee made the following observations:*
 - a) *The line between client and friend in the veterinary profession is often blurred as veterinary surgeons/nurses are typically immersed within their own communities and it is common for clients to add them on social media. The vet/client relationship is also often developed in social settings.*
 - b) *The relationship dynamic between veterinary surgeon/nurse and client is different to the relationship dynamic between doctor and patient, not least because human patients are often treated in various stages of undress but also there is no dynamic within the veterinary profession where chaperones are mandated or required although it was acknowledged that some clients may indeed be vulnerable and at risk of exploitation in other ways.*
 - c) *Relationships in all walks of life can and do occur in professional settings and a balance should be struck between reminding the profession of what is appropriate and the importance of consent, and not restricting the freedom to develop fulfilling personal relationships in ones' own community.*
 2. *The Committee agreed that a complete prohibition on personal relationships, including romantic relationships, between veterinary surgeons/nurses and clients would go too far but agreed that guidance should be introduced to safeguard vulnerable clients including against possible financial exploitation, with any new guidance also exploring conflicts of interest as far as they relate to treating patients of family and friends.*
 3. *The Committee agreed that this matter was broader than Chapter 28 of the supporting guidance and so it should be discussed in detail, including where in the supporting guidance it is best placed, at the next meeting of this Committee.*
4. To aid the Committee's discussion and provide context, the following are extracts from the standards of healthcare regulators in the UK:
 - a) General Optical Council: [Chapter 15](#) of the Standards of practice for optometrists and dispensing opticians states that registrants should:

'Maintain proper professional boundaries with your patients, students and others that you come into contact with during the course of your professional practice and take special care when dealing with vulnerable people.'

'Never abuse your professional position to exploit or unduly influence your patients or the public, whether politically, financially, sexually or by other means which serve your own interest.'

- b) Health & Care Professions Council: [Standard 1.7](#) of the standards of conduct, performance and ethics states simply that 'You must keep your relationships with service users and carers professional.'

Guidance

3. The proposed guidance below covers the issues discussed by the Committee, and references guidance from elsewhere in the 'Setting Standards' section of the RCVS website.
4. Paragraph 2.0 has been included as the issue of providing care to animals of family and friends is related to maintaining appropriate boundaries and is a common query received by the Standards and Advice Team. The amendment below reflects the advice given in response to such enquiries.
5. The guidance in 3.0 below is extrapolated from the [controlled drugs guidance](#) in relation to veterinary surgeons prescribing CDs for their own animals, which states:

Whilst the Veterinary Medicines Regulations 2013, do not prohibit veterinary surgeons from prescribing to their own animals, veterinary surgeons should not prescribe or dispense CDs to their own animals due to the increased risk of a real or perceived conflict of interest, and the possibility that their integrity could be questioned.

The proposed guidance in relation to prescribing controlled drugs for family and friends below, however, is less strict as it does not prohibit the prescribing and dispensing of controlled drugs to family and friends, but advises vets to consider whether doing so would raise a real or perceived conflict of interest.

6. The reference to potential conflicts of interest in relation to certification services has also been included in 3.0 as this is a common query received by the team.
7. The proposed guidance is as follows:

Maintaining professional boundaries

- 1.0 *Veterinary surgeons and registered veterinary nurses should maintain appropriate boundaries with clients. Whilst personal or social relationships with clients are not prohibited, veterinary surgeons and veterinary nurses should refrain from engaging in relationships with clients who could be considered vulnerable, or where any relationship may raise a real or perceived conflict of interest.*
- 2.0 *Veterinary surgeons and registered veterinary nurses are permitted to provide veterinary services to family members and friends; however, the animals interests must remain the priority, and obligations such as maintaining clinical records and obtaining informed consent apply.*

3.0 *Veterinary surgeons should avoid prescribing or dispensing controlled drugs or providing certification services for animals of friends or relatives where this may raise a real or perceived conflict of interest. (See [RCVS Controlled Drugs Guidance - A to Z](#) for further guidance on controlled drugs).*

8. It is suggested that any new guidance be added to the supporting guidance at [Chapter 2: Veterinary Care](#). This chapter already covers a range of conduct issues such as conscientious objection (para 2.29-32) and general factors relating to personal accountability (para 2.2).

Decision

9. The Committee is asked to:
 - a. Discuss whether the proposed guidance in paragraph 7 above achieves the Committee's desired aims.
 - b. If not, advise on further amendments/additions to the guidance.

Summary	
Meeting	Standards Committee
Date	14 February 2024
Title	Diagnosis case studies
Summary	This paper attaches a revised 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 consider whether: <ol style="list-style-type: none"> a. the amendments to the case studies will achieve sufficient clarity and if not, b. to make a wider decision about whether the case studies are the appropriate vehicle for conveying the nuances of this topic.
Attachments	Annex A – Revised diagnosis case studies
Author	Vicki Price Senior Standards and Advice Officer v.price@rcvs.org.uk / 020 7202 0786

Classifications		
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Annex A	Unclassified	
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Diagnosis case studies

Introduction

1. At its last meeting in November 2023, the Committee considered a set of four case studies prepared at the request of Veterinary Nurses' Council (VNC), illustrating what can be done by veterinary nurses in terms of 'recognising symptoms', without straying into the realms of diagnosis.
2. The Committee made a number of comments as to how the case studies could be clarified and amended. The revised case studies can be found at **Annex A**.

Background

3. 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'.
4. At recent 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.
5. 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.
6. In light of the Committee's comments at the last meeting, the case studies have been amended to clarify that nurses should avoid telling clients about both general abnormalities and specific conditions (Scenarios 1 and 4); to better highlight the distinction between nurse-vet and nurse-client interactions (Scenario 1); to clarify that a different approach is required where a client contacts a vet seeking emergency care (Scenario 2); and to expand on what nurses can do in terms of treatment after speaking to the vet (Scenario 3).
7. The revised case studies are attached at **Annex A**.

Analysis of the issues

8. During its discussion the Committee noted that the aim of the case studies, which is to clarify whether RVNs can offer thoughts on potential diagnosis to aid a veterinary surgeon in reaching their own diagnosis, had not been met. It was raised that the case studies in

their current form may lead to more questions and confusion, and it might not be possible to issue case studies in a way that is helpful.

9. Developing the case studies has been a useful exercise, but has highlighted the differing views of VNC and Committee members about what is and is not appropriate. It has underlined that it is difficult to give prescriptive guidance on this issue, and that a key consideration in each case will be whether the individual veterinary surgeon or veterinary nurse can justify their actions.
10. Due to the concerns noted above, the Committee is asked to consider whether in addition to continuing to give specific advice in reply to direct queries, it may be best for this topic to be dealt with in a more general way such as an article in the VN Education publication, and/or in a more detailed way, such as a short Academy course, which would give more room for nuance and explanation of the relevance of the surrounding circumstances.
11. The Committee is therefore asked to consider whether the case studies are the best way to achieve the desired purpose. If so, the Committee is asked to again review the case studies and approve them prior to publication.

Decisions required

12. The Committee is asked to consider:
 - a. whether the amendments to the case studies will achieve sufficient clarity and if not,
 - b. to make a wider decision about whether the case studies are the appropriate vehicle for conveying the nuances of this topic.

Veterinary nursing diagnosis scenarios

Revised following Standards Committee consideration in November 2023

1. Looking at cells for cytology

Odura is a registered veterinary nurse who works in a small animal practice. A client has just arrived at the front desk enquiring about the results of a cytology swab test undertaken on his cat Toffee.

Odura's supervising veterinary surgeon, Alison, took the swab yesterday, and Odura then checked the cells under a microscope. Alison hasn't had a chance to check with Odura what the slides showed and so has not yet made a diagnosis.

As Alison is busy with another patient and knows Odura to be experienced at checking cytology test results, she says to Odura, "As you checked the slides yesterday, would you mind telling the client what you saw?". Odura knows what the results were and thinks they clearly indicate that Toffee has a bacterial infection.

What should Odura do?

Learning points

- *In accordance with the Veterinary Surgeon's Act 1966 and its definition of 'veterinary surgery', the diagnosis of diseases in and injuries to animals, as well as the giving of advice based upon such diagnosis, may only be carried out by a veterinary surgeon.*
- *It is normal practice for veterinary nurses to report the findings of cytology tests, including urine, blood and tissue smears, to a veterinary surgeon. It is also normal practice for nurses to discuss their thoughts on potential diagnosis with the veterinary surgeon, in order to aid the veterinary surgeon in reaching their own diagnosis. However, only a veterinary surgeon may make a diagnosis of disease or injury based on their interpretation of test results.*
- *Whilst it is permissible for veterinary nurses to report the facts of test results to clients, to avoid any risk of breaching the Act they should be careful not to express their own conclusion to clients that the results indicate a particular illness or condition or an abnormality of some kind, as this could amount to diagnosis.*
- *It is acceptable, however, for a nurse to inform a client of the vet's diagnosis, as long as there has first been a discussion between the vet and the nurse about this, and the nurse makes it clear to the client that it is the vet who has made the diagnosis.*
- *In this situation, Odura would be limited to reporting the factual test results to the client and not offering any diagnosis, which might not be helpful for the client. Odura may therefore prefer to explain this to the client and ask Alison to contact him to discuss the results as soon as she is free.*

2. Nurses performing triage

Jorge is a registered veterinary nurse at a mixed practice. He has been asked by the practice manager to cover a shift over the Christmas break at short notice, which he doesn't mind doing ahead of some leave he has planned for the new year.

For a short time near the end of the shift Jorge is the only staff member at the practice, as the vet has left for the day to go to their home nearby but is on call if needed. During this time Jorge receives a phone call from a client who has noticed today that their horse Storm has a mild limp for no apparent reason. The client says that they do not think Storm needs to be seen by a vet urgently, but they would like to make an appointment for Storm to be seen by her usual vet soon.

After asking some questions about Storm's symptoms in accordance with the practice's telephone triage protocol which covers horses, and based on his own clinical knowledge, Jorge is confident that Storm does not need to be seen by a vet immediately. He therefore makes an appointment for Storm with her usual vet for early the next week.

Do you agree with this approach?

Learning points

- *In accordance with the Veterinary Surgeon's Act 1966, veterinary nurses may not make diagnosis decisions. However, they may use their training and skills to recognise the presence or absence of conditions in order to triage patients. This is not regarded as diagnosis, as no conclusive decision is made about whether the patient does or does not have any specific condition.*
- *Where a client does not seek urgent veterinary attention for their animal, veterinary nurses may seek information from clients about the symptoms displayed by their animal in order to triage patients – that is, to decide whether a patient needs to be seen by a veterinary surgeon immediately or not and to prioritise the order in which patients should be seen.*
- *However, in accordance with paragraph 3.10 of Chapter 3 of the RCVS supporting guidance to the Professional Code of Conduct for Veterinary Nurses, when anyone contacts a veterinary surgeon with concerns that an animal needs emergency attention, the veterinary surgeon should decide and advise whether attention is required immediately, or can reasonably be delayed. Therefore, veterinary nurses should refer the client directly to a veterinary surgeon for a decision to be made about whether the patient needs to be seen immediately or not.*
- *Where there is any doubt, clients should be referred to speak directly to a vet.*
- *In either situation, veterinary nurses should make a note of the conversation with the client for the patient's clinical records, including any recommendations or discussion about referral or re-direction.*

3. Emergencies

Catrin is an experienced emergency and critical care registered veterinary nurse who is working a night shift at a wildlife veterinary hospital. The veterinary surgeon, Shafnaz, has been called out to attend to an injured animal and so Catrin is alone in the practice.

A member of the public has just arrived with an injured hedgehog found in his garden. Catrin can see that the hedgehog is in very poor condition and has a bleeding head wound. Knowing that Shafnaz may not be back to the practice for some time, Catrin decides to immediately administer oxygen, clean the wound and provide heat.

Was it ok for Catrin to do this?

Learning points

- *An exemption in Schedule 3 of the Veterinary Surgeons Act 1966 permits any person to provide first aid to animals for the purpose of saving life or relieving pain and suffering. In an emergency, veterinary nurses are therefore permitted to administer first aid in the absence of the veterinary surgeon.*
- *Although lay people and veterinary nurses have similar powers under this exemption, veterinary nurses will have a greater knowledge of anatomy and physiology and what emergency first aid techniques should be applied.*
- *The nurse would not be making any conclusive diagnosis of a condition, but rather would be observing some obvious signs, e.g. that the patient is unresponsive, has a weak pulse or is having difficulty breathing, and reacting appropriately to deliver life-saving first aid rather than wait for the vet.*
- *In the absence of direction from a vet, treatments administered for the purposes of first aid should be limited to minor medical treatment with the aim of stabilising the patient, such as administering oxygen (which is not a POM-V medicine), cleaning and dressing a wound, or providing heat.*
- *As soon as possible after providing immediate first aid and pain relief nurses should seek to obtain veterinary direction in relation to the next steps for treatment, for example, in this case by Catrin speaking to Shafnaz on the telephone.*
- *After discussing the case with the Shafnaz on the telephone, Catrin would be able to undertake further treatment in accordance with Shafnaz' direction, as permitted by the Schedule 3 exemption which allows veterinary nurses to carry out medical treatment or minor surgery not involving entry into a body cavity under veterinary direction. In this case, this might include, for example, administering a POM-V medicine to the hedgehog.*

4. Nurse consultations

Meena and Chris are both registered veterinary nurses who work at the same practice. The practice would like to start offering nurse appointments to ease the workload on the vets at the practice and utilise their nursing skills as fully as possible.

They are both aware that as veterinary nurses they must be careful not to diagnose. However, they are unsure of the limits of what they can do in relation to giving advice to clients during nurse consultations.

One particular scenario they are contemplating is what advice they could give, if any, to a client attending a nurse appointment with a cat that they suspect has an eye infection. Meena thinks that a nurse would not be able to offer any advice other than to recommend and make an urgent vet appointment. However, Chris thinks a nurse could suggest that it might be an infection and give the client some advice about managing the possible infection, in addition to recommending and booking a vet appointment.

What do you think?

Learning points

- *In the context of nurse consultations, veterinary nurses must be careful not to diagnose or provide treatment advice based upon such diagnosis. Where a client does not seek urgent veterinary attention for their animal, veterinary nurses can observe symptoms and triage things to be brought to the attention of the vet.*
- *In this case, advising the client that their cat may have an infection could amount to diagnosis, even if Chris was careful not to expressly say “your cat has an infection”. Nurses should avoid indicating to clients that their animal has an abnormality of some kind, or referring to any specific abnormality, as there is a risk that clients will rely on this information to treat the issue themselves before receiving a formal diagnosis and treatment recommendation from a veterinary surgeon.*
- *This is an example of where nurse to vet referral would be appropriate, so that the veterinary surgeon can diagnose and recommend treatment.*
- *In nurse consultations, in the absence of any delegation under Schedule 3 of the Veterinary Surgeon’s Act 1966, veterinary nurses can give general information to clients that does not relate to the diagnosis or treatment of a specific animal. This could include, for example, the provision of general information about nutrition, flea and worming, behavioural issues, the benefits of vaccination, getting a new pet, preventative dental care, etc. Where an animal is generally healthy, there is less risk of straying into making a diagnosis or giving treatment advice based upon such diagnosis.*

Summary	
Meeting	Standards Committee
Date	14 February 2024
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"> • Annual Meeting; • <i>REIN</i> 2024; • Training and Induction Course 2024; • Audit; and • Advice queries.
Decisions required	None
Attachments	None
Author	Stephanie Bruce-Smith Senior Standards and Advice Officer s.bruce-smith@rcvs.org.uk

Classifications		
Document	Classification¹	Rationales²
Paper	Unclassified	

1Classifications explained	
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Annual Meeting

1. The RESC Annual Meeting took place on 22 November, and the Subcommittee agreed to:
 - a. Set up a Q&A form on the RESC webpage;
 - b. Amend the Guidelines (England) and Schedule of Horses Form;
 - c. Hold two voluntary annual Q&A sessions again for all inspectors in November 2024;
 - d. Record a Polo Club webinar; and
 - e. Continue lobbying DEFRA to make it a requirement for local authorities to list licensed establishments on their webpage.

REIN 2024

1. The Subcommittee is currently drafting articles for the 2024 edition of *REIN* and these are currently being collated for publication and circulation to the Inspectorate in Spring.

Training and Induction Course 2024

2. The Subcommittee has agreed that the timeframe for the Training and Induction Course 2024 will be similar to that in 2023, with the webinars to be released via Academy on 15 May and compulsory Q&A sessions for refreshing inspectors to be held online at the end of June.
3. Following completion of the webinar part of the course, new applicants will again be required to attend an in-person training day which will include shadowing of an inspection. The Subcommittee agreed that the Riding for the Disabled Association National Training Centre in Warwickshire where the 2022 and 2023 training days was held would be a suitable venue for the 2024 day. Refreshers who wish to may also attend the in-person day if numbers allow.

Audit

4. The Subcommittee discussed the Inspector reports collated for audit at the Annual Meeting. Individual feedback has been provided to Inspectors where appropriate, and general feedback will be provided to all Inspectors via an article in *REIN 2024*.

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. Annotating the Veterinary Inspector's form;
 - b. One eyed horses;
 - c. Muck heaps;

- d. Suitability of stables; and
- e. Horse physio reports.

Summary	
Meeting	Standards Committee
Date	14 February 2024
Title	Practice Standards Scheme Update
Summary	An update on the Practice Standards Scheme ("PSS")
Decisions required	No decisions required – For information only.
Attachments	PSG Minutes 31 st November 2023 PSG Minutes 31 st November 2023 (Classified)
Authors	Sarah Iddon Head of Legal Services- PSS s.iddon@rcvs.org.uk

Classifications		
Document	Classification¹	Rationales²
Paper	Unclassified	n/a

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An Update on the Practice Standards Scheme

PSG Meetings

1. PSG last met on 31st January 2024. 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 31st November 2023 are attached.

PSS Update

2. The team had its end of year team meeting on 15th December and provided details of our achievements over 2023 including our end of year figures and our plans for 2024.
3. The outcome of the internal Assessor consultation was announced to the Team in December, and we are starting to implement our plans and the new assessor delivery model, with further training for the team scheduled for 27th and 28th February. The model includes a restructure to the assessor team, moving to a geographical model with 5 regions, increasing assessor commitment and capacity in the team with a four-tier commitment level scale, with four regional assessor managers, to ensure we can deliver 250 assessments per quarter and have the right assessors in the right geographical locations to minimise expenses and travel costs that are billed back to practices. We have also increased practice fees from January 2024 to help contribute to increasing costs, to align with the self-financing model of the scheme of PSS – this will be a staged approach and will need to tie into the work on the future of the standards in 2025 where we may need to adjust fees again. Practices will be charged for the pre and post assessment stage of the assessment and not just the assessment day itself. This model and new ways of working will help to improve the integrity and engagement of practices in the scheme, together with the recent time cap that has been placed on the process), to become a more sustainable and supportive scheme for practices.
4. The Team updated the PSS website pages to communicate to the profession the changes from 1st January. [Practice Standards Scheme - Professionals \(rcvs.org.uk\)](https://rcvs.org.uk).
5. The team have been considering the future of the Standards and how the Scheme should be developed. PSG has approved the plans to tackle this task, and the first working group meetings are to take place from March, with a recommendation to the Standards Committee scheduled for April 2025, for Council approval in June 2025 and a planned 'live' date of September 2025.
6. We have a total of 103 practices that will be restarted and reassessed in Q3 2024 because of non-compliance against the new 12-month rule introduced in January 2024 that all practice premises should achieve at least core level within 12 months from their assessment date. We anticipate that this number will start to reduce every month as we progress through 2024. Early indications show that this has been welcomed by the profession.

7. The Lead Assessor is continuing to work with the Academy department to launch the internal PSS induction and training programme for assessors by Spring 2024.
8. The Lead Assessor and the VMD are organising joint shadow assessments and inspections for 2024 to improve our alignment and expectations of the VMR assessments we carry out on behalf of the VMD.

Scheme figures

9. 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 3,913 to 3,919.
10. For 2023, the number of new joiners to the scheme was a total of 211, 166 were completely new to scheme, 23 were new because of premise moves, 7 re-joined the scheme and the remaining 15 were new applicants but have either closed or withdrawn prior to being assessed. In January 2024 we have had 9 new joiners so far.
11. Performance –We are still delivering an average of 250 assessments per quarter. In 2022 we delivered 1016 assessments and in 2023 this was 1058 in total.
12. The number of accreditations held has decreased slightly from 4078 in October 2022, 4191 in October 2023 and 4177 by the end of 2023. This was to be expected over the Christmas period. Awards have also decreased slightly, from 393 in October 2023 to 386 at the beginning of January 2024. This is mainly due to less demand in the first half of 2023 as practices continued to focus on their routine accreditations, although we are expecting this number to rise throughout 2024.
13. The top three awards remain as, the Client Services Award – Small Animal, Team & Professional Responsibility - Small Animal and In Patient Service - Small Animal. The awards will be reviewed and considered as part of the five yearly review of the Standards work that commences in March 2024.
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 join materials that can be accessed via our website pages. PSS will begin to provide resources throughout 2024 to tackle the non- VMR deficiencies so that we can begin to monitor improvements.
15. For non VMR deficiencies - It appears that there are issues with Pat testing across all species. Both Farm and Equine have issues with written protocols for cleaning vehicles. Small Animal and Equine have RPA and related issues, which are all areas for us to target improvements.

16. For VMR related deficiencies there is quite a lot of commonalities across all species and the areas to target here are monitoring / recording of temperatures, anything related to Controlled Drugs and protocols for handling cytotoxics/ hormones.
17. After each PSS assessment, a survey is sent to the practice premises to gain feedback on the process, to identify any areas that require improvement. PSS received a total of 550 responses for 2023 compared to just 29 in 2022. This is 15% of the membership in 2023. This increase is mainly due to encouraging the completion of the survey to comply with Rule 91, before accreditation is granted. We have not made this mandatory. Overall, the feedback is very positive towards the PSS standards, the online system, the service provided by the PSS team, and the Scheme in general but there are some notable areas for improvement which are primarily aimed at the online system and the amount of preparation work required for practices. PSS is addressing some of these concerns within the assessor model and the work we are doing on the five yearly review of the standards. We are also looking at our future IT needs.

Guidance notes changes to the PSS Standards

18. Carrying firearms – a clarification amendment to the guidance notes to standard 16.1.35 SA, 14.1.35 FA, 15.1.35 EQ was agreed by PSG to make clear that it is the Firearms Enquiry Officer (FEO) that carried out the checks and not the Duty Firearms Officer as previously stated in the guidance and that practices should have appropriate SOP's and risk assessments in place to reflect the licence conditions. Other arms, not caught by the legal definition of a firearm, such as captive bolts and dart guns must have a SOP and risk assessment in place to highlight the safety measures in place, for staff, animals, safe storage and transportation. This wording has been added.
19. Under care – a clarification amendment to the guidance notes to standards 10.1.30SA, 9.1.30EQ 10.1.31 SA, and 9.1.31EQ was agreed by PSG to clarify what is meant by a responsible approach to prescribing endoparasiticides and ectoparasiticides, a sentence was added to state it is taking the *specific needs of each animal (taking into account lifestyle factors, owner/household vulnerabilities and so on) before prescribing POM-V and POM-VPS products. A blanket approach should not be taken.*

End of paper

Summary	
Meeting	Practice Standards Group
Date	31 October 2023
Title	Minutes of meeting
Summary	Minutes of the Practice Standards Group meeting held on 31 October 2023
Attachments	Classified appendix Annex A – PSG Actions update Oct
Author	Sarah Iddon Head of Legal Services PSS S.iddon@rcvs.org.uk / +442081485561

Classifications		
Document	Classification¹	Rationales²
Minutes	Unclassified	n/a
Classified appendix	Confidential	1, 3
Annex A	Unclassified	n/a
Annex B	Unclassified	n/a

¹Classifications explained

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

²Classification rationales

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

Practice Standards Group

Minutes of the remote meeting held on Tuesday, 31 October 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
James Adams	BCVA
Sara Pedersen	BCVA
Holly Witchell*	VN Council

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
Sally Stockton	PSS Assessor and Review Group Member
Hannah Lockie	PSS Officer (note taker for August PSG)

*Denotes absence

Welcome and introductions

1. The Chair welcomed everyone and introduced James Adams as a replacement at the meeting for Sally Wilson (BCVA).

Apologies for absence

2. Apologies for absence received from Holly Witchell (VN Council).

Declarations of interest

3. No interests declared.

Minutes and actions of previous meeting

4. The minutes of the meeting from August 2023 were approved.
5. The Group was reminded that the actions to date are found at **Annex A**:

Practice Standards Scheme (PSS) Update

Scheme Update

6. The HoLS-PSS outlined the PSS update paper and confirmed that PSS were making progress with internal changes. The future forecasting for 2024 and 2025 is complete and all of the allocations for Q1 have been issued. PSS will progress with its plans to notify the rest of the practises affected on a rolling process.
7. The HoLS-PSS confirmed that communications are being developed to launch the Rule change for practice premises in January 2024 as previously agreed. This is mainly the 12-month time limit to achieve Core Standards imposed on the process from the date of the assessment.
8. The HoLS- PSS has been working through the outcomes of the internal assessor consultation launched earlier this year and will be able to update this Group in January with the outcome.
9. Working relationships have improved with large organisations, which is reflected in the increases seen in the rate of evidence coming through, post assessment.
10. The HoLS-PSS confirmed that the under care changes are live on the system and integrated fully into PSS with immediate effect.
11. The HoLS-PSS confirmed that PSS is updating the PSS website pages to make information more current, and to fix any broken links and update various documents. PSG Members may be contacted to provide content or help regarding the broken links. Any remaining content is to be addressed as part of the five-year review and the work for this is underway. The intention at this stage is to improve the navigation and presentation of the website to make information more accessible.

12. PSS is continuing to respond back to comments made via the client feedback.
13. The HoLS-PSS and Lead Assessor undertook training on ISO 9001 standard for auditing which they plan to implement this knowledge into the future of the standards work.
14. A member of the Group asked for clarification regarding the broken links on the website and within the standards, asking if PSS will notify members. The HOLS-PSS agreed to send a list of the current broken links to the Group for a suggested alternative links to be put forward.

ACTION: HoLS-PSS to send a list for the broken links to the Group form them to add and comment on any alternative webpage links to signpost.

Lead Assessor Update

15. The LA updated the Group that a recent referral practice in the Southeast was assessed for the environmental sustainability award and achieved 'outstanding'. This was a great outcome and positive learning opportunity for the four assessors who shadowed this assessment.
16. The LA confirmed that the work with Academy is progressing to develop an assessor training programme for Spring 2024.
17. The LA updated the Group on the VMD meeting held at their offices in early October. It was a productive training day, building confidence and aligning the way that we work and assess. PSS hopes to develop and continue to work more closely with them on future training opportunities.
18. The LA confirmed that two assessors are in a phased return after long term sickness.

Scheme figures Update

19. The Chair invited the Group to comment of the Scheme Figures. No comments were made.

Matters for Information

Under care changes

20. The LA introduced the paper and confirmed that the under-care changes have been incorporated into Core Standards (for all three species), adding additional guidance, and introducing four new requirements. Three of the new standards are in the medicines module and the fourth is in the after-hours module. PSS will monitor any issues and enquiries received. The changes:

Small animal:

- i. Added guidance to Core standards 10.1.15, 10.1.17, 10.1.28, 10.1.30, 10.1.31.
- ii. New standards: 10.1.32, 10.1.33, 10.1.34, 13.1.9

Equine:

- iii. Added guidance to Core standards: 9.1.15, 9.1.17, 9.1.28, 9.1.30, 9.1.31.
- iv. new standards: 9.1.32, 9.1.33, 9.1.34, 12.1.19

Farm:

- v. Added guidance to Core standards 8.1.15, 8.1.17, 8.1.28, 8.1.31, 8.1.32.
- vi. 4 new standards: 8.1.33, 8.1.34, 8.1.35, 11.1.8

21. The Group had no additional comments to add.

Matters for Decision

VH – Certificate Holders

24. The LA introduced the paper to the Group and highlighted that the requirement at SA/ FA 16.3.2 and EQ 15.3.2 to have at least two members of the team with a post graduate qualification in small animal (and Equine) surgery is proving challenging as staffing issues within the profession continue. PSS had received queries from at least four hospitals and a large organisation who raised a general question around the justification for the Standard. There were 285 hospitals in the Scheme, 275 current accredited hospitals (30 Equine, 227 SA hospital, 18 SA hospital (no dentistry) and 10 applicants.
25. PSS recognised that this is a small number of queries but is aware the impact is causing some issues for those veterinary hospitals who are unable to meet this requirement and therefore may not achieve hospital level accreditation.
26. After discussion with assessors, it also came to light that interpretation of this Standard was causing some confusion. Furthermore, guidance in the Standard currently indicates that it is acceptable to maintain accreditation by being in the process of 'actively recruiting', which could result in a premise indefinitely remaining non-compliant within the 4-year assessment cycle.
27. Another issue related to 'FTE', and what this means. Hospitals could be interpreting this to be employees as opposed to consultancy work.
28. The Group raised some questions around the terminology and clarification of what 'qualification' could mean, is it a post graduate certificate or a diploma or if it is enough to complete one component of a course. There were also some concerns over misrepresenting as a 'specialist' vs 'certificate holder' as these can be interpreted differently.
29. The LA confirmed the intention was for the principle and the ethos of the Standard to remain but the guidance to be clarified to implement a time restriction of 12 months to recruit to avoid any recruitment once accreditation had been achieved. Some practices use consultants to meet the requirement, and by providing and allowing visiting vets practices can consider other models to enable them to comply with the standard.
30. The Group was keen to avoid any use of the word 'specialist' as this should only refer to a special clinician on the recognised specialist list. It was pointed out that this was used in the

narrative of the paper and not in the suggested new wording of the guidance as set out in Annex A.

31. The Group agreed to the changes as set out in Annex A.

Five yearly review of the Standards and Awards

32. This information is available in the classified appendix.

Matters arising

33. There were no matters arising.

Risk Register and equality

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

Date of next meeting

35. The next meeting is 31st January 10-12pm (remote).

Any other business

36. There was no other business discussed.

37. The meeting was drawn to a close.