RCVS SETTING VETERINARY STANDARDS

Standards Committee

Agenda for the meeting to be held on 12 September 2022 at 10.00am

1.	Apologies for absence, declarations of interest.	
2.	Matters for decision	
	a. Remote certification – confidential [Moved to Nov meeting]	Paper attached
	b. E-Certification – confidential [Moved to Nov meeting]	Paper attached
	c. Storage of quinalbarbitone – confidential *Please note, this item includes discussion relating to suicide*	Paper attached
	d. Controlled drugs guidance	Paper attached
	e. Review of guidance on client confidentiality – chapters 13 and 14	Paper attached
	f. Exemption order for vaccination of farm animals - confidential	Paper attached
	g. The future of the farmer exemption - confidential	Paper to follow
	h. Use of 'internal locums' - confidential	Paper attached
3.	Matters for report	
	a. Disciplinary Committee Report	Paper attached
	b. Practice Standards Scheme Report	Oral update
4.	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
	d. Riding Establishments Subcommittee Report	Paper attached
5.	Risk and equality	Oral update
6.	Any other business and date of next meeting on 14 November 2022 • Vice Chair • Animal Welfare (licensing of Activities Involving Animals) (England) Regulations 2018 review	Oral update

RCVS SETTING VETERINARY STANDARDS

Standards Committee 2022/2023

Chair:

Miss Linda Belton BVSc MRCVS

Members:

Dr Louise Allum VetMB MRCVS

Ms Belinda Andrews-Jones DipAVN (surgical) RVN

Mr Mark Castle OBE

Dr Danny Chambers BVSc MRCVS

Dr Olivia Cook MRCVS

Dr Matshidiso Gardiner MRCVS

Ms Claire-Louise McLaughlan MA LLB(Hons)

Mrs Claire Roberts DipAVN (surgical) RVN

Mr Will Wilkinson MRCVS

RCVS SETTING VETERINARY STANDARDS

Summary	
Meeting	Standards Committee
Date	12 September 2022
Title	Controlled drugs guidance
Summary	This paper summarises the updates to the RCVS controlled drugs guidance
Decisions required	The Committee is asked to consider and approve the guidance at **Annex A**.
Attachments	Annex A – Controlled drugs guidance, 2022 version
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Classifications		
Document	**Classification**[1]	**Rationales**[2]
Paper	Unclassified	NA
Annex A	Unclassified	NA

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

[2]Classification rationales	
Confidential	1. To allow the Committee or Council to come to a view itself, before presenting to and/or consulting with others 2. To maintain the confidence of another organisation 3. To protect commercially sensitive information 4. To maintain public confidence in and/or uphold the reputation of the veterinary professions and/or the RCVS
Private	5. To protect information which may contain personal data, special category data, and/or criminal offence data, as listed under the General Data Protection Regulation

Controlled drugs guidance

Background

1. In September 2015, the Standards Committee approved the publication of a standalone controlled drugs (CD) guidance on the RCVS website (available here).

2. Since the publication of this document there have been a number of changes to guidance around controlled drugs, including the VMD and Home Office agreeing on an updated interpretation of the ‘independent veterinary surgeon’ that can witness the destruction of CDs, and the Standards Committee agreeing to the RCVS requirement that Schedule 3 CDs such as tramadol, pentazocine, and some barbiturates should be securely locked away. These changes, plus other updates, have been reflected in the new guidance which can be found at **Annex A**.

3. The new guidance has been reviewed by Pam Mosedale FRCVS (contributor to the original guidance, as well as the BSAVA Medicines guidance, former PSS Lead Assessor and current RCVSK Quality Improvement Clinical Lead) as well as the VMD’s Legislation Office and VMD Inspectors.

4. It is proposed that the new guidance is published on the website using an ‘A to Z’ format, and presented similarly to that of the common medicines pitfalls and routine veterinary practice/clinical veterinary research. Once published, links to the guidance will be included in RCVS news within an accompanying article.

Quinalbarbitone

5. The proposed changes to the RCVS requirement for storage of quinalbarbitone are being considered by this Committee at this same meeting, however in advance of the changes being agreed these have been included in the new CD guidance in Annex A. The Committee may refer to the paper included at AI 2(c) on the storage of quinalbarbitone.

Decision required

6. The Committee is asked to consider and approve the guidance at **Annex A**.

Controlled Drugs Guidance

On this page, you can find supplemental guidance in relation to the storage and supply of Controlled Drugs (CDs). This supplemental guidance seeks to explore the most common areas upon which advice is sought and draws together key parts of existing legislation, professional conduct obligations, and relevant guidance from regulators and professional bodies.

Key word search

[Comms to create on website]

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[hyperlinked]

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Prescription misuse
Registers and record keeping
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Standard Operating Procedures (SOPs)
Tramadol
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Veterinary nurses administering CDs
- CDs for euthanasia in practice
- CDs for euthanasia at a home visit

Wastage

Introduction

Veterinary surgeons and veterinary nurses have legal and professional conduct obligations in relation to veterinary medicines and CDs. The use of CDs in veterinary practice must be strictly managed and is regulated. The regulations relating to CDs are controlled by the Home Office, but the general regulation and enforcement of CDs is jointly undertaken by Home Office, the Veterinary Medicines Directorate (the 'VMD'), and the Royal College of Veterinary Surgeons (the 'RCVS').

The legislation and professional conduct obligations describe in detail how CDs must be managed in practice and veterinary professionals are expected to be familiar with these.

This Controlled Drugs Guidance is designed to provide additional clarity and seeks to summarise the combined guidance of all regulators as well as guidance from the British Small Animal Veterinary Association (the 'BSAVA'). It should not be viewed as standalone guidance on CDs and should be read in conjunction with all relevant legislation, professional conduct obligations, and other applicable guidance.

Key guidance

BSAVA, Guide to the use of Veterinary Medicines

BVA, Good Practice Guide on Veterinary Medicines (Membership required)

Home Office, Security guidance for all existing or prospective Home Office Controlled Drug Licensees and/or Precursor Chemical Licensees or Registrants

RCVS Chapter 4 Supporting Guidance, Veterinary Medicines
RCVS Chapter 11 Supporting Guidance, Communication and Consent
RCVS Chapter 17 Supporting Guidance, Veterinary Team and Leaders
RCVS, Practice Standards Scheme Small Animal Modules and Awards
RCVS, Practice Standards Scheme Farm Animal Modules and Awards
RCVS, Practice Standards Scheme Equine Modules and Awards

VMD, Controlled drugs: Veterinary medicines
VMD, Retail of veterinary medicines
VMD, The cascade: prescribing unauthorised medicines
VMD, Record keeping requirements for veterinary medicines

Key legislation

Misuse of Drugs Act 1971 ('misuse of drugs')
Misuse of Drugs Regulations 2001 ('misuse of drugs')
Misuse of Drugs Regulations (Northern Ireland) 2002 ('misuse of drugs')
Misuse of Drugs (Safe Custody) Regulations 1973 ('Safe Custody Regulations')
Misuse of Drugs (Safe Custody) Regulations (Northern Ireland) 1973 ('Safe Custody Regulations')
The Controlled Drugs (Supervision of Management and Use) Regulations 2013
Veterinary Medicines Regulations 2013 ('VMRs')

All CDs are listed in Schedules 1 to 5 of the Misuse of Drugs Regulations 2001. These are numbered in decreasing order of severity of control. The Schedules relate to the drugs' therapeutic usefulness, the need for legitimate access, and the potential harm caused by their misuse. In short, Schedule 1 CDs are subject to the most restrictions and Schedule 5 CDs are subject to the least.

Veterinary medicines include CDs in Schedules 2, 3, 4 and 5. Legal possession and supply of Schedule 1 CDs requires a Home Office license. This means that veterinary surgeons have authority to supply all but Schedule 1 CDs. CDs in Schedules 2-5 are categorised as follows:

- Schedule 2 CDs have therapeutic value, are highly addictive, and may be subject to abuse. Their use is strictly controlled, including special prescription, storage, destruction, and record keeping requirements.
- Schedule 3 CDs include barbiturates and some benzodiazepines. While less rigorously controlled than Schedule 2 CDs, they are subject to special prescription requirements. While not all Schedule 3 CDs are subject to the same legal safe custody requirements, it is an RCVS Core Standard requirement that all Schedule 3 CDs are securely locked away.
- Schedule 4 CDs are divided into 2 parts. Part 1 contains most of the benzodiazepines and Part 2 contains the anabolic and androgenic steroids. There are no additional special controls for Schedule 4 CDs.
- Schedule 5 CDs include preparations containing substances such as codeine or morphine, which are used in such low strength that they present little or no risk of misuse. There are no additional special controls for Schedule 5 CDs.

Key professional conduct obligations

RCVS Code of Conduct:

1.5 Veterinary surgeons who prescribe, supply, and administer medicines must do so responsibly.
2.4 Veterinary surgeons must communicate effectively with clients, including in written and spoken English, and ensure informed consent is obtained before treatments or procedures are carried out.
4.3 Veterinary surgeons must maintain minimum practice standards equivalent to the Core Standards of the RCVS Practice Standards Scheme.
6.4 Veterinary surgeons must comply with legislation relevant to the provision of veterinary services.

Please see relevant chapters of RCVS Supporting Guidance and Practice Standards Scheme Modules and Awards for relevant guidance in relation to these Code of Conduct obligations, as set out in key guidance above

Controlled Drugs Guidance - A to Z

Audit

It is an RCVS Core Standard requirement that practices carry out a full audit and reconciliation of all Schedule 2 CDs (i.e., the Controlled Drugs Register ('CDR') and the balance of drugs in stock). It is expected that all CDs are audited regularly, at least weekly.

Audit and reconciliation can be achieved by recording supply, use and wastage, keeping a running total in the CDR, and having a system of reconciling the balance in the CDR with the stock in the CD cabinet. Any discrepancies should be recorded and, where necessary, investigated.

The CDR can be maintained by a suitably-trained and authorised person, e.g., a veterinary nurse, however, ultimate responsibility lies with the prescribing veterinary surgeon. It is recommended that once tallied, the balance should be marked as checked and countersigned – this can be done by someone responsible for the CDR, not necessarily a veterinary surgeon. If this is carried out daily (or at least weekly), discrepancies are much easier to trace.

Buprenorphine

Buprenorphine is a Schedule 3 CD. Its use does not need to be recorded in a CDR; however, it is an RCVS requirement that it is securely locked away. Schedule 3 CDs are also subject to extra prescription-writing requirements (see: Prescriptions and prescribing).

If dispensing transmucosal buprenorphine, written informed consent should be obtained from the client, as this is off-licence use in accordance with the prescribing Cascade (see: RCVS Guidance Chapter 4).

Transmucosal buprenorphine is sometimes used for cats as a short-term analgesic treatment and in some circumstances may be supplied to clients to administer to their cats at home. Where this is the case, veterinary surgeons should:

- Have a genuine clinical reason for prescribing the medicine under the cascade.
- Personally discuss this treatment with the client and be satisfied that the client is able to administer the medication responsibly.
- Obtain written informed consent from the client.
- Emphasise that this drug is a CD and that it should be treated with extreme caution (e.g., keep out of reach and sight of children; skin splashes should be washed off immediately).
- Demonstrate correct handling of the medication during administration.
- Only supply a limited amount of buprenorphine, preloaded into appropriate syringes that are capped with a syringe bung and dispensed in appropriate packaging.
- Request that the client return all used and any unused syringes to the practice for disposal.
- Provide all this information in written format for the client and record all pertinent information within the client record.

Cabinets

Veterinary surgeons must store CDs securely and appropriately in a suitable cabinet to prevent unauthorised access. All Schedule 2 CDs, with the exception of quinalbarbitone, as well as Schedule 3 CDs containing buprenorphine, diethylpropion, flunitrazepam, and temazepam, are legally required to be stored in a locked cabinet which is compliant with the Safe Custody Regulations.

While all other Schedule 3 CDs, including tramadol, pentazocine, the barbiturates, gabapentin, and pregabalin, as well as Schedule 2 drug quinalbarbitone, are not subject to the same Safe Custody Regulations, it is an RCVS requirement that they are securely locked away. They can be locked away in a separate cabinet from Schedule 2 CDs, one that is not necessarily compliant with the Safe Custody Regulations, including, for example, in a lockable drawer.

Commented [A1]: Safe custody (RCVS requirement) of quinalbarbitone to be considered by Standards Committee Sept 2022

The Safe Custody Regulations describe the requirements for CD cabinets, safes and rooms, and the standards to which they must be manufactured and/or built.

Location of the cabinet

Cabinets should be situated in a secure place away from public view.

The room housing the locked cabinet should be lockable and tidy to avoid drugs being misplaced. The room should not normally be accessible to clients, however, if clients do have to enter the area, they should be continuously supervised until they leave. Ideally, CDs should be kept in a separate cabinet from other medicines.

Design and construction of the cabinet

Cabinet design and construction must adhere to the Safe Custody Regulations.

The locked cabinet is constructed and maintained to prevent unauthorised access to the CDs. There should be no indication on the outside of the container that CDs are kept inside.

It is important that cabinets meet the requirements set out in the Safe Custody Regulations as deviation from these requirements increases the risk of theft. The British Standard coding for medicine cabinets is BS 2881:1989 and has three levels of security. An assessment of the risk should be made and a cabinet commensurate with that risk purchased. The most appropriate cabinet should be carefully selected for individual premises.

Schedule 2 of the Safe Custody Regulations stipulate structural requirements in relation to safes, cabinets, and rooms used for storing CDs. Home Office guidance note titled, “Security Guidance for all existing or prospective Home Office Controlled Drug Licensees and/or Precursor Chemical Licensees or Registrants” (2020) summarises cabinet construction requirements.

In addition, it is recommended that:

- The cabinet must be bolted to the wall or floor.

- It is ideally double-locked with separate keys.
- The lock must be different to any other lock in the premises.
- Keys must only be available to authorised members of staff.
- The cabinet must not have anything attached to it which identifies it as a CD cabinet.
- The cabinet must be kept locked when not in use.

Further advice on cabinets

Retailers of CDs cabinets can confirm that they meet the legal requirements and practices may wish to request formal confirmation when purchasing such cabinets. In addition, some police forces in the UK have Controlled Drugs Liaison Officers (CDLOs) who offer advice on various matters, including safe storage. Contact details for CDLOs by area can be obtained from the Association of Police Controlled Drugs Liaison Officers.

Cars

If a veterinary surgeon requires a supply of Schedule 2 or 3 drugs for call out visits, the CDs should be transported in a locked glove compartment or in a lockable bag, box, or case which should be kept locked when not in use. If such a bag, box, or case is locked, it is considered a suitable receptacle for storing CDs. Simply being placed in a locked car is not suitable.

Veterinary surgeons should make sure the locked bag, box, or case is not left unattended in a car for any length of time, however, if this is unavoidable, they should be kept within a locked receptacles which is fixed within the boot of the car. If the car cannot be modified to install such a receptacle, it may be reasonable to secure the lockable bag, box, or case to a structure in the car, for example, using a metal cable tethered to an anchor point in the car, such as the seat runners or seatbelt post, or bolting the lockable receptacle to the floor of the car. In any case, the receptacle should be kept out of sight.

Veterinary surgeons should use their professional judgement when storing CDs in cars and they must take reasonable steps to minimise unauthorised access. This might require them to consider particular risk factors, such as whether practice cars are easily identifiable, whether practice cars have been targeted in the past, and where practice cars are parked. Veterinary surgeons considering leaving CDs in their car overnight may have additional considerations and in some cases, it may be safer for them to be removed from the car and returned to the practice.

Veterinary surgeons who keep a stock of CDs in their car must keep a separate controlled drugs register (CDR). This is required for veterinary surgeons who keep CDs in their car for any length of time, except in the case where CDs recorded on the practices' CDR are taken out of the premises for a short-term.

CDLOs

Some police forces in the UK have Controlled Drugs Liaison Officers (CDLOs) who offer advice on all aspects of CD use within veterinary practice, including safe storage, auditing, destruction, suspicious activity, internal theft, forged or stolen prescriptions, and ‘current crime trends’. Contact details for local officers can be obtained from the Association of Police Controlled Drugs Liaison Officers.

Denaturing or rendering irretrievable

Veterinary surgeons must ensure that CDs are destroyed (rendered unusable/irretrievable) before safe disposal. There are several methods of doing this.

There are commercially available denaturing kits which can be used to destroy CDs (including out of date and returned CDs). Veterinary surgeons should follow the instructions specific to the kit, as these may differ from kit to kit.

Residual or waste drugs

The VMD advises that any medicine left over of an unusable quantity is considered waste. Medicine is also considered 'waste' if it has been prepared for administration but not actually used.

Waste/residual CDs are not usually denatured using kits because, as their destruction is required daily, this would prove too costly. Instead, residual CDs can be rendered irretrievable by collection into clumping cat litter, and tablets may be crushed and mixed with soapy water. These can then be periodically sent as pharmaceutical waste through the waste contractor.

Destruction, disposal and witnessing

Destruction of CDs is subject to a number of important considerations as set out below.

The legal requirements to witness the destruction of Schedule 2 CDs apply to stock, i.e., CDs that have not been issued or dispensed to a patient. Left over CDs, for example liquids, which are still required for use, are also considered stock. A witness is required if these are to be destroyed on expiry or for other reasons.

There is no legal requirement to have the disposal of waste product witnessed. The VMD advises that any medicine left over of an unusable quantity is considered waste. Medicine is also considered 'waste' if it has been prepared for administration but not actually used.

Frequency of destruction

Destruction of CDs should occur with sufficient frequency (for example, monthly) to ensure that excessive quantities are not stored awaiting destruction. The frequency should be determined locally following a risk assessment.

Witnessing

Schedule 2 CDs (and Schedule 3 and 4 CDs that have been prepared extemporaneously for use under the prescribing Cascade) must be destroyed in the presence of, and instructed by, any of the following:

- An Inspector appointed under the VMRs (this includes a VMD inspector or RCVS Practice Standards Scheme Assessor)
- A veterinary surgeon independent of a practice where the destruction takes place
- A person legally authorised to witness the destruction of CDs such as a CDLO

In accordance with the guidance from the VMD, in order to be considered independent of the veterinary practice where CDs need to be destroyed, a veterinary surgeon:

Commented [A2]: Note that this is newly introduced guidance from the VMD

- may not demand or accept any form of payment, beyond that reasonable to cover travel costs
- should record their RCVS number and confirm their independence in the CD register
- must have no personal, professional or financial interest in or relationship with the veterinary practice where the drug is being destroyed (for example, temporary staff and family members of staff are not considered to be independent; 'family member' refers to spouse, partners, parents, siblings, children or other relatives)
- must not share stock with or provide services (with exception of the function as a witness to the destruction of CDs) to the practice where the drugs are being destroyed
- may work for the same franchise or corporate group provided the practices have a different owner and are separate legal entities

In order to maintain independence, vets should not rely on the same vet to repeatedly witness destruction of CDs at their practice.

Although there is no legal requirement to do so, it is good practice that CDs from Schedules 3-5 are also destroyed prior to safe disposal.

Recording destruction and disposal

Where the witness is an independent veterinary surgeon, they should record their RCVS number and confirm their independence in writing in the CDR, and for all destruction and disposal, the following further information should also be recorded and signed by the witness:

- The name of the CD;
- The date of destruction;
- The quantity destroyed;
- The form;
- The strength; and
- The name and signature of the professional destroying the CD.

Residual or 'waste' CDs left in single use vial

Any CDs left over in a single use vial which is considered unusable is considered waste product, not stock. Both the amount administered, and the amount denatured, should be recorded on the same line of the CDR to ensure that the running balance tallies, e.g., if 10mg of morphine is dispensed to a patient and only 5mg is administered, the record should show that 5mg was given and 5mg was wasted. This ensures that the whole vial or ampoule is accounted for in the CDR.

It is good practice for the entry in the CDR to be countersigned by another member of practice staff. The most suitable person to provide the countersignature would be another veterinary surgeon or registered veterinary nurse.

Out of date stock and returned CDs

Out of date/expired stock should not be marked out of the running balance in the CDR until it is destroyed.

As returned CDs have been dispensed to a patient, there is no requirement to have the destruction witnessed or recorded. However, it is good practice to have it witnessed by another member of staff. It is also good practice to record returned CDs that are destroyed and to have a second member of staff countersign this. This record should be kept in an alternative register, specifically for this purpose, and not in the CDR.

Returned CDs should be stored in the CD cabinet, but clearly separated from the rest of the stock, until destroyed.

Special requirements

Any special handling or disposal requirements (e.g., for cytotoxic medicines) must be observed.

Discrepancies

The balances in the CDR should always tally with the amounts of CDs in the cabinet. If they do not, the discrepancy must be reported to the appointed senior veterinary surgeon, and steps taken to investigate and resolve the matter.

Discrepancies are inevitable when using multi-dose CDs due to needle-hub and syringe deadspace. Multi-dose vials of CDs increase the potential for abuse, and running balances are difficult to keep due to deadspace volumes. One way of accounting for deadspace volume is to add this to each dose dispensed, although the volume is likely to vary, depending on the manufacturer of the needle and syringe, and the size of the syringe used.

A standard operating procedure should be in place detailing what to do in the event of a discrepancy, this should detail the arrangements for investigating and reporting them. Such arrangements might include:

- Informing the appointed senior veterinary surgeon immediately;
- Ensuring the following information is carefully checked:
    - All CDs received from the wholesaler have been entered into the correct page of the CDR.
    - All CDs administered have been entered into the correct CDR.
    - Items have not been accidentally put in the wrong place in the CD cabinet or left out. Practice vehicles and bags should be checked where applicable.
    - Arithmetic to ensure that balances have been calculated correctly (i.e., two members of staff to check the balance to confirm calculations).
    - Check running totals and discrepancies at the end of each bottle; a weekly stock check against the CDR will minimise this.
    - Check that bottles been entered as the correct volumes.
    - Check that all entries are supported by clinical records.
    - Check volumes of any product awaiting disposal to establish if they have been used instead of the usable stock.
- If the error or omission is traced, the appointed senior veterinary surgeon should make an entry in the CDR clearly stating the reason for the discrepancy and the corrected balance. This entry should be witnessed by another veterinary surgeon or a veterinary nurse and both should sign the CDR.
- If no errors or omissions are detected, steps should be taken to investigate the discrepancy.
- Practice clinical records for the CD use should be checked to ensure that all uses have been recorded.
- Interviews with relevant staff members may be required and, if so, the details recorded.
- The practice may wish to consider reporting the discrepancy to the local police or CDLO in line with the practice's policy for reporting incidents (CDLOs may be able to offer advice on this).
- Security arrangements and procedures should be reviewed as soon as possible and, where applicable, codes to the CD cabinet or key safe changed.
- If there are concerns that a veterinary surgeon or veterinary nurse is involved in suspected theft, consideration should be given about whether or not to report it to the police.

- If a veterinary surgeon or veterinary nurse receives a caution of conviction in relation to theft, consideration should be given about whether or not to report it to the RCVS.

Electronic or faxed prescriptions

It is an offence to supply Schedule 2 or 3 CDs against an electronic or faxed prescription; the original prescription must be obtained before the CD is dispensed and retained for at least five years.

In practical terms, this means that a client could request a CD with an electronic prescription and the pharmacy could prepare this medication, but until the pharmacy receives the original copy of the prescription, it must not be dispensed.

The dispensing veterinary surgeon should undertake checks to ensure the prescription is genuine.

See also: VMD guidance on retail of veterinary medicines, which includes advice for online retailers.

Emergency wholesale supply

It is an offence for one veterinary practice to supply another with CDs unless they have wholesale dealer's authorisation from the VMD.

It may be possible to justify a one-off emergency supply if the welfare of a patient is at risk (e.g., if a practice runs out of methadone and needs to treat an animal in pain). The transaction should be clearly recorded in both the supplier's and the recipient's CDR.

Fentanyl

Fentanyl is a Schedule 2 CD. It is therefore subject to safe custody requirements and must be recorded in the CDR. There is only one veterinary authorised fentanyl product, which is a POM-V Schedule 2 CD. It is an injectable solution authorised for use in dogs, for the control of significant post-operative pain and intra-operative analgesia.

The licensed product may not be suitable for a particular case and recourse may be had to fentanyl patches prescribed under the cascade. Fentanyl patches can provide highly effective pain relief after orthopaedic operations; however their use also carries significant risks, including respiratory depression (particularly in small children) and risks to the patient and other household pets should they lick or ingest the patch.

Good practice guidance is as follows:

- Ideally, fentanyl patches should not be used if there are small children in the household.
- Veterinary surgeons should be mindful of the risks of ingestion by other animals.
- It is vital to get the client's informed consent, which must include an explanation of the risks.
- The client must be told what to do if a fentanyl patch comes off and how to safely dispose of it.
- This information should be provided in writing and recorded on the client record.

Commented [A3]: VMD have suggested that it is a legal requirement when dispensing fentanyl to a client to ID the person they hand it over to and record the name of the recipient. This will be verified after the meeting

Further information about the risks and best practice can be found in the BSAVA Client Information Leaflets (Membership required).

Import and export

The import and export of CD raw materials and medicines (packaged for use) under Schedules 2, 3, and 4 Part I is licensed by the Home Office.

Schedule 4 Part II drugs must be carried on the patient (or pet owner), or in their luggage, through UK ports. Importation or exportation using postal or courier services is not permitted.

When in a medicinal form for personal use (i.e., already dispensed for a named animal or animals) these and Schedule 5 CDs do not need a personal import or export licence to enter or leave the UK.

Ketamine

Ketamine is a Schedule 2 CD and is subject to the strict storage, prescription, dispensing, destruction, and record keeping requirements that apply to all CDs in this schedule.

See also: The VMD's Veterinary Medicines Guidance on CDs

Keys, key holders, and combination locks

Key holders

Practices should have appropriate security arrangements for keys and key holders.

CD cabinets must only be accessed by a veterinary surgeon or a nominated responsible person at the practice who has been authorised by the veterinary surgeon.

It is recognised that sometimes a locum may need to have access to the key if they are in sole charge. A key holder who is not a veterinary surgeon should only remove CDs from the cabinet and/or return them to the cabinet on the specific authority of a veterinary surgeon. While the task itself can be delegated, the legal and professional responsibility will remain with the veterinary surgeon.

Any nominated persons within the practice to hold keys should have appropriate training and, ideally, should be a qualified veterinary surgeon or veterinary nurse. Locums and students should not be given access to the key (unless a locum is in sole charge as above).

Security arrangements for the key

Keys to the CD cabinet should not be kept with keys to other parts of the building. The key should not be left in a 'secret' place where there is free access to it and the use of combination key boxes is recommended (see below).

It is recommended that the same level of security controls are applied to all cabinet keys (including spares), as would be to the CDs contained within the CD cabinet, since failure to ensure that will lead to security arrangements being compromised. Further, it is recommended that access to individual keys should be audited and recorded, with a witnessed key signing-in and out procedure. It is accepted that all veterinary surgeons may have their own key, such that signing-in and out is not required.

Detailed information on key security is set out in Home Office, Security guidance for all existing or prospective Home Office Controlled Drug Licensees and/or Precursor Chemical Licensees or Registrants. Veterinary surgeons and veterinary nurses are strongly encouraged to read this document in full.

Key boxes

Practices may use key boxes with combination locks. A combination key box which is wall-mounted is acceptable practice provided that the combination is changed regularly. Where there has been a change in staff members (e.g., locums) it is recommended that the combination is changed.

Key boxes should not be located next to the CD cabinet and should ideally be installed in an area where it is not easily seen.

Key boxes may be considered for holding the key for a cabinet or small safe. It is not considered good key management practice to lock a key in a desk drawer or other office furniture, irrespective of whether the key is locked in an additional box. It is also recommended that spare keys are kept in a separate safe to which only very few employees have access.

Combination locks on CD cabinets

A CD cabinet that has been fitted with a combination lock is encouraged, to avoid the need to make separate arrangements for the safe storage of a key. The Home Office guidance provides detailed information on the use of combination locks. In short, if practices decide to use combination locks, the combination should only be known to those persons authorised to operate the lock. The following rules are regarded as good practice by the Home Office:

- Combinations should not be written down;
- Combinations that are issued to individual members of staff should not be shared with anyone else, including colleagues;
- All combinations should be changed regularly, or at least every six months as a minimum, to prevent the locks from being compromised;
- Combinations should also be changed whenever there are grounds to suspect that they may have become known to an unauthorised person;
- Regardless of whether a combination is shared by a group of people or issued to individuals, it should be changed whenever a member of that group or the individual to whom it was issued leaves the practice or otherwise no longer requires access to the lock.

Out of date stock

It is illegal to use or supply out of date medicines, and so they must be disposed of. This includes part-used medicines that have been open for more than the designated number of days after being broached.

Commented [A4]: VMD advised that this may include part-used bottles which have been broached more times than allowed by the SPC - this will be confirmed after the meeting

Expired CDs should be clearly labelled as such and stored in the CD cabinet until destruction but kept separate from in-date practice stock to avoid potential dispensing errors or re-use.

Posting CDs within the UK

In ordinary circumstances, CDs should not be sent through the post. In exceptional circumstances (e.g., for a client unable to travel to the practice and unable to send a representative), then recorded delivery or 'signed for' courier delivery are most appropriate.

Prescription medicines may be sent via Royal Mail, but it is advisable to check current details on prohibited goods and packaging guidelines with the Royal Mail first.

Prescribing CDs for own animals

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.

Prescriptions and prescribing

Only a veterinary surgeon can prescribe CDs for an animal. The prescription can be written or verbal. A written prescription is only required if the drug is to be supplied somewhere other than the practice.

Writing prescriptions

Written prescription requirements as set out in the VMRs must be met. To be valid, a written prescription must include:

- the name, address and telephone number of the person prescribing the product;
- the qualifications enabling the person to prescribe the product;
- the name and address of the owner or keeper;
- the identification (including the species) of the animal or group of animals to be treated;
- the premises at which the animals are kept if this is different from the address of the owner or keeper;
- the date of the prescription;
- the signature or other authentication of the person prescribing the product;
- the name and amount of the product prescribed;
- the dosage and administration instructions;
- any necessary warnings;
- the withdrawal period if relevant; and
- if it is prescribed under the cascade, a statement to that effect.

The following additional requirements apply to written prescriptions for CDs listed in Schedule 2 or 3:

- A declaration that the CD is prescribed for an animal or herd under the veterinary surgeon's care.
- The name of the animal to whom the CD prescribed is to be administered.
- Name and form of the CD, even if only one form exists.
- Amount of the CD prescribed, in both words and figures.
- Strength of the preparation (if more than one strength is available).
- Dose to be administered ('take as directed' or 'take as required' are not acceptable).
- RCVS registration number of the prescribing veterinary surgeon.

Prescriptions must be signed in ink by the person issuing them and may be hand-written, typed in a computerised form, or computer generated.

Electronic signatures, or any form of authentication other than a signature in indelible ink is not permitted for prescriptions of Schedules 2 and 3.

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 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.

Validity and repeat prescriptions

The validity period of a prescription relates to the time in which the prescription can be dispensed, i.e., the CD can be dispensed within 28 days of the prescription being made.

CDs in Schedules 1 to 4 have a prescription validity of up to 28 days. Prescriptions for Schedule 5 CDs (and all other prescription medicines) have a validity of up to 6 months. A prescription for a CD in Schedule 2 or 3 once can only be dispensed against once and that must be within the 28 days of the validity of the prescription.

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 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).

If the prescription is not repeatable, veterinary surgeons should consider stating this on the prescription to avoid prescription misuse. If the prescription has a section that states number of repeats, veterinary surgeons should consider writing ‘no repeats’ or crossing this out if the prescription is not to be repeated.

Quantity

For all CDs, in most situations veterinary surgeons should only prescribe 28 days’ worth of treatment. The exception being where there are long term ongoing medical conditions (e.g., when treating epilepsy in dogs). If more than 28 days’ worth of treatment is prescribed, the prescribing veterinary surgeon must be sure the owner is competent to use the medicine safely.

Instalment prescriptions

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.

Retention of prescriptions

Veterinary surgeons supplying Schedule 2 and 3 CDs against another veterinary surgeon’s prescription should:

- Retain the prescription on the premises from which the drug was supplied for at least 5 years;
- Mark on the retained prescription the date on which the supply was made; and
- Record the name of the person who collected the CDs in the CDR (for Schedule 2 CDs only).

Prescription misuse

Suspected prescription misuse (which could include an alteration to an existing prescription or prescription fraud) can be reported to the Veterinary Medicines Directorate (VMD) via its dedicated prescriptions misuse page.

Making such a report will, in most cases, require a veterinary surgeon to release confidential information about their client to the VMD. Reporting cases of prescription misuse is in the public interest and in most cases a report to the VMD will be a justified breach of client confidentiality. See Chapter 14 of the RCVS Guidance for further advice in relation to breaching client confidentiality.

Registers and record keeping

Any person who purchases or supplies any product containing a Schedule 2 CD must maintain a controlled drugs register (CDR).

CDRs must:

- Be a computerised system (not including a practice management system) or a bound book (which do not include any form of loose-leaf register or card index).
- Be separated into each class of drug.
- Have a separate page for each strength and form of drug, with this information included at the head of each page.
- Have the entries in chronological order and made on the day of the transaction or, if not reasonably practical, the next day.
- Have the entries made in ink or in a computerised form in which every entry can be audited.
- Not have cancellations, obliterations, or alterations.
- Corrections must be made by a signed and dated entry in the margin or at the bottom of the page. This author should bracket the mistake and make a footnote detailing the mistake. The running balance should then be corrected as necessary.
- Be kept at the premises to which they relate and be available for inspection at any time. A separate register must be kept for each set of premises, and for each cabinet within those premises.
- Not be used for any other purpose.
- Be kept for a minimum of two years after the date of the last entry.

A computerised register must not be alterable, must be auditable, printable, and an appropriate back-up must be kept. A practice management system is not considered a sufficient computerised CDR.

A separate register should be kept for CDs kept in cars for any length of time. If CDs are moved back to the practice after each visit then it may be acceptable to have just one register in which the CD is signed out on departure and signed back in again on return.

It is recognised that there are currently no suitable electronic registers for veterinary practices, however, CDLOs may be able to advise further on possible options.

CDs in Schedules 3, 4, and 5 do not need to be recorded in the CDR but invoices and usage records must be retained for 5 years.

The CDR must record the following information for all Schedule 2 CDs purchased and supplied:

- date supply received;
- name and address of supplier (e.g., wholesaler, pharmacy); and
- quantity received.

The CDR must also record the following information for all Schedule 2 CDs supplied (including by way of administration):

- date supplied;
- name and address of person or firm supplied;
- details of the authority to possess (prescriber or licence holder’s details);
- quantity supplied;
- the person collecting a Schedule 2 CD (animal owner or animal owner’s representative, or healthcare professional) and if a healthcare professional, their name and address;
- whether proof of identity was requested of the animal owner or animal owner’s representative (yes or no); and
- whether proof of identity of the person collecting was provided (yes or no).

The Register can be ‘maintained’ by a suitably trained person (e.g., a veterinary nurse), but ultimate responsibility lies with the veterinary surgeon.

The VMD has produced an Example CD Register to show how the use of CDs may be recorded.

Requisitions

A requisition is a supply of a CD for stock purposes rather than for a named patient. As of 30 November 2015, a specified form must be used for the requisition of Schedule 2 and 3 CDs. The form is available here.

It is good practice to retain a copy of all requisitions sent to the wholesaler.

Returned CDs

Any CDs returned to the practice by clients should not be re-used and should be destroyed as soon as possible. The CD must be clearly labelled as a return and stored in the CD cabinet but separated from practice stock CDs to avoid potential dispensing errors or re-use. The requirements to witness and record the destruction of CDs do not apply to returned CDs, however, veterinary surgeons should consider making a record of any CD that is returned and having the destruction witnessed by another member of staff and signed against. This can be recorded in a separate book or sheets designed for that purpose.

Where an animal has died part way through treatment, it is recommended that the prescribing veterinary surgeon makes every effort to recover and destroy any remaining product.

Standard Operating Procedures (SOPs)

Standards Operating Procedures (SOPs) should provide clarity and consistency for all staff handling CDs. SOPs should define who in the practice is responsible for the management of CDs, and should provide guidance on:

- ordering CDs using requisition orders,
- where the CDs are stored,
- who is authorised to access to those CDs requiring secure storage and under what circumstances,
- record-keeping in relation to the use and disposal of CDs (including maintenance of a CDR where required),
- disposal and destruction of CDs (including who can witness Sch 2 destructions), and
- who should be alerted to any anomalies relating to CDs.

SOPs are working documents and should be kept up to date, reflecting current legal and good practice requirements.

The BSAVA Medicines Guide includes guidance for writing SOPs. CDLOs may also be able to provide advice to practices on their SOPs for CDs.

Tramadol

As a Schedule 3 CD, tramadol is exempt from safe custody requirements, however, it is an RCVS requirement that it is securely locked away. This should be in a separate cabinet from Schedule 2 CDs, for example, in a lockable draw.

Tramadol is a human medicine and so its use must be in accordance with the Cascade. The client's written consent should be obtained for their animal to be treated under the Cascade.

Under-age clients

The authority granted to veterinary surgeons to supply CDs is not restricted to the age of the recipient of the drug. However, particular care should be taken in these circumstances and veterinary surgeons should not supply CDs to anyone under the age of 18, unless in their professional judgement it is appropriate to do so.

Veterinary nurses administering CDs

Veterinary nurses may draw up and administer CDs provided that a veterinary surgeon has prescribed them to a specific animal, decided on the dose, has authorised that it be drawn up, and is confident that the veterinary nurse is competent to draw up and administer the prescribed dose. Whether or not to delegate the drawing up and administration to a veterinary nurse should be considered on a case-by-case basis.

A veterinary surgeon does not need to be present when the CDs are drawn up or administered, however, the legal responsibility for the administration of the CDs remains with the prescribing veterinary surgeon. For this reason, it is important that appropriate safeguards are in place. It is good practice, for example, to have a SOP in place which sets out the procedure for accessing CDs and the protocol for recording their use. As well as access to the CD cabinet being limited to authorised individuals within the practice (see above), for added safeguarding, practices should consider having two responsible persons (i.e., two veterinary surgeons, one veterinary surgeon and one veterinary nurse, or two veterinary nurses under veterinary direction) jointly accessing the cabinet, drawing up the medication, and completing the CDR. The medication should then be administered to the patient immediately, witnessed by the second colleague.

Veterinary nurses may be asked to administer CDs out of hours when there is no veterinary surgeon on the premises. In these cases, veterinary surgeons must prescribe the drug to an animal under their care and decide on the dose. They may also wish to draw up the correct dose, labelling it, and leaving it with instructions as to what time it is to be given to a particular patient before going off duty. A veterinary nurse cannot decide to give a CD or change the dose (i.e., make prescribing decisions) and may only act under the direction of a veterinary surgeon in this regard.

CDs for euthanasia in practice

Veterinary nurses may be directed by a prescribing veterinary surgeon to administer a CD for the purposes of euthanasia, however, in practice, it is usually the prescribing veterinary surgeon who performs euthanasia.

CDs for euthanasia at a home visit

In relation to euthanasia at a home visit, because there should be appropriate proximity between the prescribing and directing veterinary surgeon and the administering veterinary nurse, it is not appropriate for a veterinary surgeon to send a veterinary nurse out on a home visit to euthanise an animal with a CD.

Wastage

Discrepancies between the amounts recorded as used, the volume of the CD left in the vial, and the total stated volume, must be avoided. Pharmaceutical companies try to ensure that every bottle of medicine is precisely filled but some small variability may occur. This may result in discrepancies regarding the amount of CD used when taking into consideration the volume remaining in the container. There may also be some wastage within the needle and hub of the syringe each time the product is withdrawn, known as ‘deadspace’.

The Home Office has advised the VMD that discrepancies of up to 10% should not cause undue concern. Reconciliation at the end of each bottle is recommended to avoid consolidation of errors. A balance of less than expected should be treated with greater concern. While efforts should always be made to minimise wastage, the Home Office, the VMD, and RCVS Practice Standards Assessors are all aware that some wastage due to deadspace will be unavoidable and these small discrepancies should always be recorded.

RCVS SETTING VETERINARY STANDARDS

Summary

Meeting	Standards Committee
Date	12 September 2022
Title	Review of client confidentiality
Summary	The Committee is asked to consider amendments to Chapters 13 and 14 of the Supporting Guidance relating specifically to client confidentiality
Decisions required	The Committee is asked to a. Consider whether the amendments to Chapters 13 and 14 are sufficient, and if so, approve the guidance.
Attachments	**Annex A** – Draft revised Chapter 13 of the Supporting Guidance **Annex B** – Draft revised Chapter 14 of the Supporting Guidance **Annex C** – Guidance from other regulators
Author	Vicki Price Senior Standards and Advice Officer v.price@rcvs.org.uk Stephanie Bruce-Smith Senior Standards and Advice Officer s.bruce-smith@rcvs.org.uk

Classifications

Document	Classification[1]	Rationales[2]
Paper	Unclassified	NA

Annex A-C	Unclassified	NA

1Classifications explained

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

2Classification rationales

Confidential	1. To allow the Committee or Council to come to a view itself, before presenting to and/or consulting with others 2. To maintain the confidence of another organisation 3. To protect commercially sensitive information 4. To maintain public confidence in and/or uphold the reputation of the veterinary professions and/or the RCVS
Private	5. To protect information which may contain personal data, special category data, and/or criminal offence data, as listed under the General Data Protection Regulation

Review of client confidentiality

Chapter 13: Clinical and client records

1. The Code obligation relevant to client confidentiality is requirement 2.6, which provides 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. This obligation is elaborated on within Chapters 13 and 14 of the supporting guidance to the Code.

2. Following an advice query, the wording of paragraphs 13.12 – 13.16 within Chapter 13 of the supporting guidance have been reviewed and possible amendments identified (see **Annex A**). In the Advice query, a horse's medical condition was subject to an insurance claim by the new owner. The insurance company requested the previous clinical history, however the previous owner (who at the time had the horse on loan) specifically declined to allow the clinical history to be released. Animal welfare or public interest were not directly compromised, but animal welfare could have been if the insurance claim could not be processed. The case instigated a review of the guidance on disclosing records relating to the same animal but a different client in paragraph 13.14. The update adds further guidance stating that if there is no consent to disclose, clinical records can be passed to a client with the other clients' personal data redacted, if failure to provide the records would compromise animal welfare.

3. It is also proposed to insert a new heading of 'Providing clinical and client records to colleagues' above paragraph 13.16, and to clarify that consent to pass on clinical records containing no personal data can be implied when a client moves to a new practice, but express consent must be obtained to pass on client records that do contain personal data due to the GDPR.

Chapter 14: Client confidentiality

4. Chapter 14 of the supporting guidance was last updated in June 2020 following the introduction of the GDPR. It is now proposed that the guidance be comprehensively updated to address common issues arising in advice queries, and to make the guidance easier to read. The proposed new guidance can be found in **Annex B**. The main amendments include:
    a. clarifying the application of the GDPR, and moving some of the GDPR discussion to the end of the chapter;
    b. adding a theme throughout the chapter that veterinary surgeons and veterinary nurses should feel empowered to exercise their professional judgement to disclose information to the authorities when justified and that the RCVS will support their decision;
    c. referencing further sources of advice;

d. suggesting that veterinary surgeons and veterinary nurses may cite supporting guidance and include photo or video evidence in their records to support their decision; and
e. expanding the discussion of animal welfare concerns to not focus only on animal abuse, but to equally cover neglect and failure to attend follow-up appointments.

Approaches of veterinary regulators

5. To assist the Committee and provide some context, the approaches of overseas veterinary regulators, and other heath regulators, have been provided in Annex C.

6. In summary, all three veterinary regulators cited regard both client and animal data to be confidential, and generally require client consent to the disclosure of information. However, consistent with the RCVS approach, most of the other regulators cited permit disclosure without consent in limited circumstances on public interest grounds, e.g. to prevent or detect crime, enforce animal welfare or other laws, or protect the safety of a person.

Decisions required

7. The Committee is asked to
    a. Consider whether the amendments to Chapters 13 and 14 are sufficient, and if so, approve the guidance.

Unclassified

13. Clinical and client records

Updated ~~23 June 2020~~XX September 2022

Access to clinical and client records

13.12 Clinical and client records including diagnostic images and similar records, are the property of, and should be retained by, veterinary surgeons in the interests of animal welfare and for their own protection. Although clients do not own their clinical records, they have the right to access information about themselves under data protection legislation as well as under professional guidelines set by the RCVS.

13.13 The GDPR gives individuals the right to access their personal data. To clarify, the GDPR relates to personal data – data about an individual person. Information about an animal is not personal data and is outside the scope of the GDPR. Unless the subject access request is excessive or repetitive, a copy of the information must be provided free of charge, and the information should generally be provided without delay and no later than one month after receipt of the request. This is subject to certain exceptions. Care must be taken where the disclosure would involve disclosing another individual's personal data or confidential information. In such cases, consider seeking legal advice or read the Information Commissioner's Office's (ICO's) guidance on subject access requests. Veterinary surgeons and veterinary nurses may need to seek the consent of other people to the disclosure of their personal data, or consider redacting it where appropriate.

13.14 Under RCVS guidelines, at the request of a client, veterinary surgeons and veterinary nurses must provide copies of any relevant clinical and client records. This includes relevant records which have come from other practices, if they relate to the same animal and the same client, but does not include records which relate to the same animal but a different client. Where records relate to the same animal but a different client, the veterinary surgeon or veterinary nurse should try in the first instance to obtain consent from the other client before providing copies of the records or consider redacting the other client's personal data where failure to provide the records may compromise animal welfare.

13.15 In many cases it will be made clear to clients that they are not being charged for radiographs or laboratory reports, but for diagnosis or advice only. In situations where images are held on film, the film remains the property of the practice, with the client being charged for diagnosis or advice. In this situation, copies should still be provided in response to a request, wherever possible. Where images are held digitally, clients are also entitled to a copy.

Providing clinical and client records to colleagues

13.16 Relevant clinical information should be provided promptly to colleagues taking over responsibility for a case and proper documentation should be provided for all referral or re-directed cases. If only clinical information relating to an animal is passed on and no personal data relating to a client is included, the transfer would be outside the scope of the GDPR. In these circumstances the consent to pass on the clinical records could be implied from context, i.e., the client is moving to another practice. However, client records containing personal data should usually only be passed to another practice or to a third party with the client's express, specific and informed consent (Client confidentiality).

13.17 Cases should be referred responsibly (Referrals and second opinions). Additional requests for information should also be dealt with promptly.

14. Client confidentiality

Updated ~~23 June 2020~~ XX September 2022

Introduction

14.1 The veterinary/client relationship is founded on trust and, in normal circumstances, a veterinary surgeon or veterinary nurse should not disclose to a~~ny~~ third party any information about a client or their animal. This includes information~~either~~ given by the client, ~~,~~ or revealed by clinical examination or by post-mortem examination. This duty also extends to support staff.

14.2 The duty of confidentiality is important but it is not absolute and information can be disclosed in certain circumstances, for example where:

- the client's consent has been given~~,~~
- ~~where~~ disclosure can be justified by animal welfare concerns or the wider public interest, ~~,~~ or
- ~~where~~ disclosure is required by law.

14.3 In addition to the duty of confidentiality, the personal data of clients must be handled in accordance with the General Data Protection Regulations (GDPR) (note that animal data falls outside the scope of the GDPR). Under the GDPR, the disclosure of personal data without consent is permitted where it is necessary for compliance with a legal obligation, or for the purpose of a legitimate interest. Accordingly, the GDPR is not a barrier to the reporting of concerns and suspicions to the appropriate authorities.

14.4 In circumstances where there is no client consent for disclosure and a veterinary surgeon or veterinary nurse considers that animal welfare or the public interest is compromised, the veterinary surgeon or veterinary nurse may report relevant client information to the appropriate authorities. The veterinary surgeon or veterinary nurse will have to decide whether the circumstances are serious enough that disclosure of the client's information without consent can be justified.

14.5 Whether or not to make a report in any given case is a matter for the professional judgement of the veterinary surgeon or veterinary nurse. There is often no right or wrong answer in cases like these, and the RCVS will support any reasonable decision by a veterinary surgeon or veterinary nurse who genuinely believes they are acting on the basis of animal welfare or public interest.

14.6~~5~~ For guidance on client confidentiality in the context of social media please see Social Media and Online Networking Forums.

Field Code Changed

Consent to disclosure

14.7 Whenever practicable, the client's express consent to the disclosure should be sought.

14.8 Obtaining consent to the disclosure of personal data in accordance with the GDPR is discussed further below.

14.9 The client's consent to pass on confidential information about their animal (i.e., information other than their personal data) may be express or implied. Consent may be implied from the circumstances, for example where a client moves to a different practice and clinical information is requested, or where an insurance company seeks clarification or further information about a claim under a pet insurance policy.~~The GDPR permits the processing of personal data where it is necessary for compliance with a legal obligation or for the purpose of a legitimate interest (except where the interests or fundamental rights and freedoms of the relevant individual override this). The processing of special category data (e.g. relating to the individual's health or ethnic origin) is more restricted: in this context it could be disclosed where necessary for reasons of substantial public interest, e.g. to prevent or detect unlawful acts, to protect the public against dishonesty, to protect public health or prevent fraud). Accordingly, the GDPR is not a barrier to the reporting of concerns and suspicions to the appropriate authorities.~~

14.10 However, in some cases consent will be refused, or seeking the client's consent may not be appropriate, for example, where it may be likely to undermine the purpose of the disclosure or could invoke an aggressive ~~violent~~ response. In such cases, veterinary surgeons and veterinary nurses may exercise their professional judgement to decide whether a disclosure should be made to the appropriate authorities without consent.

~~14.3 The client's permission to pass on confidential information may be express or implied, except in relation to their personal data, where the consent must be express, specific and informed. Express permission may be either verbal or in writing, usually in response to a request, but if given verbally, a written note should be kept. Except in relation to personal data, permission may be implied from the circumstances, for example where a client moves to a different practice and clinical information is requested, or where an insurance company seeks clarification or further information about a claim under a pet insurance policy. However, whenever practicable the client's express consent to the disclosure should be sought.~~

14.4 14.11 Registration of a dog with the Kennel Club permits a veterinary surgeon who carries out a caesarean section on a bitch, or surgery to alter the natural conformation of a dog, to report this to the Kennel Club.

14.5 For guidance on client confidentiality in the context of social media please see Social Media and Online Networking Forums.

Field Code Changed

Disclosing client information to the authorities

14.6 14.12 Some examples ofIn circumstances where the client has not given permission for disclosure and the veterinary surgeon or veterinary nurse considers that animal welfare or the public interest is compromised, client confidentiality may be breached and appropriate information reported to the relevant authorities. Some examples circumstances where a veterinary surgeon or veterinary nurse may consider that animal welfare or the public interest is compromised and that relevant information should be reported to the appropriate authorities without client consent may may include situations where:

a. an animal shows signs of abuse or neglect

b. a dangerous dog poses a risk to safety

c. child or domestic abuse is suspected

d. where a breeder in England has presented litters without possessing a licence to breed, or has breached the licence conditions (where applicable)

e. where the information is likely to help in the prevention, detection or prosecution of a crime

f. there is some other significant threat to public health or safety or to the health or safety of an individual.

14.137 If a client refuses to consent, or seeking consent would be likely to undermine the purpose of the disclosure, the veterinary surgeon or veterinary nurse will have to decide whether the disclosure can be justified. Generally the decision to disclose to an authority should be based on personal knowledge rather than third-party (hearsay) information, where there may be simply a suspicion that somebody has acted unlawfully. The more animal welfare or the public interest is compromised, the more prepared a veterinary surgeon or veterinary nurse should be to release information to the relevant authority.

14.148 Each case should be determined on the particular circumstances. If there is any doubt about whether disclosure without consent is justified, the issues should be discussed with an experienced colleague in the practice before the information is released. Advice can also be sought from your defence organisation, professional association or the authority to whom you are considering disclosing information.

14.159 If practicable, veterinary surgeons and Vveterinary nurses employed by a veterinary surgeon or practice should discuss the issues with the aappointed senior veterinary surgeon in the practice before breaching client confidentiality.

14.16 Any disclosure should be limited to the minimum amount of information necessary in order to protect animal welfare or the public interest.

14.1710 Where a decision is made to release disclose clientonfidential information, veterinary surgeons or veterinary nurses should be prepared to justify their decision and any action taken. They should ensure that their decision-making process, including any discussions with the client or colleagues, is comprehensively documented. along with their justification for breaching client confidentiality in this instance. Veterinary surgeons and veterinary nurses may find it helpful to cite relevant paragraphs of the Supporting Guidance in their notes to support their decision-making and are may consider free to adding a photo or video evidence to support their decision.

14.1811 Veterinary surgeons and veterinary nurses who wish to seek advice on matters of confidentiality and disclosing confidential information are welcomeencouraged to contact the RCVS Professional Conduct Department on 020 7202 0789. However, there is no requirement to seek permission from the RCVS before making a disclosure and we do not need to log such calls. The RCVS will support any reasonable decision by a veterinary surgeon or veterinary nurse who genuinely believes that the disclosure of client information without consent is justified.

Animal welfare concerns

14.1912 Disclosure may be justified where animal welfare is compromised.

14.20 Animal welfare may be compromised where, for example, there is a suspicion of animal abuse, an animal appears to have suffered neglect, or a client has failed to attend follow-up appointments.

14.2113 When a veterinary surgeon is presented with an injured animal whose clinical signs cannot be attributed to the history provided by the client, theys/he should include non-accidental injury in their

differential diagnosis. 'Recognising abuse in animals and humans' provides guidance for the veterinary team on dealing with situations where non-accidental injury is suspected.

14.2214 Where animal welfare concerns ariseIf there is suspicion of animal abuse (which could include neglect) as a result of examining an animal, in the first instance, where appropriate, the veterinary surgeon or veterinary nurse should attempt to discuss theirhis/her concerns with the client, provided the delay does not compromise animal welfare. Where follow-up appointments have not been attended, it is also sensible to check that requests for clinical records have not been received as this may indicate that the client has sought veterinary attention elsewhere.

14.2315 In cases where a discussion with the client is not possible orthis would not be appropriate, or where the client's response increases rather than allays concerns, the veterinary surgeon or veterinary nurse should consider whether the circumstances are sufficiently serious to justify disclosing their client's information without consent. If so, a reportthe suspected abuse should be madereported to the relevant authorities, for example:

- the RSPCA (Tel: 0300 1234 999 - 24-hour line) in England and Wales;
- the SSPCA (Tel: 03000 999 999 – 7am to 11pm) in Scotland; or
- the Animal Welfare Officer for the relevant local authority in Northern Ireland.

14.2416 Such action should only be taken when the veterinary surgeon or veterinary nurse considers on reasonable grounds that an animal shows signs of harm (including abuse and/or neglect), or is at **real and immediate risk** of abuse of harm, which extends to other animals within the client's care or that they are responsible for. iIn effect, where the public interest in protecting an animal overrides the professional obligation to maintain client confidentiality, and the legitimate interest in disclosing the client's personal data overrides the client's rights to the protection of theirhis/her personal data.

14.254 Where an animal is already deceased, there can be no immediate risk of harm and as such the animal welfare justification does not apply in this situation. However, veterinary surgeons and veterinary nurses can and should give consideration to the risk to other animals within the client's care.

14.265 Where an animal is already deceased, a disclosure to the authorities may still be appropriate in the wider public interest.

14.2764 Veterinary surgeons may decide to retain cadavers for post-mortem examination purposes in cases where client information is disclosed to the relevant animal welfare authority.

14.17 Veterinary surgeons or veterinary nurses may also have animal welfare concerns arising from other issues in practice; for example, where a client has failed to attend follow-up appointments and

~~the veterinary surgeon or veterinary nurse considers that animal welfare may be compromised. In such cases, the veterinary surgeon or veterinary nurse should take reasonable steps to contact the client provided the delay does not compromise animal welfare. It is also sensible to check that requests for clinical records have not been received as this may indicate that the client has sought veterinary attention elsewhere.~~

Child and domestic abuse

14.287518 Given the links between animal, child and domestic abuse, a veterinary surgeon or veterinary nurse reporting suspected or actual animal abuse should consider whether a child or adult within that home might also be at risk. Suspicions of abuse may also be triggered by a separate issue arising out of the relationship with the client.

14.29819 Veterinary surgeons and veterinary nurses are not expected to be experts in abuse, but they can use their professional judgement to determine whether the appropriate authorities should be informed. In all cases, the situation should be approached with sensitivity and the impact of any disclosures to the authorities should be considered carefully.

1430.292720 Where there are concerns that a child is at risk, the veterinary surgeon or veterinary nurse should consider seeking further advice (on an anonymous basis initially if needs be) or making a report to the appropriate authority:, for example,

- the NSPCC (Tel: 0808 800 5000 / NSPCC - Reporting Child Abuse),
- the local child protection team or
- the police.

14.3102821 Where a disclosure of domestic abuse is made to a veterinary surgeon or veterinary nurse a report should only be made to the appropriate authorities if the victim agrees. If the victim does not agree to the matter being reported, then the veterinary surgeon or veterinary nurse should encourage the victim to approach agencies or organisations through which they can seek help.

14.3212922 For further information and practical guidance, which can be cited in the veterinary surgeon or veterinary nurse's notes to support their decision, please see:

- Tthe Links Group guidance '*Recognising abuse in humans and animals: Guidance for the veterinary team*' (The Links Group Homepage) and, in particular, the Links Group AVDR protocol for dealing with suspected animal or domestic abuse.

- Tthe NSPCC leaflet, '*Understanding the links: child abuse, animal abuse and family violence - information for professionals*' (NSPCC Homepage)

Prevention, detection or prosecution of a crime

14.332023 Disclosure of information may be justified where it is necessary for the prevention or detection of an unlawful act and necessary for reasons of substantial public interest. This may include criminal activity, allegations, investigations, and proceedings.

14.343124 The police are most likely to request information using this exemption, but practices may receive similar requests from other enforcement agencies with a crime prevention or law enforcement function,. such as the RSPCA/SSPCA.

14.354225 This exemption does not cover the disclosure of all information in all circumstances and there are limits on what can be released. The exemption allows the release of information for the stated purpose only and only if obtaining consent for releasing the data would prejudice the purposes of preventing or detecting unlawful acts.

14.365326 This exemption does not necessarily mean that disclosure should be undertaken. In all cases the authority to release information under the data protection laws has to be considered alongside the duty of confidentiality.

14.376427 The decision to disclose information in these circumstances can be complex and often falls to the judgement of the veterinary surgeon or veterinary nurse. Disclosing client information without consent requires serious consideration and a full understanding of the circumstances.

14.387528 Before considering whether to release information, the veterinary surgeon or veterinary nurse should:

a. Eensure the request is in writing so you know who is making the request. The request should be signed by someone with sufficient authority.

b. Ccheck whether the person asking for the information is doing so to prevent or detect a crime or apprehend or prosecute an offender.

c. Cconsider whether a refusal to release the information will prejudice or harm the prevention or detection of a crime or the apprehension or prosecution of an offender.

d. Aask the authority or organisation seeking the information if the individual has been approached for their consent. If the answer is no, consider whether it is practicable to obtain the client's consent directly. It may not be appropriate to do so where seeking consent would be likely to undermine the purpose of the disclosure.

e. Qquestion any requests for excessive or apparently irrelevant information.

f. Bbe aware that any disclosure should be limited to the minimum amount of information necessary, in line with the Data Protection Act 20181998.

NB: This is not an exhaustive list and further guidance is available from the Information Commissioner's Office: Information Commissioner's Office Homepage.

14.398629 If a disclosure is made, veterinary surgeons and veterinary nurses should make a record of this and the reasons for the decision. and the authority requesting the information.

14.409730 If a veterinary surgeon or veterinary nurse has genuine concerns about whether disclosing information in these circumstances without client consent is justified, the authority requesting the information may apply for a court order requiring disclosure of the information.

Disclosures required by law

14.31 Veterinary surgeons and veterinary nurses must disclose information to satisfy a specific statutory requirement, such as notification of a known or suspected case of certain infectious diseases.

14.32 Where such a statutory requirement exists, a client's consent to disclosure is not necessary but where practicable the client should be made aware of the disclosure and the reasons for this.

Dealing with suspected illegal imports

14.4103833 Veterinary surgeons and veterinary nurses may be presented with animals which they suspect have entered the UK illegally,: for example:,

- animals presented without the necessary paperwork, or with
- paperwork that appears to be fraudulent or does not comply with pet travel rules, or
- where rabies vaccination requirements have not been met.

A foreign microchip is not necessarily evidence that an animal has been imported illegally. The microchip may have been purchased and implanted in the UK or the animal may have been legally imported into the UK and re-homed.

14.4213934 In cases of suspected illegal imports, veterinary surgeons and veterinary nurses should follow the general guidance on client confidentiality above. T there is no legal or professional obligation to inform the authorities, but veterinary surgeons and veterinary nurses may choose to do so in the public's interest. Ultimately, the decision to report is for the individual professional following the general guidance on client confidentiality above. The RCVS will support a veterinary surgeon or veterinary nurse who believes they are acting on the basis of animal welfare or public interest. Equally, the RCVS will support a veterinary surgeon or veterinary nurse, who, for various reasons, does not wish to make a report. Veterinary nurses employed by a veterinary surgeon or practice should discuss the issues with a senior veterinary surgeon in the practice before breaching client confidentiality.

14.432035 In cases where the client has bought the animal from a breeder or other seller in good faith, oblivious to the origins of the pet, the rules of pet travel and the implications for them as the owner (e.g. potentially seizure and the cost of quarantine), veterinary surgeons and veterinary nurses may wish to encourage the client to make the report themselves. This is because the client will have the details of the breeder or seller and is likely to have first hand evidence to present to the authorities.

14.443136 In Greater London, reports should be submitted to the City of London Animal Health and Welfare Team on 020 8745 7894 (further details are available on the City of London website). Outside of London, reports should be submitted to the local Trading Standards office. General information on the pet travel scheme can be found online.

14.454237 While there is no legal or professional obligation to report illegal imports, there is a legal obligation where rabies is suspected. Rabies is one of the notifiable diseases that must be reported to the Animal and Plant Health Agency (APHA), even if there is only a suspicion that an animal may be affected. Further information on notifiable diseases in animals is available on the UK government website. Suspecting that an animal has been illegally imported is not the same as suspecting it has rabies.

Disclosures required by law

14.465331 Veterinary surgeons and veterinary nurses must disclose information to satisfy a specific statutory requirement, such as notification of a known or suspected case of certain infectious

diseases. Further information on notifiable diseases in animals is available on the UK government website.

14.476432 Where such a statutory requirement exists, a client's consent to disclosure is not necessary but where practicable the client should be made aware of the disclosure and the reasons for this.

14.4875 If a disclosure is made, veterinary surgeons and veterinary nurses should make a record noting the reasons for their decision and that disclosure is necessary for compliance with a legal obligation.

General Data Protection Regulations (GDPR)

14.4698 The GDPR permits the processing of personal data where it is necessary for compliance with a legal obligation or for the purpose of a legitimate interest (except where the interests or fundamental rights and freedoms of the relevant individual override this). The processing of special category data (e.g. relating to the individual's health or ethnic origin) is more restricted: in this context it could be disclosed where necessary for reasons of substantial public interest, for examplee.g. to:

- -prevent or detect unlawful acts,
- to protect the public against dishonesty,, to protect public health or
- prevent fraud). Accordingly, the GDPR is not a barrier to the reporting of concerns and suspicions to the appropriate authorities.

14.50973 The client's permission to pass on confidential information may be express or implied, except in relation to their personal data , where the consent must be express, specific and informed. Express permission may be either verbal or in writing, usually in response to a request, but if given verbally, a written note should be kept. Except in relation to personal data, permission may be implied from the circumstances, for example where a client moves to a different practice and clinical information is requested, or where an insurance company seeks clarification or further information about a claim under a pet insurance policy. However,

Approaches of overseas veterinary regulators

1. To assist the Committee and provide some context, the approaches taken by the American Veterinary Medical Association, College of Veterinarians of Ontario and Veterinary Council of New Zealand are considered below. All three organisations regard both client and animal data to be confidential/private.

   American Veterinary Medical Association (AVMA)

2. The AVMA has published Principles of Veterinary Data Ownership and Stewardship and associated guidance on its website. The principles are listed as follows:

   1. *Veterinary practices own their practice data.*
   2. *Control is a necessary condition of data ownership.*
   3. *Practice data should be portable and accessible.*
   4. ***Prior consent is the foundation of proper data use.***
   5. *Data licensees should be transparent in their use of practice data.*
   6. *Veterinary practices should be able to limit and withdraw consent.*
   7. *Data should only be used for known lawful purposes.*
   8. *Data licensees should collect only the minimum required data.*
   9. *Data licensees should retain practice data only for the requisite time period.*
   10. *Data licensees should be responsible for their own and their licensees' use of veterinary practice data.*
   11. *Data licensees should maintain the confidentiality and privacy of veterinary practice data.*

3. The principles are discussed in linked guidance, which refers to 'practice data' as including many types of data acquired and created by veterinarians, including client, patient and financial information. An extract of the guidance advises as follows (**bold** emphasis added by RCVS Standards and Advice team):

   4. Consent is the foundation of proper data use.
   The right to control practice data does not exist in a vacuum; state veterinary practice acts and other laws limit veterinary practices' rights to disclose and use practice data. ***Veterinary practices must comply with applicable laws and obtain adequate client consent.*** *It necessarily follows that individual practices may be required to limit rights of third parties to the terms of such laws and consents. Similarly, third parties, including the veterinary industry and service providers, should respect the rights and obligations of practice owners and their clients and not place practices in the position of violating such rights and obligations. This obligation becomes particularly acute when the third party possesses greater technological sophistication and capabilities than a veterinary practice.* ***In order to comply with its obligations, a veterinary practice should obtain express written client consent before disclosing data to third parties****, including third parties*

who provide marketing or care reminder services, ***and disclose data only in accordance with such consents.***

The College of Veterinarians of Ontario (CVO)

4. The CVO addresses privacy and confidentiality on the ‘Privacy in Your Practice’ page on its website. They advise as follows (**bold** emphasis added by RCVS Standards and Advice team):

Privacy in Your Practice

The protection of personal information is essential to the operations of any private sector organization. As providers of a service that collects, uses and discloses personal information in the course of commercial and professional activity, veterinarians are legally responsible, under the Personal Information Protection and Electronic Documents Act (PIPEDA), for protecting the privacy of the personal information they receive.
…
Is all information contained in an animal’s medical record considered personal information?
While not all information contained in an animal’s medical record is considered personal information by PIPEDA standards, Section 17 (1) 6. in Regulation 1093 of the Veterinarians Act states that it is professional misconduct for a veterinarian to reveal:

information concerning a client, an animal or any professional service performed for an animal, *to any person other than the client or another member treating the animal except,*

i. with the consent of the client,
ii. if required or authorized to do so by law,
iii. to prevent, or contribute information for the treatment of, a disease or physical injury of a person, or
iv. Revoked: O. Reg. 233/15, s. 11 (1).
v. for the purpose of identifying, locating or notifying the apparent owner of the animal, protecting the rights of the apparent owner or enforcing applicable laws in respect of the animal, where it appears that the animal is not owned by the person presenting it for treatment.

Given this, all information contained in an animal’s medical record is subject to confidentiality and requires informed client consent before it can be disclosed. *For more information on these requirements, please consult the College’s Professional Practice Standard: Medical Records.*

Veterinary Council of New Zealand

5. The Veterinary Council of New Zealand addresses confidentiality in relation to client relationships in their Code of Professional Conduct. They advise as follows (**bold** emphasis added by RCVS Standards and Advice team):

Veterinarians must interact with clients in a way that promotes effective communication and trust. *This includes:*

a. listening to clients, respecting their views, responding to their concerns and preferences and treating them with courtesy
b. not exploiting a client's lack of veterinary knowledge
c. ***treating all client information and information related to the provision of veterinary services as the private information of the client except in circumstances where:***
i. the client has given consent for the information to be shared; or
ii. the information is disclosed in accordance with the principles of the Privacy Act 1993; or
iii. disclosure is required under the Veterinarians Act 2005.
…
c. Confidentiality
i. Veterinarians must ensure the privacy and confidentiality of information collected and stored during the provision of veterinary services.
ii. Veterinarians have professional responsibilities under the Professional Relationships section of the Code to share the relevant information they hold with other treating veterinarians or those who need to know.
*iii**. However unless it is an emergency situation or there are valid grounds for disclosure, clients have the right to decide/consent to who should have access to this information.***
iv. The Privacy Act 1993 (http://www.privacy.org.nz/a-thumbnail-sketch-of-the-privacyprinciples/) governs how personal information must be managed. Privacy principles 10 and 11 place restrictions on how organisations can use or disclose personal information.
v. Privacy principle 11 provides guidance on when it is acceptable to disclose information without client consent. For example:
• when asked to disclose information about a client or their animals as part of an investigation by a recognised and authorised investigator into alleged breaches of the Animal Welfare Act
• when required to provide information to VCNZ as part of a Complaints Assessment Committee investigation.

Approaches of other health regulators

6. The approaches taken by the General Dental Council, General Medical Council and Nursing & Midwifery Council are considered below.

General Dental Council (GDC)

7. The GDC addresses confidentiality at Standards 4.2 and 4.3 of their guidance. They advise as follows (with **bold** emphasis added by RCVS Standards and Advice team):

Standard 4.2: You must protect the confidentiality of patients' information and only use it for the purpose for which it was given

4.2.1 Confidentiality is central to the relationship and trust between you and your patients. You must keep patient information confidential.
This applies to all the information about patients that you have learnt in your professional role including personal details, medical history, what treatment they are having and how much it costs.
…
4.2.5 ***You must explain to patients the circumstances in which you may need to share information with others involved in their healthcare. This includes making sure that they understand:***

- ***what information you will be releasing;***
- ***why you will be releasing it; and***
- ***the likely consequences of you releasing the information.***

You must give your patients the opportunity to withhold their permission to share information in this way unless exceptional circumstances apply. You must record in your patient's notes whether or not they gave their permission.
4.2.6 If a patient allows you to share information about them, you should ensure that anyone you share it with understands that it is confidential.
4.2.7 If other people ask you to provide information about patients (for example, for teaching or research), or if you want to use patient information such as photographs for any reason, you must:

- *explain to patients how the information or images will be used;*
- *check that patients understand what they are agreeing to;*
- ***obtain and record the patients' consent to their use;***
- *only release or use the minimum information necessary for the purpose; and*
- *explain to the patients that they can withdraw their permission at any time.*

If it is not necessary for patients to be identified, you must make sure they remain anonymous in any information you release.
4.2.8 You must keep patient information confidential even after patients die.
4.2.9The duty to keep information confidential also covers recordings or images of patients such as photographs, videos or audio recordings, both originals and copies, including those made on a mobile phone. You must not make any recordings or images without the patient's permission.

Standard 4.3: You must only release a patient's information without their permission in exceptional circumstances
4.3.1 In exceptional circumstances, you may be justified in releasing confidential patient information without their consent ***if doing so is in the best interests of the public or the patient. This could happen if a patient puts their own safety or that of others at serious risk, or if information about a patient could be important in preventing or detecting a serious crime.***
If you believe that revealing information about a patient is in the best interests of the public or the patient you should first try to get the patient's permission to release the information.

You should do everything you can to encourage the patient to either release the information themselves or to give you permission to do so. You must document the efforts you have made to obtain consent in the patient's notes.
4.3.2 If obtaining consent from a patient to the release of their information in the public interest is not practical or appropriate, or if the patient will not give their permission, you should ***get advice from your defence organisation or professional association before you release the information.***
4.3.3 If you have information that a patient is or could be at risk of significant harm, or you suspect that a patient is a victim of abuse, you must inform the appropriate social care agencies or the police. See our website for further guidance.
4.3.4 You can be ordered by a court, or you can be under a statutory duty, to release information about a patient without their permission. If this happens, you should only release the minimum amount of information necessary to comply with the court order or statutory duty.
4.3.5 ***In any circumstance where you decide to release confidential information, you must document your reasons and be prepared to explain and justify your decision and actions.***

General Medical Council (GMC)

8. The GMC addresses confidentiality in their Confidentiality: Good practice in handling patient information guidance for doctors, advising that confidentiality is an important legal and ethical duty but is not absolute.

9. The GMC's guidance provides eight principles to apply to practice, as follows (**bold** emphasis added by RCVS Standards and Advice team):

   a. *Use the minimum necessary personal information. Use anonymised information if it is practicable to do so and if it will serve the purpose.*
   b. *Manage and protect information. Make sure any personal information you hold or control is effectively protected at all times against improper access, disclosure or loss.*
   c. *Be aware of your responsibilities. Develop and maintain an understanding of information governance that is appropriate to your role.*
   d. *Comply with the law. Be satisfied that you are handling personal information lawfully.*
   e. ***Share relevant information for direct care in line with the principles in this guidance unless the patient has objected****.*
   f. ***Ask for explicit consent to disclose identifiable information about patients for purposes other than their care or local clinical audit, unless the disclosure is required by law or can be justified in the public interest****.*
   g. ***Tell patients about disclosures of personal information you make that they would not reasonably expect, or check they have received information about such disclosures, unless that is not practicable or would undermine the purpose of the disclosure. Keep a record of your decisions to disclose, or not to disclose, information****.*
   h. *Support patients to access their information. Respect, and help patients exercise,*

their legal rights to be informed about how their information will be used and to have access to, or copies of, their health records.

10. The guidance sets out when personal information can be disclosed, as follows:

    a. *the patient consents, whether implicitly or explicitly for the sake of their own care or for local clinical audit, or explicitly for other purposes*
    b. *The patient has given their explicit consent to disclosure for other purposes*
    c. *The disclosure is of overall benefit to a patient who lacks the capacity to consent*
    d. *The disclosure is required by law, or the disclosure is permitted or has been approved under a statutory process that sets aside the common law duty of confidentiality*
    e. *The disclosure can be justified in the public interest*
    f. *Disclosing information to protect patients i.e. children or adults who may be at risk of harm*
    g. *Responding to requests for information*

11. Each of these examples is further discussed in the subsequent paragraphs of the guidance and are supplemented by a ‘confidentiality decision tool’ with case studies.

Nursing & Midwifery Council (NMC)

12. The NMC addresses people’s right to privacy and confidentiality at paragraph 5 of their Code. It advises as follows (**bold** emphasis added by RCVS Standards and Advice team):

    5 Respect people’s right to privacy and confidentiality
    As a nurse, midwife or nursing associate, you owe a duty of confidentiality to all those who are receiving care. This includes making sure that they are informed about their care and that information about them is shared appropriately.

    To achieve this, it is advised that they must:
    a. respect a person’s right to privacy in all aspects of their care
    b. make sure that people are informed about how and why information is used and shared by those who will be providing care
    c. respect that a person’s right to privacy and confidentiality continues after they have died
    d. ***share necessary information with other health and care professionals and agencies only when the interests of patient safety and public protection override the need for confidentiality***
    e. *share with people, their families and their carers, as far as the law allows, the information they want or need to know about their health, care and ongoing treatment sensitively and in a way they can understand.*

RCVS | SETTING VETERINARY STANDARDS

Summary	
Meeting	Standards
Date	12 September 2022
Title	Disciplinary Committee Report
Summary	Update of Disciplinary Committee since the last Standards meeting
Decisions required	None
Attachments	None
Author	Yemisi Yusuph DC Clerk y.yusuph@rcvs.org.uk

Classifications		
Document	**Classification**[1]	**Rationales**[2]
Paper	Unclassified	n/a

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

[2]Classification rationales	
Confidential	1. To allow the Committee or Council to come to a view itself, before presenting to and/or consulting with others 2. To maintain the confidence of another organisation 3. To protect commercially sensitive information 4. To maintain public confidence in and/or uphold the reputation of the veterinary professions and/or the RCVS
Private	5. To protect information which may contain personal data, special category data, and/or criminal offence data, as listed under the General Data Protection Regulation

Report of Disciplinary Committee hearings since the last Standards meeting on 9 May 2022.

Hearings

Paul Roger

1. The Committee met between 15 and 19 November 2021 and on 25 April 2022 to hear the Inquiry into Mr Roger. He found himself faced with three charges which related to his treatment of Honey, a Shih Tzu dog who was in his care on 30 January 2019. The charges also related to his failure to provide appropriate and adequate care when investigating and managing her hyperglycaemia, had failed to adequately communicate with Honey's owner and had failed to keep adequate clinical records in relation to Honey.

2. Mr Roger's initial assessment of Honey included taking a blood sample, the results of which showed that there was an elevated blood glucose, an elevated white blood cell count, an elevated ALT and an elevated ALP (which Mr Roger took to be indicative of liver damage secondary to infection). He prescribed a cholagogue (ursodeoxycholic acid), an antibiotic (Synulox) and a diuretic (Frusemide).

3. In its findings of fact, the Committee found it likely that Mr Roger would have realised that Honey had a potential diabetes mellitus diagnosis with an elevated blood glucose of 28. Mr Roger explained he had believed that the elevated blood glucose was due to the stress Honey had undergone in taking the blood samples. The Committee found that Mr Roger's actions on 30 January 2019 did not indicate a complete failure by him to notice the elevated blood glucose because he had explained he believed at the time it was due to stress.

4. Honey's owner took her back to the veterinary practice that Mr Roger worked at three days later. A different veterinary surgeon examined Honey and flagged that her blood sugar was high and that her liver was damaged. She was taken to an alternative veterinary practice for follow-up but died later that day.

5. Mr Roger made a number of admissions at the outset of the hearing. These admissions were failing to ask Honey's owner if there was a history of diabetes mellitus, failing to take repeat blood glucose tests or carry out urine analysis or carry out additional blood tests, failing to communicate adequately with Honey's owner about the significance of the hyperglycaemia and the options for investigation/management and failing to keep adequate clinical records in regard to Honey's blood glucose levels. The Committee found the admitted facts proved.

6. The evidence presented to the Committee included the clinical notes taken during Honey's consultations, emails sent from Honey's owner to the RCVS outlining the complaint, and evidence from experts in small animal veterinary practice. Although the Committee found some matters not proved, it did find proved that Mr Roger had failed to recognise and/or pay adequate regard to Honey's elevated blood glucose levels, had failed to manage Honey's hyperglycaemia either by treating it or by documenting an appropriate plan to do so and had failed to communicate adequately with Honey's owner about the significance of her elevated glucose and the reason for it.

7. The full decision on facts can be found here: Roger, Paul Anderson April 2022 Decision of Disciplinary Committee on Findings of Facts - Professionals (rcvs.org.uk)

8. Having reached its decision in relation to the facts, the Committee went on to consider whether the facts it had found proved either individually or cumulatively amounted to serious professional misconduct.

9. Judith Way, Chairing the Committee and speaking on its behalf said: “The Committee found that the charges and particulars it had found proved did not amount to disgraceful conduct in a professional respect either individually or cumulatively. In its judgment, the conduct found proved fell short of the standard to be expected of a reasonably competent veterinary surgeon but not far short of the standard which is expected of the reasonably competent veterinary surgeon.”

10. The full decision on disgraceful misconduct can be found here: Roger, Paul Anderson April 2022 Decision of Disciplinary Committee on Disgraceful Conduct in a Professional Respect - Professionals (rcvs.org.uk)

11. After considering all the mitigating and aggravating factors, the Committee found that Mr Roger was not guilty of serious professional misconduct on any of the proven charges, either individually or in any combination, the hearing did not proceed further.

Daniel Doherty

12. The Disciplinary Committee met for a hearing in person on 4 – 6 April and then again on 24 – 25 May. The charges against the Respondent were in relation to a conviction of Conspiracy to Commit Fraud by False Representation. The offence resulted in a sentence of 24 months imprisonment suspended for 18 months, 150 hours of unpaid work and pay of victim surcharge of £100.

13. The Committee found the facts of the charge proved by a certificate of conviction from the relevant Crown Court.

14. The Respondent submitted that despite the seriousness of the offence, such conviction did not render him unfit to practice veterinary surgery.

15. The Committee took into account many aggravating and mitigating factors, as well as the mitigating factors laid out by HHJ Johnson, including his finding at para 32 that “it was that obsessive commitment to animal welfare that overwhelmed your judgement resulting in you acting dishonestly”. However, the Committee had a duty to consider the wider public interest, taking into account the view of the reasonable member of the public who was well informed of all the facts and evidence in the case. Such a person should not expect perfection in a veterinary surgeon, but the Respondent’s conduct was liable to have a seriously detrimental effect on the reputation of the profession. The Committee considered that members of the public would rightly be troubled that a veterinary surgeon had committed an offence of this kind. Veterinary surgeons’ duties extend beyond the care of animals. Here, individual members of the public who purchased these mis-described puppies were adversely affected. The Respondent’s conduct enabled those individuals to be defrauded.

16. The Committee was satisfied that this conduct, fell far below the standard expected of a Registered Veterinary Surgeon and that this conviction was of a nature and seriousness that renders him unfit to practise as a Veterinary Surgeon. To find otherwise would undermine public confidence in the profession and fail to uphold proper standards of conduct and behaviour in veterinary surgeons. Accordingly, it is the judgement of this Committee that the

conviction, as set out in the charge, renders the Respondent unfit to practise veterinary surgery.

17. The full decision on finding of facts and sanction can be found here: Doherty, Daniel May 2022 Decision of Disciplinary Committee on Facts and Unfitness to Practise - Professionals (rcvs.org.uk)

18. At this stage an application was made by the Respondent's Counsel for the committee to recuse itself from the case. In essence, it was contended that what was stated in paragraph 31 of the Committee's Decision was inaccurate and did not accord with the evidence contained in the documentation that had been placed before the Committee.

19. In the circumstances the Committee did not accept the submission that paragraph 31 is unclear or inaccurate. The Committee considered that when read in context and in its entirety, it is clear and reflects the evidence before the Committee. In regards to the submission about the Appearance of Justice, the Committee considered that, there being nothing inaccurate in the content of paragraph 31, this submission had no foundation or substance.

20. In the circumstances, the Respondent's application was refused.

21. The full decision can be found here: doherty-daniel-may-2022-decision-of-disciplinary-committee-on-respondent-s-application-for-recusal (1).pdf

22. In regard to sanction, the Committee considered that this case was much too serious to be disposed of by way of a reprimand about the Respondent's past conduct or a warning as to his future behaviour. The aggravating factors identified in the Committee's Decision on Facts and Unfitness to Practise confirmed the correctness of this conclusion. The Committee accepted that the Respondent was exploited by his co-conspirators and that his decision to vaccinate the puppies in question did not cause them any harm; indeed it benefited them as puppies. He gained no financial benefit from his decision to vaccinate these puppies – he simply recouped the cost of the vaccines in question. His motivation for vaccinating them was his obsessive commitment to animal welfare. He maintained full and proper records of the vaccinations he had undertaken which assisted the authorities to successfully prosecute his co-conspirators.

23. The Committee accepted that by reason of the time the Respondent served in prison, he has been the subject of a de facto period of suspension from practice and has also undertaken a significant number of hours of Community Service (some 230 hours in all). In these circumstances the Committee concludes that the deterrent factor in a sanction of suspension has been partially met. In the Committees view, the seriousness of the Respondents conduct which resulted in his criminal conviction merited a period of suspension of 9 months. However, the Committee considered that it is right that the period during which the Respondent was unable to practise during his incarceration should be fully reflected and should serve to reduce the period that would otherwise have been the appropriate period of suspension from practice.

24. In the result the decision of the Committee was that, having regard to the unusual and, in some respects unique, features of this case, the ultimate period of suspension should be that of one month.

25. The full decision in regards to sanction can be found here: doherty-daniel-may-2022-decision-of-disciplinary-committee-on-sanction (1).pdf

Warwick Seymour Hamilton

26. On Wednesday 8 June, the Committee met virtually to hear the tenth restoration application from Mr Seymour Hamilton.

27. Seymour-Hamilton was originally removed from the Register after an inspection of his Kent-based veterinary practice deemed it to be in a state that would pose a risk to animal health and welfare. The inspection found that, amongst other causes for concern, the Controlled Drugs Register was not properly maintained, the operating theatre was unhygienic and presented a risk of infections and there were no adequate facilities to sterilise instruments.

28. In deciding whether Mr Seymour-Hamilton could be restored to the Register, the Committee considered if he had understood why his previous restoration attempts had failed, if he had undertaken adequate training to bring his clinical skills and knowledge up-to-date, and if his conduct since his removal from the Register would restore the public's confidence in his ability to carry out the duties required of a qualified veterinary surgeon.

29. In its determination, the Committee found that that Mr Seymour-Hamilton was not fit to be restored to the Register. The Committee found that he still does not accept the original findings which led to his removal from the Register and, over the course of his previous applications, has shown no insight into the conduct underlying those original findings."

30. As such, the Committee refused Mr Seymour Hamilton's application. The full decision can be found here: Seymour-Hamilton, Warwick John June 2022 Decision of Disciplinary Committee on the Application of the Applicant for Restoration to the Register - Professionals (rcvs.org.uk)

McKinstry,Ruthford & Inman

31. Between 14-20 June, the Committee met in person in respect of the three named Respondents .The charges against Mr McKinstry relate to the fact that in October 2019 he wrote a letter, or arranged for a letter to be written, indicating that Dr Inman, a registered mobility scorer for the health and welfare scheme, had undertaken an assessment when he in fact had done so and that, in doing so, he was dishonest, misleading and risked undermining procedures designed to promote animal welfare. He did this without Dr Inman's knowledge and he himself was not a registered mobility scorer.

32. The charges against Dr Rutherford relate to the fact that in September 2019 on two occasions he similarly wrote a letter saying that Dr Inman had undertaken an assessment when he had done so and had uploaded these letters on to the scheme's online platform and that, in doing so, he was dishonest, misleading and risked undermining the scheme.

33. The charges against Dr Inman were that on two occasions in September 2019 she allowed Dr Rutherford to create and upload these letters knowing that they were dishonest, misleading and risked undermining the scheme.

34. At the outset of the hearing, all three respondents admitted to all the charges against them. The Committee found the charges to be serious misconduct.

35. Full decision on findings of facts and disgraceful conduct can be found here: McKinstry, Alexander, Rutherford, Andrew, and Inman, Rebecca June 2022 Decision of Disciplinary Committee on Facts and Disgraceful Conduct in a Professional Respect - Professionals (rcvs.org.uk)

36. After determining that there was disgraceful conduct, the Committee went on the establish what sanction to impose on the respondents. The Committee to into account both aggravating and mitigating factors, when making their determination.

37. Regarding Mr McKinstry, in terms of aggravating factors the Committee considered that the conduct was premeditated, that he had an increased position of trust and responsibility as a practice director at the time of the misconduct, it was a breach of trust for the farm clients, and he had put Dr Inman's professional reputation in jeopardy by not informing her of his conduct. In mitigation, the Committee considered that there was no harm or risk of harm to animals, the conduct was not done for personal financial gain, that Mr McKinstry had been open and frank in his dealings with the RCVS and had shown insight into his behaviours, and his previous good character and unblemished career.

38. Regarding Dr Rutherford, the aggravating factors were premeditated misconduct, being in a position of trust and responsibility as a practice director, and breach of trust with farm clients. In mitigation the Committee considered no risk of harm, lack of financial gain, open and frank dealings with the RCVS, insight into behaviours and that Dr Rutherford was previously of good character with an unblemished career.

39. Regarding Dr Inman, the aggravating factors were the abuse of her position of trust as a registered mobility scorer and the breach of trust with the farm clients. In mitigation the Committee considered that it had been an isolated incident involving, from Dr Inman's point of view, a single telephone call. It also considered that there was no risk of harm, no personal financial gain, her open and frank admissions in dealings with the RCVS, demonstration of insight, previously unblemished record, and efforts to avoid repeats and remediate past misconduct.
40. "the Committee concluded that a period of suspension was sufficient and proportionate in this case to meet the need to maintain public confidence in the profession and uphold proper standards. It had a sufficient deterrent effect upon others in the profession and was sufficient to mark that the disgraceful conduct was unacceptable,"

41. The Committee concluded that the appropriate sanction to impose on all three respondents was to suspend each of them for one month.

42. The full decision on sanction can be found here: McKinstry, Alexander, Rutherford, Andrew, and Inman, Rebecca June 2022 Decision of Disciplinary Committee on Sanctions - Professionals (rcvs.org.uk)

Stephanie Hazelwood RVN

43. The RVN Disciplinary Committee met virtually on Monday 22 – Tuesday 23 August 2022.

44. The charges against Ms Hazelwood were in relation to taking a number of items from Orwell Veterinary Group without paying as well as ordering and/or taking POM-V medication without payment or a prescription from a veterinary surgeon.

45. The hearing began with an application from the College to proceed in the respondent's absence. This application was accepted as the Committee concluded that it was in the interests of justice that the matter should proceed notwithstanding the absence of Ms Hazelwood. The respondent supplied written submissions for the Committee to consider.

46. The Committee found the charges proved on the basis of Ms Hazelwood's admissions supplied in writing, as supported by the evidence relied on by the College.

47. It was concluded that the Respondents conduct fell far below the standard expected of a register veterinary nurse. The Committee found that her actions would be considered deplorable by other members of the profession and the public at large and amounted to disgraceful conduct in a professional respect.

48. Regarding sanction the Committee took into account the mitigating factors in this case and that Ms Hazelwood stole these items at a time when she was under particular financial and personal pressure. The amounts involved were small and had been repaid. The Committee concluded that through her written submissions significant insight had been demonstrated and full recognition of the dreadful thing that had been done.

49. It was the Committees view that while the conduct was extremely serious it would have been unduly punitive to direct the Registrar to remover her name from the register. the Committee therefore directed the Registrar to remove her name for a period of three months.

50. The Committees full decision in relation to this matter can be found here: Hazelwood, Stephanie August 2022 Decision of the Disciplinary Committee - Professionals (rcvs.org.uk)

Upcoming DC cases

51. The DC currently have 5 listed hearings, and the RVN have 1 listed hearing:

    - 31 August – 2 September
    - 19 September – 23 September (RVN)
    - 19 September- 23 September
    - 27 -28 September
    - 4 October – 12 October
    - 7 -11 November & 22 -28 November

52. There are currently two referred hearings which will be listed shortly.

53. There are also two resumed hearings that will be heard later in the year.