

Standards Committee

Agenda for the meeting to be held on 10 May 2021 at 10.00am

1.	Apologies for absence, declarations of interest and minutes of the meetings held on 4 March 2021.	Oral, minutes attached
2.	Standards and Advice update	Oral update
3.	Matters for discussion	
	a. Covid-19 temporary guidance on remote prescribing – <u>Confidential</u> i. PDSA response	Paper attached
	b. Under care – <u>Confidential</u>	Oral update
	c. Fraudulent prescriptions	Oral update
	d. Vet-AI - <u>Confidential</u>	Oral update
	e. Deer darting – <u>Confidential</u>	Paper attached
4.	Matters for decision	
	a. PSS – Schedule 3 controlled drugs	Paper attached
	b. Supporting guidance update – anaesthesia	Paper attached
	c. Tuk's law – <u>Confidential</u>	Paper attached
5.	Matters for report	
	a. Disciplinary Committee Report	Paper attached
	b. Practice Standards Scheme Report	Paper attached
6.	Confidential matters for report	
	a. Recognised 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
7.	Risk and equality	
	a. Risk Register update – top 5 risks	Paper attached
8.	Any other business and date of next meeting 13 September 2021 <ul style="list-style-type: none"> • Signing over animals • VCMS common issue 	Oral update

Standards Committee 2020/2021

Chair:

Dr Melissa Donald BVMS MRCVS

Members:

Dr Caroline Allen MA VetMB CertSAM MRCVS

Ms Belinda Andrews-Jones DipAVN (surgical) RVN

Miss Linda Belton BVSc MRCVS

Mr Mark Castle OBE

Mr David Leicester BVetMed MRCVS

Ms Claire-Louise McLaughlan MA LLB(Hons)

Mr Martin Peaty BVSc CertEP CertES(Orth) MRCVS

Mrs Claire Roberts DipAVN (surgical) RVN

Prof James Wood BVetMed FRCVS

Summary	
Meeting	Standards Committee
Date	4 March 2021
Title	Standards Committee Minutes
Summary	Minutes of the Standards Committee held remotely on Thursday 4 March 2021, at 2pm
Decisions required	None
Attachments	Classified appendix
Author	Beth Jinks Senior Standards and Advice Officer b.jinks@rcvs.org.uk

Classifications		
Document	Classification¹	Rationales²
Unclassified minutes	Unclassified	n/a
Classified appendix	Confidential	1, 2 and 3

1Classifications explained

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

2Classification rationales

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

Minutes of the Standards Committee held remotely on Thursday, 4 March 2021, at 2 pm

Members: Mr M Castle
Mrs C Roberts
Dr M A Donald Chair
Mr D Leicester
Ms C-L McLaughlan
Mr M Peaty
Ms B Andrews-Jones
Miss L Belton
Dr C Allen
Prof J Wood

In attendance: Ms E C Ferguson Registrar
Ms B Jinks Senior Standards and Advice Officer
Mx K Richardson Senior Standards and Advice Officer/Solicitor
Ms L Lockett CEO
Dr M Greene President
Dr L Prescott-Clements Director of Education
Present for AI 3(b) only
Mr B Myring Policy and Public Affairs Manager
Present for AI 2(a) only
Ms E Taylor Research Officer
Present for AI 2(a) only

AI 1 Apologies for absence and declarations of interest

1. The Chair welcomed the CEO to the meeting as an observer. The Committee were informed that the President would attend later in the meeting.
2. There were no new declarations of interest.

AI 1 Minutes of the meetings held on 8 February 2021

3. It was agreed that the minutes of the previous meetings are accurate.
4. It was reported that every action item has either been actioned or appears on the agenda for this meeting.

Matters for discussion

Standing item: Remote prescribing temporary guidance – Confidential

5. Confidential information is available in the classified appendix at paragraphs 1 to 4.

AI 2(a) Under Care – Confidential

6. Confidential information is available in the classified appendix at paragraphs 5 to 9.

AI 2(b) Endorsement – Confidential

7. Confidential information is available in the classified appendix at paragraphs 10 to 13.

AI 2(c) Article 3 – Confidential

8. Confidential information is available in the classified appendix at paragraphs 14 to 17.

AI 3(a) Certification (GEFS) – Confidential

9. Confidential information is available in the classified appendix at paragraphs 18 to 19.

AI 3(b) VetGDP – Confidential

10. Confidential information is available in the classified appendix at paragraphs 20 to 22.

Any other business

11. None

Date of next meeting

12. The date of the next meeting is 10 May 2021.

Table of actions

13. Confidential actions are available in the classified appendix.

Summary	
Meeting	Standards Committee
Date	10 May 2021
Title	Practise Standards Scheme - Schedule 3 Controlled Drugs
Summary	This paper summarises the current position in relation to the legal requirements of and best practice for storage of Schedule 3 controlled drugs. Further information is provided in respect of the issues surrounding storage of Schedule 3 controlled drugs to aid the Committee's discussion and decision on next steps regarding proposed amendments to the PSS Rules.
Decisions required	<ol style="list-style-type: none"> The Committee are invited to approve the addition of the storage of all Schedule 3 controlled drugs as a Core Standards requirement.
Attachments	None
Author	Lisa Price Head of Standards l.price@rcvs.org.uk

Classifications		
Document	Classification ¹	Rationales ²
Paper	Confidential	1

¹Classifications explained

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

²Classification rationales

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

Background

1. Under the Misuse of Drugs Regulations 2001, Schedule 3 controlled drugs can be supplied by veterinary professionals but are subject to specific storage requirements. Schedule 3 drugs include Buprenorphine, Barbiturates, Tramadol, Gabapentin and Midazolam.
2. Veterinary surgeons are legally required to store the following Schedule 3 controlled drugs in a locked container which is compliant with the Misuse of Drugs (Safe Custody) Regulations 1973: drugs containing buprenorphine, diethylpropion, flunitrazepam and temazepam.
3. The VMD confirm that the lockable cabinet housing the controlled drugs should be in a lockable and tidy room to avoid drugs being misplaced. In addition, controlled drugs should be kept in a separate container from other controlled drugs.

Practice Standards

4. Whilst the secure storage of Schedule 3 controlled drugs is not a legal requirement, and therefore not currently a Core Standards requirement, the current position for each of the species Standards is that practices are advised to keep all Schedule 3 controlled drugs stored in a controlled drugs cabinet as part of good clinical practice.
5. Chapter 10.1.12 in Small Animal Standards / Chapter 9.1.12 in the Equine Standards / Chapter 8.1.12 in the Farm Standards reads as follows:

Schedule 3: Includes tramadol, buprenorphine, pentazocine, the barbiturates and others. They are not legally subject to safe custody except buprenorphine, diethylpropion and temazepam which must be kept under safe custody (locked secure cabinet); but it is advisable that all Schedule 3 drugs are locked away.

Issues of storage of Schedule 3 controlled drugs

6. Whilst practices in the scheme are advised to keep all Schedule 3 drugs in a locked cabinet, the fact that this is not a legal or code requirement has caused issues in practice. This has been confirmed by a number of corporates and independent practices, whereby Schedule 3 drugs have been left on display in dispensaries and therefore at risk of being misplaced or subject to misuse in the wrong hands.
7. Given the wider number of Schedule 3 drugs available, since Tramadol and Gabapentin were reclassified as Schedule 3, there is greater risk of misuse. The PSS assessor team are strongly in favour of secure storage of all Schedule 3 controlled drugs in light of the public

health and mental health risks to practice staff in controlled drugs being more accessible. Without this being a Core Standards requirement, it is becoming increasingly difficult for assessors to strongly encourage practices to keep to this standard.

8. It is appreciated that changing the advice on storage of Schedule 3 controlled drugs to a Core requirement may result in practices struggling with sufficient storage space, especially given the delays in witnessing destruction of schedule 2 controlled drugs as a result of the Covid-19 pandemic. As a result, practices now need to store more controlled drugs in the controlled drugs cabinets and they are increasingly becoming full. In addition, practices may wish to continue to provide staff with wider access to certain controlled drugs once prescribed and awaiting collection to facilitate the ease of dispensing.
9. One way to mitigate these issues would be for the PSS to provide guidance to practices as to what constitutes a lockable space, which does not necessarily need to comply with the Misuse of Drugs regulations for certain Schedule 3 controlled drugs. The guidance could confirm that a second lower security cabinet such as a locked container or cupboard would be sufficient for those Schedule 3 drugs that are not legally required to be kept in a controlled drugs cabinet. This could negate the need to have an additional controlled drugs cabinet and make access to certain Schedule 3 drugs easier for those small quantities of Schedule 3 drugs awaiting collection by clients if not stored in the controlled drugs cabinet.

Storage of Schedule 3 Controlled Drugs in Core Standards

10. The following wording is proposed for Core Standards, with a change of emphasis from 'advise' to 'must' in respect to the locked storage of Schedule 3 controlled drugs:

Schedule 3: Includes tramadol, buprenorphine, pentazocine, the barbiturates, gabapentin and pregabalin. They are not legally subject to safe custody except buprenorphine, diethylpropion and temazepam which must be kept under safe custody (locked secure cabinet); but it is a Core requirement that all Schedule 3 drugs must be locked away.

Decisions required

11. The Committee are invited to approve the addition of the storage of all Schedule 3 controlled drugs as a Core Standards requirement.

Summary	
Meeting	Standards Committee
Date	10 May 2021
Title	Anaesthesia support – Supporting Guidance update
Summary	The Committee is asked to consider amendments to Chapter 18 and Chapter 2 of the Supporting Guidance to the Code of Professional Conduct, following changes to PSS Core Standards relating to anaesthesia.
Decisions required	The Committee is asked to: <ol style="list-style-type: none"> a. Approve the amendments to Chapter 18 and Chapter 2 of the Supporting Guidance to the Code of Professional Conduct.
Attachments	Annex A – Proposed amendments to Chapter 18 and Chapter 2.
Author	Beth Jinks Standards and Advisory Lead B.jinks@rcvs.org.uk

Classifications		
Document	Classification¹	Rationales²
Paper	Confidential	1
Annex A	Confidential	1

¹Classifications explained

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

²Classification rationales

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

Background

1. In November 2019 and February 2020, the Standards Committee agreed changes to the PSS Small Animal Module at Core level relating to additional staff members being present during some surgical procedures. The PSS requirement and guidance read as follows:

Requirement:

A second suitably trained person other than the surgeon must be in attendance for the specific purpose of monitoring the patient and maintaining anaesthesia, except in emergency or very short procedures e.g. cat castrate

Guidance Notes:

Monitoring a patient during anaesthesia and the recovery period is the responsibility of the veterinary surgeon, but may be carried out on his or her behalf by a suitably trained person. The most suitable person to assist a veterinary surgeon to monitor and maintain anaesthesia is a suitably trained veterinary nurse or, under supervision, a student veterinary nurse. Evidence of suitable training must be provided if the team member is not a RVN. In-house training is acceptable but should be evidenced to assessors. Assessors will wish to speak to those put forward as having competency in anaesthetic monitoring. Assessors may also ask to see the anaesthetic charts for elective procedures that have been carried out.

2. These, along with other agreed changes, will be published in the PSS Modules in May 2021.
3. This requirement moved from GP level, to Core, within the Small Animal PSS Module, and as such, is now the standard which all practices (regardless of accreditation with PSS) need to meet. This is by virtue of the following paragraph in the Code of Professional Conduct:

4.3 Veterinary surgeons must maintain minimum practice standards equivalent to the Core Standards of the RCVS Practice Standards Scheme.

4. Therefore, it is suggested that a new paragraph be added to Chapter 2, and paragraph 18.9 of Chapter 18 be amended to reflect the PSS guidance, that is, to require that there be another, suitably trained, person present during procedures requiring anaesthesia, except in emergency or very short procedures e.g. cat castrate. The Committee are directed to review the proposed amendments in **Annex A**.

Decision

5. The Committee is asked to:
 - a. Approve the amendments to Chapter 18 and Chapter 2 of the Supporting Guidance to the Code of Professional Conduct.

New text in red.

Removed text in ~~strike through~~.

18. Delegation to veterinary nurses

[...]

Maintenance and monitoring of anaesthesia

18.9 Veterinary nurses and student veterinary nurses may be directed to assist veterinary surgeons with the maintenance of anaesthesia and the monitoring of patients under anaesthesia. The following advice applies to these tasks:

- a. Inducing anaesthesia by administration of a specific quantity of medicine directed by a veterinary surgeon may be carried out by a veterinary nurse or, with supervision, a student veterinary nurse, but **not** any other person.
- b. Administering medicine incrementally or to effect, to induce and maintain anaesthesia may be carried out only by a veterinary surgeon.
- c. Maintaining anaesthesia is the responsibility of a veterinary surgeon, but a suitably trained person* may assist by acting as the veterinary surgeon's hands (to provide assistance which does not involve practising veterinary surgery), for example, by moving dials.
- d. Monitoring a patient during anaesthesia and the recovery period is the responsibility of the veterinary surgeon, but may be carried out on his or her behalf by a suitably trained person*.
- e. The most suitable person to assist a veterinary surgeon to monitor and maintain anaesthesia is a veterinary nurse or, under supervision, a student veterinary nurse.

*Evidence of suitable training must be provided if the team member is not a registered veterinary nurse. In-house training is acceptable.

[...]

2. Veterinary care

Introduction

2.1 The *Codes of Professional Conduct* state that veterinary surgeons and veterinary nurses must provide veterinary care and veterinary nursing care that is appropriate and adequate.

2.2 Veterinary surgeons and veterinary nurses are personally accountable for their professional practice and must always be prepared to justify their decisions and actions. When providing care, veterinary surgeons and veterinary nurses should:

- a. take all reasonable care in using their professional skills to treat animals;
- b. ensure that a range of reasonable treatment options are offered and explained, including prognoses and possible side effects;
- c. make decisions on treatment regimes based first and foremost on animal health and welfare considerations, but also the needs and circumstances of the client;
- d. recognise the need, in some cases, to balance what treatment might be necessary, appropriate or possible against the circumstances, wishes and financial considerations of the client*;
- e. obtain the client's consent to treatment unless delay would adversely affect the animal's welfare (to give informed consent, clients must be aware of risks) (see [Supporting Guidance Chapter 11](#));
- f. consider the welfare implications of any surgical or other procedure and advise or act appropriately;
- g. provide an environment in which animals are subjected to minimum stress and provided with optimal care;
- h. ensure a hygienic and safe environment;
- i. where possible, check that the care or treatment provided for each animal is compatible with any other treatments the animal is receiving (it is recognised that it may not be possible to do so in emergency situations);
- j. keep within their own areas of competence, save for the requirement to provide emergency first aid;
- k. consult suitably trained colleagues, either within or outside the practice, when novel or unfamiliar procedures might be under consideration or undertaken;
- l. facilitate a client's request for a referral or second opinion and recognise when a case or a treatment option is outside their area of competence (see [Supporting Guidance Chapter 1](#));
- m. comply with animal welfare legislation and relevant Codes of Practice in the jurisdiction(s) in which they practise;
- n. comply with relevant legislation, guidance and Codes of Practice if involved in research or teaching (see [Supporting Guidance Chapter 24](#) and [Chapter 25](#))

- o. be familiar with any special rules or requirements of the particular industry in which they practise, for example, the meat hygiene industry or animals used in sport; and
- p. keep their skills and knowledge up to date.

*There may be additional considerations for owners of animals kept for commercial or production purposes. Whatever the circumstances, the overriding priority is to ensure that animal health and welfare is not compromised.

Support in surgery

2.3 A second suitably trained person other than the surgeon must be in attendance for the specific purpose of monitoring the patient and maintaining anaesthesia (except in emergency or very short procedures e.g. cat castrate).

2.4 Evidence of suitable training must be provided if the team member is not a registered veterinary nurse. In-house training is acceptable.

[...]

Summary	
Meeting	Standards Committee
Date	10 May 2021
Title	Disciplinary Committee Report
Summary	Update of Disciplinary Committee since the last Standards Committee meeting held on 8 February 2021
Decisions required	None
Attachments	None
Author	Yemisi Yusuph Clerk to the Disciplinary Committee Tel: 020 7202 0729 Email: y.yusuph@rcvs.org.uk

Classifications		
Document	Classification¹	Rationales²
Paper	Unclassified	N/A

¹Classifications explained

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

²Classification rationales

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

Report of Disciplinary Committee hearings since the last Standards meeting on 8 February 2021

Background

1. Since the last update to Standards on 8 February 2021, the Disciplinary Committee ('the Committee') have met on two occasions. The RVN Disciplinary Committee have met once.
2. The recruitment process for new DC Committee Members is currently underway.

Hearings

Mr Robert Crawford

1. On Thursday 25 February 2021, the Committee met remotely to consider Mr Crawford's application for voluntary removal from the Register.
2. The application came after charges were brought against Mr Crawford in relation to; failing to provide adequate and appropriate care; failing to provide adequate clinical histories to another practice in respect of several animals; failing to treat fellow veterinary professionals and other members of staff from another practice with courtesy and respect; failing to maintain adequate clinical records; failing to have in place Professional Indemnity Insurance or equivalent arrangements; and, failing to respond to reasonable requests from the RCVS.
3. On 31 January 2021, Mr Crawford submitted his application for voluntary removal, along with signed undertakings, which stated that if the application were to be successful, he would undertake to come off the Register with immediate effect and never to apply for restoration.
4. Mr Crawford, who is 71 years old, attended the hearing. Although he was not legally represented, he did have a McKenzie friend, from the VDS who assisted and supported him throughout the hearing.
5. Submissions in relation to the application were made on behalf of Mr Crawford. The Committee were directed to look at various factors when considering the application. These included, his age; the fact that he had no previous disciplinary findings against him and had now ceased practising, including closing his practice premises and notifying his previous clients of the closure. It was also confirmed that Mr Crawford was fully aware that if his application was accepted, he would no longer be able to practise as a veterinary surgeon or identify as a veterinary surgeon. The Committee also noted that the RCVS had consulted with the complainants who were satisfied with the case being disposed of in this way.

6. The Committee took into account the full circumstances of the case, including personal ones, as well as all supporting evidence. The Committee also considered the public interest identified in maintaining the public's confidence and upholding proper standards of conduct and behaviour in the profession.
7. The Chair stated that, "Having weighed the public interest in a hearing with the registrant's interests, the Committee determined that this is not a case in which the public interest required there to be a full hearing. Protection of the welfare of animals would also not be further served by a full hearing. The Committee decided to accede to the respondent's application".
8. The Committee considered that the adjournment on undertakings served to protect the public interest, confidence in the profession and the welfare of animals.
9. The Committee carefully considered the detail of the undertakings. It decided, after due consideration that it would accept the respondent's undertakings in the terms offered and signed.
10. The full decision can be found here: [Crawford, Robert Andrew, Decision of the Disciplinary Committee on the Respondent's Application to Dispose of the Case by Adjournment of the Inquiry and Undertakings - Professionals \(rcvs.org.uk\)](#)

Dr Vanja Fures

11. On Monday 1 March and Tuesday 2 March 2021, the Committee met remotely to hear the Inquiry into Dr Fures. Dr Fures attended the hearing but was unrepresented.
12. The Inquiry was in relation to Dr Fures providing the RCVS with false information about his conviction for driving while over the limit.
13. Dr Vanja Fures MRCVS was convicted in the Dublin Criminal Courts of Justice in the Republic of Ireland on 20 December 2018 of driving with excess alcohol and the Disciplinary Committee heard that, on or about 14 April 2020 while renewing his UK RCVS registration, he had given the RCVS false details about the facts relating to the circumstances that led to his conviction.
14. Following Dr Fures declaring his conviction to the RCVS, the RCVS Chief Investigator requested that he provide a summary of the circumstances of the offence. Dr Fures responded by confirming that his flight from Frankfurt to Dublin on 11 December 2017 had suffered engine failure and the pilot had been forced to land in Amsterdam where the plane had been swapped for an airworthy one onto which the passengers, including Dr Fures, had transferred. As a result of the incident and the emergency landing, Dr Fures' arrival in Dublin

had been delayed and that this led him to be stressed and to have several alcoholic drinks during the flight.

15. The RCVS Chief Investigator undertook an investigation into Dr Fures explanation, including liaising with the airline Lufthansa. As a result of the inquiries and research it became clear that whilst Dr Fures' flight had suffered a delay in its initial departure time causing it to arrive 1 hour and 9 minutes late it had not, as stated by Dr Fures in his written response, suffered engine failure requiring an emergency landing in Amsterdam with the transfer of passengers. On the contrary it had been a direct and uninterrupted flight.
16. In May and July 2020, the RCVS Chief Investigator wrote to Dr Fures setting out the result of his investigations and research. In his response's Dr Fures accepted that his memory of the incident was wrong.
17. The full charges can be found here: [Fures, Vanja, Charges - Professionals \(rcvs.org.uk\)](https://www.rcvs.org.uk/charges/vanja-fures/)
18. Prior to the commencement of the hearing, Dr Fures submitted an application to have his name voluntarily removed from the register and to undertake never to apply for restoration. On the first day of the hearing, the Committee considered Dr Fures application. The Committee listened to Ms Curtis (Counsel for College) submission. In her submissions she indicated that the College opposed the application as they did not consider it appropriate or proportionate in this case.
19. Having considered both the application and the College submissions, the Committee decided not to accept the application and undertakings in part on the bases that he was not of retirement age and intended to continue to practice in Ireland. The Committee concluded that this was a case which the public interest, confidence in the profession, and potentially the welfare of animals demanded that there be a full hearing.
20. The Committee's full decision on the application can be found here: [Fures, Vanja, Decision of the Disciplinary Committee on the Respondent's Application to Dispose of the Case by Adjournment of the Inquiry and Undertakings - Professionals \(rcvs.org.uk\)](https://www.rcvs.org.uk/decisions/vanja-fures/)
21. The Committee went on to consider the facts of the case. Dr Fures admitted that he had supplied the RCVS with false information about his conviction for drink driving but denied that this was dishonest at the time that he supplied the information. He accepted that the information he provided was wrong, in that his flight between Frankfurt and Dublin, while delayed by just over an hour, did not have to land in Amsterdam as he had previously claimed. He said that his false statement was based on misremembering the circumstances and that he had genuinely believed his statement was true at the time it was made to the

RCVS. He said that, due to shame over his conviction and the negative impact it had on the life of him and his family, he had created a false memory of the circumstances.

22. The Committee concluded that Dr Fures gave false information to the RCVS. And as such all the facts were proved.
23. The full decision on facts can be found here: [Fures, Vanja, Decision on Findings of Fact - Professionals \(rcvs.org.uk\)](#)
24. They were satisfied that his actions were dishonest and had made an attempt to paint a picture of a fact more difficult and stressful journey than had actually occurred and was trying to excuse and mitigate his behaviour at the time. The Committee concluded that his actions amounted to serious professional misconduct.
25. The Committee stated that “Dr Fures’ action in dishonestly giving false information to his regulator struck at the heart of his obligation, as a registered professional, to be open and honest with his regulator. This obligation is necessary to allow the College, as regulator, to carry out its crucial and statutory functions in ensuring that it investigates concerns properly.”
26. The full decision on disgraceful conduct can be found here: [Fures, Vanja, Decision of the Disgraceful Conduct in a Professional Respect - Professionals \(rcvs.org.uk\)](#)
27. In considering what sanction to impose on Dr Fures the Committee took into account the mitigating factors, including the fact that there were no previous regulatory findings against Dr Fures or any previous conviction for dishonesty, that he had demonstrated remorse for his actions, that there was no actual harm or risk of harm to any animal, that no concerns raised about Dr Fures’ practice, that there was no repetition of the dishonest conduct and that he had demonstrated some insight.
28. In terms of aggravating factors, it considered that there was deliberate and sustained dishonesty and that he had sought personal gain as a result of his actions.
29. After careful consideration, the Committee concluded that the appropriate sanction to impose on Dr Fures was reprimand and warning as to his future conduct.
30. The full decision on sanction can be found here: [Fures, Vanja, Decision on Sanction - Professionals \(rcvs.org.uk\)](#)

X Registered Nurse

31. On Wednesday 3 and Thursday 4 March, the RVN Committee met to hear an inquiry into a registered veterinary nurse.
32. At the outset of the inquiry, the respondent made an application for anonymity.
33. The Committee granted the application as they believed that there was sufficient evidence of a real and immediate threat to the respondent if proceedings were to be heard in public and their name was disclosed.
34. Throughout the hearing, the respondent was referred to as X to protect their safety.
35. The Committee first considered the facts of the case. They heard that in 2020, X had pleaded guilty to intentionally and knowingly attempting to communicate with a person under the age of 16 for their own sexual gratification. The Committee also heard that X was sentenced to a two-year probation order, ordered to register on the Sexual Offence Register for five years and the fact that they were also made subject to a Sexual Prevention Order for a period of five years.
36. From the outset of the hearing, X admitted all the charges against him. The Committee were presented with a certified copy of the conviction.
37. The Committee found the facts proven.
38. The Committee went on to consider whether the conviction amounted to serious professional misconduct. In doing so, they considered the aggravating factors surrounding the case. The first was that there was risk of actual harm to a minor. The second was that the misconduct was premeditated as X had been in contact with who they believed was a 15-year-old via a number of different platforms. The third was that X had displayed predatory behaviour, including sending pictures and making comments of a sexual nature. The last aggravating factor that was considered by the Committee was that it involved what X believed to be a vulnerable individual.
39. In mitigation, the Committee considered the fact there was no actual harm caused to a human or animal. It also took into account that the conduct related to a single isolated incident and that X had made open admissions earlier on.
40. The Committee concluded that the conviction amounted to serious professional misconduct and were satisfied that the sentence imposed on X, which included X being subject to a Sexual Harm Prevention Order until 2025, resulted in the profession of veterinary nurses being brought into disrepute and, in the Committee's judgement, public confidence in the profession would be

undermined if the Committee did not find that the conviction rendered X unfit to practise as a veterinary nurse.”

41. In considering what sanction to impose on X, the Committee heard from a character witness, who was also anonymous as revealing their identity could inadvertently lead to the identification of the respondent. The character witness stated that the respondent's actions were out of character, that they had a previously long and unblemished career, that they had made full admissions and demonstrated insight, and that they had a low risk of reoffending in the future.
42. “The Committee accepted that X had been an excellent veterinary nurse and that X's criminal conduct did not relate to X's practice as a veterinary nurse. However, in the Committee's judgement the aggravating factors outweighed the considerable mitigating factors in this case.”
43. The Committee decided that a suspension order would not reflect the seriousness of the offence. As such, the Committee concluded that in order to maintain the reputation on the profession and the College as a regulator, the appropriate sanction was for X's name to be removed from the registered.
44. The full decision can be found here: [X Registered Nurse, Decision - Professionals \(rcvs.org.uk\)](https://rcvs.org.uk)

Upcoming DC's

45. There are 4 Inquires that have been listed to take place:
 - 4- 12 May 2021
 - 10- 21 May 2021
 - 26 & 27 May 2021
 - 21-24 June 2021
46. The resumed Dyson Inquiry has been listed to take place in late June.

All species

Index number	Changes made	New wording	Rationale
16.1.37	Requirement and Guidance Notes added.	<p>Requirement: Medical gas cylinders must be stored and handled safely. There must be signage and information for the emergency services.</p> <p>Guidance Notes: Cylinders should be stored according to the following requirements:</p> <ul style="list-style-type: none"> -Must be stored under cover, preferably outside -Adequate ventilation is required -They should be clean, dry and protected from extremes of temperature -Secured to prevent falling or misuse (either horizontal racks or > E size vertical with holder) -Sited away from any sources of heat or ignition -Different types of gas should be separated within the store <p>A trolley is recommended for any movement within the practice.</p> <p>If cylinders are transported for emergency use, there must be evidence of specific training and risk assessment for this task. Cylinders should be checked to ensure the contents do not leak and securely stored to prevent damage in transit.</p> <p>Signage must indicate the location of the cylinder store (and area valve service units if applicable for piped gas) and the type of gas. There should also be appropriate warning, safety and prohibition labels e.g. prohibition of smoking and naked lights.</p> <p>All personnel handling compressed medical oxygen cylinders should have adequate knowledge of:</p> <ul style="list-style-type: none"> -The properties of the gas used -The correct operating procedures for the cylinder 	<p>This requirement is governed by the following U.K. legislation/ regulations:</p> <ul style="list-style-type: none"> • The Health and Safety at Work Act (1974) (HSAWA) • Management of Health and Safety at Work Regulations (1999) • Provision and Use of Work Equipment Regulations (1998) <p>While there is a current Core requirement in the Practice Team Module (16.1.16) that includes the HSAWA (1974) in relation to gas cylinders, this focuses mainly on the requirement for a risk assessment to be carried out for various practice hazards. On advice from the Health and Safety Champion in the assessor team, PSG have agreed to add in this specific health and safety consideration for handling of gas cylinders as a standalone requirement, to highlight the depth of management this particular risk needs for basic health and safety of personnel and patients in practice.</p>

		-Precautions and actions to be taken in the event of an emergency	
13.1.1	Addition to Requirement and Guidance Notes.	<p>Requirement: Practices must take steps to provide 24-hour emergency cover for those species treated by the practice during normal working hours. For referral practices, this must include 24-hour availability in all disciplines, or they should, by prior arrangement, direct referring veterinary surgeons to an alternative source of appropriate assistance.</p> <p>Guidance Notes: See Chapter 3 in the supporting guidance to the RCVS Code of Professional Conduct for further information: http://bit.ly/1J80rzD Veterinary surgeons taking steps to provide emergency first aid and pain relief for animals should provide protocols for on-duty veterinary surgeons.</p>	PSG are updating this to ensure it reflects the current Supporting Guidance i.e. to include the additional requirements for referral practices.
10.1.24	Change to guidance notes	<p>Requirement: Medicines must be used in accordance with the legislation commonly referred to as the Cascade.</p> <p>Guidance notes: Assessors will wish to see evidence that Cascade medicines are clearly identified to owners who give informed consent for their use. Written forms for signature are expected. Human generic preparations must not be used other than under Veterinary Medicines Guidance Note The Cascade: Prescribing unauthorised medicines, which allows for the welfare of animals to be a primary consideration in the choice of treatment: http://bit.ly/1M7S8qy In the first instance a veterinary surgeon should prescribe a medicine authorised in the jurisdiction where they are practising, for use in the target species, for the condition being treated, and used at the manufacturer's recommended dosage. Where there is no such medicine available, the veterinary surgeon responsible for treating the animal(s) may, in particular to avoid unacceptable suffering, treat the animal(s) in accordance with the Cascade.</p>	Change to bring in line with current legislation, following an update to the legislation after Brexit.

		<p>See paragraphs 4.14 to 4.22 of the supporting guidance for the Code of Professional Conduct for further guidance on prescribing under the cascade https://www.rcvs.org.uk/setting-standards/advice-and-guidance/code-of-professional-conduct-for-veterinary-surgeons/supporting-guidance/veterinary-medicines/</p>	
--	--	--	--

Equine only

Index number	Changes made	New wording	Rationale
5.1.20	Requirement added. No Guidance notes at this time.	Requirement: Written information sheets for owners holding horses in controlled areas must be provided, plus arrangements for dosimetry as agreed with the RPA.	This is in line with the new Ionising Radiation Requirements 2017 requirements, and is therefore reflective of current U.K. regulations.

Summary	
Meeting	Practice Standards Group
Date	14 January 2021
Title	Minutes of meeting
Summary	Minutes of the Practice Standards Group meeting held on Thursday 14 th January 2021.
Author	Stephianne Black PSS Officer s.black@rcvs.org.uk / 0207 202 0786

Classifications		
Document	Classification ¹	Rationales ²
Minutes	Unclassified	N/A

PRACTICE STANDARDS GROUP

Minutes of the meeting held 14th January 2021.

Members

Mandisa Greene	Chair & RCVS Council
Adam Mugford	BAVECC
Andrew Parker / Anna Judson	SPVS
Louise Northway*	BVNA
Tim Mair	BEVA
Rita Dingwall	
Mark McLaren*	Lay member
Krista Arnold	BSAVA
Daniella Dos Santos	BVA
Sally Wilson**	BCVA
Martin Smith**	BVHA
Andrea Jeffery	RCVS VN Council
Stuart Saunders	VMG

In attendance

Lisa Price	RCVS Head of Standards
Lily Lipman	RCVS Senior PSS Manager
David Ashcroft	PSS Lead Assessor
Laurence Clegg	RCVS Senior PSS Officer
Stephianne Black	RCVS PSS Officer
Eleanor Ferguson	RCVS Registrar
Amanda Radford	RCVS PSS Officer

*Denotes absence

**Denotes joined the meeting after 10:30

Welcome and introductions

1. The Chair welcomed Andrew Parker as the incoming representative for SPVS, and David Ashcroft as the new Lead PSS Assessor.

Apologies for absence

2. Apologies were received from Louise Northway (BVNA) and Mark McLaren (lay member).

Declarations of interest

3. The BVA representative advised she is now employed by The Vet Group outside of the BVA.

Minutes and actions of previous meeting

4. The minutes of the previous meeting were approved, with the amendment that Rita Dingwall was not representing VMG at the meeting.
5. Regarding the action for the Senior Officer to make a note of amendments regarding lab machine validation for the new edits; the wording of the guidance notes is currently being followed up with BSAVA. The BSAVA representative confirmed the guidance had been written and it was in the process of being reviewed by veterinary professionals. The suggested changes have been shared with the Senior Officer but as they are only minor amendments to the ordering of paragraphs, they do not need to come back to the Group.
6. The Chair confirmed that all other actions from the last meeting had been completed.

PSS Update

a. Membership and Awards

7. The Senior PSS Officer explained there were 3,699 practices in the Scheme in total, down from 3,735 as of the last meeting of PSG in September 2020. This represents 67.29% of all eligible RVPPs.
8. It was explained that the decrease of 36 premises is a net reduction between practices leaving and joining the Scheme. In total, 81 premises have left the Scheme since the latest data from 3rd September 2020 was provided. Of these, 74 were due to premises closing. Three practices were withdrawn for not engaging with assessment, and two practices requested to withdraw which were from

the Vets4Pets corporate group. It was explained this is due to Vets4Pets having the JVP business model, which means the company they have less centralised control over whether or not their practices are in the Scheme.

9. It was queried if practices withdrawing from the Scheme are sent an exit questionnaire to gather their reasons for leaving and also if there is a joining questionnaire to which can help with the future running of the Scheme. Senior PSS Officer advised these questionnaires were not currently in place but that they could be looked into.
10. BAVECC representative highlighted that most of the practices which have left the Scheme would be Core practices, to the corporates closing their smaller, less profitable practices as a consolidation exercise due to the pandemic.
11. The Senior PSS Officer discussed there are now 273 premises that have gained 432 Awards, up from 254 premises with 403 Awards as of the last meeting of PSG in September 2020. It was explained that the increase in premises with Awards was due to processing of the data for awards assessments held before the pandemic.

Action: Senior PSS Officer to investigate implementing the use of questionnaires for practices to fill out when joining and leaving the Scheme.

Top 10 deficient requirements

12. The Senior PSS Officer explained the change in the presentation of this report; at the request of the Group the information was presented with the medicines and all other modules separately. The data had also been further detailed by being split into two groups: assessments carried out face to face in the first half of 2020 prior to the lockdown and those carried out from October 2020 which were remote assessments.
13. The Group was advised that for the medicines assessment deficiencies, the deficiencies identified closely follow those of the assessments carried out face to face and although the remote assessment does not look at all the module areas, there appears to be similar trends on post-assessment requirements.
14. The Lead Assessor explained that the remote assessment is based on a virtual spot check which includes a walk-around via video call. Documentation is requested in advance of the assessment and those documents that are not requested are viewed on the day of the assessment.
15. The Group discussed the possibility of any further support which the College can offer to practices in deficient areas that are frequently not being met prior to the assessment and it was suggested that communications could be used around these in the PSS e-news.

Standards Committee Update

16. The Head of Standards provided an update on the COVID guidance to the profession having returned to a national lockdown. It was explained that where, during the original lockdown in March 2020, practices were advised to only provide emergency care and treatment for animals, the government guidance has enabled veterinary professionals to provide care that is essential to public health and welfare whilst encouraging the strong 'stay at home' message. It was explained that there had also been updates to the guidance on critical workers, particularly with regards to childcare and schools.
17. The Group was updated that currently, as a result of the national lockdown restrictions, high risk practice inspections have been paused, as they require face to face visits as per the agreement with the VMD.
18. The Group was updated that at the November Standards Committee it was agreed that RVNs may now be employed as PSS assessors. The Committee also approved the Equine Emergency Services accreditation after provision of further information from PSS, as well as the PSS Rule change, requiring practices to be assessed within 12 months of being acquired by a group.
19. The Group was advised that all items will now go to RCVS Council on 21st January 2021 for approval.

International Practice Standards and sustainability

20. The Head of Standards informed the Group that the Advancement of the Professions Committee had received and discussed a proposal on expanding the PSS globally, and are now considering the feasibility of this, including carrying out cost / benefit analyses of several proposed models.
21. It was also discussed that a new Environment and Sustainability working party has been formed by the RCVS, tasked with improving sustainability both at the College and within the profession.
22. Members of the working party were informed at their first meeting on the 13th of January 2021 that there is a lot of work in the profession regarding sustainability and that a number of resources have been produced for practices to be more sustainable, including a greener veterinary practice check list that the BVA, SPVS and Vet Sustain have produced.
23. It was noted from the meeting that a number of the big corporate groups and larger veterinary organisations are achieving the Investors in Environment accreditation which seems to be a popular option within the profession. Vet Sustain has created CPD and webinar series for veterinary professionals.

24. It was also mentioned to the Group that there is an appetite for sustainability to be incorporated into the Practice Standards Scheme, with calls for PSS to be used as a tool to improve sustainability in the profession.
25. It was discussed that SPVS / VMG, in conjunction with Vet Sustain, are delivering a sustainability CPD day on the 27th of January 2021, the link for which was shared with the Group in the meeting.
26. The BSAVA representative also advised the Group that BSAVA are working on improving sustainability within the profession and have a sustainability module at BSAVA Congress in March.

Lead Assessor update

27. The new PSS Lead Assessor introduced himself to the Group.
28. The Group was updated that all Assessors returned to work from furlough in October 2020. The assessors received training on how to carry out the remote assessments, using a video of an assessment that was recorded of a trial remote assessment. There was also further training on the Medicines module and VMD requirements, covering the breaches and standards of the VMR. The team has had one assessor return from maternity leave, with another going on maternity leave. Since the departure of the previous Lead Assessor, the last reserve assessor has officially been taken on. They will be completing training, including buddying assessments, in January, with the prospect to start independently assessing from February 2021.
29. The Lead Assessor advised that for remote assessments the same assessor from 4 years ago is generally being allocated for the next assessment in order to clearly establish if previous issues have been addressed. They also advised that there were no geographical limitations when allocating assessors, which increases flexibility.
30. The VMD will start observing assessments soon and will have the option to choose which practice assessments they observe.
31. The Practice Standards team hope to be up to date with assessments by May, with a view to allocating all of the assessment back log by the end of February 2021.
32. It was queried if future recruitment of assessors would coincide with approval of RVNs as assessors. The RCVS Registrar advised that as long as Council approval is attained, RVNs should be included in future recruitment.
33. The Chair enquired about cancellations of remote assessments, particularly following the recent announcement of the national lockdown. The Lead Assessor advised that where cancellations occur, they were trying to arrange for assessors to attend buddy assessments so that their time could be used usefully for training.

Matters for decision

Remote assessment continuation

34. The Group was asked to approve the continued use of the remote assessment format until May 2021, subject to agreement from the VMD, and to review this decision at the next meeting of PSG on 14th April 2021 (or earlier should it be necessary).
35. The Group was advised that VMD approval for continuing with the remote assessments beyond the original agreement of end of February 2021 had been sought but had not yet been received.
36. All members of the Group voted in favour for this to be approved.

Decision: It has been approved for the use of the remote assessment format to be continued until May 2021 subject to agreement from the VMD, and to review this decision at the next meeting of PSG on 14th April 2021 (or earlier should it be necessary).

Review of Awards assessment suspension.

37. The Group was asked to approve the plan to continue to suspend Awards assessments until May 2021 in line with the timeframes for continuing remote assessments, and to review this decision at the next meeting of PSG on 14th April 2021 (or earlier should it be necessary).
38. The Chair advised the Group they will need to consider that a backlog of Awards assessments will begin to accumulate again from April 2021, which is when the first assessments that were delayed by 12 months will be due. The assessment forecast for 2021 shows that 18 Awards assessments are now due between April and July 2021.
39. All members were informed that with the current Assessor availability and the number of standard assessments scheduled for June, July and August 2021 being low, it is projected that the backlog of Awards assessment could be cleared over those months.
40. All members unanimously voted in favour for this decision.

Decision: The Group has approved the plan to continue to suspend Awards assessments until May 2021 in line with the timeframes for continuing remote assessments, and to review this decision at the next meeting of PSG on 14th April 2021 (or earlier should it be necessary).

Revised timeframe for launch of edits to Practice Standards

41. The Group was asked to:
- i. Approve the proposal to publicise and launch the new version of the Standards from May 2021.
 - ii. Decide on a contingency plan for launching the new version of the Standards should this not be possible in May 2021.
 - iii. Decide whether an update of essential Core Standards needs to be made prior to May 2021.
42. It was discussed at the last meeting that there have been important changes to Core standards and that these must be released as soon as is possible. It was proposed that should the Group decide to launch these essential Core standard requirements, there will be three months before they can be assessed allowing for practices to be informed and IT systems to be updated.
43. The Group was also advised to consider agreeing a contingency plan to be used should the Covid-19 restrictions not permit the launch of the full version in May 2021. It is suggested that this should involve an immediate update of all the remaining Core Standards requirements, and the corresponding amendments to other accreditation levels, in May 2021. The full update to all accreditation levels would then be delayed until Covid-19 restrictions are relaxed and standard assessments are resumed. Although it would not be ideal to have this 'interim' update followed by a second update in relatively quick succession, it is vital that the Core Standards amendments are released, and it is suggested that it would not be appropriate to delay this beyond May 2021 at the latest.
44. The Chair asked the Group to decide on splitting the roll out of the essential Core standards and remaining Core standards. This would involve the essential Core standards being released immediately, with a view to them being assessed after three months (i.e. from May 2021). The non-essential changes, i.e., the formatting and minor guidance wording updates would be released at the same time as the remaining, non-Core changes.
45. The Group was advised that queries were already being received from practices about what standards they would need to meet in the future.
46. It was commented that the Core Standards should be updated in order to reflect legislative and Code changes.
47. It was discussed that all Core changes could not be released immediately, due to logistical issues with the fuller update to Core.

Decisions:

The Group decided that the essential Core Standards changes should be released immediately, with a view to being assessed in three months' time (i.e. from May 2021) and;

The remaining non-essential Core requirements to be released in May 2021, to be assessed in three months time, if this also includes the full edits this will all be assessed in six months time and;

If COVID-19 restrictions have not been lifted by May 2021, a small review of all edits will be completed to ensure continuing suitability prior to releasing.

Action:

Senior Manager and Senior Officer to prepare for the essential Core Standards to be released immediately and assessed in three months. Senior Manager and Senior Officer to also prepare for the contingency plan of all the Core Standards requirements being released in May 2021, along with all other requirements.

Remote assessment of new and upgraded accreditations

48. The Group was asked to decide on the following options for processing new applications and initial assessments, and accreditation upgrades, whilst remote assessments are being utilised:

New applications and initial assessments

- i. To continue to carry out initial assessments using the remote assessment format but for these to be followed by a full, in-person assessment within 12 months; and to confirm that practices will be awarded accreditation after the remote assessment element; OR*
- ii. To require new practices to undergo a medicines assessment, held remotely, followed by a full, in person PSS assessment no later than 12 months afterwards; OR*
- iii. To suspend new applications until standard assessments are resumed, or to continue to allow new applications but wait to carry out the initial assessments until standard assessments are resumed.*

49. At the previous meeting, the Group agreed that new applications and upgraded accreditation assessments would be assessed remotely with high-risk practices being assessed face to face.
50. It has been fed back from the Assessor team that they do not feel the remote assessments are suitable for new applications or upgrading accreditation levels and feel that practices should be re-visited sooner than the four-year cycle.
51. The Lead Assessor discussed that it is important to try and keep the numbers of practices on the scheme up and continue to carry out remote assessments for new practices. The concern is how long that accreditation is valid for. The Lead Assessor also mentioned that there is a strong feeling from the Assessor team that practices should be reviewed before the end of the four-year cycle as not all areas covering the Practice Standards are being assessed remotely.
52. The Group was informed that, like Awards assessments being suspended, upgrading accreditation levels would fall in the same line in the sense of having a practice upgrade from General Practice to Veterinary Hospital would not be ideal as not all areas are assessed, to ensure they fully meet all requirements.
53. It was expressed that practices should not have to incur additional costs for an alteration to the assessment process during Covid-19 as this would be over and above what they would be charged under normal circumstances. However, it was explained to the Group that it is also important that the Scheme remains financially self-sufficient and that the main thing is cost for the Assessors time is recovered.
54. It was also queried whether the assessment schedule would be reset from the date of the follow up, in-person assessment, or whether it would be set from the date of the remote assessment element. The Group was advised that this would need to be reviewed further.
55. The Group was asked to vote on remote assessments and upgraded accreditation assessments, by way of an enhanced spot check and it was decided that the detail will be left to the Lead Assessor and the PSS team to work through and put forward to PSG at the next meeting.
56. All members of the group voted unanimously in favour for the proposed decision.

Decision: PSS team to create a protocol that will ensure quality assurance of remotely assessed initial and upgraded assessments.

57. The Group also discussed whether the decision should be applied in retrospect to practices that had already received initial assessments and accreditation upgrades using the remote assessment format. It was raised that if the decision was not applied in retrospect to practices already initially accredited remotely, consideration would need to be given to the messaging to those practices requiring an additional quality assurance check, when previously initially accredited practices had not been informed of such a requirement.

58. It was suggested that rather than applying the decision in retrospect, a 'risk based' approach could be taken with the practices that had already received initial assessments and accreditation upgrades using the remote format, with any considered high-risk requiring a follow up assessment or a spot check.

Decision: The Group decided that additional quality assurance checks should not be applied in retrospect to those practices already assessed.

Action: Senior Manager and Lead Assessor to work up a quality assurance protocol for initial and upgraded assessments, to bring back to PSG at its next meeting.

PSS Rules addition

59. The Group was asked to approve the proposed additional paragraphs to the PSS Rules stating that inspectors from the Veterinary Medicines Directorate (VMD) will observe PSS assessments to show consistency of assessing the VMRs.
60. The PSS Rules set out the requirements for veterinary practices to be registered under the VMRs. It was proposed that the following paragraphs regarding the attendance of PSS assessments by VMD inspectors and data sharing with the VMD are added to the rules:

Under the agreement with the Veterinary Medicines Directorate (VMD) for the RCVS to assess the Veterinary Medicines Regulations (VMRs) on its behalf, the VMD will arrange for its inspectors to observe a selection of PSS assessments to maintain consistency in assessing the VMRs. Practices will be notified in advance by the RCVS if a VMD inspector is due to attend their PSS assessment. NB: the VMD maintains its right to enter any veterinary practice at any time under its own powers of enforcement.

The RCVS is also required to share information with the VMD in order that it can fulfil its statutory functions.

61. It was queried whether there would be cost implications to practices of the VMD observing PSS assessments. The Group was advised that this would be cost neutral to the Scheme.
62. The vote was unanimous approving the proposed changes.

Decision: The Group approved the proposed additional paragraphs to the PSS Rules stating that inspectors from the Veterinary Medicines Directorate (VMD) will observe PSS assessments and that the RCVS shares relevant information with the VMD.

Action: Senior Officer to update the PSS Rules to reflect the VMD may attend any PSS assessment at any time.

Prescribing cascade

63. The Group was asked to approve the proposed amendment to PSS requirement 10.1.24 / 9.1.24 / 8.1.24 (Small Animal, Equine and Farm Animal, respectively) to incorporate changes to chapter 4 of the supporting guidance for the Code of Professional Conduct relating to the cascade.
64. To incorporate the changes to the cascade guidance, the following amended wording for this requirement was proposed:

Requirement

Medicines must be used in accordance with the legislation commonly referred to as the Cascade.

Guidance notes

Assessors will wish to see evidence that Cascade medicines are clearly identified to owners who give informed consent for their use. Written forms for signature are expected. Human generic preparations must not be used other than under Veterinary Medicines Guidance Note The Cascade: Prescribing unauthorised medicines, which allows for the welfare of animals to be a primary consideration in the choice of treatment: <http://bit.ly/1M7S8qy>

In the first instance a veterinary surgeon should prescribe a medicine authorised in the jurisdiction where they are practising, for use in the target species, for the condition being treated, and used at the manufacturer's recommended dosage. Where there is no such medicine available, the veterinary surgeon responsible for treating the animal(s) may, in particular to avoid unacceptable suffering, treat the animal(s) in accordance with the Cascade.

See paragraphs 4.14 to 4.22 of the supporting guidance for the Code of Professional Conduct for further guidance on prescribing under the cascade <https://www.rcvs.org.uk/setting-standards/advice-and-guidance/code-of-professionalconduct-for-veterinary-surgeons/supporting-guidance/veterinary-medicines/>

65. The Group was advised that the change to the cascade legislation had occurred following the UKs departure from the European Union (EU) and applied to Great Britain, with changes for Northern Ireland due to be published by the end of January.
66. The Group approved the proposed changes.

Decision: The Group approved the proposed amendment to requirement 10.1.25 / 9.1.25 / 8.1.25 (Small Animal, Equine and Farm Animal, respectively) to incorporate changes to Chapter 4 of the supporting guidance for the Code of Professional Conduct relating to The Cascade. It was

decided that this should be implemented as part of the update to the essential Core Standards to be released immediately.

Action: Senior Officer to incorporate the amendment to the wording for requirement 10.1.24 / 9.1.24 / 8.1.24 into the update of the essential Core Standards, to be released immediately.

PSS Awards Ceremony

67. At the last meeting it was proposed to the group that an annual celebration event would be organised for practices that had achieved their awards in 2020. Due to the pandemic, it was suggested that there would not be a live ceremony and practices would be sent their Awards blocks in the post.

68. A virtual event to celebrate the Awards accredited practices was arranged for 3 December 2020. Of the 52 practices contacted only 6 returned and accepted the invite which resulted in the event being cancelled.

69. The communications team is currently working on creating digital content with a message from the RCVS President congratulating them on their achievements instead of a virtual event.

Matters arising

70. There were no matters arising.

Risk and equality register

71. It was raised that the accumulation of a further backlog of Awards assessments, due to these not being resumed by April 2021, could be a risk to the Scheme.

Any other business

72. The Group was advised that an email had been received by the Chair, from a member of International Cat Care (ICC) / International Society of Feline Medicine (ISFM) asking if they can have PSG representation on the Group.

73. It was discussed that the current members of the Practice Standards Group widely represent the profession and the different species types, and therefore having further subgroups would not be

necessary. It was suggested instead that other groups and organisations could be invited to input on PSG matters as appropriate.

Action: The Chair to respond to the request from ICC / ISFM to have representation on the Group advising them of PSG's decision, and inviting them to comment on particular areas of the Scheme they feel necessary.

74. The Chair informed the Group that this would be Rita Dingwall's last meeting. The Chair said farewell to Rita on behalf of the Group and thanked her for her contributions.

Next Meetings

15th April 2021 (SC 10th May 2021)

16th August 2021

18th October 2021