

24-hour emergency first aid and pain relief: Standards Committee's recommendations

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Chairman – Standards Committee**

**RCVS Council
5 June 2014**

Presentation agenda

Part 1

The fact-finding exercise

Part 2

Review of the evidence and recommendations

The fact-finding exercise

- RCVS v Chikosi
- Lay Observers' reports 2012 and 2013
- 2008/2009 working party

The fact-finding exercise

- Unlimited scope
- Profession and the public
- Select-committee style meetings

The fact-finding exercise

Phase 1 – written evidence

23 December 2013 – 17 February 2014

302 responses* / 656 pages

2,801 signatures to Jo Dyer's petition

**Vets – 214, Nurses – 20, Organisations – 16, Members of the public – 52*

The fact-finding exercise

Phase 2 – oral evidence

26 – 28 March 2014

By invitation

Bespoke questions for each attendee

Further explored issues raised by
phase 1

The fact-finding exercise



Who attended to give evidence?

Organisations

BVA
Vets Now
Blue Cross
BAVECC
CVS
BVNA
AVSPNI
NIVA
BSAVA
Vets4Pets/Companion Care
RSPCA
PDSA
SPVS
Kennel Club
BEVA

Veterinary surgeons

Susan Howard (MRCVS)
Sheldon Middleton (MRCVS)
Jo Dyer (MRCVS)
Tom Flynn (MRCVS)
Nick Myerscough (MRCVS)
Christian LeVan (MRCVS)
John Oleshko (MRCVS)

Veterinary nurses

Kathryne Wrigley (RVN)

Members of the public

Linda Joyce (member of the public)

Chris Mattinson (former lay observer)

Issues raised by the fact-finding exercise

- Strong desire to **maintain the current obligation** to provide 24-hour emergency first aid and pain relief
- Frustration about **lack of transparency** by those practices which outsource their OOH work
- Frustration about having to see **unregistered clients** and clients of other practices who do not want to travel to their practice's OOH service provider

Issues raised by the fact-finding exercise

- Strong call for there to be no obligation to make a **home visit** in any circumstances i.e. complete freedom for the vet
- **Assurances** that vets would still visit where necessary, even if there were no obligation
- Frequent reference to **safety** concerns
- Many vets stating that they make visits due to **fear of disciplinary action**, not because they think a visit is necessary

Issues raised by the fact-finding exercise

- Concern about arrangements which lead to **ping-pong**
- Many calls for greater emphasis on **owner's responsibilities** under welfare legislation
- Frequent reference to **financial issues**

Other sources of evidence

- RCVS Survey of the Veterinary Profession, carried out by the Institute for Employment Studies
- Survey of animal owners conducted by Dr Mo Gannon
- RCVS Open Day (6 Feb 2014)



- 53% work in a practice that covers its own OOH
- 38% work in a practice that uses a dedicated OOH provider**
- 63.5% personally do some OOH work
- 70.6% said that their OOH work includes visits to clients

**Data based on a snapshot taken on 7 April when 1,062 vets in UK clinical practice had responded. The final report may show different figures.*

*** This excludes those who work for such a provider*

- The majority of respondents (76%) report that they have not had any concerns for their personal safety in the last 12 months.
- Half of those who do OOH state that they are providing cover for five full-time equivalent veterinary surgeons or fewer.

- *I feel I should continue to be obliged to take steps to provide emergency first aid and pain relief to animals according to my skills and the specific situation*

79.8% said agree or strongly agree

- *When on call I would be satisfied to be obliged to take steps to provide emergency first aid and pain relief only to animals registered with the practice*

52.9% said agree or strongly agree

31.3% said disagree or strongly disagree

- *When on call I would be satisfied to be obliged to attend an emergency away from the practice only if it is necessary on clinical or welfare grounds*

60.4% said agree or strongly agree

25.4% said disagree or strongly disagree

Survey of the public

- 1,005 pet owners and 250 equine owners
- A nationally representative sample
- Pre-selected sample



Survey of the public

- 78% of pet owners were registered with a practice (88% equine)
- 88% of pet owners used only one practice (82% equine)
- 89% of pet owners travel up to 30 minutes to their practice (81% equine up to 60 minutes)
- 64% of pet owners believe owners should have to register their animals with a vet (62% equine)
- 73% of pet owners believe that a vet should be obliged to treat an animal in an emergency out-of-hours, irrespective of whether the owner is registered as a client or not (74% equine)

Survey of the public

- 48% pet owners were not aware that OOH cover might not be covered by their practice (44% equine)
- 46% pet owners did not know how OOH is covered by their practice (23% equine)
- In an emergency, 91% pet owners took animal to the practice (as opposed to expecting a house visit) (22% equine)
- 65% pet owners felt 30 minutes or less would be the maximum acceptable time to travel OOH (83% equine up to 60 minutes)
- 11% pet owners think that they should definitely be able to insist on a house call

Review of the evidence and recommendations

Reviewing the evidence – 23 and 30 April 2014



Recommendations – the obligation (general)

- Retain the current obligation to take steps
- Definition of ‘in practice’ – *offering clinical services to the public or other vets*
- Definition of ‘first aid and pain relief’ – *to attend to initial and essential welfare needs*
- Updated information about the obligation as it applies to limited service providers

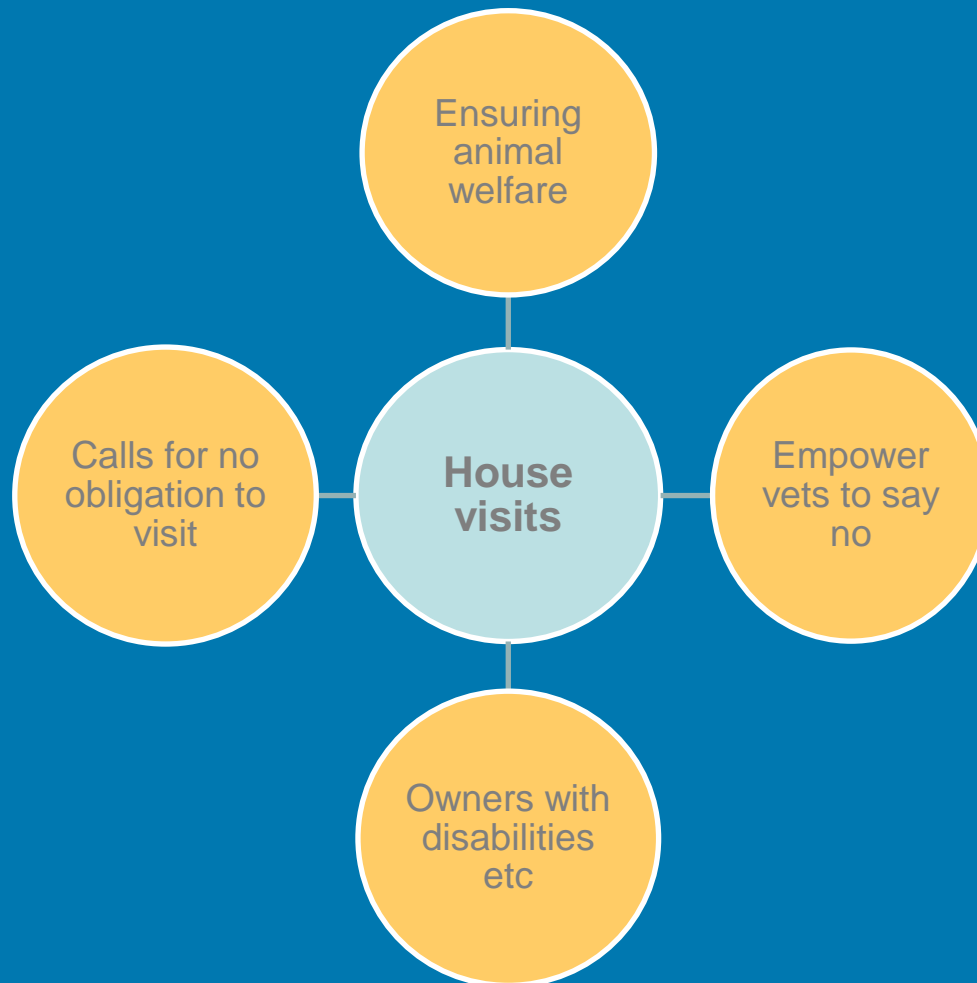
Recommendations – the obligation (location)

- Those offering services to geographically distant clients must observe the general obligation – the guidance states that it is **unacceptable to assume** that other local practitioners will provide the service

Recommendations – the obligation (response time)

- Unworkable to set a response time
- Clarification that vets are expected to respond as **promptly as possible in the circumstances** – on and off site
- Recognition that circumstances may sometimes prevent prompt response – in these instances, it may be appropriate for vet to make **alternative arrangements** for the client

Reviewing the evidence – 23 and 30 April 2014



Recommendations – house visits

- A brand new section of supporting guidance
- A new approach
- Clearer advice about what is expected of vets
- Less emphasis on 'house visits'
- Greater emphasis on owner getting the animal to the practice
- Addressing the evidence about safety concerns

Recommendations – house visits

- New guidance to state that:
 - In all but exceptional circumstances, interests of animal best met **at practice**
 - Veterinary surgeons are not obliged to attend away from the practice unless in their **personal judgement** there is **a set of circumstances** which indicate that the **welfare needs** of the animal could only be served by doing so.
 - Owners may request but cannot demand attendance away
 - Ultimate **decision for the vet** with a list of key factors to consider

Recommendations – house visits

- New guidance to state that:
 - Vets may **decline** where visit is not necessary or where they have overriding safety concerns
 - Responsibility for welfare ultimately rests with owner / keeper / carer (vets can help owners meet their responsibilities)
 - Disciplinary action will be considered only where there is a **wilful disregard** for animal welfare

Reviewing the evidence – 23 and 30 April 2014



Recommendations – registered/unregistered

- Further distinction unnecessary
- Attempting to define a ‘registered client’ would be unworkable
- Practices to provide **full information** about OOH services on an **ongoing basis**
- Vets may charge **higher fees** to unregistered clients or offer **registration as an alternative**

Reviewing the evidence – 23 and 30 April 2014



Recommendations – outsourcing

- Requirement to be **transparent** about OOH service (it is not acceptable just to say “24/7 cover provided”)
- Requirement to make reasonable enquiries to ensure the **adequacy** of the provision made by the chosen service provider
- Adequacy to be considered at the **outset** of the contract and **reviewed** on a regular basis

Recommendations – outsourcing

- Additional recommendations for all vets:
 - **more information** to clients about the service (inc. when and where the service is available)
 - information at the **outset** and on an **ongoing** basis
 - full **updates** on service changes
 - encourage **multiple channels** of information provision

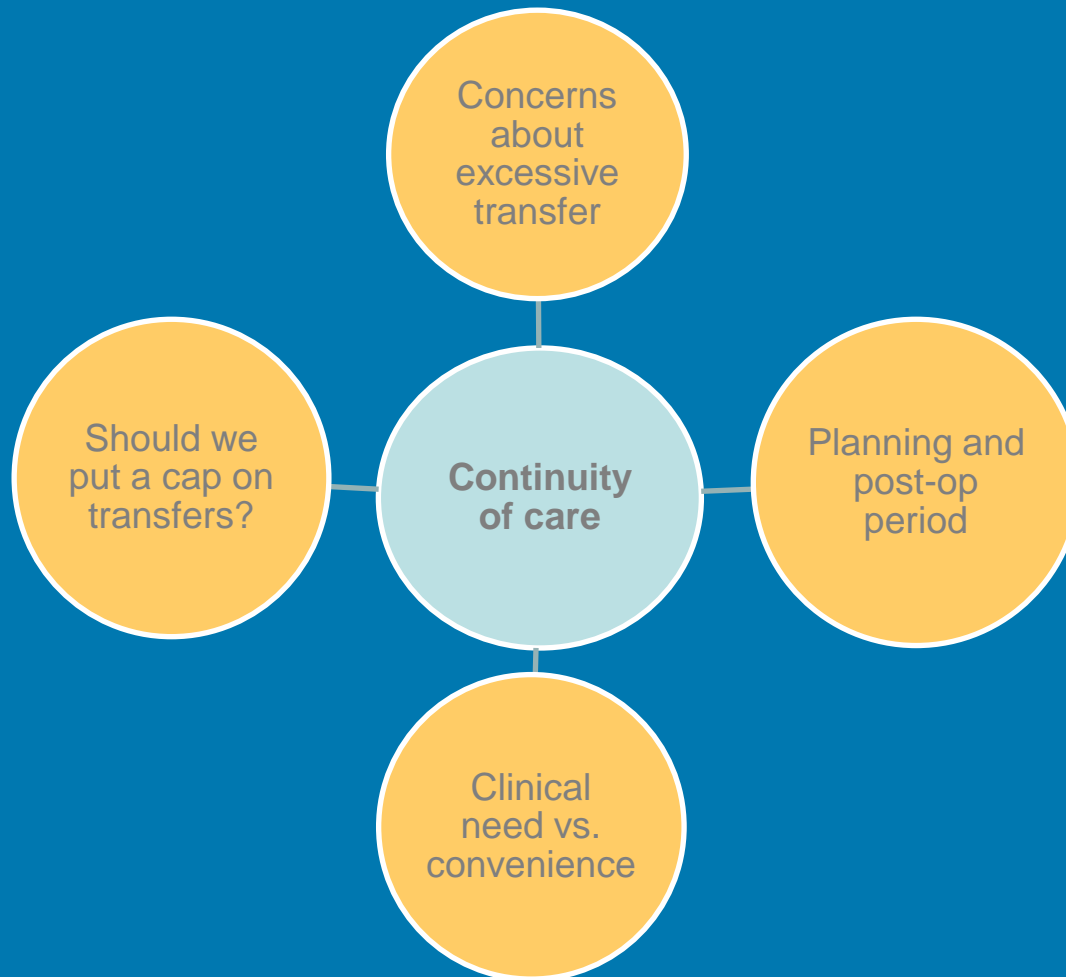
Reviewing the evidence – 23 and 30 April 2014



Recommendations – contingency plans and protocols

- Prescriptive guidance unworkable and unwanted
- Maintain the principle that staffing etc should be **appropriate to likely practice workload**
- New requirement to **review** on an ongoing basis
- Express statement that veterinary surgeons engaged in **senior non-clinical roles** are also accountable

Reviewing the evidence – 23 and 30 April 2014



Recommendations – continuity of care

- No cap on number of transfers but to be kept to an **absolute minimum**
- Transfers to be based on **clinical need, not convenience** or commercial reasons
- Vets to demonstrate a **thought process** to establish approx how long the animal is likely to need veterinary care and level of intensity
- Vets to plan or **manage any changes** in personnel or premises – including provision of information and transport

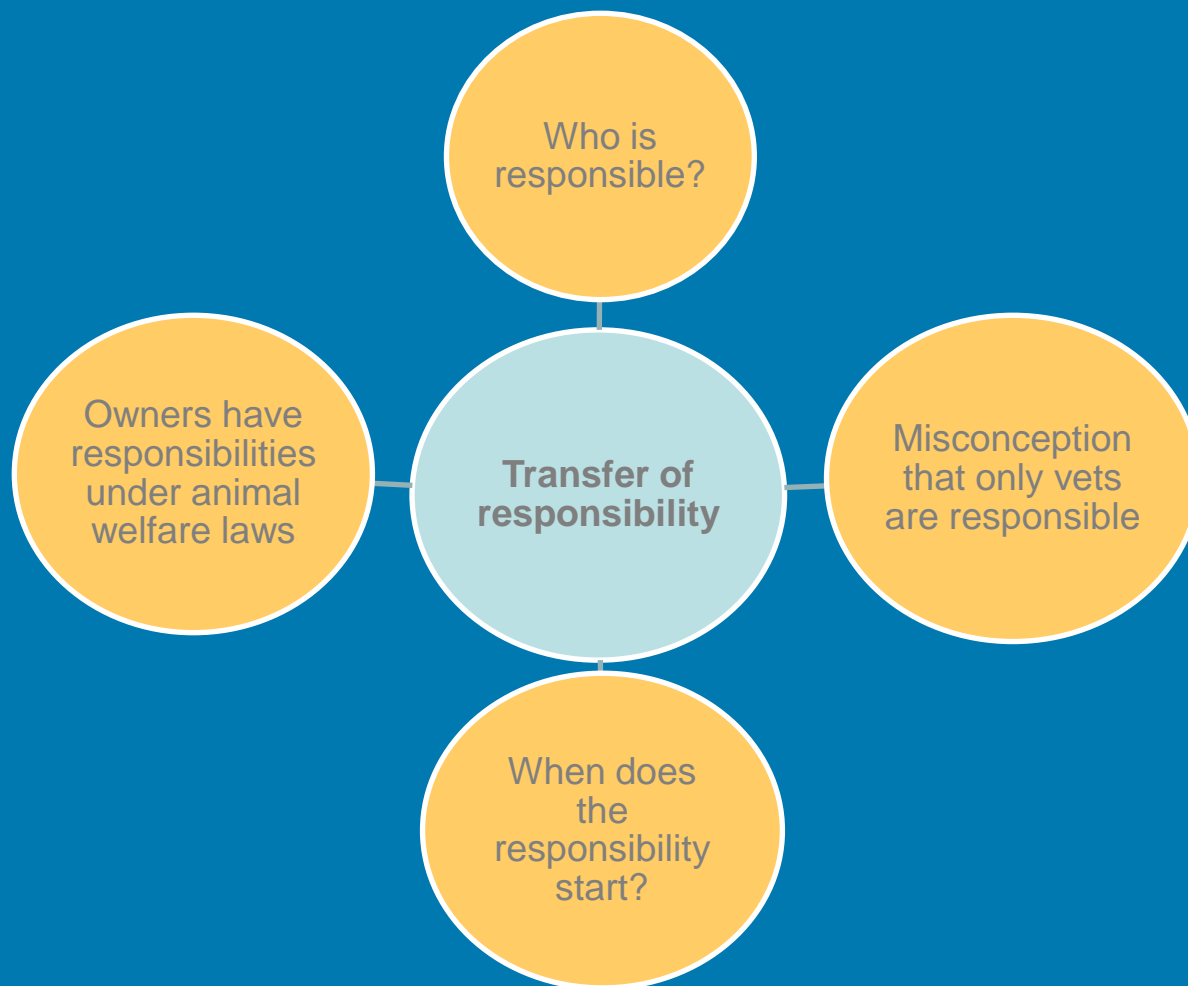
Reviewing the evidence – 23 and 30 April 2014



Recommendations – financial matters

- More support for vets by expressly stating:
 - OOH costs are generally more **expensive**
 - Vets can charge a **premium**
 - Vets can charge **higher fees** for unregistered clients
 - **Euthanasia** is an option
 - Vet not obliged to carry out **substantive treatment** for which owner cannot pay
- Requirement for **full information** for clients

Reviewing the evidence – 23 and 30 April 2014



Recommendations – transfer of responsibility

- Removed statement re owner placing onus of decision-making on vet at first contact
- Highlight that **vets give owners advice** to enable them to decide what steps to take in the animal's best interests
- Clarification that vets are responsible for any **telephone advice** they give

Reviewing the evidence – 23 and 30 April 2014



Recommendations – owner education

- Drafted bearing in mind that owners do read the guidance – opportunity to educate owners about their obligations and what they can expect of vets
- Vets' and owners' obligations shown together
- Owners encouraged to register with a practice to help meet duty of care
- Owners encouraged to think about transporting their animals to the practice

- What more can be done to educate owners?
 - Many calls for RCVS to play a bigger role in educating the public
 - Many responders keen to help RCVS
 - Some scepticism – how do we reach the right people?

- BAVECC highlighted that regulators exist for the public. They suggested we utilise the PSS.
- Calls for joined-up effort with charities and welfare organisations, with RCVS taking the lead
- BVA, Blue Cross and RSPCA happy to contribute to efforts in this regard
- Vets4Pets/Companion Care offered assistance via their 'VIP' club and magazine – membership of 1.8m

Summary

Headlines to take away...

Recommendations:

Owners' legal responsibilities to be highlighted alongside vets' legal and professional responsibilities

Obligation on vets to provide more information to clients about their OOH service

Helping and empowering vets to decline to attend away when unnecessary or unsafe

Questions and thoughts