RCVS NEWS

A SPECIAL REPORT FROM THE ROYAL COLLEGE OF VETERINARY SURGEONS

FEBRUARY 2008

Don't become a complaints statistic

We receive about 700 complaints a year about veterinary surgeons. Some topics come up time and time again…

In this edition of *RCVS News Extra,* President Bob Moore, practitioner, current member of the College's Preliminary Investigation Committee and past member of its Disciplinary Committee, looks at common complaints received by our Professional Conduct Department. He considers how some of them might have been avoided, or better dealt with by the practice concerned, to the benefit of patients, clients and the profession at large.

Many of the issues have poor communications at their heart – an area that can be acted upon. So don't bury your head in the sand, read on to find out how to avoid becoming another statistic on our complaints records.

Reducing complaints - together

Forewarned is forearmed

The *RCVS Guide to Professional Conduct* sets out the way in which veterinary surgeons should conduct themselves in dealings with animals, their owners and professional colleagues. It is the benchmark against which a veterinary surgeon is judged, both by the Preliminary Investigation Committee (PIC) and the Disciplinary Committee (DC), if and when a complaint is made against them.

Every veterinary surgeon is supplied with a copy of the *Guide* on registration and again each time it is updated. The latest edition is always available on RCVSonline, together with the annexes that amplify the detail of the *Guide*.

It is very stressful, time-consuming and potentially expensive for all concerned when a client writes to the RCVS making a complaint about a veterinary surgeon. Perhaps with a little forethought and planning the number of complaints can be reduced, with a positive effect on stress levels all round.

We receive about 700 hundred complaints each year. The first action on receipt of a complaint is that one of the College's legally trained staff, with appropriate veterinary or lay assistance, assesses the complaint to see whether there is an issue of professional conduct that requires a response from the veterinary surgeon in question. Some topics come up with monotonous regularity, to the extent that the assessors sometimes have to check they are reading a different complaint to one they read a few minutes previously!

Communication is key

One commonality of many such complaints is that at their heart lies a communications issue – for example, lack of clarity, detail or appropriateness or, in some cases, lack of any communication at all. This encompasses both verbal and written communication, not to mention non-verbal communications which can play an important role.

Over the last few years, largely spearheaded by the Veterinary Defence Society's excellent training initiatives, communications have come to the fore in both veterinary education and practice. Yet the nature of many of our complaints would suggest that some work is still required.

In this issue of *RCVS News Extra,* I have outlined examples of the frequent areas of complaint received by the College. If you can avoid these situations, many of which are communications-related, you stand a very good chance of not being the subject of a complaint to the College.

Call us for help

If you discount those complaints that fall beyond our jurisdiction – for example, those that don't call into question a member's fitness to practise – and those that are specific to an individual, such as criminal offences or substance misuse problems, the topics outlined overleaf would account for a large proportion of the complaints we receive each year.

I hope that by highlighting the common problem areas, I have been able to offer some helpful advice. I certainly vowed to tighten up some of my practice's standard operating procedures following time on the PIC.

Don't forget that you can always contact us for advice, in confidence, (see contact details on reverse) if you are concerned.

Those of you who are members of the British Veterinary Association can contact its Legal Advice Helpline on 01206 731 970 (you will need your membership number at hand); Veterinary Defence Society members can call 01565 652 737 for advice.

The name of the game is not just to reduce the number of complaints made, but to reduce the need for complaints to be made. If we can achieve that, it will bring benefits to animals, their owners and members of the whole veterinary practice team.

Dr Bob Moore
President

Ten common areas of compla

While no replacement for the *Guide*, this advice should help you to avoid common pitfalls

1 'Sorry' is the hardest word

One of the regular complaints to the Professional Conduct Department (Prof Con) is that nobody in the practice has said 'Sorry' to a complainant, or apologised for what happened. A question on the complaint form asks: 'What would you like to happen as a result of your complaint?' A common reply is: 'Someone to apologise for what happened'.

Many people are understandably cautious about admitting liability or saying something was their fault. Professional indemnity insurers reiterate that advice, but they also say that it is perfectly reasonable to say 'I am so sorry that things have turned out this way,' or 'I'm sorry for what has happened,' neither of which admits liability.

Make sure that somebody senior in the practice replies to any letters or phone calls within a reasonable time-scale. An initial letter saying that the matter is being investigated and a response will be made in the next 14 days will allow time for you to prepare a full reply. Answer the complaint with a reasonable explanation of why things happened the way they did and, if appropriate, provide a summary of the clinical records. If clients request a copy of their clinical records, this should be provided.

2 Euthanasia

Euthanasia cases that 'go wrong' probably account for the single largest group of complaints. The procedure can go wrong in a number of ways that every veterinary surgeon will recognise. Elderly patients frequently present problems. Here's a familiar scene: caring owners bring in an aged cat that has come to the end of its days. Try as you might, the vein will not stand up for injection and the other front leg produces a similar result. Every small animal practitioner will recognise the scenario. What happens next determines whether the owners complain to the RCVS or not…

It is not within the remit of the RCVS to give advice on clinical matters or how to conduct euthanasia, but in the above scenario some vets have found that to remove the cat to another room for completion of the procedure avoids further distress to the owner. If that is not practicable, then the veterinary surgeon might consider other options such as sedation by subcutaneous or intramuscular injection before any further attempts are made.

Good communication can play a key role here: a detailed explanation to the owner of the reasons for the difficulty is essential. A letter of condolence from the practice may also be advisable.

3 Anaesthetic deaths

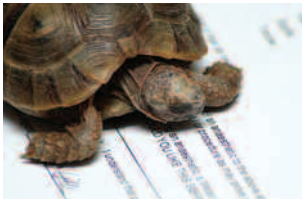
Every veterinary surgeon knows that anaesthetic deaths are an unfortunate occurrence in practice. However, how these are dealt with may determine whether the owner makes a complaint.

Prior to the anaesthesia, informed consent should have been obtained and anaesthetic risks explained. After an unexpected anaesthetic death, apologise that events have turned out as they have, and not as expected. This is not the same as admitting any fault. Offer a post-mortem examination by an independent veterinary surgeon and inform the owner promptly of the results. It's also a good idea to discuss matters with the owner, if necessary away from the practice.

This is a good example of where accurate clinical record keeping is very important – clear notes of the anaesthetic agent used, route and dosage will be essential in any further discussions.

4 Consent forms

It often seems difficult for those who are the subject of a complaint to produce a consent form for the procedure in question. A specimen consent form is annexed to the *Guide*. The College's advice is that a consent form is signed for every surgical procedure and that the form also contains an estimate for the procedure(s) to be undertaken.



There have been a number of occasions when the complainant has alleged that additional procedures have

int and how to avoid them

been carried out above and beyond what he or she claims was agreed, and added to the consent form after it had been signed.

Examples of such disputes include dental work, where more extractions have been made than expected, additional clipping of the coat or fur, and multiple biopsies when only one was mentioned.

"If you can avoid these situations, you stand a very good chance of not being the subject of a complaint to the College."

If, after an examination or after commencing the procedure, it is obvious that additional work is required, verbal agreement should be sought and a contemporaneous note made. The signed consent form should be left unaltered. The additional costs of the extra work should be discussed when seeking verbal consent. Only in exceptional circumstances should additional procedures be undertaken without informed consent. The importance of clients leaving a valid contact number should be stressed – again there is a communications element to the issue.

The RCVS Advisory Committee will be considering whether it would be helpful to produce a carbon copy of the consent form for the owner at the time of signing. This would assist in resolving a number of complaints of this nature, although of course it would rely on the client keeping the copy.

See *Guide* Part 2D, "Communication and Consent" and Annex (e), "Consent form specimens"

5 Domiciliary visits

The RCVS does not expect anyone to risk life or limb by attending a call where personal danger might be a potential risk. It is often preferable for the animal to be brought to the premises where facilities and help are best provided. However, there will always be those few instances when a visit to the home or location of the animal is required. It is for the veterinary surgeon to make a risk assessment in each individual case, act according to that assessment and be prepared to defend that judgement. A practice that has a blanket policy of 'No Home Visits', does not comply with the *Guide*.

See *Guide* Annex (a), "24-hour emergency cover"

6 Referrals

If a case needs to be referred, do so in a timely manner and with adequate explanation to the client. Ensure appropriate clinical notes are sent to the referral practice and communicate effectively with its staff. It is also good practice to be aware of insurance limits, both for the first-opinion practice and the referral practice.

It is likely that the majority of clients will not understand the different types of postgraduate qualification held by veterinary surgeons. While a veterinary surgeon is free to refer a case to any colleague he or she feels has the relevant experience and expertise, it is important not to mislead the client, for example, by suggesting that an RCVS Certificate holder is an RCVS Recognised Specialist (www.rcvs.org.uk/specialists).

Problems can occur with local referrals to Certificate holders when clients later learn that a further referral is both possible and desirable. It may therefore be helpful to communicate clearly to the client the range of 'experts' available and the potential for a second or even third opinion.

See *Guide* Part 2D, "Continuity of care in veterinary practice" and "Referrals and second opinions" and Annex (o), "Referrals – client advice"

7 Out-of-Hours cover

The *Guide* requires a veterinary practice to make arrangements to ensure emergency cover is available 24 hours a day, seven days a week. Out-of-Hours cover (OOH) can be provided in conjunction with neighbouring practices or delegated to a dedicated provider. The practice must, however, ensure that its clients are made

aware of the arrangements for emergency OOH service, prior to the need arising. For example, this may be via notices in the practice, newsletters, mailings to clients or with vaccination reminders. Where OOH is being delegated, the provider, together with the subscriber, should ensure that sufficient information is available to clients as to the location of the OOH service and the distance from the subscribing practice. These factors may influence clients' choice of practice.

This topic is a frequent source of complaints and Prof Con routinely has to give advice to veterinary surgeons about their communications protocols in informing clients regarding OOH cover.

"The RCVS does not expect anyone to risk life or limb by attending a call where personal danger might be a potential risk."

Those providing OOH cover for other practices are responsible for ensuring the majority of clients of those other practices will only have to travel reasonable distances, and will be informed of the arrangements. A new provision has been added to the *Guide* to ensure that OOH providers consider how wide to extend the catchment area.

Those using contracted OOH cover must ensure the service provider they use is able to make domiciliary visits, as and when the occasion demands. Again, a practice that has a blanket policy of 'No Home Visits', does not comply with the *Guide.*

See *Guide* Annex (a), "24-hour emergency cover"

8 Overnight supervision

It is sometimes easy to get too close to the issue and overestimate the level of knowledge of the average client about what we might consider to be normal practice. Clients frequently assume that when their pets are left at veterinary premises, someone is going to sit with them all night. Make sure that the owner is made aware of the actual level of supervision that is going to be provided. A notice in the waiting or consulting room may help, or the inclusion of a sentence on the consent form or Terms of Business, indicating that the level of attendance for in-patients will be according to the needs of the particular case. In the case of a critically-ill animal, a discussion with the client (involving either a veterinary surgeon or veterinary nurse) is advisable.

9 Striking an unruly animal

The *Guide* advises that veterinary surgeons must not cause any animal to suffer by excessive restraint or discipline.

It is unwise to take on the role of disciplining another person's animal, unless you have specific consent. As to restraint, be aware that some owners will confuse firm handling of an unruly pet with what they perceive as ill treatment. Consider carefully before you act, and make notes in clinical records of particularly difficult or dangerous animals.

10 Pre-Purchase Examination

If a veterinary surgeon is asked to carry out a Pre-Purchase Examination of a horse for a prospective purchaser, and he or she also acts for the vendor, the veterinary surgeon should consider very carefully before accepting the work.

All parties should be fully aware of the veterinary surgeon's involvement and the vendor must permit disclosure of anything relevant in the case history: remember, a prospective purchaser's *perception* of the veterinary surgeon's involvement will be as important as the reality. The *Guide* states that 'it is advisable that the vendor's veterinary surgeon does not carry out the Examination on behalf of the Purchaser'.

See *Guide* Part 2E, "Examinations on behalf of a third party"

Speed read...

- Poor communication often at root of the problem
- Saying sorry is not an admission of fault
- If euthanasia becomes difficult, explain problem to the client and consider taking the animal to another room to avoid further distress to the owner
- Keep accurate clinical records
- Ensure a consent form is signed, with relevant fee estimate
- Do not amend consent form once signed, record any later verbal agreement on a separate note
- A 'No Home Visits' policy is not acceptable – make a case-by-case risk assessment
- If referring, ensure client is aware of referral vet's level of expertise and pass on full notes
- Ensure clients are aware of 24-hour cover provision
- Ensure a client is aware of in-patient supervision overnight
- Do not discipline someone else's animal – some may confuse firm handing with perceived ill treatment
- It is sensible not to act for both horse purchaser and vendor

Noteworthy advice...

In addition to the formal guidance laid out in the *RCVS Guide to Professional Conduct*, we also publish Advice Notes on RCVSonline (www.rcvs.org.uk/advicenotes). These cover topics about which we are frequently asked, and there are currently nearly 20 Notes in the series. They are added to on a regular basis.

The following are currently listed online and may also be requested in electronic or hard copy from the Professional Conduct Department on **profcon@rcvs.org.uk** or **020 7202 0789**.

RCVS Advice Notes

1. Artificial insemination in mares
2. Negligence
3. Serious professional misconduct
4. Veterinary surgeons' professional fees
5. Blood transfusions
6. Micro-chipping
7. Prosthetic testicles
8. Canine surgical artificial insemination
9. Joint RCVS and Home Office advice on the Animals (Scientific Procedures) Act and Veterinary Surgeons Act interface
10. Artificial breeding techniques including embryo collection and transfer
11. Vaccination of companion animals
12. The use of new technology tests
13. Working Time Regulations*
14. Pregnancy in veterinary practice
15. Prescription charges
16. Removal of dew claws*
17. Euthanasia*
18. Veterinary nurses and dentistry
19. Maintenance and monitoring of anaesthesia

*These will be available shortly.

The comments and observations in this edition of* RCVS News Extra *are not intended to replace or supplant the definitive advice in the* RCVS Guide to Professional Conduct *and its relevant annexes. It is intended to highlight the most frequent issues that prompt a client to complain, and how some of these can be avoided or handled.

Contact our advice line on 020 7202 0789

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