RCVS NEWS EXTRA

A SPECIAL REPORT FROM THE ROYAL COLLEGE OF VETERINARY SURGEONS JUNE 2016

Case studies from the Standards and Advice Team

Foreword

from the Chair of the Standards Committee

We understand that daily practice can sometimes present new challenges and dilemmas and at times you might find yourself in need of some professional advice. The *Codes of Professional Conduct* for veterinary surgeons and veterinary nurses outline the fundamental principles that must underpin your interactions with animals, clients, colleagues, the RCVS and the wider public and they should guide your everyday practice. The *Codes* are supported by 29 chapters of guidance. The supporting guidance offers further advice on the proper standards of professional practice and we would always encourage you to have regard to it. That said, the supporting guidance cannot possibly cover every situation that may arise in practice and you may find yourself needing some more bespoke guidance. So who can you call?

The staff in the Standards and Advice Team at the RCVS are available to offer guidance on issues of professional conduct. You can call them or drop them a line. The Team can offer clarification and further explanation of the *Codes* and supporting guidance and will do their best to advise on practical application of the guidance. In 2015, the Team answered 1,803 written enquiries and answered too many calls to count!

To illustrate just how useful the service provided by the Team is to the profession, here are just a few examples of the type of thanks the staff receive from veterinary surgeons, veterinary nurses and the public.

*"This is really helpful information. It's seeing such a speedy and thorough response to queries like this that make me really proud of the RCVS! Keep up the great work!" (**veterinary surgeon**)*

*"Thank you so much for your prompt reply. Your advice has been a great help." (**veterinary nurse**)*

*"A note to say thank you again for all your much appreciated help with these questions. You couldn't have done more." (**member of the public**)*

For this edition of *RCVS News Extra*, we have chosen to publish some case studies based on typical queries answered by the Standards and Advice Team. We do this to demonstrate how we might be able to help you one day and we have purposely selected some of the more frequently-asked questions. The story outlines are for illustrative purposes only and you may be able to spot the inspiration for the various character names!

We hope that you find this edition of *RCVS News Extra* informative.

David Catlow, Chair of the Standards Committee

Tail docking

This morning, Dr Manette saw a new client, Mr Darnay. Mr Darnay had come in with his new Jack Russell pup for its first vaccinations. Mr Darnay explained that the pup was a gift for his 12-year-old daughter. Dr Manette was alarmed because the pup's tail had been docked and, from what Mr Darnay said, the pup was clearly not a working dog. Mr Darnay did, however, have a partially completed docking certificate with him and this showed that another vet had carried out the docking before the dog was five days old.

Dr Manette decided to call the Standards and Advice Team at the RCVS because she was not sure if this was a legal docking, the pup being a pet rather than a working dog. The call handler, Rebecca, asked Dr Manette where she practises; Rebecca explained that there are different tail docking regulations and certificates for different parts of the UK. Dr Manette confirmed that she practises in England and that this is also where Mr Darnay lives. Rebecca asked Dr Manette to have a look at the certificate Mr Darnay had brought to the practice. Dr Manette confirmed that the certificate referred to the English regulations.

"As long as the vet who carried out the docking had the relevant evidence at the time that the dog was likely to be used for work, there would not be a problem."

Rebecca explained that at the time of the docking, the vet performing the docking needs to see specified evidence, including the part 3 declaration from the owner of the dog (or the owner's agent) and evidence that the dog is 'likely to be used for work' in connection with one of the specified activities listed at part 5 of the certificate. The type of evidence the vet can accept is listed at part 1 of the certificate. Rebecca explained that the fact that the dog may actually become a pet at a later stage does not necessarily make the docking illegal. As long as the vet who carried out the docking had the relevant evidence at the time that the dog was likely to be used for work, there would not be a problem. Dr Manette was reassured by this advice.

Rebecca said that the docked pup needs to be microchipped before it is three months old (there are separate rules for microchipping non-working dogs) and there is a specific section for this on the certificate – part 2. The microchip must be implanted by a veterinary surgeon or a veterinary nurse acting under the supervision of a veterinary surgeon. Dr Manette asked if the vet who performed the docking must also carry out the microchipping. Rebecca explained that in England it does not have to be the same vet, because a vet is entitled to rely on the declaration by the owner (or the owner's agent) at part 4 of the certificate that the dog presented for microchipping is the same dog to which the docking certificate relates – subject of course to any obvious discrepancies or suspicions. Rebecca explained that the position is different in Northern Ireland. The regulations there state that the dog will need to be microchipped before it is eight weeks old at the same veterinary practice that carried out the docking, unless the practice ceased to operate after the docking took place.

Rebecca reminded Dr Manette that there is RCVS guidance on tail docking (in all parts of the UK) in chapters 27 and 29 of the supporting guidance (**www.rcvs.org.uk/miscellaneous**) and (**www.rcvs.org.uk/microchipping)** and also directed her to the Animal Welfare Foundation's tail docking guidance (**www.bva-awf.org.uk/advice-vets/tail-docking-dogs**). Dr Manette said she would certainly take a look at this and circulate it to her colleagues. She thanked Rebecca for her advice.

Client confidentiality

Mr Hiddleston has called the Standards and Advice Team because he has welfare concerns for a dog he treated recently and is unsure what to do next. He explained to the call handler, Laura, that a man presented a dog with bite wounds and claimed that they had been inflicted by one of his other dogs. The owner said he was sure it was a one-off incident and that he would ensure it would not happen again. Mr Hiddleston treated the wounds and advised the owner to be very careful with the dog around the other one.

A week after being discharged, the injured dog was brought back to the practice with yet more severe bite wounds. On this occasion, it was the male owner's girlfriend who brought the dog in and she was very upset and claimed not to know how the dog came to be injured. The dog was hospitalised overnight on this occasion. It was the girlfriend who came to collect the dog the following morning and Mr Hiddleston's head nurse explained to her that the dog would need to come back at the end of the week for a check up.

An appointment was made there and then. The head nurse explained the importance of keeping the dog safe and stressed the severity of the injuries he had suffered. The head nurse also suggested that she and her partner might want to speak to the vet about the aggressor dog. The girlfriend became upset and the head nurse asked her if there was anything she wanted to share, but the girlfriend made her excuses and left.

The dog was not presented for its check up and, despite staff calling the owner and his girlfriend a number of times, they have not been able to make contact. Their messages have not been returned. Neither has the practice received a request for a history to indicate that the dog has been taken elsewhere.

Mr Hiddleston explained to Laura that he is suspicious of the accounts he has been given and is worried that the dog is being used for dog fighting. He is also worried about the dog's welfare given that an important follow-up appointment has been missed. There is a real risk of infection. He is minded to report the case to his local RSPCA inspector.

Refusing emergency first aid and pain relief

Dr Cole, an equine vet, has just been contacted by one of her clients, Mr Cowell. Mr Cowell sounded very panicked, "Dr Cole, you have to come out as soon as you can! Dermot is down in his box. Something's not right – he's sweating and looks very uncomfortable." Dr Cole assured Mr Cowell that she would set off within the next five minutes.

Louis, the practice manager, overheard Dr Cole's conversation with Mr Cowell and tried to persuade

Dr Cole not to go – "He hasn't paid a bill in months! Why should we continue to turn out time after time?" Dr Cole calmly explained that she needed to go out to assess Dermot – he had to come first. She told Louis that she would discuss it with him later at a more convenient time.

Louis was right; Mr Cowell did owe the practice a lot of money. Dr Cole had been out to Mr Cowell and his horses many times over the years for routine work and a couple of emergencies but he had never been one to pay his bills on time. Louis always had to chase him. Mr Cowell had a habit of paying after three or four chaser letters but he had made no effort to pay any of his outstanding debt for the last 12 months.

As Dr Cole suspected, on clinical examination it seemed that poor Dermot had colic. There was no indication that it was surgical at this stage, but Dr Cole did feel it was a case that may recur and need ongoing veterinary attention. She treated Dermot with the appropriate medicines, including pain relief, which appeared to make him more comfortable, and then explained to Mr Cowell the options if Dermot continued to colic and the associated potential costs. Mr Cowell said that he

Laura explained that the starting point is that the information Mr Hiddleston holds about a client is confidential, but appropriate information may be reported to the relevant authorities where he considers that animal welfare or the public interest is compromised. The more animal welfare or public interest is compromised, the more prepared he should be to make a report.

Laura advised that in some cases there may be other reasonable steps to take before making the decision to breach confidentiality. For example, it may be reasonable to send a letter to the client where telephone contact has not been possible. The letter can be used to outline the concerns, encourage the client to get in touch and give notice to the client to indicate what the vet intends to do if the client does not respond by a given deadline. It is preferable for this letter to be sent by recorded delivery so that its receipt can be tracked. Laura added that, in some cases, it may not be appropriate to allow time for a response to written communication and the vet may wish to make an immediate report if the welfare concerns are very serious.

Laura explained that it is ultimately Mr Hiddleston's decision whether to report his concerns or not, but reassured him that we will support a vet or veterinary nurse who is prepared to justify their actions on the basis of concerns for animal welfare or the public interest, and with reference to comprehensive records. Laura confirmed that she would make a record of the fact that Mr Hiddleston sought the College's advice and encouraged Mr Hiddleston to read over chapter 14 of the supporting guidance on client confidentiality (**www.rcvs.org.uk/confidentiality**).

Mr Hiddleston thanked Laura for the advice. He said he felt reassured that he could not be criticised for acting on honestly held concerns for the dog's welfare.

had no money right now but would be able to pay next month. Dr Cole explained that given his financial record the practice would need payment upfront for any further treatment for Dermot. Dr Cole suggested that he look to borrow some money from friends or family, or find another vet who would be prepared to accept an 'IOU'. Dr Cole added that if Mr Cowell could not afford treatment, and could not find another vet willing to treat Dermot, then if the colic recurred, euthanasia may be the only option to relieve Dermot's suffering. Dr Cole returned to the practice.

Later that day, Mr Cowell called to say he had had another vet out to see Dermot who was "much kinder" than Dr Cole and how dare she suggest that Dermot might have to be put to sleep over "a few quid." Mr Cowell reported that Dermot was going to make a good recovery. He said he would not be paying any outstanding practice bills. Louis was enraged to hear this – Dr Cole had provided emergency care and Mr Cowell was now insinuating that she was unkind!

Louis decided that enough was enough and, with Dr Cole's agreement, he sent a letter by recorded delivery to Mr Cowell to say that they were terminating all services and that Mr Cowell needed to find himself a new vet.

Three months later, Dr Cole receives a call from Mr Cowell one evening. He begs Dr Cole to come out to see Dermot because he has just brought him in and discovered a very deep laceration on his left hind leg. Dr Cole reminds Mr Cowell that they are no longer providing veterinary services to him and so she would not be coming out to see Dermot. Mr Cowell confirms he received the letter but said that Dr Cole still has a duty of care. He argues for some time and says that his new vet is 30 minutes away but it would only take Dr Cole 10 minutes to get to him. He threatens to report Dr Cole to the RCVS but she stands firm and advises Mr Cowell to call his new vet.

The exchange with Mr Cowell upset Dr Cole and she had a bad night's sleep. She decided to call the RCVS the following day and was very reassured after speaking with Laura, who advised that her refusal to attend in these circumstances seemed justifiable. Laura reminded Dr Cole of the guidance at chapter 3 (**www.rcvs.org.uk/247care**) on dealing with requests from non-clients.

Refusing a home visit

Mr March has called Natalie in the RCVS Standards and Advice Team to discuss a call he dealt with out-of-hours last night. He received a call at about 9pm from a lady called Alice. Alice was very concerned about her Labrador, Hatter, who had been spayed earlier that day at a practice on the other side of town – Mrs Gryphon's practice. Alice said that Hatter had been fine when she was discharged, but over the course of the evening had become very quiet and lethargic; she was showing no interest in her lead and was reluctant to stand. Alice said she was very worried and wanted a vet to come out

Mr March had explained to Alice that on the basis of what she had said it sounded sensible for Hatter to be seen by a vet. He explained, however, that it was best for Hatter to be seen by the vet who had performed the operation. Alice disagreed and said that she was calling Mr March because he was the nearest vet to her and it was an emergency and that he had to do something. Alice had started to argue with him, saying that he was obliged to see her. Mr March politely stood his ground and encouraged Alice to ring Mrs Gryphon's practice, but added that she must call him back if, for whatever reason, she could not get through.

Mr March did not hear back from Alice and assumes that she did go back to Mrs Gryphon. He just wants to check, however, that he didn't do anything wrong.

Natalie said that on the basis of what Mr March had said it sounded like he had acted reasonably and in accordance with the RCVS supporting guidance on 24-hour emergency first aid and pain relief – chapter 3 (**www.rcvs.org.uk/247care**). Natalie reassured Mr March that a vet contacted by a client of another practice is able to decline the consultation and direct the client to their usual veterinary surgeon or practice. The only occasions where the other vet may have to act is where the animal owner cannot, for whatever reason, contact their usual vet or practice, or the circumstances are exceptional and the condition of the animal is such that it should be seen immediately.

Mr March was reassured by the advice and thanked Natalie for her time.

Later that day, Natalie received a call from another vet, Miss Hearts, who had also had a call from Alice last night.

"Miss Hearts politely explained to Alice that in all but exceptional circumstances, the animal's interest is best served by being taken to the veterinary practice."

Miss Hearts explained that she works at a dedicated out-of-hours provider and they provide out-of-hours cover for Mrs Gryphon's practice. Alice had called in some distress and the description she gave of Hatter was worrying. Miss Hearts offered to see Hatter at the practice right away, conscious that there may have been some post-operative complications. Alice instead asked Miss Hearts to come out and see Hatter because she wasn't prepared to drive to the next town at that time of night; her husband was away on business so she was by herself and her children were asleep in bed. Miss Hearts politely explained to Alice that in all but exceptional circumstances, the animal's interests will be best served by being taken to the veterinary practice; a vet is limited in what they can do for an animal in the client's home.

Alice had continued to demand a home visit. It was a quiet evening at the practice and the inpatients were stable, but there was no clinical reason for a home visit in this case. Miss Hearts repeated to Alice that if there were post-operative complications, it was in Hatter's best interests to be at the practice, where Miss Hearts has access to a full range of equipment, veterinary

medicines and appropriate facilities. She strongly encouraged Alice to bring Hatter in.

In the end, Alice arranged for a friend to stay at the house to look after her children and she took Hatter to Miss Hearts at the practice. It transpired that Hatter was just feeling a bit uncomfortable; her vital signs were good and there was no sign of any complications. Alice had, however, made it very clear that she resented having to go to the practice.

Natalie reassured Miss Hearts that it sounded like she had made a reasonable decision that a home visit was not necessary. Alice had only requested a home visit because it was convenient for her; this was not one of the rare cases where a home visit was in the animal's interest. The supporting guidance on 24-hour emergency first aid and pain relief is clear that veterinary surgeons are not obliged to attend away from the practice, unless in their professional judgement it is appropriate to do so. This applies even if owners demand attendance away from the practice or the owner's personal circumstances mean that they have to make special arrangements to transport their animal to the practice. Where a veterinary surgeon has declined to visit but offered to see the animal at the practice, or make other arrangements, the responsibility for the animal's welfare rests with the owner.

Miss Hearts thanked Natalie for her reassurance.

Dealing with unpaid bills

The Practice Manager from Dickens Vets has called the Standards and Advice Team at the RCVS. A client, Mr Scrooge, is refusing to pay his bill for treatment provided out-of-hours by the practice. He was given an estimate for the treatment, but the final bill exceeded this by £50. Mr Scrooge gave the practice an ultimatum – "reduce the bill to the estimated costs or get nothing!"

Dickens Vets have now been approached by Cratchit Vets, who are requesting a clinical history for Mr Scrooge's dog. It seems that Mr Scrooge has taken his business elsewhere. The Practice Manager would like to give Mr Scrooge an ultimatum of her own – "pay the bill or no history will be passed on!" The senior vet is not comfortable with this suggestion and has asked the Practice Manager to check with the Standards and Advice Team before she does anything.

The call handler, Natalie, explained that Dickens Vets should not withhold the clinical history from Cratchit Vets. Natalie was sympathetic, but explained that vets should pass on relevant clinical information to colleagues taking over a case – the reason for this is animal welfare and to ensure the continuation of veterinary care.

The Practice Manager thanked Natalie for her help.

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Stray animals

It's Friday, and Rebecca, of the RCVS Standards and Advice Team, has just taken a call from a veterinary nurse called Mrs Milne, who would like some reassurance about her proposed plan of action regarding a cat that was presented to the practice as a stray a few days ago.

Mrs Milne explained that the cat was brought in by a member of the public on Monday – they had found the cat in their barn with some cuts and looking generally a bit worse for wear. They said they had never seen the cat before and had no idea where it might have come from. A vet checked the cat over and found a laceration on its right hind leg. The vet treated this and gave the cat some fluids because it was slightly dehydrated.

The cat had no collar and Mrs Milne had checked for a microchip but could not find one. The receptionist temporarily named the cat 'Tigger'. In accordance with the practice protocol, the receptionist took a photo of Tigger and put this on the 'lost and found' page of the practice website and also on their Facebook page. Tigger had a distinctive black patch around his left eye so they were hopeful that he would be easily recognised by his owner, assuming there was one. The receptionist also made a 'found' poster and put this in the waiting room and she called the other veterinary practices in the area to ask if they had had any calls from someone searching for a cat that matched Tigger's description.

It is now the end of the week and Tigger is much brighter and really does not need to be at the practice anymore. Sadly, though, no one has come forward to claim him. Mrs Milne tells Rebecca that she is going to give it two more days to see if an owner comes forward over the weekend but, come Monday – a week after Tigger was brought in – she plans to contact the local rehoming centre and ask them to take Tigger. She suspects that the receptionist would be only too keen to take Tigger home herself but Mrs Milne is worried that it would be very upsetting for the receptionist to be asked to hand him back should an owner come forward at a later point. Mrs Milne said that if the vets had any concerns about Tigger's suitability for rehoming, they may feel it would be best to put him to sleep, but Tigger appears to be only three or four years old and seems to be fit and well.

Rebecca tells Mrs Milne that it sounds like she and her colleagues have done all that they reasonably can in the circumstances. Practices cannot be expected to keep strays indefinitely and there will come a point where it is reasonable to consider rehoming or, in certain cases, euthanasia. Rebecca agrees with Mrs Milne that it is generally better to keep rehoming at arms' length (eg through a charity or rehoming centre), just in case there are any repercussions.

Mrs Milne knows there is always a small chance that an owner will appear in the future but the practice has a record of everything they have done and Mrs Milne is confident that the practice could justify the steps they took. Rebecca agreed and said it appears that the practice has a well thought out approach to dealing with strays, very much in line with the supporting guidance at chapter 29 (**www.rcvs.org.uk/microchipping**). Rebecca highlighted that although this case is about a cat, it is always worth bearing in mind that local authorities have a legal duty to deal with lost or stray dogs and vets and veterinary nurses presented with stray dogs may contact their local council.

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