Code of Professional Conduct for Veterinary Surgeons

and Supporting Guidance

RCVS SETTING VETERINARY STANDARDS

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Code of Professional Conduct for Veterinary Surgeons

The *RCVS Code of Professional Conduct for Veterinary Surgeons* is set out in full below - clicking the linked contents will drop down to the corresponding section. The supporting guidance may also be accessed via the menu.

Introduction

- The Royal College of Veterinary Surgeons
- Declaration on professional registration
- About the Code of Professional Conduct

Principles of practice

Professional responsibilities

- Veterinary surgeons and animals
- Veterinary surgeons and clients
- Veterinary surgeons and the profession
- Veterinary surgeons and the veterinary team
- Veterinary surgeons and the RCVS
- Veterinary surgeons and the public

Supporting guidance

You may also search the Code and supporting guidance via keywords, using the search box on the right (or below on mobile).

Introduction

The Royal College of Veterinary Surgeons

The Royal College of Veterinary Surgeons (RCVS) is responsible for overseeing the education of UK veterinary students; the registration of UK veterinary graduates and overseas veterinary surgeons; and, the fitness to practise (conduct, health and performance) of veterinary surgeons.

Only those appropriately registered with the RCVS have the right to practise veterinary surgery in the UK.

The RCVS regulates veterinary surgeons in accordance with the Veterinary Surgeons Act 1966, to protect the public interest and to safeguard animal health and welfare.

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Declaration on admission to the profession

Rights and responsibilities go hand in hand. For this reason, on admission to membership of the RCVS, and in exchange for the right to practise veterinary surgery in the UK, every veterinary surgeon makes a declaration, which, since 1 April 2012, has been:

" I PROMISE AND SOLEMNLY DECLARE that I will pursue the work of my profession with integrity and accept my responsibilities to the public, my clients, the profession and the Royal College of Veterinary Surgeons, and that, ABOVE ALL, my constant endeavour will be to ensure the health and welfare of animals committed to my care."

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About the Code of Professional Conduct

The RCVS Code of Professional Conduct sets out veterinary surgeons' professional responsibilities. Supporting guidance provides further advice on the proper standards of professional practice.

The Code and supporting guidance are essential for veterinary surgeons in their professional lives and for RCVS regulation of the profession.

On occasions, the professional responsibilities in the Code may conflict with each other and veterinary surgeons may be presented with a dilemma.

In such situations, veterinary surgeons should balance the professional responsibilities, having regard first to animal welfare.

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Principles of practice

Veterinary surgeons seek to ensure the health and welfare of animals committed to their care and to fulfil their professional responsibilities, by maintaining five principles of practice:

1. Professional competence
2. Honesty and integrity
3. Independence and impartiality
4. Client confidentiality and trust

5. Professional accountability

The RCVS Code of Professional Conduct and supporting guidance should be considered in the context of the five principles of practice.

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Professional responsibilities

Veterinary surgeons have professional responsibilities in the following areas:

1. Veterinary surgeons and animals

1.1 Veterinary surgeons must make animal health and welfare their first consideration when attending to animals.

1.2 Veterinary surgeons must keep within their own area of competence and refer cases responsibly.

[Education]

[1. Referrals and second opinions]

1.3 Veterinary surgeons must provide veterinary care that is appropriate and adequate.

[2. Veterinary care]

1.4 Veterinary surgeons in practice must take steps to provide 24-hour emergency first aid and pain relief to animals according to their skills and the specific situation.

[3. 24-hour emergency first aid and pain relief]

1.5 Veterinary surgeons who prescribe, supply and administer medicines must do so responsibly.

[4. Veterinary medicines]

1.6 Veterinary surgeons must communicate with each other to ensure the health and welfare of the animal or group of animals.

[5. Communication between professional colleagues]

1.7 Veterinary surgeons must ensure that clinical governance forms part of their professional activities.

[6. Clinical governance]

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2. Veterinary surgeons and clients

2.1 Veterinary surgeons must be open and honest with clients and respect their needs and requirements.

2.2 Veterinary surgeons must provide independent and impartial advice and inform a client of any conflict of interest.

[11. Communication and consent] [7. Equine pre-purchase examinations]

2.3 Veterinary surgeons must provide appropriate information to clients about the practice, including the costs of services and medicines.

[9. Practice information, fees and animal insurance] [10. Fair trading requirements]

2.4 Veterinary surgeons must communicate effectively with clients, including in written and spoken English, and ensure informed consent is obtained before treatments or procedures are carried out.

[11. Communication and consent] [12. Use and re-use of samples, images, post mortems and disposal] [8. Euthanasia of animals]

2.5 Veterinary surgeons must keep clear, accurate and detailed clinical and client records.

[13. Clinical and client records]

2.6 Veterinary surgeons must not disclose information about a client or the client's animals to a third party, unless the client gives permission or animal welfare or the public interest may be compromised.

[14. Client confidentiality]

2.7 Veterinary surgeons must respond promptly, fully and courteously to clients' complaints and criticism.

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3. Veterinary surgeons and the profession

3.1 Veterinary surgeons must take reasonable steps to address adverse physical or mental health or performance that could impair fitness to practise; or, that results in harm, or a risk of harm, to animal health or welfare, public health or the public interest.

[15. Health Protocol] [16. Performance Protocol] [20. Whistle-blowing]

3.2 Veterinary surgeons who are concerned about a professional colleague's fitness to practise must take steps to ensure that animals are not put at risk and that the interests of the public are protected.

[15. Health Protocol] [16. Performance Protocol] [20. Whistle-blowing]

3.3 Veterinary surgeons must maintain and develop the knowledge and skills relevant to their professional practice and competence, and comply with RCVS requirements on the Veterinary Graduate Development Programme (VetGDP) / Professional Development Phase (PDP) and continuing professional development (CPD).

[Education]

3.4 Veterinary surgeons must ensure that all their professional activities are covered by professional indemnity insurance or equivalent arrangements.

[Veterinary teams and leaders]

3.5 Veterinary surgeons must not hold out themselves or others as specialists or advanced practitioners unless appropriately listed with the RCVS, or as veterinary nurses unless appropriately registered with the RCVS.

[23. Advertising and publicity]

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4. Veterinary surgeons and the veterinary team

4.1 Veterinary surgeons must work together and with others in the veterinary team and business, to co-ordinate the care of animals and the delivery of services.

[17. Veterinary team and leaders]

4.2 Veterinary surgeons must ensure that tasks are delegated only to those who have the appropriate competence and registration.

[18. Delegation to veterinary nurses] [19. Treatment of animals by unqualified persons]

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

[RCVS Practice Standards Scheme]

4.4 Veterinary surgeons must not impede professional colleagues seeking to comply with legislation and the RCVS Code of Professional Conduct.

[20. Whistle-blowing]

4.5 Veterinary surgeons must communicate effectively, including in written and spoken English, with the veterinary team and other veterinary professionals in the UK.

[11. Communication and Consent]

4.6 The appointed senior veterinary surgeon must ensure that the training provided to graduates meets the requirements of the VetGDP.

[Veterinary team and leaders]

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5. Veterinary surgeons and the RCVS

5.1 Veterinary surgeons must be appropriately registered with the RCVS.

[Registration]

5.2 Veterinary surgeons must provide the RCVS with their VetGDP/PDP and CPD records when requested to do so.

[Education] [Registration]

5.3 Veterinary surgeons, and those applying to be registered as veterinary surgeons, must disclose to the RCVS any caution or conviction, including absolute and conditional discharges and spent convictions, or adverse finding which may affect registration, whether in the UK or overseas (except for minor offences excluded from disclosure by the RCVS).

[Registration]

5.4 Veterinary surgeons, and those applying to be registered as veterinary surgeons, must comply with reasonable requests from the RCVS as part of the regulation of the profession, and comply with any undertakings they give to the RCVS.

[Concerns]

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6. Veterinary surgeons and the public

6.1 Veterinary surgeons must seek to ensure the protection of public health and animal health and welfare, and must consider the impact of their actions on the environment.

[4. Veterinary medicines]

6.2 Veterinary surgeons must certify facts and opinions honestly and with due care, taking into account the 10 Principles of Certification.

[21. Certification] [22. Giving evidence for court]

6.3 Veterinary surgeons promoting and advertising veterinary products and services must do so in a professional manner.

[23. Advertising and publicity]

6.4 Veterinary surgeons must comply with legislation relevant to the provision of veterinary services.

[24. Named Veterinary Surgeons] [25. Routine Veterinary Practice] [26. Working hours]

6.5 Veterinary surgeons must not engage in any activity or behaviour that would be likely to bring the profession into disrepute or undermine public confidence in the profession.

[27. Miscellaneous]

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Supporting Guidance

1. Referrals and second opinions

Links to "supporting guidance" itself - not a subpart thereof

Introduction

1.1 Veterinary surgeons should facilitate a client's request for a referral or second opinion.

1.2 A referral may be for a diagnosis, procedure and/or possible treatment, after which the case is returned to the referring veterinary surgeon, whereas a second opinion is only for the purpose of seeking the views of another veterinary surgeon. Neither a second-opinion veterinary surgeon nor a referral practice should ever seek to take over the case, unless the client chooses to change practices.

When to refer

1.3 Veterinary surgeons should recognise when a case or a treatment option is outside their area of competence and be prepared to refer it to a colleague, organisation or institution, whom they are satisfied is competent to carry out the investigations or treatment involved.

1.4 The veterinary surgeon should make a referral appropriate to the case. When considering what is appropriate the veterinary surgeon should consider all relevant factors. These might include the ability and experience of the referral veterinary surgeon, the location of the service, the urgency of treatment and the circumstances of the owner, including the availability and any limitations of insurance. Veterinary surgeons should be prepared to justify their referral decisions and should record the reasons for their decisions.

1.5 In cases where the client does not accept the veterinary surgeon's advice regarding referral and would instead prefer referral to a colleague, organisation or institution of which the referring veterinary surgeon has insufficient knowledge to determine appropriateness, they may need to advise their client accordingly. In some such cases, the veterinary surgeon may consider that they cannot be party to such a referral relationship.

1.6 The referring veterinary surgeon has a responsibility to ensure that the client is made aware of the level of expertise of appropriate and reasonably available referral veterinary surgeons, for example, whether they are veterinary specialists or advanced practitioners. They must not describe a referral veterinary surgeon as a specialist, or as an advanced practitioner, unless they are on the respective list.

1.7 Both the referring veterinary surgeon and the referral veterinary surgeon have a responsibility to ensure that the client has an understanding of the likely cost arising from the referral.

Incentives

1.8 Veterinary surgeons' and veterinary nurses' first consideration is animal health and

welfare. Veterinary surgeons and veterinary nurses considering offering or accepting any form of incentive, whether in a referral setting or otherwise, should consider whether the existence of the incentive gives rise to a real or perceived conflict of interest. An incentive should not distract a veterinary surgeon or veterinary nurse from their professional responsibilities towards animals and clients and, in some cases, should be declined, for example where a veterinary surgeon or veterinary nurse would not otherwise enter into that arrangement.

1.9 Veterinary surgeons and veterinary nurses should inform clients of any real or perceived conflict of interest (please see Chapter 23 in relation to recommendations in the course of treatment, which includes referrals and second opinions).

Referring a case

1.10 The initial contact should be made by the referring veterinary surgeon, and the referral veterinary surgeon should be asked to arrange the appointment. If the referral has been discussed and agreed with the client, transmission of any client data is necessary to facilitate the ongoing treatment of the animal and therefore the legal basis for sharing the client's personal data with the referral veterinary surgeon would be that it is necessary for the performance of a contract.

1.11 The referring veterinary surgeon should provide the referral veterinary surgeon with the case history and any relevant laboratory results, radiographs, scans etc. Any further information that may be requested should be supplied promptly.

1.12 The referral veterinary surgeon should discuss the case with the client including the likely costs of the referral work and promptly report back on the case to the primary veterinary surgeon. When reporting back to the referring veterinary surgeon, there should be transparency as to who dealt with the case.

Second opinions

1.13 Veterinary surgeons may follow similar procedures for second opinions and should ensure that any differences of opinion between the veterinary surgeons are discussed and explained constructively.

See also the supporting guidance on '24-hour emergency first aid and pain relief - Referral practices', 3.52-3.54

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2. Veterinary care

Links to "supporting guidance" itself - not a subpart thereof

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);

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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 general 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.

Communicating investigations and treatment options to the client

2.5 Having reached a provisional diagnosis, taking into account the animal's age, the extent of any injury and disease and the likely quality of life after treatment, veterinary surgeons should make a full and realistic assessment of the prognosis and the options for treatment or euthanasia and communicate this to the client.

2.6 Veterinary surgeons and veterinary nurses should use language appropriate for the client and explain any clinical or technical terminology that may not be understood (see Supporting Guidance Chapter 11 Communication and consent).

Hospitalisation and in-patient care

2.7 Veterinary surgeons and veterinary nurses should provide appropriate and adequate in-patient care.

2.8 Clients are entitled to have their animals housed in a comfortable environment, monitored and treated commensurate with the animal's condition, by persons with the requisite level of knowledge and expertise.

2.9 Before leaving an animal at a practice, the owner, keeper or carer should be made aware of the level of supervision that will be provided to the animal, particularly the level of supervision outside normal working hours. Different levels of care required arise in differing circumstances.

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2.10 Clients should be made aware of the cost of providing in-patient care. A veterinary surgeon may decide that nursing care can be provided at home by an experienced owner.

2.11 Protocols for in-patient care should be in place for on-duty staff, who are responsible for the care of in-patients. It is recognised that each practice will have its own policy and standard arrangements for dealing with in-patients. But, despite different patient needs and circumstances, there are basic areas, which protocols should cover such as:

a. **Transfer of information**: to ensure that staff responsible for taking over the care of in-patients have all the necessary information when shifts change during the day or during periods outside normal working hours.

b. **Detail and frequency of patient checks**: to ensure that staff responsible for the care of in-patients are aware of any specific instructions about what needs to be checked or monitored and with what frequency, for example, temperature, pulse and respiration rates or signs of post-operative pain; instructions for any medicines to be administered; any special care requirements; and any changes in condition or status to look out for.

c. **Clarity of roles and responsibilities:** to ensure that staff responsible for the care of in-patients are aware of the legal and professional limitations on what they can do. For example, veterinary nurses and student veterinary nurses should not administer medicines unless they have been directed to do so by a veterinary surgeon. Protocols should also clarify the limitations on what unqualified lay staff are permitted to do (see Supporting Guidance Chapter 19 for more information on unqualified staff).

Continuity and co-ordination of care

2.12 Veterinary surgeons and veterinary nurses should facilitate the safe transfer of patients between veterinary practices, including outside normal working hours.

2.13 When an animal is admitted for examination, procedures, surgery, hospitalisation, observation or any other form of consultation, the veterinary surgeon should make an initial assessment and attempt to predict the likely course of events and any potential complications. This is essential for the purposes of informed consent and financial estimation. This thought process should establish for approximately how long the animal is likely to need to remain under veterinary care, at what level of intensity, and should consider where this is likely to be provided and whether the animal is likely to be moved between practices / premises.

2.14 If the expectation is that the period of veterinary care might straddle a change of personnel (e.g. staff duty rota changeovers) or even a change of practice or premises (e.g. transfer to a dedicated out of hours provider or to a referral facility) it is imperative that a plan is developed to manage this and a contingency plan considered should circumstances change. Such a plan should encompass:

a. the transmission of relevant clinical information

b. the availability of the necessary staffing, equipment and medicines

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c. the method of transportation and any necessary ancillary considerations (e.g. oxygen therapy, continuous fluid administration, pain relief, professional staff in attendance)

d. the likelihood that the period of care will exceed that available at the place of transfer i.e. the animal should be subjected to the minimum number of transfers appropriate to that animal and owner.

2.15 Informed consent from the outset should, as necessary, include the arrangements to be made in the event that an animal needs to be hospitalised, including clarity about the level of supervision and possible transfer arrangements.

2.16 At all times the welfare of the animal should be the fundamental priority. There will be occasions where the best interests of the animal may be served by remaining at the original premises with suitable contingency arrangements for staffing or even euthanasia.

2.17 A veterinary surgeon should not carry out elective surgery in the knowledge that the animal will require significant and immediate aftercare which cannot be provided in-house. Arrangements should be made for the procedure to be carried out at another practice / premises where appropriate aftercare can be provided without the need for the animal to be moved between practice / premises in the immediate post-operative period.

2.18 For the avoidance of doubt, this applies to all practices, including first opinion and dedicated out-of-hours service providers.

2.19 If a veterinary surgeon delegates the care of an animal to a colleague, they must be satisfied that the person providing care has the appropriate qualifications, skills and/or experience to provide safe care for that animal. This is also pertinent when peripatetic services are provided and aftercare is undertaken by the host practice.

Discharge planning

2.20 Discharge planning is the process used to decide what a patient needs for a smooth move from one type or level of care to another. Effective discharge planning is important to providing good continuity of care for animals, but this needs to be managed well.

2.21 Protocols for discharging animals should be in place for on-duty staff. It is recognised that each practice will have its own policy and standard arrangements for discharging patients. But, despite different patient needs and circumstances, there are basic principles of planning for discharge that protocols should cover, such as:

a. **Plan the date and time of discharge early**: this means that the client knows what needs to happen and when their animal is likely to be discharged. Veterinary surgeons should agree with the client a realistic expected discharge date and there should be appropriate support in place.

b. **Identify whether the patient has simple or complex discharge needs and consider how these will be met**: discussing these needs with the client at an early stage in the process means that appropriate action can be taken and plans arranged.

c. **Review the clinical management plan regularly, take any necessary action and update this towards the discharge date**: discharge needs may change and evolve and therefore plans should be updated accordingly. Clients should be informed of any changes.

d. **Co-ordinate the discharge process through effective leadership and handover responsibilities:** this includes handover to different staff within the practice or to dedicated out of hours services or other practices. Where it is anticipated that a third party could become involved, transmission of clinical notes / information (directly or via the client) in advance might be helpful.

e. **Confirm that clients have been provided with necessary information on discharge**: this might include care plans and instructions for ongoing management, signs to look out for, explanations of any surgical or medical complications, restrictions on physical activity and practice contact numbers, including emergency service details, details of follow up appointments or any information leaflets.

f. **Confirm that clients have been given any required medicines or items (e.g. collars, bandages) on discharge:** staff should ensure that clients are provided with any necessary instructions. This might include instructions on frequency and method of administration where medicines are prescribed.

Team responsibilities when discharging animals

2.22 Senior veterinary surgeons should ensure efficient systems and processes are in place to support discharge and care transfer. They should ensure that all members of staff are aware of their roles and responsibilities in the discharge process.

2.23 A veterinary surgeon should decide whether an animal is clinically fit to be discharged. Persons responsible for handing over animals should check that they been cleared for discharge by a veterinary surgeon before they are released into the care of the client. If the animal's condition has changed or any concerns are identified, a veterinary surgeon should be consulted before the animal is discharged.

2.24 Veterinary surgeons should ensure that support staff are instructed to discharge animals only on the instructions of the duty veterinary surgeon.

Legal restrictions on certain procedures

2.25 From time to time, veterinary surgeons and veterinary nurses may be asked to carry out procedures on animals which may not have a legal basis in the UK (e.g. purely cosmetic procedures or procedures sought for the sole convenience of the owner). Veterinary surgeons and veterinary nurses should be aware that UK animal welfare legislation legally restricts mutilations to animals (i.e. procedures which interfere with sensitive tissue or bone structure) unless they are carried out for the purposes of medical treatment:

a. In England and Wales, the Animal Welfare Act 2006 prohibits mutilations " *otherwise than for the purpose of its medical treatment*" or permitted by specific regulations (Section 5).

b. In Scotland, the Animal Health and Welfare (Scotland) Act 2006 prohibits mutilations except " *where they are carried out for the purpose of the medical treatment of an animal*" or permitted by specific regulations (Section 20).

c. The Welfare of Animals (Northern Ireland) Act 2011 provides that a prohibited procedure is one which involves interference with the sensitive tissues or bone structure of the animal, except in relation to (i) any procedure carried out by a veterinary surgeon; (ii) any procedure carried out for the diagnosis of disease; (iii) any procedure carried out for the purposes of medical treatment of an animal; (iv) any other procedure which is specified in regulations made by the Department (Section 5).

2.26 There are some procedures which are technically mutilations, but these are exempt from the ban due to reasons such as long-term welfare or animal management benefits, control of reproduction or identification purposes. These procedures are listed in the regulations for the relevant UK jurisdiction:

a. the Mutilations (Permitted Procedures) (England) Regulations 2007

b. the Mutilations (Permitted Procedures) (Wales) Regulations 2007

c. the Prohibited Procedures on Protected Animals (Exemptions) (Scotland) Regulations 2007

d. the Welfare of Animals (Permitted Procedures By Lay Persons) Regulations (Northern Ireland) 2012

2.27 These regulations also include additional requirements on how the various procedures should be performed (for example, requiring the administration of an anaesthetic, specifying the required age for an animal or setting down husbandry or conservation requirements).

2.28 Veterinary surgeons and veterinary nurses asked to perform procedures, which they consider may not have a legal basis, should consult the regulations and seek advice from the RCVS where necessary.

Conscientious objection

2.29 Veterinary surgeons and veterinary nurses may only refuse to carry out specific procedures or treatment or provide specific services based on a conscientious objection where it is reasonable in all the circumstances and animal welfare is not compromised.

2.30 Where a veterinary surgeon is satisfied that animal welfare is not affected, they should make alternative arrangements for the animal, or where this is not possible, ensure the client has enough information to seek assistance from another veterinary surgeon. When exercising a conscientious objection, veterinary surgeons and veterinary nurses should ensure that they communicate their position sensitively and treat the client with respect.

2.31 Veterinary surgeons and veterinary nurses should inform employers of their conscientious objection at the earliest opportunity so that, if necessary, contingency plans can be made.

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2.32 Veterinary surgeons and veterinary nurses should be open with colleagues about their conscientious objection and explore with those colleagues how they can practise in accordance with their beliefs without compromising patient care and without overburdening others.

Information and advice-only services

2.33 Veterinary surgeons regularly give advice as part of their work and in a variety of contexts. Advice can range from very general, for example, writing in a magazine column, to very specific, for example, to an existing client as part of an ongoing course of treatment. Veterinary surgeons may only give advice to the extent appropriate based on the information they have about the animal and should bear in mind the general guidance on veterinary care and in relation to prescribing medicines. Where advice is given remotely and there is no ability to monitor the animal, for example, because it is provided as part of an online-only service, veterinary surgeons should ensure that the client understands the limitations of this service and that animal welfare and/or subsequent veterinary care is not compromised.

2.34 General information taken from standard texts or articles (source acknowledged and subject to copyright law) may be disseminated via the internet, either by way of a distance-learning CPD project for veterinary surgeons, or for the general public who are seeking information about a particular condition, treatment or medication.

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3. 24-hour emergency first aid and pain relief

Links to "supporting guidance" itself - not a subpart thereof

Introduction

Veterinary surgeons have professional responsibilities relating to the provision of 24-hour emergency cover (i.e. the provision of emergency first aid and pain relief). These responsibilities should be considered in conjunction with the owner's responsibilities under current animal welfare legislation, to ensure the health and welfare of their animal.

Part 1 sets out the key professional and legal responsibilities for veterinary surgeons and certain legal responsibilities of animal owners.

Part 2 provides more detailed advice for veterinary surgeons about how to meet the proper standards of professional practice.

Part 1 – Professional and legal responsibilities

Veterinary surgeons' responsibilities

3.1 The *RCVS Code of Professional Conduct* states that all veterinary surgeons in practice must take steps to provide 24-hour emergency first aid and pain relief to animals according to their skills and the specific situation.

What does it mean to be 'in practice'?

3.2 'In practice' means offering clinical services directly to the public or to other veterinary surgeons. This includes (but is not limited to) veterinary surgeons working in:

a. first-opinion practices (including charities providing veterinary services)

b. neutering and vaccination clinics and other limited service providers (see paragraphs 3.49 to 3.51 for more information)

c. referral practices, including those in universities (see paragraphs 3.52 to 3.54 for more information).

What does 'take steps' mean?

3.3 Veterinary surgeons in practice are required to **take steps** to provide 24-hour emergency cover.

3.4 This does not mean that veterinary surgeons must personally provide the service and they are not expected to remain constantly on duty. They are, however, required to ensure that when off duty, or when otherwise unable to provide the service, clients are directed to another appropriate service.

3.5 Veterinary surgeons are encouraged to co-operate with each other in the provision of 24-hour emergency cover. Examples include shared arrangements between local practices, or using a dedicated emergency service clinic.

3.6 These arrangements between veterinary surgeons should be made before an emergency arises and the terms confirmed in writing.

Providing first aid and pain relief

3.7 The purpose of first aid and pain relief is to attend to the initial and essential welfare needs of the animal. The primary consideration of the veterinary surgeon should be to relieve the animal's pain and suffering. In some cases, euthanasia may be appropriate.

3.8 A veterinary surgeon on duty should not unreasonably refuse to provide first aid and pain relief for any animal of a species treated by the practice during normal working hours. (See also Chapter 2 Veterinary Care regarding conscientious objection.)

3.9 A veterinary surgeon on duty should not unreasonably refuse to facilitate the provision of first aid and pain relief for all other species until such time as a more appropriate emergency veterinary service accepts responsibility for the animal.

3.10 When anyone contacts a veterinary surgeon with concerns that an animal needs emergency attention, the veterinary surgeon should decide and advise whether attention is required immediately, or can reasonably be delayed.

3.11 The veterinary surgeon should provide advice to enable a person to decide what steps to take in the animal's best interests. Veterinary surgeons are responsible for any telephone advice that they give. It is recognised that advice over the telephone,

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without a physical examination of the animal, is limited and reliant on the quality and accuracy of information provided by the caller.

3.12 Veterinary surgeons and veterinary nurses should ensure that support staff for whom they are responsible are competent, courteous and properly trained. Veterinary surgeons and veterinary nurses should ensure support staff do not suggest a diagnosis or clinical opinion, are advised to pass on any request for urgent attention to a veterinary surgeon and are trained to recognise those occasions when it is necessary for a client to speak directly to a veterinary surgeon. (See also Chapter 17 Veterinary team and business.)

Animal owners' responsibilities

3.13 Current animal welfare legislation requires those with responsibility for animals to care for them properly and imposes a duty of care on them to take reasonable steps to ensure that their animal's welfare needs are met.

Who is responsible?

3.14 The Animal Welfare Act 2006 (which applies in England and Wales), the Animal Health and Welfare (Scotland) Act 2006 and the Welfare of Animals (Northern Ireland) Act 2011 define who is considered to be responsible for an animal.

3.15 The law is clear that a person becomes responsible for an animal by virtue of ownership or where they can be said to have assumed responsibility for its day-to-day care. This includes those who assume responsibility for the animal on a temporary basis, for example, keepers and carers such as the owner's friends, neighbours and relatives, and staff at boarding premises and animal sanctuaries.*

(*This also applies to veterinary surgeons taking responsibility for animals kept in the surgery).

What are the basic welfare needs?

3.16 Those responsible for animals are required to provide for the following five basic welfare needs:

- A suitable environment (place to live)

- A suitable diet
- The ability to exhibit normal behaviour patterns
- Housed with, or apart from, other animals
- Protection from pain, suffering, injury and disease

3.17 This means that people such as owners, keepers and carers may commit an offence if they do not take reasonable steps to ensure these welfare needs are met. They may also commit an offence if an act, or failure to act, causes an animal to suffer unnecessarily.

Seeking veterinary attention

3.18 The responsibility for the welfare of an animal ultimately rests with the owner, keeper or carer.

3.19 Veterinary surgeons can help owners, keepers and carers meet their responsibilities by providing veterinary advice and / or care. In doing so, veterinary surgeons seek to ensure the health and welfare of animals committed to their care and to fulfil their professional responsibilities.

3.20 There is no legal requirement for owners to register their animals with a veterinary practice; however, the RCVS strongly encourages owners to do so as it may help them to meet their duty of care obligations under the welfare legislation. Owners are also encouraged to find out what arrangements are in place for their animals outside normal working hours.

3.21 Owners are responsible for transporting their animals to a veterinary practice, including in emergency situations. The RCVS encourages owners to think about how they can do this and make plans before an emergency arises. Examples include their own transport, a family member, friend or neighbour's transport, an animal ambulance or a taxi service that will transport animals.

3.22 In all but exceptional circumstances, the interests of companion animals will be best served by being taken to a veterinary practice, where the attending veterinary surgeon has access to a full range of equipment, veterinary medicines and appropriate facilities.

Part 2 – Additional guidance for veterinary surgeons

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Providing information about the 24-hour emergency cover provision

3.23 Veterinary surgeons should provide their clients with full details of their 24-hour emergency cover provision. This should include relevant telephone numbers, location details, information about when the out-of-hours service is available and the nature of the service provided. Veterinary surgeons should also inform their clients about the likely initial costs of the service.

3.24 Veterinary surgeons should provide information about their 24-hour emergency cover provision at the outset of the professional relationship with the client and supply regular reminders, as appropriate. If the details change, veterinary surgeons should provide their clients with full updates as promptly as possible. Such communications would be deemed necessary for the performance of the contract with the client and, if they do not contain marketing information, they may be sent without the explicit consent of the client, including by email.

3.25 Veterinary surgeons should use all possible means to provide information about their 24-hour emergency cover provision. Examples include client information leaflets, notices or posters in the practice, clear statements on the practice website / social media, other advertisements and providing additional information on vaccination record cards. As above, email notifications about emergency cover may be sent without the explicit consent of the client, including by email.

3.26 Information about the practice's 24-hour emergency cover provision should enable clients to make an informed decision about their animal's veterinary care, particularly, where to go in an emergency. Special consideration should be given to clients registered as disabled who may have difficulty travelling, especially outside normal working hours.

3.27 Those who outsource their 24-hour emergency cover should ensure that their clients are given full information about the service, as above. It is not acceptable for such veterinary surgeons to state that they provide 24-hour emergency cover (or words to that effect) without providing full information about the service.

Planning and protocols

3.28 Protocols should be in place for on-duty veterinary staff providing an out-of-hours service. These should cover key areas such as:

a. the need for personal professional judgement when dealing with emergency cases (it is not acceptable for practice protocols to prevent veterinary surgeons from meeting their individual responsibilities under the *RCVS Code of Professional Conduct* and supporting guidance)

b. reference to relevant parts of the *RCVS Code of Professional Conduct* and supporting guidance, to enable on-duty veterinary surgeons to check current guidelines

c. advice on animal ambulance and taxi services willing to transport animals outside normal working hours, to assist owners bringing animals to the practice

d. any veterinary back-up, if this might be required

e. details of relevant equipment (which may include instruction manuals) and local

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contacts, particularly for locums

f. information on the provision of other 24-hour emergency services in the locality and the species they cover, again particularly for locums.

3.29 The staffing, facilities and arrangements should be appropriate to the likely workload of the practice. These should be reviewed on an ongoing basis to ensure that the 24-hour emergency cover provision remains appropriate and adequate.

3.30 Those who outsource their 24-hour emergency cover should make reasonable enquiries to ensure the adequacy of the provision made by their chosen service provider. This should be done at the outset of the contractual relationship and reviewed on a regular basis.

3.31 Veterinary surgeons have a personal professional responsibility to comply with the responsibilities set out in the *Code of Professional Conduct* and its supporting guidance. Veterinary surgeons who are engaged in senior management roles (who may not be providing clinical care) are also accountable for the organisation's systems and protocols.

3.32 If veterinary surgeons consider that their employer's policies conflict with their personal professional responsibilities under the *Code of Professional Conduct*, this should be discussed at a practice level, with legal, employment or RCVS advice, as appropriate. Ultimately, veterinary surgeons who remain concerned or dissatisfied may wish to raise concerns with the RCVS. (See also Chapter 20 Whistle-blowing.)

Location of the service

3.33 Some models for providing and outsourcing 24-hour emergency cover mean that owners may be required to travel further than their usual practice to reach the service provider. Likewise, veterinary surgeons may need to travel further to visit clients than has previously been the case. Veterinary surgeons should seek to ensure that clients are expected to travel only reasonable distances and that their own response times are reasonable. What is considered reasonable will be influenced by local conditions.

3.34 Veterinary surgeons offering particular services to geographically distant clients must also observe the requirement to take steps to provide 24-hour emergency cover. Where circumstances are such that the veterinary surgeon cannot personally provide this cover, specific prior arrangements must be made with another veterinary surgeon or practice who can do so. It is unacceptable for veterinary surgeons to assume that other local practitioners will provide the service for them.

Response time: on or off-site

3.35 Veterinary surgeons are not expected to respond to emergencies within a set timeframe. They should, however, respond with reasonable promptness, taking into account all the circumstances. There may be times when the on-duty veterinary surgeon, for various reasons, is unable to attend every emergency in a reasonable time. If this happens, the veterinary surgeon should make efforts to inform the owner and document the reasons for the delay. In some cases, it may be appropriate for the veterinary surgeon to make alternative arrangements to ensure emergency attention is provided.

Providing the service

3.36 In all but exceptional circumstances the interests of companion animals will be best served by being taken to a veterinary practice where the attending veterinary surgeon has access to a full range of veterinary medicines, equipment and facilities. Exceptional circumstances might include an entrapped animal that cannot be moved prior to veterinary attention.

3.37 In deciding whether or not to attend away from the practice, veterinary surgeons should consider all relevant factors, which may include:

a. the location and state of the animal;

b. the likely treatment needed;

c. the availability of transport e.g. private transport, friends, family, animal ambulance, pet taxi;

d. the personal circumstances of the owner and the availability of assistance;

e. the travelling time for the veterinary surgeon;

f. the ability of the veterinary surgeon to make the visit safely;

g. the possibility of another person attending with the veterinary surgeon;

h. local weather conditions;

i. the presence of any critical or unstable inpatients; and

j. any other emergency cases that take priority (not including hypothetical cases).

3.38 Veterinary surgeons who decide not to attend away from the practice should inform the owner or person making the request. Veterinary surgeons should document any advice given and the reasons for the decision in case of a future challenge.

3.39 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.

3.40 RCVS disciplinary action in relation to refusal to attend away from the practice will be considered where there has been a wilful disregard for animal welfare.

Personal safety

3.41 Veterinary surgeons are not expected to tolerate threatening, aggressive or violent behaviour or to compromise their personal safety when attending to animals.

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3.42 Health and safety law applies to risks from violence, just as it does to other risks at work. Veterinary surgeons should carefully consider any safety risks involved in providing 24-hour emergency cover and take practical steps to prevent, manage and respond to any risks. A risk assessment helps demonstrate if there is a problem that needs to be addressed and helps to identify precautions that can be taken. The Health and Safety Executive provides detailed advice about how to address work-related violence on the Health and Safety Executive web page on work-related violence.

3.43 When considering whether to attend away from the practice, veterinary surgeons should consider their personal safety and that of anyone else who may need to accompany them. Each case should be evaluated individually giving due consideration to its own circumstances. Veterinary surgeons are entitled to decline to visit where they have overriding personal safety concerns.

3.44 Certain areas or locations may represent a higher personal safety risk. Generic assessment of the risks of visiting certain areas may help veterinary surgeons decide on any precautions to take.

Dealing with requests from non-clients

Non-clients – clients of another veterinary surgeon / practice

3.45 A client of another veterinary surgeon or practice who requests an emergency consultation may be redirected to that veterinary surgeon or practice (or the emergency service provider for that veterinary surgeon or practice). The on-duty veterinary surgeon to whom the initial request has been made may decline to carry out the consultation. First aid and pain relief should, however, be provided to the animal if, for whatever reason, the owner cannot contact their usual veterinary surgeon or practice or the circumstances are exceptional and the condition of the animal is such that it should be seen immediately.

Non-clients – owners have no veterinary surgeon / practice

3.46 First aid and pain relief should be provided to an animal if, for whatever reason, the owner does not have a usual veterinary surgeon or practice. Holidaymakers, new owners and other categories of animal owner may not have a usual veterinary surgeon or practice in the locality.

The provision of 24-hour emergency cover in remote regions of the UK

3.47 In certain remote and geographically inaccessible regions of the UK, there may be insufficient numbers of veterinary surgeons to be able to provide comprehensive 24-hour emergency cover. Those living in such regions may be unlikely to receive the same level of service as those living in more populated areas. For this reason, it is accepted that veterinary surgeons on duty providing 24-hour emergency cover in such areas may not be able to provide immediate first aid or pain relief to all animals.

3.48 A remote region of the UK is considered to be a geographical area where, for logistical reasons, travelling may be difficult and may be influenced by inclement weather, ferries or other factors. The more isolated the client is from the veterinary surgeon or practice, the more impractical it may be to provide the service.

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Limited service providers

3.49 A limited service provider is a practice that offers no more than one service to its clients and includes, but is not limited to, vaccination clinics or neutering clinics. For these purposes, a 'practice' is a Registered Veterinary Practice Premises (RVPP) as entered into the register held by the RCVS.

3.50 Limited service providers should provide, or provide access to, 24-hour emergency cover that is proportionate to the service they offer. This means that veterinary surgeons working for limited service providers should ensure that the 24-hour emergency cover provision covers any adverse reaction or complication that could be related to procedures or examinations carried out, or medicines prescribed or used. Limited service providers do not have to provide this service themselves and may engage another veterinary provider to do so on their behalf. Where another provider is engaged, the arrangement should be in line with paragraphs 3.4 - 3.6, above, made before veterinary services are offered and confirmed in writing as part of the conditions of service agreed by the client.

Referral practices

3.51 Referral practices should provide 24-hour availability in all their disciplines, or they should, by prior arrangement, direct referring veterinary surgeons to an alternative source of appropriate assistance.

3.52 Any practice accepting a referral should make arrangements to provide advice to the referring veterinary surgeon on a 24-hour basis, for the ongoing care of that animal.

3.53 Appropriate post-operative or in-patient care should be provided by the veterinary surgeon to whom the case is referred, or by another veterinary surgeon with appropriate expertise and at a practice with appropriate facilities.

The costs of providing the service

3.54 There are no statutory fees for veterinary services and the costs for out-of-hours services are generally more expensive. As a result:

- clients may be required to pay an additional premium for emergency veterinary attention outside normal working hours; and
- veterinary surgeons may charge higher fees for unregistered clients.

3.55 Likely costs and arrangements for payment should be discussed at an early stage, but immediate first aid and pain relief should not be delayed while financial arrangements are agreed.

3.56 Following initial assessment and the provision of emergency first aid and pain relief, the on-duty veterinary surgeon should make a full and realistic assessment of the prognosis and the options for treatment or euthanasia, taking into account the particular circumstances of the animal and owner. Veterinary surgeons are not obliged to carry out ongoing treatments for which the owner is unable to pay. (See also Chapter 9 Practice information, fees and animal

insurance.)

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4. Veterinary medicines

Links to "supporting guidance" itself - not a subpart thereof

Introduction

4.1 The responsible use of veterinary medicines for therapeutic and prophylactic purposes is one of the major skills of a veterinary surgeon and crucial to animal welfare and the maintenance of public health.

Classification of veterinary medicines

4.2 The main authorised veterinary medicines are

a. Prescription-only Medicine – Veterinarian; abbreviated to POM-V;

b. Prescription-only Medicine – Veterinarian, Pharmacist, Suitably Qualified Person (SQP); abbreviated to POM-VPS;

c. Non-Food Animal – Veterinarian, Pharmacist, Suitably Qualified Person; abbreviated to NFA-VPS; and,

d. Authorised Veterinary Medicine – General Sales List; abbreviated to AVM-GSL.

Prescription of veterinary medicines

4.3 Veterinary surgeons and those veterinary nurses who are also SQPs should prescribe responsibly and with due regard to the health and welfare of the animal.

4.4 POM-V medicines must be prescribed by a veterinary surgeon, who must first carry out a clinical assessment of the animal under their care. (See below for RCVS interpretations)

4.5 POM-VPS medicines may be prescribed in circumstances where a veterinary surgeon has carried out a clinical assessment and has the animals under their care. However, the Veterinary Medicines Regulations provide that POM-VPS may be prescribed in circumstances where the veterinary surgeon, pharmacist or SQP has made no clinical assessment of the animals and the animals are not under the prescriber’s care.

4.6 NFA-VPS medicines may be supplied in circumstances where the veterinary surgeon or SQP is satisfied that the person who will use the product is competent to do so safely, and intends to use it for the purpose for which it is authorised.

4.7 Veterinary surgeons have additional responsibilities with the prescription or supply of POM-V and POM-VPS and the supply of AVM-GSL medicines.

4.8 There are five schedules of controlled drugs under the Misuse of Drugs Regulations 2001, each subject to a variety of different controls, including, for example: schedule 1 - possession requires a Home Office licence; schedule 2 - drugs obtained and supplied must be recorded in a

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register for each drug; schedule 2 and 3 - prescriptions are subject to additional requirements; and, schedule 4 and 5 - drugs are subject to fewer controls. Veterinary surgeons should take extra care when prescribing controlled drugs, to ensure that the medicines are used only for the animals under treatment.

Under care

Prescribing POM-Vs

This section provides guidance on what it means to have an animal under your care and what is required when carrying out a clinical assessment before prescribing POM-Vs. This section also includes a ***requirement*** *for veterinary surgeons to be able, on a 24/7 basis, to physically examine animals under their care, or attend the premises in the case of production animals, equines, farmed aquatic animals and game, should it become necessary.*

4.9 According to the Veterinary Medicines Regulations 2013 (VMRs), to prescribe POM-Vs, a veterinary surgeon must carry out a clinical assessment of the animal and the animal must be under their care. The terms 'clinical assessment' and 'under…care' are not defined by the VMRs, however the RCVS has interpreted them in the following way.

4.10 An animal is under a veterinary surgeon's care when the veterinary surgeon is given, and accepts, responsibility for the health of an animal (or a herd, flock or group of animals) whether generally, or by undertaking a specific procedure or test, or by prescribing a course of treatment. Responsibility for an animal may be given by the owner, client or keeper, statute or other authority. A veterinary surgeon who has an animal under their care must be able, on a 24/7 basis, to physically examine the animal, or visit the premises in the case of production animals, equines, farmed aquatic animals and game. Veterinary surgeons should also be prepared to carry out any necessary investigation in the event that animals taken under their care do not improve, suffer an adverse reaction or deteriorate. Veterinary surgeons should provide this service within an appropriate timeframe depending on the circumstances, which could be immediately.

4.11 Where a veterinary surgeon is not able to provide this service set out in paragraph 4.10 themselves, another veterinary service provider may do so on their behalf. It is the veterinary surgeon's responsibility to make these arrangements and it is not sufficient for the client to be registered at another practice. This arrangement should be in line with paragraphs 3.4 -3.6 of Chapter 3: 24-hour emergency first-aid and pain relief, made in advance before veterinary services are offered and confirmed in writing as part of the conditions of service agreed by the client. Veterinary surgeons should provide clients with full details of this arrangement, including relevant telephone numbers, location details, when the service is available and the nature of service provided.

4.12 Where an animal is under the care of more than one veterinary surgeon, those veterinary surgeons should keep each other informed of any relevant clinical information (see Chapter 5: Communication between professional colleagues for further guidance on mutual clients).

4.13 A clinical assessment is any assessment which provides the veterinary surgeon with enough information to diagnose and prescribe safely and effectively. A clinical assessment may include a physical examination, however this may not be necessary in every case.

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4.14 Whether a physical examination is necessary for the prescription of POM-Vs is a matter for the veterinary surgeon's judgement depending on the circumstances of each individual case (please note that the Animals (Scientific Procedures) Act 1986 should be followed where it applies). When deciding whether a physical examination is required, the following factors are relevant, however veterinary surgeons should note this list is **not** exhaustive:

a. The health condition(s), or potential health condition(s), being treated and any associated risks (see further guidance below at paragraph 4.15 and 4.16)

b. The nature of the medication being prescribed, including any possible risks and side effects (see further guidance below at paragraphs 4.17 and 4.18)

c. Whether the medication is being prescribed under the cascade (see further guidance below at paragraph 4.23)

d. When the animal was last physically examined by a veterinary surgeon, or premises physically inspected in the case of production animals, farmed aquatic animals or game

e. Whether there is access to the animal's previous clinical history or, in the case of production animals, farmed aquatic animals and game, knowledge of the health status at the premises

f. The understanding and knowledge of the owner/keeper in relation both to animal health and welfare, and the importance of open and honest communication with the veterinary team

g. Whether the individual animal, herd, flock or group of animals is/are known to the veterinary surgeon and/or whether there is an existing relationship with the client or animal owner/keeper

h. The practicality of a physical examination for individual animals

i. The health status of the herd, flock or group of animals

j. The overall state of the animal's health

k. The impact of any prescription made without physical exam on the ability to gather subsequent diagnostic information

4.15. The more complex or unusual the health needs of the animal, or where a differential diagnosis includes serious conditions not yet ruled out, the more likely a physical examination will be necessary.

4.16 In respect of paragraph 4.14 (a) above, a physical examination is required where a notifiable disease is suspected or part of a differential diagnosis.

4.17 In respect of paragraph 4.14 (b) above, and given the importance of minimising the development of resistance to antimicrobials and anthelmintics, and minimising the potential negative environmental impact of antimicrobials and antiparasitics:

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a. A physical examination is required at the time of prescription in all but exceptional circumstances where a veterinary surgeon prescribes antibiotics, antifungals, antiparasitics or antivirals for an individual animal or group of animals that are not production animals, farmed aquatic animals or game. Veterinary surgeons should be prepared to justify their decision in cases where antimicrobials are prescribed without a physical examination and record this justification in the clinical notes.

b. When prescribing antibiotics, antifungals, antiparasitics or antivirals for production animals, farmed aquatic animals and game, veterinary surgeons should ensure they have an in-depth knowledge of the premises, including its production systems, the environment, disease challenges and the general health status of the herd, flock or group. Veterinary surgeons should have attended and inspected the premises and physically examined at least one representative animal prior to prescribing, or recently enough to ensure they have adequate current information and knowledge to prescribe responsibly and effectively, taking into account any available production data and diagnostic laboratory results. In exceptional cases where this is not possible, or in sectors such as large-scale commercial poultry and fish enterprises, and antimicrobials are prescribed without conducting a physical examination, veterinary surgeons should be prepared to justify their decision and to record this justification in the clinical notes. For the factors relevant to whether a physical examination is required, please see paragraph 4.14, above.

c. Where samples are obtained for the purpose of testing following a physical examination (or, in the case of production animals, farmed aquatic animals and game, following a physical examination which was carried out 'recently enough'), it is acceptable for a veterinary surgeon to prescribe antibiotics, antifungals, antiparasitics and antivirals based on the results of those contemporaneous tests without the need for a further physical examination.

Note: For more information about responsible prescribing to minimise antimicrobial resistance, please see paragraphs 4.30 and 4.31 below).

4.18 In respect of 4.14 (b) above, when prescribing a controlled drug to an animal, veterinary surgeons should in the first instance carry out a physical examination in all but exceptional circumstances and be prepared to justify their decision where no physical examination has taken place. This justification should be recorded in the clinical notes. It is acceptable to issue a further prescription for that controlled drug without a physical examination, however veterinary surgeons should carry out a further clinical assessment to ensure they have enough information to do so safely and effectively (see RCVS Controlled Drugs Guidance - A to Z for further guidance on controlled drugs).

4.19 Veterinary surgeons must maintain clinical records of animals, herds, flocks or other groups of animals under their care.

Diagnosis

4.20 Diagnosis for the purpose of prescription should be based on professional judgement following clinical examination and/or post mortem findings supported, if necessary, by laboratory or other diagnostic tests.

Choice of medicinal products

4.21 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.

4.22 There is separate guidance on the Cascade below for veterinary surgeons practising in England/Wales/Scotland, and for those in Northern Ireland. Explanations of the terms used in the guidance are as follows:

a. GB: a medicine only authorised in England, Wales, and Scotland*.

b. Northern Ireland: a medicine only authorised in Northern Ireland*.

c. UK-wide: a medicine authorised in all jurisdictions of the United Kingdom, i.e. England. Wales, Scotland, and Northern Ireland*.

d. EU Member State: a medicine authorised by a member of the EU – this does not include the UK.

[*All veterinary medicines granted authorisation before 31 December 2020 are categorised as UK-wide. From 1 January 2021, a pharmaceutical company may choose to apply for UK-wide, GB, or NI only authorisation, thus creating these two new categories of authorised veterinary medicines.]

Cascade - England/Wales/Scotland, i.e. GB

4.23 If there is no medicine authorised in GB or UK-wide for a condition affecting a non-food-producing species, the veterinary surgeon responsible for treating the animal(s) may, in particular to avoid unacceptable suffering, treat the animal(s) in accordance with the following sequence, in descending order:

a. a veterinary medicine authorised in Northern Ireland for target species or condition**

b. a veterinary medicine authorised in GB, Northern Ireland**, or UK-wide for use in another animal species or for a different condition in the same species; or, if there is no such product:

c. either:

i. a human medicine authorised in GB, Northern Ireland**, or UK-wide; OR

ii. a veterinary medicine authorised outside of the UK**

d. a medicine prescribed by the veterinary surgeon responsible for treating the animal and prepared extemporaneously by a veterinary surgeon, a pharmacist or a person holding an appropriate manufacturer’s authorisation, located in the UK; or, if there is no such product:

e. a human medicine imported from outside of the UK**, in exceptional circumstances.

[**For products not authorised in GB or UK-wide, a Special Import Certificate will be required]

Cascade - Northern Ireland

4.24 If there is no medicine authorised in Northern Ireland or UK-wide for a condition affecting a non-food-producing species, the veterinary surgeon responsible for treating the animal(s) may, in particular to avoid unacceptable suffering, treat the animal(s) in accordance with the following sequence, in descending order:

a. a veterinary medicine authorised in Northern Ireland, or UK-wide for use in another animal species or for a different condition in the same species; or, if there is no such product:

b. either:

i. a human medicine authorised in Northern Ireland, or UK-wide; OR

ii. a veterinary medicine authorised for use in an EU Member State***; or, if there is no such product:

c. a medicine prescribed by the veterinary surgeon responsible for treating the animal and prepared extemporaneously by a veterinary surgeon, a pharmacist or a person holding an appropriate manufacturer's authorisation, located in the UK; or, if there is no such product:

d. a veterinary medicine with authorisation outside*** of Northern Ireland or UK-wide, or a human medicine from outside of Northern Ireland may be imported in exceptional circumstances.

[***For products not authorised in Northern Ireland or UK-wide, a Special Import Certificate will be required]

4.25 A decision to use a medicine which is not authorised for the condition in the species being treated where one is available should not be taken lightly or without justification. In such cases clients should be made aware of the intended use of unauthorised medicines and given a clear indication of potential side effects. Their consent should be obtained in writing. In the case of exotic species, most of the medicines used are unlikely to be authorised for use in the UK and owners should be made aware of, and consent to, this from the outset.

4.26 When it is necessary to have a product prepared as an extemporaneous preparation, in the first instance it is recommended that the veterinary surgeon contacts a manufacturer holding an authorisation that permits them to manufacture such products (commonly referred to as Specials Manufacturers (ManSA). See the list of Specials Manufacturers held by the Medicines and Healthcare products Regulatory Agency).

4.27 Specials Manufacturers may already have experience of preparing the product in question and will have the necessary equipment to prepare and check the quality of the product.

4.28 Horses declared 'not for human consumption' under the horse passport scheme are regarded as non-food-producing animals for the purposes of these provisions.

The prescribing cascade – food-producing animals

4.29 If there is no medicine authorised in the UK for a condition affecting a food-producing species, the veterinary surgeon responsible for treating the animal(s) may use the cascade options as set out in paragraphs 4.23 and 4.24 above, except that the following additional conditions apply:

a. the treatment in any particular case is restricted to animals on a single holding;

b. any medicine imported from another country must be authorised for use in a food-producing species in that country;

c. the pharmacologically active substances contained in the medicine must be listed either

i. for use in NI – in table 1 of the Annex to Regulation (EU) No. 37/2010 (this table replaces Annexes I, II or III of Council Regulation (EEC) 2377/90);

ii. for use in GB – in the GB MRL Register as part of the VMD's Product Information Database.

d. the veterinary surgeon responsible for prescribing the medicine must specify an appropriate withdrawal period;

e. the veterinary surgeon responsible for prescribing the medicine must keep specified records.

Antimicrobial and anthelmintic resistance

4.30 The development and spread of antimicrobial resistance is a global public health problem that is affected by use of these medicinal products in both humans and animals. Veterinary surgeons must be seen to ensure that when using antimicrobials they do so responsibly, and be accountable for the choices made in such use. Resistance to anthelmintics in grazing animals is serious and on the increase; veterinary surgeons must use these products responsibly to minimise resistance development.

4.31 There are a number of publications and sources of advice available to help veterinary surgeons make informed and professional decisions about prescribing antimicrobials. Some examples include:

- British Veterinary Association (BVA) information on responsible use of antimicrobials, including plans for veterinary practices, resources for animal keepers (farmers and pet owners), posters for practice waiting rooms (British Veterinary Association website and specialist divisions websites)

- British Small Animal Veterinary Association (BSAVA) information to support practices

in discussing and drawing up practice guidelines on responsible antibacterial use, including the PROTECT poster and associated guidance

- British Equine Veterinary Association (BEVA) information on antimicrobial resistance, including the ProtectME toolkit and associated leaflets
- Responsible Use of Medicines in Agriculture (RUMA) Alliance Guidelines on responsible use
- National Office of Animal Health (NOAH) advice on antibiotic resistance
- Control of Worms Sustainably (COWS) advice on best practice
- Sustainable Control of Parasites in Sheep (SCOPS) advice on best practice
- Moredun Research Institute advice on Parasite Control in Horses
- EU Action Plans on Antimicrobial Resistance
- UK Department of Health and Defra Five Year Antimicrobial Resistance Strategy 2013 to 2018
- Veterinary Medicines Directorate (VMD) information leaflet for veterinary surgeons on Antimicrobial Resistance and Responsible Use of Antimicrobials
- The World Health Organization advice on antimicrobial resistance

Responsibilities associated with the prescription and supply of medicines

4.32 A veterinary surgeon or SQP who prescribes POM-VPS veterinary medicinal product, or supplies a NFA-VPS veterinary medicinal product, and a veterinary surgeon who prescribes a POM-V veterinary medicinal product must:

a. before they do so, be satisfied that the person who will use the product is competent to use it safely and intends to use it for a use for which it is authorised;

b. when they do so, advise on the safe administration of the veterinary medicinal product;

c. when they do so, advise as necessary on any warnings or contra-indications on the label or package leaflet; and

d. not prescribe (or in the case of a NFA-VPS product, supply) more than the minimum quantity required for the treatment.

4.33 The Veterinary Medicines Regulations do not define 'minimum amount' and the RCVS considers this must be a matter for the professional judgement of the veterinary surgeon in the

individual case.

4.34 Veterinary medicinal products must be supplied in appropriate containers and with appropriate labelling.

Administration

4.35 A medicine prescribed in accordance with the Cascade may be administered by the prescribing veterinary surgeon or by a person acting under their direction. Responsibility for the prescription and use of the medicine remains with the prescribing veterinary surgeon.

Registration of practice premises

4.36 Practice premises from which veterinary surgeons supply veterinary medicinal products (except AVM-GSL medicines) must be registered with the RCVS as 'veterinary practice premises', in accordance with the Veterinary Medicines Regulations (Paragraph 8 of Schedule 3).

4.37 Premises likely to be considered as 'veterinary practice premises' are those:

a. from which the veterinary surgeons of a practice provide veterinary services; and/or,

b. advertised or promoted as premises of a veterinary practice; and/or,

c. open to members of the public to bring animals for veterinary treatment and care; and/or,

d. not open to the public, but which are the base from which a veterinary surgeon practises or provides veterinary services to more than one client; and/or,

e. to which medicines are delivered wholesale, on the authority of one or more veterinary surgeons in practice.

4.38 Main and branch practice premises from which medicines are supplied are veterinary practice premises and must be registered with the RCVS.

Storage of medicines

4.39 All medicines should be stored in accordance with manufacturers' recommendations whether in the practice or in a vehicle. If it is stipulated that a medicine be used within a specific time period, it must be labelled with the opening date, once broached.

4.40 Drugs controlled under the Misuse of Drugs Act and the 2001 Regulations, as amended, must be stored properly, so that there is no unauthorised access. There should be no direct access by members of the public (including family and friends); and, staff and contractors employed by the practice should be allowed access only as appropriate. Veterinary surgeons should take steps to ensure that members of staff with access to controlled drugs are not a danger to themselves or others, when they join the practice and at times when they may be vulnerable.

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4.41 Schedule 2 controlled drugs, such as methadone, fentanyl, and ketamine, are subject to safe custody requirements and legally must be kept in a secure cabinet to prevent unauthorised access. Although quinalbarbitone is not legally subject to the same safe custody requirements, it is an RCVS requirement that ALL Schedule 2 drugs are locked away equivalent to safe custody.

4.42 Although not all Schedule 3 controlled drugs are subject to the same legal safe custody requirements, it is an RCVS requirement that ALL Schedule 3 controlled drugs, for example tramadol, buprenorphine, pentazocine, the barbiturates, gabapentin and pregabalin (this list is not exhaustive), be securely locked away.

4.43 Veterinary surgeons should keep a record of premises and other places where they store or keep medicinal products, for example, practice vehicles and homes where medicinal products are kept for on-call purposes. The record should be held at the practice's main 'veterinary practice premises' in accessible form.

Associations with other suppliers of medicines

4.44 A veterinary surgeon who is associated with retail supplies of POM-VPS, NFA-VPS or AVM-GSL veterinary medicinal products (or makes such supplies), should ensure that those to whom the medicines are supplied, or may be supplied, are informed of:

a. the name and qualification (veterinary surgeon, pharmacist or SQP) of any prescriber;

b. the name and qualification (veterinary surgeon, pharmacist or SQP) of the supplier; and,

c. the nature of the duty of care for the animals.

4.45 Similar safeguards should be put in place by a veterinary surgeon who is associated with retail supplies of POM-V veterinary medicinal products by pharmacists.

Ketamine

4.46 As of 30 November 2015, Ketamine is rescheduled as a Schedule 2 controlled drug (previously Schedule 4). It is therefore subject to the strict storage, prescription, dispensing, destruction and record keeping requirements that apply to all CDs in this Schedule. For further details on these requirements please see the VMD veterinary medicines guidance on CDs.

Obtaining medicines

4.47 Veterinary surgeons should ensure that medicines they supply are obtained from reputable sources and in accordance with the legislation, particularly where medicines are imported or manufactured overseas.

RCVS Practice Standards Scheme and additional information

4.48 The RCVS Practice Standards Scheme manual and the Veterinary Medicines Guidance provide additional information on medicines, as well as the British Veterinary Association's *Good Practice Guide on Veterinary Medicines* on responsible use of medicines, and the British Small Animal Veterinary Association's *Guide to the Use of Veterinary Medicines*.

Cytotoxic drugs and COSSH Regulations

4.49 Cytotoxic drugs are used in therapies such as cancer treatment. They are medicines which are toxic to cells, preventing their replication or growth. Given their properties, these drugs can be harmful to those involved in preparing and administering them, and those looking after animals treated with them. Cytotoxic drugs are hazardous substances, as defined by the Control of Substances Hazardous to Health Regulations (COSHH).

4.50 Therapies involving cytotoxic drugs are high-risk areas of veterinary practice and it is important for veterinary surgeons to comply fully and properly with the associated health and safety legislation. This may be difficult in some small animal practices which do not have the resources necessary and veterinary surgeons should consider their resources and abilities before committing to providing therapies using cytotoxic drugs. For some veterinary surgeons and practices, it may be advisable to refer a case to a specialist centre.

4.51 Veterinary surgeons need to be aware of the hazards associated with cytotoxic drugs and precautions must be taken. Under health and safety legislation, employers have a legal duty to protect the health of their employees and anyone else (e.g. animal owners) who may be affected by their work. Likewise, employees have a legal duty to take care of their own health and safety and that of others affected by their actions. Employers must have a health and safety policy and employees must be informed of that policy and comply fully and properly with measures put in place by their employer.

4.52 Under the COSHH Regulations, employers have a legal duty to assess the risks to employees and others from handling cytotoxic drugs and to take suitable precautions to protect their health. In conducting this risk assessment, the Health and Safety Executive (HSE) advise generally that the employer should:

- Identify the hazards – what are the potential adverse effects on health of the drugs used?
- Decide who might be harmed and how – this will include the animal receiving treatment, the owner of the animal and the veterinary staff involved in the case.
- Evaluate the risk – what is the frequency and scale of contact with cytotoxic drugs and how effective are the control measures?
- Record the findings
- Review the risk assessment – even in the absence of changes or incidents, it is good practice to review the assessment from time to time to ensure that precautions are still working effectively.

4.53 The HSE advise that employers must appoint a 'competent person' to help them meet their health and safety duties (see Health and Safety Executive web page on 'What is

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competence?'.) A competent person is someone who has the necessary skills, experience and knowledge to manage health and safety. Even senior and experienced veterinary surgeons should consider whether they are suitably competent in respect of health and safety and the performance of risk assessments.

4.54 The key for those working with cytotoxic drugs is to prevent and control exposure. Veterinary surgeons should think about ways in which work can be organised to reduce the risks, for example, having a designated area for preparation, and restricting access to authorised staff. Matters including safe handling, storage, disposal of hazardous waste and dealing with spillages and patient excreta/body fluids should be considered, and all staff involved should receive appropriate training on these areas, as well as training on any personal protective equipment that may be issued.

4.55 Veterinary surgeons should also assess any risk to clients from their pets undergoing therapies which use cytotoxic drugs – both the risk from handling and administering medicines, and the risk from animal excreta/body fluids. All owners of patients undergoing such therapies should be informed of the risks and educated in safe handling of the drugs and in matters relating to hazardous waste management. It is advisable for this information to be provided in writing. (See also paragraph 4.24 regarding written consent for off-licence use and responsibilities associated with the supply of medicines.)

4.56 It should be borne in mind that there are different ways in which cytotoxic drugs are administered, and in some cases additional manipulation of the drug may be required before administration, with associated risks – aerosolisation for example. If a veterinary surgeon is not able to adequately manage these risks and comply with the health and safety legislation, bearing in mind the work involved, they should consider purchasing drugs prepared commercially or by another veterinary practice or pharmacy. A client should never be asked to crush or split tablets or capsules and an explicit warning should be included on any medicines dispensed.

4.57 Veterinary surgeons should continue to ensure the adequacy of the control measures put in place. The efficiency of any equipment should be monitored by way of examination and testing, if appropriate and available. Safety equipment should be subject to routine maintenance according to HSE guidelines. It is important to keep suitable records in this regard.

4.58 Veterinary surgeons should be aware of the need to report certain incidents and dangerous occurrences to the relevant enforcing authority. See Health and Safety Executive web page on 'Dangerous occurrences'

4.59 Further detailed information on the safe handling of cytotoxic drugs can be found on the HSE website, including links to additional sources of information - Health and Safety Executive web page on 'Safe handling of cytotoxic drugs in the workplace'

Reporting adverse events (including suspected adverse reactions) following use of veterinary medicines

4.60 The VMD's Pharmacovigilance Unit closely monitors all reports of adverse events, including suspected adverse reactions (in animals or humans), lack of efficacy following use of veterinary medicines, environmental reports and residues cases.

4.61 An **adverse event** is defined by the VMD as any observation in animals, whether or not considered to be product-related, that is unfavourable and unintended and that occurs after any use of a veterinary medicine (off-label and on-label uses). Included are events related to a lack of expected efficacy, noxious reactions in humans after being exposed to a veterinary medicine, environmental reports and residue cases.

4.62 An **adverse reaction** is defined by the VMD as a reaction to a veterinary medicine which is harmful and unintended when products are used in animals for the prophylaxis, diagnosis or treatment of disease or to restore, correct or modify a physiological function.

4.63 If, following administration of an authorised medicine in the UK, you become aware of any adverse events including adverse reactions involving an animal, you should record what happened in as much detail as possible and make a report to the VMD or the company who market the product, who are legally obliged to forward such reports to the VMD. Further information is available by searching for VMD on gov.uk or you can phone the VMD's Pharmacovigilance Unit on 01932 338427.

Reporting prescription misuse

4.64 Suspected prescription misuse (which could include an alteration to an existing prescription or prescription fraud) can be reported to the Veterinary Medicines Directorate (VMD) via its dedicated prescriptions misuse page. Making such a report will, in most cases, require a veterinary surgeon to release confidential information about their client to the VMD. The RCVS considers that reporting cases of prescription misuse is in the public interest and in most cases a report to the VMD will be a justified breach of client confidentiality. In addition, it is considered that such a report would be within the scope of the GDPR as this allows personal data to be processed where it is necessary for the purposes of a legitimate interest, and in most cases it seems unlikely that this would be overridden by the interests or fundamental rights and freedoms of the relevant individual. However this should be considered in each case. For advice on client confidentiality on a case by case basis please contact the RCVS Professional Conduct Department on 020 7202 0789.

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5. Communication between professional colleagues

Links to "supporting guidance" itself - not a subpart thereof

Introduction

5.1 Overtly poor relationships between veterinary surgeons and/or veterinary nurses undermine public confidence in the whole profession.

5.2 Veterinary surgeons and veterinary nurses should not speak or write disparagingly about another veterinary surgeon or veterinary nurse. Colleagues should be treated fairly, without discrimination and with respect, in all situations and in all forms of communication.

5.3 Veterinary surgeons and veterinary nurses should liaise with colleagues where more than one veterinary surgeon has responsibility for the care of a group of animals. Relevant clinical information / information in the interest of the treatment of the animal should be provided promptly to colleagues taking over responsibility for a case and proper documentation should be provided for all referral or re-directed cases. Cases should be referred responsibly.

(Clinical and client records) (Referrals and second opinions)

5.4 Clients should not be obstructed from changing to another veterinary practice and should not be discouraged from seeking a second opinion.

Taking over a colleague’s case and requesting clinical histories

5.5 Although both veterinary surgeon and client have freedom of choice, in the interests of the welfare of the animals involved, a veterinary surgeon should not knowingly take over a colleague's case without informing the colleague in question and obtaining a clinical history.

5.6 When an animal is initially presented, a veterinary surgeon should ask whether the animal is already receiving veterinary attention or treatment and, if so, when it was last seen; then, contact the original veterinary surgeon for a case history. It should be made clear to the client that this is necessary in the interests of the patient. If the client refuses to provide information, the case should be declined.

5.7 In an emergency, it is acceptable to make an initial assessment and administer any essential treatment before contacting the original veterinary surgeon.

5.8 Historically, veterinary surgeons and veterinary nurses may have acted in good faith in passing on a clinical history to another practice in response to a request without verifying the request with the client directly. The provisions of the GDPR now place significant emphasis on clear and specific statements of consent for the processing of personal data. This would extend to the transfer of personal data from one practice to another. As such, to the extent that the provision of the relevant clinical history will include provision of some of the client’s personal data, veterinary surgeons and veterinary nurses should seek the client’s express consent to pass on a clinical history to another practice. There is no specific format in which the consent

must be obtained but evidence should be kept to show that the client has consented to the sharing of their personal data, when consent was obtained and what information the client was provided with when such consent was obtained. Ideally this evidence would be a signed consent form which states what personal data will be transferred, who it will be transferred to and for what purpose. If consent is given verbally, a note should be made recording that the client was informed as above, and that they gave their consent. If the clinical information is passed on with no personal data, or if the personal data is truly anonymised, the transfer would be outside the scope of the GDPR and therefore no consent would be necessary.

Mutual clients

5.9 Where different veterinary surgeons are treating the same animal, or group of animals, each should keep the other informed of any relevant clinical information, so as to avoid any danger that might arise from conflicting advice, or adverse reactions arising from unsuitable combinations of medicines.

5.10 Even where two veterinary surgeons are treating different groups of animals owned by the same client, each should keep the other informed of any problem that might affect their work.

5.11 Where veterinary surgeons share a mutual client, they should avoid transferring the client's personal data between them, as they will need a legal basis for doing so, such as the client's consent; or a legitimate interest (unless overridden by the client's interests or fundamental rights and freedoms). They will also need to inform the client about the data sharing, the purpose of it, the legal basis for it and the client's rights under the GDPR in relation to that data.

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6. Clinical governance

Links to "supporting guidance" itself - not a subpart thereof

Introduction

6.1 Clinical governance is a continuing process of reflection, analysis and improvement in professional practice for the benefit of the animal patient and the client owner. This practical guidance is intended to help all veterinary surgeons and veterinary nurses to undertake clinical governance, whether they are in clinical practice, or not. Much of the advice for individual veterinary surgeons and veterinary nurses, and the veterinary team, will be covered in other parts of the Code and its supporting guidance.

Guidance for individual veterinary surgeons and veterinary nurses

6.2 Clinical governance may include:

a. keeping up to date with continuing professional development (CPD) and new developments relevant to the area of work;

b. reflecting upon performance, preferably in the form of a learning diary, and making appropriate changes to practice;

c. reflecting upon any unexpected critical events and learning from the outcome and making appropriate changes to practice;

d. critically analysing the evidence base for procedures used and making appropriate changes to practice;

e. reflecting upon communication with other members of the work team and making appropriate changes to practice;

f. reflecting upon communication with clients and making appropriate changes to practice; and,

g. assessing professional competence in consultation with more experienced or better qualified colleagues and limiting your practice appropriately.

Guidance for the veterinary team

6.3 Clinical governance may include:

a. **Animal safety**
    i. In case of any critical event eg unexpected medical or surgical complications, serious complaint, accident or anaesthetic death, hold a no-blame meeting of all staff involved as soon as possible after the incident and

record all the details.

ii. At the critical event meeting consider what, if anything, could have been done to avoid this incident, and what changes can be made in procedure as a result.

iii. Have clear protocols in place to ensure all staff are familiar with procedures for ensuring patient safety.

iv. Communicate changes in procedure to the whole practice team.

v. Ensure staff are aware that referral (to an appropriate veterinary surgeon in the practice or another practice) is an option to the client.

b. **Clinical effectiveness**

i. Organise regular clinical discussion meetings for the practice team, record minutes, and review any action points at future meetings. All clinical staff should be encouraged to participate and input items onto the agenda.

ii. Follow up any clinical issues arising from clinical discussion meetings.

iii. Make appropriate changes as a result of clinical discussion meetings and monitor these changes to ensure they are effective.

iv. Organise online discussion forums to discuss clinical cases where geography or part-time working make face-to-face meetings difficult.

v. Organise practice team discussions on guidelines or protocols used in practice. Look at the evidence base for common procedures and treatments used in the practice and revise these as a result if necessary.

vi. Build up a manual that can be used as clinical guidance in the practice. Make sure that it is regularly updated and new or temporary members of staff are made familiar with its contents at the earliest opportunity.

vii. Organise clinical clubs or journal clubs, either live or online, critically discussing cases and clinical papers.

viii. Audit the results of clinical procedures of interest to the practice team and use the results to improve patient care (see www.vetaudit.co.uk for more information).

ix. Have a policy, with funding if possible, to encourage CPD for all veterinary surgeons and veterinary nurses and clinical support staff.

x. Have a system for individuals to feedback interesting information from CPD courses to the rest of the practice team.

xi. Incorporate information learned at CPD courses into practice protocols, where appropriate.

xii. Ensure clinical staff have access to suitable up-to-date reference material.

xiii. Have systems to ensure that information on new veterinary products or new pieces of equipment is communicated to the veterinary team.

xiv. Have a performance review system in place for all clinical staff to monitor and plan development.

c. **Patient and client experience**

i. Ensure continuity of care for patients by having effective systems of case handovers between clinical staff.

ii. Have protocols to safeguard the pain relief and nursing care for all inpatients.

iii. Have an effective means of communicating with clients, eg newsletters, web sites etc.

(N.B. Any electronic marketing communications presented or sent to the client should, however, only be sent where (a) the client has given clear and specific consent, and (b) they were given the opportunity to opt out of email marketing at the time their email address was collected, and each time an email is sent. Consent should be freely given and there should be a specific opt-in by the client. It is not acceptable to rely on a pre-ticked box or infer consent from silence. There should be systems and processes in place to keep the consent up to date and veterinary surgeons and veterinary nurses should comply promptly if the individual withdraws their consent).

iv. Monitor and take note of feedback from clients. Feedback is likely to be clients' personal data unless it is truly anonymous, and should be covered in the practice's privacy policy (further information about this can be found in Chapter 9).

v. Ensure that clients can easily find out the names of staff, eg badges, notice boards, web site etc.

vi. Have protocols known to all relevant staff for dealing with members of the public.

vii. Have a complaints procedure.

viii. Record all complaints received and the responses to the clients.

(N.B. Complaints will be considered personal data, so veterinary surgeons and veterinary nurses should ensure that there are procedures in place to ensure that such correspondence is only retained as long as is necessary, and they may also consider anonymising it. The practice's privacy policy should include this information, to help ensure that this type of personal data is processed fairly, lawfully and transparently).

ix. Have an effective communication system within the practice.

x. Provide a privacy policy to clients and put effective procedures in place in order to respond properly if clients exercise their rights under the GDPR (i.e. the right to access their personal data, the right to rectification and erasure, the right to be forgotten, the right to restrict processing, the right to data portability and the right to object to the processing of their personal data).

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7. Equine pre-purchase examinations

Links to "supporting guidance" itself - not a subpart thereof

Introduction

7.1 Equine pre-purchase examinations (PPEs), or horse vetting, are carried out at the request of a potential purchaser (or agent), to determine, so far as is possible by clinical examination, whether the animal is suitable for the intended use.

7.2 Examining a horse on behalf of a vendor is not generally advisable except in the special circumstances of an auction of horses.

Examination

7.3 The PPE is an assessment of the horse based on a recognised examination carried out in two or five stages (although all stages may not be completed if the horse fails the examination at one of the early stages).

7.4 Generally, the examination is carried out by a veterinary surgeon with no prior knowledge of the horse’s clinical condition and who has no access to the horse’s clinical records. Some information about a horse may be made available by the vendor.

7.5 The PPE provides an assessment of the horse at the time of examination, to assist the decision to purchase, or not, and is an indication, not a guarantee, of a horse’s suitability for intended use.

Certificate

7.6 All clinical findings and clinical information within the documents which are relied upon, and that are relevant to the opinion must be stated in the certificate.

7.7 It is advisable to retain copies of all relevant information considered as part of the examination and which are referred to in the certificate.

Conflict of interest

7.8 Generally, a person intending to purchase a horse will seek a PPE by a veterinary surgeon and, for this purpose, becomes that veterinary surgeon’s client.

7.9 Ideally, veterinary surgeons should not carry out PPEs where the vendor is an existing client and/or has a personal relationship with the veterinary surgeon, because of the conflict of interest. However, if, for practical or other reasons, veterinary surgeons do, they should follow additional safeguards to ensure the examination is not only fair, but perceived to be fair, by the client requesting the PPE.

7.10 These additional safeguards are:

a. the veterinary surgeon makes the purchaser aware that the vendor is also a client and/or has a personal relationship with the veterinary surgeon, and the potential purchaser has no objection. If there is an objection, the vendor's veterinary surgeon must not act;

b. the vendor agrees to permit disclosure of relevant clinical/case records. If permission cannot be obtained then the vendor's veterinary surgeon should not act. If the records reveal a factor which is likely to be prejudicial to the purchaser's intended use, the purchaser should be informed with the vendor's permission in advance of the examination; and,

c. it is made clear to both parties that in this instance the veterinary surgeon is acting on behalf of the purchaser.

7.11 While having regard to the usual constraints of client confidentiality, there may be occasions when the examining veterinary surgeon considers it appropriate, for reasons of animal welfare (including good husbandry) or public interest, to advise the vendor of relevant findings. In these circumstances, common sense and courtesy should prevail.

Further information

7.12 Detailed guidance is available for veterinary surgeons on how to carry out PPEs from the British Equine Veterinary Association (BEVA).

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8. Euthanasia of animals

Links to "supporting guidance" itself - not a subpart thereof

Introduction

8.1 Euthanasia may be defined as ‘painless killing to relieve suffering’. Veterinary surgeons and veterinary nurses should be aware that these events are often highly emotionally charged. In these circumstances, small actions and/or omissions can take on a disproportionate level of importance. It is recommended that all practice staff involved in euthanasia are fully trained and a planned, rehearsed and coordinated approach is taken.

8.2 Euthanasia is not, in law, an act of veterinary surgery, and in most circumstances may be carried out by anyone provided that it is carried out humanely. No veterinary surgeon is obliged to kill a healthy animal unless required to do so under statutory powers as part of their conditions of employment. Veterinary surgeons do, however, have the privilege of being able to relieve an animal's suffering in this way in appropriate cases.

8.3 Animals which are kept under a licence granted under the Animal Welfare (Licensing of Activities Involving Animals) (England) Regulations 2018 or from March 2020 the Animal Welfare (Licensing of Animal Exhibits) (Wales) Regulations 2020 must either be euthanased by a veterinary surgeon, or by a person who has been authorised to do so by a veterinary surgeon. These animals may include animals sold as pets, boarded cats and dogs, and animals trained for exhibition. Horses held under a licence granted by the regulations may be euthanased by a person who is competent and holds a licence or certificate to do so. Veterinary surgeons are expected to use their clinical judgment when authorising a non-veterinary surgeon to euthanase an animal, however, the following factors may be considered:

a. the experience of the person

b. whether the method of euthanasia is humane and effective

8.4 Generally, only veterinary surgeons and veterinary nurses acting under their direction and in accordance with Schedule 3 of the Veterinary Surgeons Act, have access to the controlled drugs often used to carry out the euthanasia of animals. An exception to this is the use of pentobarbitone by RSPCA Inspectors in England and Wales for the euthanasia of wild animals.

Purpose of euthanasia

8.5 The primary purpose of euthanasia is to relieve suffering. The decision to follow this option will be based on an assessment of many factors. These may include the extent and nature of the disease or injuries, other treatment options, the prognosis and potential quality of life after treatment, the availability and likelihood of success of treatment, the animal’s age and/or other disease/health status and the ability of the owner to pay for private treatment.

Difficulties with the decision

8.6 Veterinary surgeons may face difficulties where a request is made by a client for the

destruction of an animal, where in the clinical/professional judgement of the veterinary surgeon destruction of the animal is not necessary, for instance where there are no health or welfare reasons for the animal to be euthanised, or when an owner wishes to keep an animal alive in circumstances where euthanasia would be the kindest course of action.

8.7 The veterinary surgeon's primary obligation is to relieve the suffering of an animal, but account must be taken not only of the animal's condition, but also the owner's wishes and circumstances. To refuse an owner's request for euthanasia may add to the owner's distress and could be deleterious to the welfare of the animal. In these circumstances before carrying out the request for euthanasia the veterinary surgeon should scan the animal for a microchip and check the relevant database if a microchip is found.

8.8 Where, in all conscience, a veterinary surgeon cannot accede to a client's request for euthanasia, they should recognise the extreme sensitivity of the situation and make sympathetic efforts to direct the client to alternative sources of advice. Further information regarding conscientious objection can be found in Chapter 2 Veterinary Care.

8.9 There may be circumstances where a request is made by a client for the destruction of a dog, as above where in the clinical/professional judgement of the veterinary surgeon destruction of the dog is not necessary, for instance where there are no health or welfare reasons for the dog to be euthanised. In these circumstances, veterinary surgeons should scan the dog for a microchip and check the relevant database if a microchip is found before carrying out the request for euthanasia. Further, veterinary surgeons should note that where the dog in question has been rehomed from a shelter, clients may have a contract such that the dog can be returned to that shelter and so it may be appropriate to discuss this with the client prior to euthanasia. Alternatively, there may be another individual willing to take responsibility for the dog (who may be named on the microchip database), and this may also be discussed with the client.

8.10 Where the reason for a request for euthanasia is the inability of the client to pay for private treatment, it may be appropriate to make known the options and eligibility for charitable assistance or referral for charitable treatment.

8.11 Where a veterinary surgeon is concerned about an owner's refusal to consent to euthanasia, veterinary surgeons can only advise their clients and act in accordance with their professional judgement. Where a veterinary surgeon is concerned that an animal's welfare is compromised because of an owner's refusal to allow euthanasia, a veterinary surgeon may take steps to resolve the situation, for example, an initial step could be to seek another veterinary opinion for the client, potentially by telephone.

Euthanasia without the owner's consent

8.12 The Animal Welfare Act 2006 (which applies in England and Wales), the Animal Health and Welfare (Scotland) Act 2006 and the Welfare of Animals (Northern Ireland) Act 2011 contain provisions to safeguard the welfare of animals. For animals in distress, there are no provisions in these Acts that specifically authorise a veterinary surgeon to destroy an animal. Powers to destroy an animal, or arrange for its destruction, are conferred on an inspector (who may be appointed by the local authority) or a police constable. A veterinary surgeon may be asked to certify the condition of the animal is such that it should in its own interests be destroyed. An inspector or constable may act without a veterinary certificate if there is no reasonable alternative to destruction, and the need for action is such that it is not reasonably practical to

wait for a veterinary surgeon.

8.13 A person with responsibility for an animal may commit an offence if an act, or failure to act, causes an animal to suffer unnecessarily. An owner is always responsible for their animal but a veterinary surgeon is likely to be responsible for the animal when it is an inpatient at the practice. If, in the opinion of the veterinary surgeon, the animal's condition is such that it should, in its own interests, be destroyed without delay, the veterinary surgeon may need to act without the owner's consent and should make a full record of all the circumstances supporting the decision in case of subsequent challenge. Generally, there should be discussions with the owner of the animal before such a decision, which should be endorsed by a veterinary surgeon not directly involved in the case until that time.

Sporting events

8.14 Where the veterinary surgeon is asked to destroy an animal injured in a sporting event, the opinion of a professional colleague, if available, should be sought before doing so. Veterinary surgeons officiating at sporting events should consider:

a. whether the owner will be present and able to consent to euthanasia if necessary

b. whether the owner has delegated authority to another to make that decision in their absence and

c. whether if damages were sought for alleged wrongful destruction they would have adequate professional indemnity insurance cover.

(Ref: the British Horseracing Authority (BHA) Rules of Racing, Race Manual Rule 81 and FEI Veterinary Regulations Article 1009.17)

Destruction of injured horses

8.15 The BHA's Rules of Racing, which apply to BHA-regulated events, state:

'81. Where a horse is, in the opinion of a racecourse Veterinary Surgeon, so severely injured that it ought to be humanely destroyed in order to prevent undue suffering

81.1 the racecourse Veterinary Surgeon will seek to inform the Owner or Trainer of the horse and obtain a second opinion before proceeding with the humane destruction, but

81.2 if it is not practicable to do so, he may proceed with humane destruction without reference to the owner or Trainer.'

(Ref: the British Horseracing Authority Rules of Racing, Race Manual Rule 81 and FEI Veterinary Regulations Article 1009.17)

Destruction of 'dangerous' dogs

8.16 Under the Dogs Acts of 1871 and 1906, the Dog Control Act 1966, the Dangerous Dogs Acts of 1989 and 1991, the Dangerous Dogs (Amendment) Act 1997 and the Dangerous Dogs

Order (Northern Ireland) 1991, a destruction order may be made by the Court, Justice of the Peace or Sheriff, and the destruction of a healthy animal is normally involved. In these circumstances, a veterinary surgeon asked to destroy a dog should, unless there is a genuine threat to human safety, request a written and signed order from one of the appropriate statutory authorities.

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9. Practice information, fees and animal insurance

Links to "supporting guidance" itself - not a subpart thereof

Practice information

9.1 Under EU Directive 2006/123/EC, service providers, which include veterinary surgeons, must give clients relevant information, such as their contact details, the details of their regulator and the details of their insurer. Certain information must be provided on request, such as the price of a service or, if an exact price cannot be given, the method for calculating the price.

9.2 In addition, in accordance with the following guidance, veterinary practices should provide clients, particularly those new to the practice, with comprehensive written information on the nature and scope of the practice's services, including:

a. the provision, initial cost and location of the out-of-hours emergency service;

b. information on the care of in-patients;

c. the practice's complaints handling policy;

d. full terms and conditions of business - to include for example:

    i. surgery opening times;

    ii. normal hours of business;

    iii. fee or charging structures;

    iv. procedures for second opinions and referrals; and

    v. access to and ownership of record.

e. the practice’s privacy notice – to include for example:

    i. the practice’s contact details;

    ii. how client data will be used and processed;

    iii. the purposes for which the client data is being processed and the legal basis for doing so;

    iv. the circumstances in which personal data may be shared with third parties e.g. debt recovery agencies, laboratories etc;

    v. the data retention period or how such period is determined;

    vi. the client’s rights as data subject (e.g. the right to withdraw consent to the processing of his/her data, the right to access the data, the right to rectification or erasure, the right to data portability and the right to restrict

processing); and

vii. the data subject's right to lodge a complaint with the Information Commissioner's Office.

Freedom of choice

9.3 Veterinary surgeons should not obstruct a client from changing to another veterinary practice, or discourage a client from seeking a second opinion.

9.4 If a client's consent is in any way limited or qualified or specifically withheld, veterinary surgeons should accept that their own preference for a certain course of action cannot override the client's specific wishes, other than on exceptional welfare grounds.

Fees

9.5 A veterinary surgeon is entitled to charge a fee for the provision of services. The RCVS has no specific jurisdiction under the Veterinary Surgeons Act 1966 over the level of fees charged by veterinary practices. There are no statutory charges and fees are essentially a matter for negotiation between veterinary surgeon and client.

9.6 Fees may vary between practices and may be a factor in choosing a practice, as well as the practice's facilities and services, for example, what sort of arrangements are in place for 'out-of-hours' emergency calls (eg are emergency consultations at the practice premises, or by another practice at another location). It may be helpful to explain to clients the factors that influence the determination of the level of fees.

9.7 Pricing practices should comply with the Consumer Protection from Unfair Trading Regulations 2008 and other consumer protection legislation, and should not be false or misleading.

9.8 Veterinary surgeons should be open and honest about fees for veterinary treatment. Clients should be provided with clear and easy to understand information about how fees are calculated and what it is they are being charged for. Clients should be furnished with sufficient information about the fees associated with treatment to be in a position to give informed consent to treatment.

(Communication and consent)

Estimates

9.9 Discussion should take place with the client covering a range of reasonable treatment options and prognoses, and the likely charges. If the animal is covered by pet insurance, it is in the interests of all parties to confirm the extent of the cover under the policy, including any limitations on cost or any exclusions which would apply to the treatment proposed. Insured clients should therefore be advised to contact their insurers to verify their cover at the earliest opportunity.

9.10 Veterinary surgeons should offer clients a realistic initial estimate (which may be for a

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defined period of time if appropriate), based on the best available information at the time, of the anticipated cost of veterinary treatment. The estimate should:

1. cover all likely charges in the time period covered, including ancillary or associated charges, such as those for medicines/anaesthetics, diagnostic tests, pre- or post-operative care, follow up or routine visits and should include VAT;

2. include a clear warning that additional charges may arise, eg if the treatment plan changes or complications occur;

3. be offered before treatment is commenced. If an estimate is declined, this should be clearly recorded;

4. be the subject of clear client consent, except where delay would compromise animal welfare;

5. preferably be provided in writing, especially where treatment involves surgery, general anaesthetic, intensive care or hospitalisation.

9.11 It is recommended that veterinary surgeons should include any estimated charge or fee on the consent form. If it becomes evident that the initial estimate or a limit set by the client is likely to be exceeded, the client should be contacted as soon as it is practicable to do so and informed, and their additional consent obtained. This should be recorded in writing by the veterinary surgeon.

9.12 Veterinary surgeons should clearly inform clients that due to the unpredictable nature of clinical work, and variations in the way that each individual animal may react to treatment, treatment plans and the initial estimate may change. There is no reason a veterinary surgeon may not give a fixed price ‘quote’ for treatment but should only do so on the understanding that this is an offer that once accepted may be binding in law.

Discounts on veterinary fees

9.13 Veterinary practices have the commercial freedom to offer discounts on their fees on terms set by them. This might include discounts for members of staff, discounts for early settlement and discounts for certain clients e.g. students, pensioners etc. Discounts generally are acceptable, but it is never acceptable to present a client with inflated fees so as to create the fiction of a discount.

9.14 Discounts should be clearly recorded and transparent for all parties liable for payment of an account. Where there is an arrangement that more than one party is liable for payment of an account (eg insurance companies where client pays the excess), it is not reasonable to apply a retrospective discount for the benefit of one party only.

Invoices

9.15 All invoices should be itemised showing the amounts relating to goods including individual relevant medicinal products and services provided by the practice. Fees for outside services and any charge for additional administration or other costs to the practice in arranging such services

should also be shown separately.

(Fair-trading requirements)

Re-direction to charities

9.16 Where a client cannot afford to pay the fee for veterinary treatment, the veterinary surgeon may wish to discuss the availability of charitable services or assistance with the client.

9.17 All charities have a duty to apply their funds to make the best possible use of their resources. Clients should contact the charity to confirm their eligibility for assistance. The veterinary surgeon should ensure that the animal's condition is stabilised so that the animal is fit to travel to the charity, and provide details of the animal's condition, and any treatment already given, to the charity.

9.18 If the client is not eligible for the charitable assistance and no other form of financial assistance can be found, euthanasia may have to be considered on economic grounds.

Securing payment for veterinary services

9.19 A client is the person who requests veterinary attention for an animal and veterinary surgeons and veterinary nurses may charge the client for the veterinary service provided. Where the owner is not the client (assuming there is an owner) it should be borne in mind that they may not have had an opportunity to consent to treatment.

9.20 Veterinary surgeons are entitled to ask for payment of fees in advance and in full. Veterinary surgeons may also ask the client to pay a deposit prior to the commencement of treatment and to pay any remaining fee at a later point in time, eg at the completion of treatment or on discharge.

9.21 Veterinary surgeons are not under any obligation to offer clients a payment plan, but may do so if they wish. A payment plan may amount to a credit agreement. Firms that offer credit agreements may need to be registered with or authorised by the Financial Conduct Authority (FCA) as a consumer credit provider. Veterinary practices should seek advice from the FCA or obtain independent legal advice in relation to whether this is the case.

Unpaid bills and fee disputes

9.22 Where the fee remains unpaid, a veterinary surgeon is entitled to place the matter in the hands of a debt collection agency or to institute civil proceedings. The sharing of client data with a debt collection agency does not require client consent given the practice’s legitimate interest in so doing.

9.23 In the case of persistently slow payers and bad debtors, it is acceptable to give them notice in writing (preferably by recorded delivery) that veterinary services will be no longer provided.

9.24 In the event of a fee dispute, whether a client must pay a bill is a matter to be resolved between the parties or by the civil courts, therefore, in most cases, disputes about the level of

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veterinary surgeons' fees fall outside the jurisdiction of the RCVS.

9.25 Irrespective of payment, a veterinary surgeon on duty should not unreasonably refuse to provide first aid and pain relief for any animal of a species treated by the practice, or to facilitate the provision of first aid and pain relief for all other species.

Holding an animal against unpaid fees

9.26 Although veterinary surgeons do have a right in law to hold an animal until outstanding fees are paid, the RCVS believes that it is not in the interests of the animal so to do, and can lead to the practice incurring additional costs which may not be recoverable.

Prescriptions

9.27 Veterinary surgeons may make a reasonable charge for written prescriptions. (Prescriptions for POM-V medicines may be issued only for animals under the care of the prescribing veterinary surgeon and following their clinical assessment of the animals.) Clients should be provided with adequate information on medicine prices. Clients should be informed of any significant changes to the practice's charges for prescriptions or medicines at the earliest opportunity to do so.

9.28 Clients may obtain relevant veterinary medicinal products from the veterinary surgeon, or may ask for a prescription and obtain medicines from another veterinary surgeon or pharmacy. Veterinary surgeons may wish to direct clients who are considering obtaining medicines from an online retailer to the Veterinary Medicines Directorate's Accredited Internet Retailer Scheme (AIRS).

9.29 The Supply of Relevant Veterinary Medicinal Products Order came into force on 31 October 2005 and is enforced by the Competition and Markets Authority. It implements recommendations from the Competition Commission and provides that veterinary surgeons must not discriminate between clients who are supplied with a prescription and those who are not, in relation to fees charged for other goods or services.

(Fair-trading requirements)

Advertising fees and competitions issues

9.30 All advertising and publicity in relation to practice information and fees should be professional, accurate and truthful, and should comply with the UK Code of Non-broadcast Advertising, Sales Promotion and Direct Marketing (CAP Code). Any price comparison should be accurate.

9.31 A veterinary surgeon or group of veterinary surgeons should not enter into any agreement that has the effect of fixing fees. The Competition Act 1998 prohibits anti-competitive agreements, meaning businesses must not agree to fix prices or terms of trade, and must not agree price rises with competitors.

(Advertising and publicity)

Animal insurance

9.32 An animal insurance policy is a contract between the animal owner (the client/policy holder) and the insurer and as such the only person that has the right to submit a claim under the policy is the client/policyholder. The veterinary surgeon may invoice the insurer for the submitted claim when authorised to do so by the client/policyholder. The veterinary surgeon's role is to provide factual information to support the claim, and/or invoices if authorised. Animal insurance schemes rely on the integrity of the veterinary surgeon, who has a responsibility to both the client and insurance company.

9.33 Veterinary surgeons must act with integrity in all dealings with an animal insurance policy. They must complete claim forms carefully and honestly. A veterinary surgeon who acts dishonestly or fraudulently may be liable to criminal investigation and/or disciplinary action.

9.34 The existence of animal insurance is no excuse for charging inflated fees or any other activity which enables a veterinary surgeon or veterinary nurse to profit dishonestly or fraudulently. When completing the insurance claim form, the veterinary surgeon should include the amounts actually paid or, in the case of direct claims, the amounts actually charged, with any additional or administrative charges shown separately. In the interests of transparency, any discounts that have been or will be applied should be accounted for on any paperwork sent to the insurer. Any material fact that might cause the insurance company to increase the premium or decline a claim must be disclosed. Failure to complete claim forms in this way may raise suspicions of dishonesty or fraud, and may result in a complaint being made to the police and/or RCVS. A veterinary surgeon in any doubt as to how to complete a particular claim form accurately should, wherever possible, discuss this with the insurance company.

9.35 In cases where the veterinary surgeon is treating an animal with a long-term or ongoing health condition under an animal insurance policy, the practice of asking clients to pre-sign blank claim forms for subsequent completion and submission by the veterinary surgeon may expose the veterinary surgeon to suspicions of dishonesty or fraud. If the veterinary surgeon adopts this method, or indeed in any situation where the veterinary surgeon will send the claim directly to the insurance company, it is good practice to send a copy of the completed claim form to the client before submission so that they can check the details of the claim. In the reverse situation, where the client submits the claim form directly to the insurance company, it is advisable for the veterinary surgeon to keep a copy of what they send to the client so that there is a record in the event of any subsequent queries. Additionally, veterinary surgeons should not sign blank insurance claim forms.

9.36 Particular care should be taken when the veterinary surgeon is treating their own animal, or an animal belonging to a family member or a close friend, and that animal is covered by an animal insurance policy. Generally, such conflicts of interest should be avoided. For that reason, it is advisable to get another veterinary surgeon to complete, sign and submit the claim form, wherever possible. Where this is not possible, the veterinary surgeon should state on the form the ownership of the animal.

9.37 Animal insurance may enable relevant veterinary investigations or treatment to be carried out in circumstances where fees might otherwise be unaffordable for the animal owner. A veterinary surgeon should, however, ensure that the investigation or treatment is appropriate and is in the animal's best interests.

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9.38 The advising on, arranging, or selling of general insurance products are regulated activities under the Financial Services and Markets Act 2000 (FSMA). This means that veterinary surgeons and veterinary nurses must not carry out these activities unless they are authorised to do so by the Financial Conduct Authority (FCA) or fall within one of the exemptions cited in FSMA.

9.39 It is acceptable for a practice to display promotional material, however it is prudent to display a range so as to avoid any implication of bias, financial advice, or brokering. Veterinary surgeons and veterinary nurses should not be seen to favour or endorse any insurer unless they are properly authorised by the FCA.

9.40 Where veterinary surgeons and veterinary nurses are properly authorised by the FCA, they should ensure that any arrangements giving rise to a real or perceived conflict of interest are disclosed to the client before any arrangement is entered into. Where commission is to be paid in the event a particular policy is taken out, this should also be disclosed to the client prior to the policy being taken out. Veterinary surgeons and veterinary nurses should not enter into arrangements capable of bringing the profession into disrepute.

9.41 Further information, including the Perimeter Guidance Manual (PERG) which provides guidance on when authorisation is required, can be found on the FCA's website .

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10. Fair trading requirements

Links to "supporting guidance" itself - not a subpart thereof

Introduction

10.1 These responsibilities were agreed between the RCVS and the former Office of Fair Trading (OFT), as an alternative to legislation under the Fair Trading Act 1973, to ensure that clients have access to sufficient information to be able to decide where to obtain veterinary prescriptions and medicines. Please see the Government OFT website for further information in relation to which organisations now share former OFT responsibilities.

10.2 Veterinary surgeons must:

a. ensure clients are able to obtain prescriptions, as appropriate. (A veterinary surgeon may prescribe a medicine of category Prescription Only Medicine, Veterinarian (POM-V), only following a clinical assessment of an animal under their care; a prescription may not be appropriate if the animal is an in-patient or immediate treatment is necessary);

b. subject to any legal restrictions, ensure there is adequate provision of information on medicine prices;

c. provide the price of any relevant veterinary medicinal product stocked or sold, to clients, or other legitimate enquirers, making reasonable requests;

d. if requested, inform clients of the price of any medicine to be prescribed or dispensed;

e. where possible and relevant, inform clients of the frequency of, and charges for, further examinations of animals requiring repeat prescriptions;

f. provide clients with an invoice that distinguishes the price of relevant veterinary medicinal products from other charges and, where practicable, provide clients with an invoice that distinguishes the price of individual relevant veterinary medicinal products;

g. advise clients, by means of a large and prominently displayed sign, or signs, (in the waiting room or other appropriate area), with reference to the following:

> *"Prescriptions are available from this practice.*
> *You may obtain relevant veterinary medicinal products from your veterinary surgeon OR ask for a prescription and obtain these medicines from another veterinary surgeon or a pharmacy.*
> *Your veterinary surgeon may prescribe relevant veterinary medicinal products only following a clinical assessment of an animal under their care. A prescription may not be appropriate if your animal is an in-patient or immediate treatment is necessary.*
> *You will be informed, on request, of the price of any medicine that may be prescribed for your animal.*
> *The general policy of this practice is to re-assess an animal requiring repeat prescriptions for/supplies of relevant veterinary medicinal products every XX months, but this may vary with individual circumstances. The*

standard charge for a re-examination is £XX.
Further information on the prices of medicines is available on request."

h. provide new clients with a written version of the information set out in the sign, or signs, referred to in paragraph 10.2(g), which may be set out in a practice leaflet or client letter;

i. on a continuing basis, take reasonable steps to ensure that all clients are provided with a written version of the information set out in the sign, or signs, referred to in paragraph 10.2(g), which may be set out in a practice leaflet or client letter.

10.3 A reasonable charge may be made for written prescriptions; such prescriptions for POM-V medicines may be issued only for animals under the care of the prescribing veterinary surgeon and following their clinical assessment of the animals.

10.4 A veterinary surgeon must not discriminate between clients who are supplied with a prescription and those who are not, in relation to fees charged for other goods or services.

10.5 A veterinary surgeon should not prevent a client from using the medicines retailer of their choice. Written prescriptions should not contain any specific recommendations of medicines retailers. If specific recommendations are given to clients by other means, however, veterinary surgeons should be able to justify their recommendations and where the veterinary surgeon or their employer has a financial or commercial interest in the medicines retailer, this should be drawn to clients' attention.

Note: 'Relevant veterinary medicinal product' has the same meaning as in The Supply of Relevant Veterinary Medicinal Products Order 2005; in brief, these are medicines of category POM-V, excluding medicated feeding stuffs.

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11. Communication and consent

Links to "supporting guidance" itself - not a subpart thereof

Client relationship

11.1 The client may be the owner of the animal, someone acting with the authority of the owner, or someone with statutory or other appropriate authority. Care should be taken when the owner is not the client. Practice staff should ensure they are satisfied that the person giving consent has the authority to provide consent. The provision of veterinary services creates a contractual relationship under which the veterinary surgeon and/or veterinary nurse should:

a. ensure that clear written information is provided about practice arrangements, including the provision, initial cost and location of the out-of-hours emergency service, and information on the care of in-patients;

b. take all reasonable care in using their professional skills to treat animal patients;

c. keep their skills and knowledge up to date;

d. keep within their own areas of competence, save for the requirement to provide emergency first aid;

e. maintain clear, accurate and comprehensive case records and accounts;

f. ensure that all staff are properly trained and supervised where appropriate;

g. generally ensure that the client is made aware of any procedures to be performed by practice staff who are not veterinary surgeons, where appropriate;

h. recognise that the client has freedom of choice;

i. when referring a case, ensure that the client is made aware of the level of expertise of the referral veterinary surgeon; and

j. treat clients fairly and without discrimination (see also Chapter 2 Veterinary Care regarding conscientious objection).

Informed consent

11.2 Informed consent, which is an essential part of any contract, can only be given by a client who has had the opportunity to consider **a range of reasonable treatment options** (including euthanasia), with associated fee estimates, and had the significance and main risks explained to them. For non-urgent procedures, the consent discussion should take place in advance of the day of the treatment/procedure where possible. The client's consent to treatment should be obtained unless delay would adversely affect the animal's welfare.

The following matters should be considered during the discussion with the client to ensure informed consent:

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a. The nature, purpose, and benefits of any treatment or procedures;

b. The likely outcomes of any treatment or procedures with a clear indication of both common and serious risks presented in a way that the client understands (e.g. explain any clinical terms);

c. The veterinary surgeon should avoid making assumptions, for example, about a client's financial constraints or a client's understanding of the possible side effects, complications or the failure to achieve the desired outcome with agreed treatment;

d. Financial estimates, and an agreement on any financial limits. This should also be documented on the consent form, or on an attached detailed estimate;

e. Where appropriate an explanation that the diagnosis is tentative subject to further investigation;

f. Checking with the client whether they have any questions or concerns regarding the diagnosis, treatment and costs;

g. Informing the client (where appropriate) that other treatment is available that may have greater potential benefit than those available at the practice (see Chapter 1, Referrals and second opinions); and

h. Ensuring, where possible, that consent can be obtained from the client for any deviations from the treatment plan (including costs), therefore where possible ensuring that the practice has the client's emergency contact details and that these are up to date.

Responsibility for seeking client consent

11.3 Ordinarily it is expected that the veterinary surgeon undertaking a procedure or providing treatment is responsible for discussing this with the client and obtaining the client's consent. If this is not practical, the veterinary surgeon can delegate the responsibility to someone else, provided the veterinary surgeon is satisfied that the person they delegate to:

a. Is suitably trained, and

b. Has sufficient knowledge of the proposed procedure or treatment, and understands the risks involved.

11.4 The most suitable person to delegate the responsibility of obtaining consent to would be another veterinary surgeon failing which a registered veterinary nurse or student veterinary nurse.

11.5 Where a veterinary surgeon chooses to delegate this task, the veterinary surgeon is responsible for ensuring that the client has been given enough time and information to make an informed decision, and has given their consent, before starting any treatment.

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Consent forms

11.6 Consent forms should be viewed as an aid to consent, in conjunction with a discussion with the client.

11.7 If a client does not want to know about the possible risks and costs of a proposed procedure or treatment, this should be documented on the consent form/clinical records.

11.8 If additional procedures or tests are offered on the consent form (e.g pre-op bloods) the veterinary surgeon should ensure that the client has been advised as to the potential advantages and advised of the associated costs. This should be documented on the consent form.

11.9 Consent forms may be used to record agreement to carry out specific procedures. They form part of the clinical records. If any amendments are made subsequently, these should be initialled, dated and a note of subsequent conversations recorded on the clinical records.

11.10 For routine procedures, information leaflets can be useful to explain to clients what is involved with a specific procedure, anaesthesia, expected outcome, after care etc. Clients should be given an opportunity to consider this information before being asked to sign a consent form. Use of information sheets should be encouraged, but should not be used as a substitute for discussions with individual clients.

11.11 **A copy of the form should be provided to the person signing the form** unless the circumstances render this impractical. The *RCVS Practice Standards Scheme Manual* provides that for ‘General Practice’, signed consent forms are required for all procedures including diagnostics, medical treatments, surgery, euthanasia and when an animal is admitted to the care of a veterinary surgeon.

11.12 Specimen consent forms (form of consent for euthanasia and form of consent for anaesthesia and surgical procedures) are available to download in the 'Related documents' box at the bottom of this page.

Communication

11.13 Veterinary surgeons and veterinary nurses should seek to ensure that what both they and clients are saying is heard and understood on both sides. This could be done by asking questions and summarising the main points of the discussion.

11.14 Veterinary surgeons and veterinary nurses should encourage clients to take a full part in any discussion and to ask questions about their options or any other aspect of their animal’s care. Veterinary surgeons and veterinary nurses should make sure that clients have **sufficient time** to ask questions and to make decisions.

11.15 Veterinary surgeons and veterinary nurses should use language appropriate for the client and explain any clinical or technical terminology that may not be understood.

11.16 Where the client’s ability to understand is called into question, veterinary surgeons and veterinary nurses will need to consider whether any practical steps can be taken to assist the client’s understanding. For example, consider whether it would be useful for a family member or

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friend to be present during the consultation. Additional time may be needed to ensure the client has understood everything and had an opportunity to ask questions.

11.17 If the client's consent is in any way limited, or qualified, or specifically withheld, this should be recorded on the clinical records; veterinary surgeons and veterinary nurses must accept that their own preference for a certain course of action cannot override the client's specific wishes, other than on exceptional welfare grounds.

11.18 Provision should be made for uncertain or unexpected outcomes (e.g in relation to dental procedures). Clients should be asked to provide contact telephone numbers to ensure discussions can take place at short notice. Provision for the veterinary surgeon or veterinary nurse to act without the client's consent if necessary in the interests of the animal should also be considered.

11.19 When arrangements have been made to bring an animal under the Animals (Scientific Procedures) Act 1986 for experimental investigation, the client should be made aware of the general provisions of the Act so that informed consent can be given.

11.20 When an animal is enrolled on a clinical trial, the client should be made aware of the general provisions of Good Clinical Practice and be supplied with any other relevant information, such as ethical guidelines and relevant contact details, so that informed consent can be given.

11.21 Practice staff may be the first to become aware of any misunderstanding by clients concerning a procedure or treatment. Veterinary surgeons and veterinary nurses should advise practice staff to communicate any concerns to the senior veterinary surgeon and ensure that the client is kept fully informed.

11.22 When exercising a conscientious objection, veterinary surgeons should ensure that they communicate their position sensitively and treat the client with respect. Veterinary surgeons should also be open with employers, partners or colleagues about their conscientious objection and should explore with these individuals how they can practise in accordance with their beliefs without compromising patient care and without overburdening colleagues. Further information regarding conscientious objection can be found in Chapter 2 Veterinary Care.

11.23 Veterinary surgeons and veterinary nurses in the veterinary team and different practices should be encouraged to work together to ensure effective communication with clients and with each other.

Discussion of fees

11.24 Discussion should take place with the client, covering a range of reasonable treatment options and prognoses, and the likely charges (including ancillary or associated charges, such as those for medicines/anaesthetics and likely post-operative care) in each case so as to ensure that the client is in a position to give informed consent. The higher the fee, the greater is the necessity for transparency in the giving of detailed information to the client.

11.25 It is wise for any estimate to be put in writing, or on the consent form, and to cover the approximate overall charge for any procedure or treatment including VAT, pre- and post-operative checks, any diagnostic tests, etc. The owner should be warned that additional charges may arise if complications occur. If a quote is given, it may be binding in law.

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11.26 If, during the course of treatment, it becomes evident that an estimate or a limit set by the client is likely to be exceeded, the client should be contacted and informed so that consent to the increase may be obtained. This should be recorded in writing by the veterinary surgeon.

Public health

11.27 Veterinary surgeons should inform clients and others as appropriate, of any human health care implications arising from the condition, care, tests or treatment of animals, particularly those who may be more at risk.

Young persons and children

11.28 Persons under the age of 18 are generally considered to lack the capacity to make binding contracts. They should not be made liable for any veterinary or associated fees.

11.29 Persons under the age of 16 should not be asked to sign a consent form. Where they have provided a signature, parents or guardians should be asked to countersign.

11.30 Where the person seeking veterinary services is 16 or 17 years of age, veterinary surgeons should, depending on the extent of the treatment, the likely costs involved and the welfare implications for the animal, consider whether consent should be sought from parents or guardians before the work is undertaken.

11.31 Particular care should be taken when the treatment involves issues of health and safety, as for supplying Controlled Drugs (within the meaning of the Misuse of Drugs Act 1971) to anyone under the age of 18.

Mental incapacity

11.32 The Mental Capacity Act 2005 (applicable in England and Wales) provides that ‘a person lacks capacity in relation to a matter if at the material time they are unable to make a decision for themselves in relation to the matter because of an impairment of, or a disturbance in the functioning of, the mind or brain. It does not matter whether the impairment or disturbance is permanent or temporary. …’ The Adults with Incapacity (Scotland) Act 2000 provides that incapable persons are those aged 16 or over who lack one or more of: the capacity to act, make decisions, communicate decisions, understand decisions or retain the memory of decisions by reason of mental disorder or of inability to communicate because of physical disability. However, a person is not incapable only because of a lack of, or deficiency in, a faculty of communication if it can be made good by human or mechanical aid. The Mental Capacity Act (Northern Ireland) 2016 provides that those aged 16 or older lack capacity if they are unable to make a decision for themselves because of an impairment of or a disturbance in the functioning of the mind or brain, whether permanent or temporary and regardless of the cause.

11.33 Where it appears a client lacks the mental capacity to consent, veterinary surgeons should try to determine whether someone is legally entitled to act on that person’s behalf, such as someone who may act under a valid lasting power of attorney or enduring power of attorney. If there is no such person, veterinary surgeons should act in the best interests of the animal. In deciding what is in the best interests of the animal, it may be useful to discuss the case with someone close to the client, such as a family member, friend or carer.

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Wildlife

11.34 Wildlife is, by its nature, wild, and may only be 'owned', or taken possession of, in exceptional circumstances. However, confusion can arise in relation to who (if anyone) is required to consent to treatment of a wild animal. A common scenario is where a member of the public finds a disabled or injured animal and takes the animal to a veterinary practice for treatment.

11.35 In this instance, the member of the public may take possession of the animal for the purpose of tending to it until it is fit to be released (subject to section 14 of the Wildlife and Countryside Act 1981, which prevents the release of invasive species). At the point the animal is handed over for treatment, legitimate possession of the animal passes to the veterinary surgeon/practice. At no point does the member of the public have a right of ownership over the animal and as such, their consent is not required before treatment (or euthanasia if appropriate) is commenced. See paragraph 11.1, above, as to who may be considered a 'client' and therefore consent to treatment on behalf of an animal. For veterinary surgeons' obligations in relation to providing first aid and pain relief to wild animals, see Chapter 3: 24-hour emergency first aid and pain relief, paragraph 3.9.

11.36 It is therefore a matter for the veterinary surgeon to decide what treatment is in the animal's best interest and to carry out that treatment. It is not necessary for the member of the public to formally sign over 'ownership' to the veterinary surgeon or practice. Although, in this scenario, the member of public does not have a right of ownership over the animal, veterinary surgeons may feel it appropriate to keep the member of public up-to-date with an animal's progress, especially if the member of the public has expressed a desire to be kept informed. Veterinary surgeons should also be mindful that members of the public who find injured animals may be upset by what they have found.

11.37 If a member of public takes an animal away against veterinary advice and the veterinary surgeon has concerns about its welfare (for example, because euthanasia is necessary), they should consider whether it is necessary to alert the relevant authorities (see Chapter 14: Client confidentiality for guidance).

11.38 It is acknowledged that some organisations, for example wildlife sanctuaries and rehabilitation centres, are in a unique position and as such, are likely to face many, varying challenges in relation to the ownership of wildlife. Further information that may assist in this respect may be found in the BSAVA Manual of Wildlife Casualties or by contacting the BVZS.

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12. Use and re-use of samples, images, post mortems and disposal

Links to "supporting guidance" itself - not a subpart thereof

Informed consent

12.1 There may be occasions when veterinary surgeons have to consider taking samples for diagnostic or treatment purposes, or post-mortem. These ‘samples’ may include blood, tissue, body parts or whole cadavers. After samples have been taken, it may be that the re-use of the sample for other proper purposes is considered.

12.2 The starting point for the use of samples is informed consent. A client should consent to a sample for initial diagnostic or treatment purposes, whatever the size or species of the animal, whether it is a farm animal or domestic pet and whether the animal is living or dead. Generally, a client should also consent to any re-use of the sample for other purposes.

12.3 The RCVS has produced detailed guidance on informed consent. This includes guidance on written/oral consent; contractual relationships; establishing who the client is; confirming the client has understood what has been said; mental incapacity; dealing with young persons and children; and, consent forms.

(Communication and consent)

12.4 In situations where another veterinary surgeon becomes involved in the treatment of an animal, for instance, with a referral or transfer to a dedicated out-of-hours provider, the referring veterinary surgeon should ensure that consent is obtained from the client for the referral. View further information about referrals and the transfer of personal data. Once the animal has been transferred to the second practice, consent for procedures subsequently carried out is a matter for the second practice.

Disease surveillance schemes and the re-use of samples

12.5 Veterinary surgeons may take samples from animals for testing for treatment purposes, academic research or statutory purposes. Generally, samples will be taken with the consent of the client for a specific purpose.

12.6 Under current legislation in England and Wales, samples can be taken under the Animal Health Act 1981 as amended for the control of specified diseases, but this legislation arguably provides insufficient powers for general and pre-emptive surveillance testing. Scottish legislation does allow the use of samples for more than one purpose. There are additional provisions set out in European legislation with regard the taking of samples.

12.7 The legal obstacles to the re-use of samples for general disease surveillance can be overcome with the specific consent of the client. This could be set out in a suitably worded consent form, making the client aware of the re-use of the samples from their animal.

12.8 If the client’s personal data will be collected with or connected to the samples from their

animal, the consent form should provide clear information about how that data will be used, by whom and for what purpose(s). The form can ask for consent to the collection and processing of the data, or it may be more appropriate to rely on another legal basis, for example if it is necessary to process the data for compliance with a statutory obligation, to perform the contract with the client, to perform a task in the public interest, or possibly for the purposes of the veterinary surgeon's legitimate purposes. The form should make clear which basis is being relied on.

12.9 The re-use of samples without the consent of the client may be reasonable for animal welfare or public interest reasons, for example, disease surveillance by the State, or where obtaining the consent of the relevant animal owners is impracticable and the samples are re-used anonymously. Nevertheless, consent should be obtained wherever possible.

Images

12.10 Generally, a veterinary surgeon should seek client consent before taking images of animals, especially where it would be possible to recognise the animal and therefore possibly the client. Clients should also be informed about the ways in which the images will be used. Where possible, further consent should be obtained if the images are used in a way that is not covered by the original consent (for example, if images of an animal are taken for use in a casebook, they should not subsequently be used on a practice website without further consent from the client).

Pathology

12.11 Diagnostic veterinary pathology is covered by the definition of veterinary surgery and is legally undertaken only by veterinary qualified pathologists. The generation of objective numerical clinical pathology data (for example, blood biochemistry and haematology) is acceptable only if it excludes diagnostic interpretation. Surgical and post-mortem pathology is inherently diagnostic and is fully within the legal definition of veterinary surgery.

Post-mortem examinations

12.12 The veterinary surgeon should ensure that the client has been fully advised of the scope of the post-mortem examination and/or any limitations to manage client expectations, and understands not only the financial implications of that request, but also that the findings may prove inconclusive. The veterinary surgeon should give the client the option of an examination by an independent veterinary surgeon.

12.13 In cases in which the owner has retained the cadaver of an animal following treatment by a veterinary surgeon prior to its death, and subsequently requests another veterinary surgeon to carry out an independent post-mortem examination, the normal ethical rules regarding supersession and second opinions do not apply. Nevertheless, generally the original veterinary surgeon should be advised by their colleague that the post-mortem examination is to be carried out and should be invited to provide information regarding previous treatment as an aid to the preparation of an accurate report. The results of the examination must, however, be communicated only to the client and not to the original veterinary surgeon without the client's consent.

12.14 Veterinary surgeons wishing to carry out a post-mortem examination upon the cadaver of an animal which they have previously treated, in order to satisfy themselves as to the cause of death (rather than at the request of the client), must seek the permission of the client to carry out such an examination. Consent may be provided verbally, for example, by telephone, although it is best practice to obtain the consent in writing, for example, on a specific consent form which may provide for the use and re-use of samples.

12.15 Veterinary surgeons should be mindful that owners may be in an emotional or distressed state at this time.

Disposal

12.16 Generally, a veterinary surgeon should seek informed consent from the owner to disposal options for the cadaver and should ensure that any third party involved in the disposal is appropriately licensed, for example, if the animal is to be cremated.

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13. Clinical and client records

Links to "supporting guidance" itself - not a subpart thereof

13.1 Clinical and client records should include details of examination, treatment administered, procedures undertaken, medication prescribed and/or supplied, the results of any diagnostic or laboratory tests (including, for example, radiograph, ultrasound or electrocardiogram images or scans), provisional or confirmed diagnoses, and advice given to the client (whether over the telephone or in person). They should also include outline plans for future treatment or investigations, details of proposed follow-up care or advice, notes of telephone conversations, fee estimates or quotations, consents given or withheld, contact details and any recommendations or discussion about referral or re-direction.

13.2 The utmost care is essential in writing records or recording a client's personal details to ensure that they are clear, legible, accurate and appropriately detailed. Clinical and client records should be objective and factual, and veterinary surgeons and veterinary nurses should avoid making personal observations or assumptions about a client's motivation, financial circumstances or other matters.

13.3 Ideally, client financial information and any other personal or sensitive information should be recorded separately from clinical records. This is because *only* relevant clinical information / information in the interests of the treatment of the animal should be provided to colleagues taking over responsibility for a case. It is however acceptable to include a statement in the clinical records that treatment has been limited or declined by the client for financial or other reasons.

13.4 Explicit consent may be required in order to record and use certain personal or special category data (previously known as sensitive personal data) about a client, such as any access needs of the client or other health information.

13.5 It may be permissible to mark the client record to indicate that the client is aggressive, violent etc, without client consent, on the basis that an employer has a legitimate interest to record such information so as to afford protection to their employees. If practicable, veterinary surgeons and veterinary nurses should inform the client that the flag has been put on their record and why, and the flag should be reviewed periodically. Likewise, it may be permissible to mark the client record to indicate that a client is a bad debtor without client consent, on the basis that there is a legitimate interest for the business to get paid for the services it provides. Ideally, the practice's privacy policy would state that the practice may flag client records for these reasons, in which case it would not be necessary to notify individual clients if and when it occurs.

Amendments and additions

13.6 Clinical and client records should be made at the time of the events being recorded or as soon as possible afterwards. There may however be justifiable reasons to retrospectively amend clinical records, for example, in order to correct an inaccurate entry or to include additional information. In such cases, the amendment, the details of the person making the amendment and the date on which it is made should be clearly marked. Any correction should, where possible, be noted alongside the relevant entry. Care should be taken not to obliterate the original entry. This is to avoid giving rise to allegations that the amendments have been made

unprofessionally or dishonestly.

13.7 Veterinary surgeons and veterinary nurses should take extra care when using older electronic records systems, which allow for the deletion or over-writing of the previous records. This is to ensure that mistakes and inadvertent amendments are not made.

13.8 If multiple team members are involved in updating the same clinical record, it is important to make sure that the identity of the person making the entry is clear.

Dealing with factual inaccuracies

13.9 Clients have the right under the GDPR to request the rectification of personal data if it is inaccurate or incomplete.

13.10 In some cases, clients may consider that information contained within the records, that is not their personal data, is inaccurate or incorrect and may request that the information be corrected. If a client objects to or complains about an entry in their records, veterinary surgeons and veterinary nurses should discuss the client's concerns with them and make a record of the discussion. It should be noted, however, that diagnosis and clinical opinion is a matter of clinical judgement and should not be changed solely at the client's request. There is no obligation to amend professional opinion. If, however, the veterinary surgeon or veterinary nurse agrees that the records should be amended due to errors or factual inaccuracies, the advice above should be followed.

13.11 If, after discussion and following the steps above, the client remains dissatisfied, the most appropriate course of action may be to insert the client's opinion alongside that of the veterinary professional, making it clear that the additions were inserted at the client's request. It is helpful to remind the client that an alteration to an electronic record is always preserved (together with the original entry) as part of the audit trail.

Access to clinical and client records

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

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

13.14 Under RCVS guidelines, at the request of a client, veterinary surgeons and veterinary nurses must provide copies of any relevant clinical and client records. This includes relevant records which have come from other practices, if they relate to the same animal and the same client, but does not include records which relate to the same animal but a different client.

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

13.16 Relevant clinical information should be provided promptly to colleagues taking over responsibility for a case and proper documentation should be provided for all referral or re-directed cases. Cases should be referred responsibly (Referrals and second opinions). Additional requests for information should also be dealt with promptly.

Retention, storage and destruction of clinical records

13.17 Records should be kept secure and confidential at all times and there should be adequate back-up in place if records are stored electronically.

13.18 The RCVS does not specify for how long clinical and client records should be retained and practices are free to set their own policies. Practices should however comply with any professional indemnity policy conditions relating to retention of records.

13.19 The record keeping requirements for Veterinary Medicinal Products (VMPs) are set out in the Veterinary Medicines Regulations (VMRs). Records of the retail supply (which includes administration) of POM-V and POM-VPS medicines must be kept for 5 years. The Veterinary Medicines Directorate provides specific guidance on record-keeping requirements for veterinary medicines.

13.20 Records should be destroyed in a manner which safeguards against accidental loss or disclosure of content and protects client confidentiality. (Client confidentiality)

13.21 Where a practice intends to cease trading, clients should, where possible, be notified so they have an opportunity to obtain a copy of relevant clinical and client records if they choose to do so. Likewise, provision should be made to respond to requests for other veterinary surgeons to take over the case.

13.22 In some circumstances, the GDPR gives individuals a right of erasure (also known as the right to be forgotten). An individual is therefore able to request the deletion or removal of their personal data where, for example, (i) it is no longer necessary to retain the data for the purpose for which it was collected; (ii) the individual withdraws consent on which the processing was based and there are no other legal grounds for processing; (iii) the individual objects to the processing and there are no overriding legitimate grounds for the processing; or (iv) the data has been processed unlawfully. However the practice does not have to delete the data if it needs to keep it to comply with a legal obligation or to defend a legal claim.

Vaccination record cards

13.23 A vaccination record card held by the animal owner may be considered part of the clinical record and may be signed by a veterinary surgeon or a veterinary nurse (see supporting guidance 18.10 – 18.12). If a veterinary nurse signs the record, it is good practice to add the words ‘under the direction of ...’ and name the directing veterinary surgeon.

13.24 The animal should be identified on the vaccination record card and the principles set out in RCVS advice on identification of animals (see supporting guidance 21.30 – 21.33) should be followed. These state:

> 21.30 If an alleged identification mark is not legible at the time of inspection, no certificate should be issued until the animal has been re-marked or otherwise adequately identified.
>
> 21.31 When there is no identification mark, the use of the animal's name alone is inadequate. If possible, the identification should be made more certain by the owner inserting a declaration identifying the animal, so that the veterinary surgeon can refer to it as 'as described'. Age, colour, sex, marking and breed may also be used.
>
> 21.32 The owner's name must always be inserted. (In the case, for example, of litters of unsold puppies this will be the name of the breeder or the seller.)
>
> 21.33 Where microchipping, tattooing or any other form of permanent identification has been applied it should be referred to in any certificate of identification.

13.25 The animal may be presented to a different veterinary surgeon for a subsequent vaccination. To be useful, the vaccination record should be such as to allow the veterinary surgeon to identify the animal, if necessary, following any additional reasonable enquiries. Veterinary surgeons should not sign blank vaccination record cards.

Vaccination reminders

13.26 In order to comply with the provisions of the GDPR, veterinary surgeons and veterinary nurses should only send vaccination reminders to clients where (a) clear and specific consent has been freely given, or (b) the client has provided a “soft-opt in”. Please see Chapter 23 for detail on this. This is because these reminders are likely to be considered to be marketing material. If the client withdraws their consent or opts out, further reminders should not be sent.

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14. Client confidentiality

Links to "supporting guidance" itself - not a subpart thereof

Introduction

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

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

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

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

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

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

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

Consent to disclosure

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

14.8 Obtaining consent to the disclosure of personal data in accordance with the GDPR is

discussed further below.

14.9 The client's consent to pass on confidential information about their animal (i.e., information other than their personal data) may be express or implied. Consent may be implied from the circumstances, for example where a client moves to a different practice and clinical information is requested, or where an insurance company seeks clarification or further information about a claim under a pet insurance policy.

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

Disclosing client information to the authorities

14.11 Some examples of circumstances where a veterinary surgeon or veterinary nurse may consider that animal welfare or the public interest is compromised and that relevant information should be reported to the appropriate authorities without client consent may include situations where:

- an animal shows signs of abuse or neglect
- a dangerous dog poses a risk to safety
- child or domestic abuse is suspected
- where a breeder in England has presented litters without possessing a licence to breed, or has breached the licence conditions (where applicable)
- where the information is likely to help in the prevention, detection or prosecution of a crime
- there is some other significant threat to public health or safety or to the health or safety of an individual.

14.12 Generally the decision to disclose to an authority should be based on personal knowledge rather than third-party (hearsay) information. The more animal welfare or the public interest is compromised, the more prepared a veterinary surgeon or veterinary nurse should be to release information to the relevant authority.

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

14.14 If practicable, veterinary surgeons and veterinary nurses should discuss the issues with the appointed senior veterinary surgeon in the practice before breaching client confidentiality.

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

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

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

Animal welfare concerns

14.18 Disclosure may be justified where animal welfare is compromised.

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

14.20 When a veterinary surgeon is presented with an injured animal whose clinical signs cannot be attributed to the history provided by the client, they should include non-accidental injury in their differential diagnosis. ‘ Suspected Abuse of Animals and People’ provides guidance for the veterinary team on dealing with situations where non-accidental injury is suspected.

14.21 Where animal welfare concerns arise, in the first instance, where appropriate, the veterinary surgeon or veterinary nurse should attempt to discuss their concerns with the client, provided the delay does not compromise animal welfare. Where follow-up appointments have not been attended, it is also sensible to check that requests for clinical records have not been received as this may indicate that the client has sought veterinary attention elsewhere.

14.22 In cases where a discussion with the client is not possible or would not be appropriate, or where the client’s response increases rather than allays concerns, the veterinary surgeon or veterinary nurse should consider whether the circumstances are sufficiently serious to justify disclosing their client’s information without consent. If so, a report should be made to the relevant authorities:

- the RSPCA (Tel: 0300 1234 999 - 24-hour line) in England and Wales
- the SSPCA (Tel: 03000 999 999 – 7.30am to 9pm) in Scotland
- the Animal Welfare Officer for the relevant local authority in Northern Ireland.

14.23 Such action should only be taken when the veterinary surgeon or veterinary nurse

considers on reasonable grounds that an animal shows signs of harm (including abuse and/or neglect), or is at **real and immediate** risk of harm, which extends to other animals within the client's care or that they are responsible for – in effect, where the public interest in protecting an animal overrides the professional obligation to maintain client confidentiality, and the legitimate interest in disclosing the client's personal data overrides the client's rights to the protection of their personal data.

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

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

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

Child and domestic abuse

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

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

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

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

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

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

- the Links Group guidance ' *Suspected Abuse of Animals and People: Guidance for*

the veterinary team' (The Links Group Homepage) and, in particular, the Links Group ARDR protocol for dealing with suspected animal or domestic abuse.

Prevention, detection or prosecution of a crime

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

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

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

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

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

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

- ensure the request is in writing so you know who is making the request. The request should be signed by someone with sufficient authority.
- check whether the person asking for the information is doing so to prevent or detect a crime or apprehend or prosecute an offender.
- consider whether a refusal to release the information will prejudice or harm the prevention or detection of a crime or the apprehension or prosecution of an offender.
- ask the authority or organisation seeking the information if the individual has been approached for their consent. If the answer is no, consider whether it is practicable to obtain the client's consent directly. It may not be appropriate to do so where seeking consent would be likely to undermine the purpose of the disclosure.
- question any requests for excessive or apparently irrelevant information.
- be aware that any disclosure should be limited to the minimum amount of information necessary, in line with the Data Protection Act 2018.

NB: This is not an exhaustive list and further guidance is available from the Information

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Commissioner's Office .

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

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

Dealing with suspected illegal imports

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

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

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

14.41 In cases of suspected illegal imports there is no legal or professional obligation to inform the authorities, but veterinary surgeons and veterinary nurses may choose to do so in the public interest. Ultimately, the decision to report is for the individual professional following the general guidance on client confidentiality above.

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

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

14.44 While there is no legal or professional obligation to report illegal imports, there is a legal obligation where rabies is suspected. Suspecting that an animal has been illegally imported is not the same as suspecting it has rabies.

Disclosures required by law

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

diseases. Further information on notifiable diseases in animals is available on the UK government website. Rabies is one of the notifiable diseases that must be reported to the Animal and Plant Health Agency (APHA), even if there is only a suspicion that an animal may be affected.

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

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

General Data Protection Regulation (GDPR)

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

- prevent or detect unlawful acts
- protect the public against dishonesty, or
- prevent fraud.

14.49 Accordingly, the GDPR is not a barrier to the reporting of concerns and suspicions to the appropriate authorities.

14.50 Where the client's permission is being relied upon to make a disclosure, the client's permission to pass on their personal data must be express, specific and informed. Express permission may be either verbal or in writing, usually in response to a request, but if given verbally, a written note should be kept.

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15. Health Protocol

Links to "supporting guidance" itself - not a subpart thereof

Veterinary surgeons and registered veterinary nurses whose fitness to practise may be impaired because of adverse health

15.1 Many people, including veterinary surgeons and registered veterinary nurses ("Registrants"), will experience, during the course of their lives, health problems that are successfully managed or controlled, and these self-managed health problems will not, on their own be considered to adversely affect any Registrant's fitness to practise. There may be occasions, however, where there are concerns that a health condition is having an adverse effect on a Registrant's fitness to practise. The RCVS Health Protocol is designed to deal with such situations in a proportionate and supportive way.

Independent, confidential support is available to veterinary surgeons and registered veterinary nurses with health related issues at Vetlife.

The RCVS Health Protocol may be considered as part of any RCVS investigation where a Registrant experiences a health problem which results in, or forms a significant element of, any of the following:

- Conduct (or alleged conduct) which might reasonably be considered to amount to serious professional misconduct (which includes where a Registrant is unable or unwilling to demonstrate that they are taking reasonable steps to address their adverse physical or mental health)
- Criminal conviction, caution or an adverse finding.

Why the RCVS needs a Health Protocol

15.2 As the regulator of veterinary surgeons and veterinary nurses in the UK, the RCVS has a duty to act in the public interest. This includes safeguarding the health and welfare of animals committed to veterinary care, protecting the interests of those dependent on animals and assuring public health through the regulation of ethical and clinical standards. The RCVS duty to protect the public interest also includes recognition of a Registrant's own interests (whilst always ensuring that those interests are balanced in a proportionate way with the public interest).

15.3 The RCVS recognises that sometimes concerns about a professional's conduct will be directly related to a Registrant's adverse health, and in such cases it may be more appropriate to take a more health-focussed approach, rather than a purely disciplinary one. This means that even though a Registrant's behaviour, actions or omissions might be considered to represent serious professional misconduct, the nature of their adverse health condition means that the public interest may be better served by supporting and managing them within the Health Protocol, rather than immediately referring them to the Disciplinary Committee ("DC").

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Circumstances in which the RCVS will consider or take action in relation to a Registrant's health

15.4 The Veterinary Surgeons Act 1966 ("the Act") gives the RCVS regulatory powers regarding veterinary surgeons who are registered with the RCVS. Under the Veterinary Nurse Conduct and Discipline Rules 2014 ("the Rules"), made pursuant to the RCVS Supplementary Charter granted in 2014, registered veterinary nurses are subject to a similar regulatory jurisdiction. Under the Act and the Rules, the RCVS can only take regulatory action regarding a Registrant in the following circumstances:

1. Where a Registrant is convicted in the United Kingdom or elsewhere of a criminal offence that could render them unfit to practise.

The Health Protocol may be considered where a Registrant's adverse health is directly relevant to a criminal conviction, for example, an alcohol or drug-related offence or an offence in which alcohol or drugs was significantly involved.

2. Where a Registrant's behaviour, actions or omissions could amount to "disgraceful conduct in a professional respect" (namely serious professional misconduct).

The Health Protocol may be considered where adverse health is relevant to conduct which could be considered to amount to serious professional misconduct (for example very serious or persistent clinical failings, or dishonest behaviour).

3. Where a Registrant's conduct in relation to their adverse health condition could be considered to amount to serious professional misconduct for one of the following reasons:

- a Registrant fails or refuses to take reasonable steps to address adverse physical or mental health that impairs their fitness to practise, where there is harm, or significant risk of harm to animal health or welfare, public health or the public interest as a result; or
- a Registrant fails or refuses to comply with reasonable requests from the RCVS (for example, by failing to demonstrate that they are taking reasonable steps to address their adverse health, or by failing to undergo a medical examination, or by failing to provide medical reports or give undertakings to the RCVS in relation to the management of their health condition); or
- a Registrant breaches an undertaking that they have given to the RCVS.

15.5 When considering whether a Registrant's fitness or ability to practise may be impaired because of adverse health, the following are examples of factors that may be taken into account:

- the Registrant's current physical or mental condition,
- any continuing or episodic condition suffered by the Registrant,

- any condition suffered by the Registrant which, although currently in remission, is capable of recurring.

When concerns about a Registrant's health should be reported to the RCVS

15.6 Anyone, including other Registrants, members of practice staff, clients, and healthcare professionals (for example medical practitioners) who has concerns that a Registrant's health is impairing their fitness to practise, or could amount to serious professional misconduct, is encouraged to report those concerns to the RCVS as soon as is reasonably practicable. See below for examples of situations where adverse health might impair fitness to practise or amount to serious professional misconduct.

Example 1:

A colleague has suffered an acrimonious relationship break-up and is suffering depression and anxiety as a result. You are aware that they have had trouble sleeping and they have requested a change in shift patterns to accommodate this. They have also contacted their GP and obtained anti-depressant medication, and have been referred for counselling. Their work remains unaffected and the practice manager is aware of the matter and is offering support.

This person is actively managing their condition and taking steps to address the problems. Their work is not affected and they do not appear to pose a risk to animal health or welfare. Unless the situation changes, it would not be appropriate to report them to the RCVS.

Example 2:

A colleague has developed a drink problem. Although their work remains largely fine, they are short-tempered with patients and have been seen to use excessive physical restraint while examining them. Other members of staff have noticed bottles of wine in their colleague's locker, which their colleague drinks from during the day, and they have been found asleep in their car during breaks. The colleague phones in sick quite often on a Monday. The Clinical Director has taken the colleague to one side to discuss the matter with them, but the person denies that there is a problem and refuses to seek help or support.

This person is failing to take reasonable steps to address their adverse health, despite attempts by a colleague to encourage them to do so. There are potential animal welfare issues and conduct that could amount to serious professional misconduct. It may be appropriate to report the colleague to the RCVS if they continue to refuse to seek assistance.

Example 3:

A colleague has always been a friendly and useful member of staff, but has recently become quite withdrawn. Their manner has become erratic and, while their work remains good, checks on the Controlled Drug Register have led to the discovery of some discrepancies in stock levels. An investigation is undertaken, during which the colleague has been seen on internal CCTV removing medication and secreting themselves in the staff toilets. When questioned, the colleague admitted taking and using opiates and says that they have a drug problem.

This person has stolen controlled substances from the practice, criminal behaviour that is likely to amount to serious professional misconduct. In these circumstances it would be appropriate to report the matter to the RCVS (and possibly other authorities).

15.7 In addition, Registrants who are concerned about a professional colleague's fitness to practise must also take steps to ensure that animals are not put at risk and that the interests of the public, including those of their colleague, are protected. This may mean reporting them to the RCVS.

How the RCVS deals with concerns that involve a Registrant's adverse physical or mental health

15.8 A Registrant's adverse health may be relevant to a complaint or a conviction case that is referred to either RCVS Preliminary Investigation Committee or RVN Preliminary Investigation Committee ("PIC"). All investigations that involve health issues will generally follow a similar procedure and timeline as those complaint cases not involving adverse health concerns.

15.9 The PIC conducts a preliminary investigation under the Act or (for RVNs) the Rules.

The PIC decides:

- whether in relation to a Registrant's conduct there is a realistic prospect of finding serious professional misconduct or a conviction which renders the Registrant unfit to practise; and, if so,
- whether it is in the public interest to refer the case to the DC for a full hearing.

When undertaking both elements of this assessment, the PIC may take into account the adverse health of the Registrant, if relevant. Generally any health issues will be more relevant to the second stage of the assessment, namely whether it is in the public interest to refer the matter to the DC. PIC meetings are held in private and information will be discussed confidentially.

15.10 When considering relevant issues of adverse health, the PIC may refer the case to a Medical Examiner for consideration and opinion. The Medical Examiner is a suitably qualified practitioner who may, for example, recommend that the registrant should be invited to undergo medical examinations and/or should be invited to give appropriate undertakings, to the PIC (undertakings are described and explained in more detail below). The Registrant will be provided with a copy of the Medical Examiner's report prior to any PIC decision related to its contents[1]. The PIC will seek the Registrant's response to the Medical Examiner's report. The PIC will have regard to the Medical Examiner's opinion in considering matters.

The PIC may also have regard to information from other sources (for example, occupational health or other workplace assessments) when considering cases – copies will be sent to the Registrant[2] and the PIC will seek and consider the Registrant's response to them as part of its investigation and decision making. Generally speaking, medical records are not supplied directly to the PIC, but will go directly to the Medical Examiner if needed. Any confidential information will only be considered by those who specifically need to do so. Where relevant the Medical Examiner may refer to information contained in the medical records as part of any opinion they provide to PIC.

[1] In exceptional cases, redactions might be made to the Medical Report (and other documents) before sending to the Registrant, for example if there is a concern that the Registrant's health might be adversely affected by reading certain parts of the document in question.
[2] Please see footnote above regarding potential redactions.

What the PIC can decide to do when it is considering a Registrant's adverse health in the context of a professional conduct concern

15.11 Once the PIC has investigated a case, it may decide in light of all relevant circumstances, including the Registrant's health, that it is not in the public interest to refer the case to the DC, at least at that time. The PIC may then consider whether to:

- hold the case open for a specified period of time; or,
- adjourn consideration of the case for a specified period of time.

15.12 In these circumstances, the PIC may also take reasonable steps to protect the public interest. In doing so, it may invite the Registrant to participate in the health protocol, which might include, for example, inviting the Registrant to:

- undergo medical examinations, assessments, or tests (for example, within a particular timeframe or at specific intervals) which may be at their expense;
- provide medical reports to the PIC (or allow such reports to be sent to the PIC by the relevant medical practitioner) which may be at their own expense;
- undertake a course of treatment recommended by a medical practitioner at their own expense; and/or
- give undertakings to the PIC

This is not an exhaustive list.

15.13 As noted above, if the PIC decides that the public interest can be protected by doing so, it may invite the Registrant to give undertakings. Any such undertakings must be proportionate, targeted, workable and measurable. The types of possible undertakings may include, for example (this is not an exhaustive list):

- undergoing treatment by the Registrant's treating clinician at their own expense;
- supervision by a medical supervisor appointed by the RCVS. The medical supervisor will not be the Registrant's own treating clinician;
- supervision by a workplace supervisor appointed (or approved) by the RCVS, who may be a suitable colleague in the same practice;

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- specific undertakings to address concerns identified by the RCVS or the medical supervisor, for example, relating to the Registrant's practice or the specific facts of the case;
- undertakings allowing the sharing of information between relevant persons, for example the Registrant's treating clinician, employer, medical supervisor or workplace supervisor and the RCVS; and,
- submitting to blood, urine or other medical tests at particular times/and or intervals, with the results to be provided to the RCVS for consideration by the PIC.

15.14 An undertaking is a formal promise given in writing and signed by the Registrant. A breach of an undertaking may of itself amount to disgraceful conduct in a professional respect. A breach may also lead to other matters being referred to the DC, such as any original underlying complaint that led to the RCVS investigation. A Registrant who is invited to give undertakings will be reminded that breach of an undertaking could result in referral of that breach to the DC, and that the original concerns considered by the PIC may also be referred to the DC at the same time. The Registrant will be encouraged to seek advice from their legal advisers or indemnity insurers, if appropriate, so that the Registrant has the opportunity to satisfy themselves that they properly understand the nature and implications of what they are signing.

15.15 When monitoring a held-open or adjourned case, the RCVS adopts a proactive approach to ensure compliance with undertakings. This involves regular liaison between the RCVS, usually a Disciplinary Solicitor, and any relevant individuals, such as a medical supervisor or workplace supervisor. The PIC may also direct, where appropriate, that any reports, test results or similar documents should be submitted and considered by the "Health Sub Group" which comprises a lay and a veterinary surgeon member of the PIC and Chair of PIC, or by a full meeting of the PIC.

15.16 A held-open or adjourned case may be further held open or adjourned by the PIC for as long as it is considered to be necessary in the public interest. Monitoring will be carried out until such time as the PIC considers that the case may be closed or that it should be referred to the DC. In any event, the PIC will formally review individual cases at least once every 12 months.

15.17 On some occasions the PIC, having investigated a concern and having considered any relevant adverse health concern, will nevertheless decide to refer a Registrant to the DC. This will happen if the PIC considers that the concern is so serious that referral to the DC is necessary in the public interest notwithstanding any relevant adverse health concerns.

What happens if a Registrant does not cooperate with the PIC in relation to health-related concerns, or where undertakings are breached, or where further matters arise?

15.18 A failure to cooperate with the PIC, or a breach of undertakings, could each amount to serious professional misconduct. The PIC may refer such cases to the DC, with or without the original case that was considered by the PIC.

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15.19 If additional matters, for example, concerns arising from information provided in compliance with undertakings, further conviction(s) or matters potentially amounting to serious professional misconduct come to the attention of the PIC during the course of its management of a held-open or adjourned case, the PIC may decide to refer all or any cases to the DC, following any additional investigation that is considered necessary.

If the public interest requires a Registrant's name to be removed from the Register

15.20 The PIC may refer cases involving health-related concerns to the DC if it considers it to be appropriate and in the public interest, having regard to its duties under the Act or (for RVNs) the Rules. The DC can, if it makes a finding against a Registrant in relation to allegations of serious professional misconduct or a conviction, direct that the Registrant's name be removed from the Register.

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16. Performance Protocol

Links to "supporting guidance" itself - not a subpart thereof

Dealing with ongoing concerns about the professional performance of veterinary surgeons and registered veterinary nurses

16.1 The RCVS Performance Protocol aims to protect animals and the interests of the public by helping veterinary surgeons and registered veterinary nurses whose fitness to practise may be impaired because of ongoing concerns about their professional performance.

16.2 There is an expectation that veterinary surgeons and registered veterinary nurses will take part in a regular system of performance review and self-assessment designed to plan development and address any performance issues. This should be supported by the other members of the veterinary team or business.

16.3 Only in those relatively rare cases where concerns remain despite the steps taken, or because appropriate steps are not taken, will it be in the public interest for the RCVS to deal with these concerns.

Why does the RCVS need a performance protocol?

16.4 The RCVS is the regulator of veterinary surgeons and registered veterinary nurses in the UK and has a duty to act in the public interest. This includes safeguarding the health and welfare of animals committed to veterinary care, protecting the interests of those dependent on animals and assuring public health through the regulation of ethical and clinical standards. The RCVS duty to protect the public interest also includes recognition of a veterinary surgeon’s or registered veterinary nurse’s own interests.

16.5 The RCVS recognises that sometimes it will be in the public interest to deal with veterinary surgeons and registered veterinary nurses whose fitness to practise may be impaired because of ongoing concerns about professional performance without referring a case to the Disciplinary Committee or RVN Disciplinary Committee (DC) for a formal hearing. Generally, it is more appropriate to take a remedial approach in cases involving these types of concerns.

16.6 In line with the procedures of other professional regulators, the RCVS Performance Protocol is designed to allow the veterinary profession and RCVS to work together to protect the public interest by responding to ongoing concerns about a veterinary surgeon’s or registered veterinary nurse’s professional performance. This Protocol provides that veterinary surgeons and registered veterinary nurses whose cases are not referred to the DC can be invited to give undertakings which may, for example, limit the extent to which they may practise. Cases may also be monitored by the RCVS through procedures established and currently used by the PIC, which may involve workplace supervisors appointed in agreement with the veterinary surgeon or registered veterinary nurse.

When can the RCVS take action in relation to ongoing

concerns about professional performance?

16.7 The Veterinary Surgeons Act 1966 (the Act) gives the RCVS powers regarding veterinary surgeons who are registered with the RCVS. Under the Veterinary Nursing Rules – Preliminary Investigation and Disciplinary and Restoration Proceedings (the Rules), registered veterinary nurses are subject to a similar regulatory jurisdiction. Under the Act and the Rules, the RCVS can only take action regarding a veterinary surgeon or registered veterinary nurse in the following circumstances:

a. where a veterinary surgeon or registered veterinary nurse receives a criminal conviction which could render them unfit to practise; and,

b. where a veterinary surgeon's or registered veterinary nurse's conduct could amount to serious professional misconduct.

16.8 A veterinary surgeon's or registered veterinary nurse's performance may be poor to such an extent that it could amount to serious professional misconduct in the following performance-related circumstances:

a. Refusal or failure by the veterinary surgeon or registered veterinary nurse to take or demonstrate reasonable steps to address ongoing concerns about professional performance that could impair fitness to practise.

b. Refusal or failure by the veterinary surgeon or registered veterinary nurse to take or demonstrate reasonable steps to address ongoing concerns about professional performance where there is harm, or a risk of a harm, to animal health or welfare, public health or the public interest as a result.

c. Refusal or failure by the veterinary surgeon or registered veterinary nurse to comply with reasonable requests by the RCVS, for example, to provide progress reports or give undertakings.

d. Breach of an undertaking given by the veterinary surgeon or registered veterinary nurse.

When should concerns about a veterinary surgeon's or registered veterinary nurse's performance be reported to the RCVS?

16.9 Veterinary surgeons or registered veterinary nurses must take or demonstrate reasonable steps to address any ongoing concerns about professional performance which could impair fitness to practise or, where there is harm, or a risk of harm, to animal health or welfare, public health or the public as a result. This should include steps to review and monitor performance and undertake any remedial activities.

16.10 Members of the public coming into contact with veterinary surgeons or registered veterinary nurses who have concerns that a veterinary surgeon's or registered veterinary

nurse's performance may be impairing fitness to practise are encouraged to report those concerns to the RCVS as soon as is reasonably practicable.

16.11 In addition, veterinary surgeons and registered veterinary nurses who are concerned about the performance or competence of another veterinary surgeon or registered veterinary nurse must take steps to ensure that animals are not put at risk, and that the interests of the public, including those of their colleague, are protected. This may ultimately mean reporting a colleague to the RCVS where concerns remain despite these steps, or where practice-based options are insufficient to deal with concerns about professional performance.

16.12 The RCVS has a duty to act in the public interest, including recognition of a veterinary surgeon's or registered veterinary nurse's own interests, and will investigate sympathetically and sensitively any performance-related concerns brought to its attention.

How does the RCVS deal with ongoing concerns about a veterinary surgeon's or registered veterinary nurse's performance?

16.13 Performance concerns may be brought to the attention of the RCVS or may be relevant to a complaint case. All investigations follow similar procedures and timelines to any other complaint received by the RCVS.

16.14 The RCVS Preliminary Investigation Committee and RVN Preliminary Investigation Committee (PIC) conduct a preliminary investigation under the Act or the Rules. The PIC decides:

a. whether there is a realistic prospect of finding serious professional misconduct or a conviction which renders a veterinary surgeon or registered veterinary nurse unfit to practise; and, if so,

b. whether it is in the public interest to refer the case to the DC for a full hearing.

When undertaking both elements of this assessment, the PIC may take into account the ongoing concerns about the professional performance of the veterinary surgeon or registered veterinary nurse, if relevant. PIC meetings are held in private and information will be discussed confidentially.

16.15 When considering whether a veterinary surgeon's or registered veterinary nurse's fitness to practise could be impaired because of ongoing concerns about professional performance, the PIC may refer the case to an appropriate (appointed) veterinary surgeon or registered veterinary nurse and the Case Examiners for further investigations, before deciding on an appropriate course of action to recommend to the PIC.

16.16 If the case is sufficiently serious, referral to the DC will be necessary in the public interest, despite any issues surrounding the veterinary surgeon's or registered veterinary nurse's professional's performance.

16.17 However, once the PIC has investigated a case, it may decide in light of all relevant

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circumstances, including the veterinary surgeon's or registered veterinary nurse's performance, that it is in the public interest not to refer the case to the DC, at least at that time. The PIC may then:

a. hold the case open for a specified period of time; or,

b. adjourn consideration of the case for a specified period of time.

16.18 Where the PIC has decided to hold a case open or adjourn consideration for a period of time, it may also take reasonable steps in the circumstances to protect the public interest, for example, it may:

a. invite the veterinary surgeon or registered veterinary nurse to agree to be visited and interviewed by RCVS representatives, for example, a Senior Case Manager and/or a veterinary investigator;

b. invite the veterinary surgeon or registered veterinary nurse to provide progress reports to the PIC, which may be at their own expense;

c. invite the veterinary surgeon or registered veterinary nurse to embark on a course of professional development recommended by a mentor or workplace supervisor at their own expense; and,

d. invite the veterinary surgeon or registered veterinary nurse to give undertakings to the PIC.

16.19 If the PIC decides to invite the veterinary surgeon or registered veterinary nurse to give undertakings, it must ensure that any such undertakings are proportionate, targeted, workable and measurable. The PIC may draft and refer to a list of possible undertakings which will be made available to the public and regularly reviewed. The types of possible undertakings are not limited to those set out in the list of undertakings but may include, for example:

a. undergoing a course of professional development at the veterinary surgeon's or registered veterinary nurse's own expense;

b. supervision by a workplace supervisor appointed by the RCVS, who may be a suitable colleague in the same practice;

c. specific undertakings to address concerns identified by the RCVS or the workplace supervisor, for example, relating to the veterinary surgeon's or registered veterinary nurse's practice or the specific facts of the case;

d. undertakings allowing the sharing of information between relevant persons, for example, the veterinary surgeon's or registered veterinary nurse's employer, workplace supervisor and the RCVS; and,

e. submitting to performance or competence assessments and observation.

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16.20 An undertaking is a formal promise given in writing and signed by the veterinary surgeon or registered veterinary nurse. A veterinary surgeon or registered veterinary nurse giving undertakings will be notified that, at the discretion of the PIC, breach of an undertaking could result in referral of the breach to the DC and that the original case considered by the PIC may also be referred to the DC.

16.21 The undertakings relating to a specific veterinary surgeon or registered veterinary nurse are not made public by the PIC, unless there is an overriding public interest in disclosure. Similarly, once undertakings have been given by a veterinary surgeon or registered veterinary nurse, managing compliance with those undertakings takes place in private, unless there are overriding public interest reasons for disclosure.

16.22 When monitoring a held-open or adjourned case, the PIC adopts a proactive approach to ensure compliance with undertakings. This involves regular liaison between the veterinary surgeon or registered veterinary nurse and the RCVS, usually a Senior Case Manager, and any other relevant individuals, such as a workplace supervisor. The PIC may also direct, where appropriate, that any reports or similar documents should be submitted and considered by a Case Examiner, Case Manager, the PIC Chairman or at a full meeting of the PIC.

16.23 The PIC may invite an appointed veterinary surgeon or registered veterinary nurse or workplace supervisor or other relevant individual to attend a PIC meeting and report in relation to the veterinary surgeon or registered veterinary nurse. The veterinary surgeon or registered veterinary nurse will be informed when any person has been asked to attend a PIC meeting and be invited to comment on the attendance by that individual. A written note of the individual's report to the PIC will be made available to the veterinary surgeon or registered veterinary nurse after the PIC meeting.

16.24 A held-open or adjourned case may be further held open or adjourned by the PIC for as long as it is considered to be necessary in the public interest. Monitoring will be carried out until such time as the PIC considers that the case may be closed, or that it should be referred to the DC. In any event, the PIC will formally review individual cases at least once every 12 months.

What happens if a veterinary surgeon or registered veterinary nurse does not co-operate with the PIC when it investigates a performance case or where undertakings are breached or where further matters arise?

16.25 A failure to cooperate with the PIC or a breach of undertakings could each amount to serious professional misconduct. At the discretion of the PIC, such cases may be referred to the DC on their own, with or without the original case that was considered by the PIC.

16.26 If additional matters, for example, concerns resulting from information provided in compliance with undertakings, or a conviction or other conduct complaint cases come to the attention of the PIC during the course of its management of a held-open or adjourned case, the PIC may decide to refer all or any cases to the DC, following any additional investigation that is considered necessary.

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What if the public interest requires a veterinary surgeon's or registered veterinary nurse's name to be removed from the Register?

16.27 The PIC may always refer cases involving ongoing concerns about professional performance to the DC if it considers it to be appropriate and just, having regard to its duties under the Act or the Rules.

Additional guidance

16.28 Additional guidance on the Performance Protocol is available to download as a series of Frequently Asked Questions.

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17. Veterinary teams and leaders

Links to "supporting guidance" itself - not a subpart thereof

Veterinary surgeons and veterinary nurses in the veterinary team

17.1 Veterinary surgeons and veterinary nurses working for an organisation or practice have shared responsibilities relating to the provision of veterinary services by the team and business. Veterinary surgeons and veterinary nurses have a personal professional responsibility to comply with the *RCVS Codes of Professional Conduct*.

17.2 Veterinary surgeons and veterinary nurses should fully understand the scope and any limitations of their role and ensure that they work within these.

17.3 Veterinary surgeons and veterinary nurses should communicate with colleagues and others within the organisation or practice, to coordinate the care of patients and the delivery of veterinary services.

17.4 Veterinary surgeons and veterinary nurses who have concerns about the professional conduct (including health and performance) of a colleague are encouraged to discuss the matter with the appropriate senior person, for example, the appointed senior veterinary surgeon of the practice. If the matter cannot be resolved with such an approach, any concerns should be brought to the attention of the RCVS Professional Conduct Department.

17.5 Veterinary surgeons and veterinary nurses should be aware of and adhere to all of their responsibilities as set out in the relevant equalities legislation* and should take steps to challenge unlawful discrimination, harassment and victimisation where it arises.

(*For further information see the Equality and Human Rights Commission website)

17.6 Veterinary surgeons and veterinary nurses must understand and comply with practice policy regarding data protection.

Veterinary surgeons and veterinary nurses in leadership roles

17.7 Some veterinary surgeons and veterinary nurses are responsible for leading or managing other members of the veterinary team or running the practice in full or in part. Veterinary surgeons and veterinary nurses in such roles have additional responsibilities. Veterinary surgeons and veterinary nurses continue to have responsibility for animal health and welfare when they perform non-clinical duties and they remain accountable to the RCVS for their decisions and actions.

17.8 Veterinary surgeons and veterinary nurses in leadership roles should ensure that any working systems, practices or protocols allow veterinary surgeons and veterinary nurses to practise in accordance with the *RCVS Codes of Professional Conduct*. If in the course of an RCVS investigation into a concern it appears that a veterinary surgeon or veterinary nurse has

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followed working systems, practices or protocols which contravene the *RCVS Codes of Professional Conduct*, the veterinary surgeon or veterinary nurse responsible for the working systems, practices or protocols will be at least as accountable as the veterinary surgeon or veterinary nurse who has followed them.

17.9 Veterinary surgeons and veterinary nurses who knowingly or carelessly permit anyone to practise veterinary surgery illegally may be liable to a charge of serious professional misconduct. Veterinary surgeons and veterinary nurses in leadership roles should make sure that staff are clear about the proper scope of their role and responsibilities.

17.10 Veterinary surgeons and veterinary nurses should ensure processes are in place to ensure that professional staff for whom they are responsible are registered, for example, by checking the Register online or by checking with the RCVS.

17.11 Veterinary surgeons and veterinary nurses supervising veterinary nurses undertaking Schedule 3 procedures should confirm that their names are currently in the Register of Veterinary Nurses maintained by the RCVS and have not been suspended or removed from the Register of Veterinary Nurses by direction of the VN Disciplinary Committee.

17.12 Veterinary surgeons and veterinary nurses should ensure that support staff for whom they are responsible are competent, courteous and properly trained. They should ensure that support staff are instructed to maintain client confidentiality, comply with practice policy regarding data protection and to discharge animals only on the instructions of the duty veterinary surgeon; and, do not suggest a diagnosis or give a clinical opinion. Support staff should be advised to pass on any request for urgent attention to a veterinary surgeon and be trained to recognise those occasions when it is necessary for a client to speak directly to a veterinary surgeon.

17.13 Veterinary surgeons and veterinary nurses should regularly review work within the team, to ensure the health and welfare of patients; and, ensure that processes are in place to enable changes in practice when indicated. Veterinary surgeons and veterinary nurses in leadership roles should lead on clinical governance. They should enable and encourage staff to raise concerns and should act on concerns brought to their attention.

The appointed senior veterinary surgeon

17.14 Veterinary surgeons provide veterinary services through a variety of entities such as limited companies, charities, partnerships or sole practitioners and may be managed by non-veterinary surgeons. At all times, veterinary surgeons remain subject to their professional responsibilities and the *RCVS Code of Professional Conduct*. To provide appropriate professional direction, the RCVS expects the organisation to appoint a senior veterinary surgeon.

17.15 The appointed senior veterinary surgeon should:

a. Have an appropriate level of seniority, for example, director, head of clinical services or other equivalent status within the organisation.

b. Have overall responsibility within the organisation for professional matters; for example, this includes ensuring that clinical policy guidelines and procedures for

addressing clients' complaints about the provision of veterinary services are in line with the *RCVS Codes of Professional Conduct*.

c. Have overall responsibility within the organisation for the procedures by which medicines are obtained, stored, administered, sold or supplied, and disposed. POM-V medicines may only be obtained by a veterinary surgeon (even though they may be paid for by a business entity) and may only be sold or supplied from veterinary practice premises registered with the RCVS (see further guidance on the registration of veterinary practice premises).

d. Ensure that their colleagues within the organisation, especially those who are not veterinary surgeons or veterinary nurses, recognise the professional responsibilities of veterinary surgeons and veterinary nurses, in particular those set out in the *RCVS Codes of Professional Conduct* and supporting guidance issued by the RCVS.

17.16 Where the senior veterinary surgeon works at an RCVS-Approved Graduate Development Practice/Workplace*, the senior veterinary surgeon must:

a. Sign a declaration agreeing that the practice will provide any graduate employed at the practice with regular support as defined by the VetGDP guidance.

b. Engage positively with feedback on the delivery of the programme and any quality assurance activity.

*Please refer to the VetGDP guidance for timescales and deadlines for becoming an RCVS-Approved Graduate Development Practice/Workplace.

Professional indemnity insurance and equivalent arrangements

17.17 Veterinary surgeons and veterinary nurses must ensure that all their professional activities are covered by professional indemnity insurance or equivalent arrangements. The purpose of professional indemnity insurance is to cover compensation claims in the event an allegation of negligence is made against you.

17.18 In addition to professional indemnity insurance, veterinary surgeons and veterinary nurses may also decide to take out insurance to provide cover in the event a concern is raised with the RCVS (although this is not required). Many policies will include both types of cover, however it should not be presumed this is the case. Veterinary surgeons and veterinary nurses should have particular regard to this issue when carrying out locum work, as although the practice's insurance is likely to provide cover for negligence claims, it may not provide any other type of cover.

17.19 For 'equivalent arrangements' to be satisfactory, they must cover four key areas:

a. There must be ***sufficient funds*** available to cover potential future claims;

b. Those funds must be ***readily available*** in the event that losses need to be compensated – funds are not readily available where use affects significantly the

work of the business or life of an individual;

c. There must be an ***established procedure*** in place for dealing with claims and accessing those funds, so that all parties have clarity about the process; and

d. There must be arrangements in place to ensure claims are dealt with by those who are ***independent*** of those who are the subject of the claim, so that decision-making is not based on personal interest.

17.20 Veterinary surgeons and veterinary nurses seeking to rely on the equivalent arrangements provision should seek professional advice (e.g. from a solicitor or accountant) to ensure equivalence with professional indemnity insurance.

Controlled drugs

17.21 The Home Office, which has responsibility for drugs controlled by the Misuse of Drugs Act 1971 has indicated that (1) where it is clear employee veterinary surgeons are responsible for the purchase and supply of these drugs in the company's name and these are to be used directly by a veterinary surgeon acting in their professional capacity treating individual patients, Home Office licences for the possession and supply of controlled drugs are not required and (2) it is desirable for the appointed senior veterinary surgeon to be responsible for company procedures by which these drugs are obtained, stored, administered, sold or supplied, and disposed of by employee (and locum) veterinary surgeons.

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18. Delegation to veterinary nurses

Links to "supporting guidance" itself - not a subpart thereof

Introduction

18.1 Registered veterinary nurses are those whose names are recorded in the Register of Veterinary Nurses maintained by the RCVS. Student veterinary nurses are those enrolled with the RCVS for the purpose of training at an approved centre or practice.

18.2 Registered veterinary nurses are subject to the *RCVS Code of Professional Conduct for Veterinary Nurses* and a similar regulatory jurisdiction as veterinary surgeons.

(Code of Professional Conduct for Veterinary Nurses) (Veterinary Nurse Conduct and Discipline Rules 2014)

Schedule 3 exemption

18.3 The Veterinary Surgeons Act 1966 (Schedule 3 Amendment) Order 2002 provides that veterinary surgeons may direct registered or student veterinary nurses who they employ, to carry out limited veterinary surgery.

18.4 Under this Schedule 3 exemption, the privilege of giving any medical treatment or carrying out minor surgery, not involving entry into a body cavity, is given to:

a. Registered veterinary nurses under the direction of their veterinary surgeon employer to animals under their employer's care. The directing veterinary surgeon must be satisfied that the veterinary nurse is qualified to carry out the medical treatment or minor surgery (see paragraph 18.5).

b. Student veterinary nurses under the direction of their veterinary surgeon employer to animals under their employer's care. In addition, medical treatment or minor surgery must be supervised by a veterinary surgeon or registered veterinary nurse and, in the case of minor surgery, the supervision must be direct, continuous and personal. The medical treatment or minor surgery must be carried out in the course of the student veterinary nurse's training (see paragraph 18.5).

18.5 The RCVS has interpreted these as follows:

a. 'direction' means that the veterinary surgeon instructs the veterinary nurse or student veterinary nurse as to the tasks to be performed, but is not necessarily present.

b. 'supervision' means that the veterinary surgeon or registered veterinary nurse is present on the premises and able to respond to a request for assistance if needed.

c. 'direct, continuous and personal supervision' means that the veterinary surgeon or veterinary nurse is present and giving the student veterinary nurse their undivided personal attention.

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18.6 A veterinary nurse or student veterinary nurse is not entitled independently to undertake either medical treatment or minor surgery.

18.7 In considering whether to direct a veterinary nurse or student veterinary nurse to carry out 'Schedule 3 procedures', a veterinary surgeon must consider how difficult the procedure is in the light of any associated risks, whether the nurse is qualified to treat the species concerned, understands the associated risks and has the necessary experience and good sense to react appropriately if any problem should arise. The veterinary surgeon must also be sure that they will be available to answer any call for assistance, and finally, should be satisfied that the nurse feels capable of carrying out the procedure competently and successfully.

18.8 Veterinary surgeons and veterinary nurses when supervising veterinary nurses undertaking Schedule 3 procedures, should confirm that their names are currently on the Register of Veterinary Nurses maintained by the RCVS and have not been removed from the Register by direction of the VN Disciplinary Committee.

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 their 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.

Vaccination of companion animals

18.10 To give a first vaccination with a POM-V medicine, the animal must be under care of the prescribing veterinary surgeon (see the supporting guidance on the meaning of 'under their

care') and the veterinary surgeon must carry out a clinical assessment (see the supporting guidance on the meaning of 'clinical assessment') and then the veterinary surgeon may administer, or under their direction, a veterinary nurse or student veterinary nurse may administer (see paragraph 18.5). If the veterinary surgeon is to certify the vaccination, the certification rules apply (see the supporting guidance on certification) and generally they must do it themselves or witness it done.

18.11 The subsequent vaccination some two weeks or so later (close in time to the first vaccination) is usually authorised by the veterinary surgeon at the time of the first vaccination (directed by the veterinary surgeon when the animal is under their care and when the clinical assessment is carried out), and therefore the administration of this second vaccination and all dealings may be through a veterinary nurse or student veterinary nurse at the practice, provided the veterinary surgeon is not intending to certify this vaccination. Nevertheless, it is helpful for a veterinary surgeon to be on the premises at the time the vaccine is administered to the animal, to be able to assist in the event of the animal suffering an adverse reaction.

18.12 For booster or subsequent vaccinations not close in time to the first vaccination, the advice is the same as for the first vaccination (see paragraph 18.10).

Veterinary nurses and dentistry

18.13 Veterinary nurses and student veterinary nurses working under the direction of a veterinary surgeon may carry out routine dental hygiene work.

18.14 The extraction of teeth using instruments may readily become complicated and should only be carried out by veterinary surgeons. The RCVS considers that the extraction of teeth using instruments is not within the meaning of "minor surgery" in Schedule 3.

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19. Treatment of animals by unqualified persons

Links to "supporting guidance" itself - not a subpart thereof

Introduction

19.1 The purpose of this guidance is to explain the restrictions that apply under the Veterinary Surgeons Act 1966 ('the Act') to ensure that animals are treated only by those people qualified to do so. These restrictions apply where the 'treatment' is considered to be the practice of 'veterinary surgery', as defined by the Act.

19.2 Section 19 of the Act provides, subject to a number of exceptions, that only registered members of the Royal College of Veterinary Surgeons may practise veterinary surgery. 'Veterinary surgery' is defined within the Act as follows:

> '" **veterinary surgery**" means the art and science of veterinary surgery and medicine and, without prejudice to the generality of the foregoing, shall be taken to include:
>
> a. the diagnosis of diseases in, and injuries to, animals including tests performed on animals for diagnostic purposes;
>
> b. the giving of advice based upon such diagnosis;
>
> c. the medical or surgical treatment of animals; and
>
> d. the performance of surgical operations on animals.'

19.3 A number of exceptions apply which can be found in the Act itself (Schedule 3), as well as in the form of specific exemption orders.

19.4 Veterinary surgeons and veterinary nurses should be aware of the exceptions as they apply, for example, to:

> a. the animal owner, a member of their household or their employee, who may carry out minor medical treatment, in accordance with Schedule 3 of the Act;
>
> b. the animal owner or person engaged in caring for animals used in agriculture, who may carry out medical treatment or minor surgery not involving entry into a body cavity, in accordance with Schedule 3 of the Act;
>
> c. registered veterinary nurses who may carry out medical treatment and minor surgery (not including entry into a body cavity), in accordance with Schedule 3 of the Act (see supporting guidance on delegation to veterinary nurses);
>
> d. student veterinary nurses who may carry out medical treatment and minor surgery (not including entry into a body cavity), in accordance with Schedule 3 of the Act (see supporting guidance on delegation to veterinary nurses);
>
> e. veterinary students who are undertaking the clinical part of their course, in

accordance with the Veterinary Surgeons (Practice by Students) (Amendment) Regulations 1993;

f. registered farriers in accordance with the Farriers (Registration) Acts 1975 and 1977;

g. persons providing physiotherapy in accordance with the Veterinary Surgeons (Exemptions) Order 2015

h. blood sampling under the Blood Sampling Order 1983, as amended;

i. animal husbandry trainees over 17 years of age in castration of certain male animals, disbudding of calves and docking of lambs' tails, in accordance with Schedule 3 of the Act; and,

j. anyone administering emergency first aid to save life or relieve pain or suffering, in accordance with Schedule 3 of the Act.

Veterinary students

19.5 Veterinary students, as part of their clinical training, are required to undertake acts of veterinary surgery.

19.6 The Veterinary Surgeons (Practice by Students) (Amendment) Regulations 1993 identify two categories of student, full-time undergraduate students in the clinical part of their course and overseas veterinary surgeons whose declared intention is to sit the RCVS Statutory Examination for Membership within a reasonable time. The Regulations provide that students may examine animals, carry out diagnostic tests under the direction of a registered veterinary surgeon, administer treatment under the supervision of a registered veterinary surgeon and perform surgical operations under the direct and continuous personal supervision of a registered veterinary surgeon.

19.7 The RCVS has interpreted these as follows:

a. 'direction' means that the veterinary surgeon instructs the student as to the tests or treatment to be administered but is not necessarily present.

b. 'supervision' means that the veterinary surgeon is present on the premises and able to respond to a request for assistance if needed.

c. 'direct and continuous personal supervision' means that the veterinary surgeon is present and giving the student their undivided personal attention.

Unqualified (or ‘lay’) practice staff

19.8 Many veterinary practices employ staff who are not veterinary surgeons, veterinary nurses or student veterinary nurses. Regardless of any training or experience these staff members may

have, in the context of the veterinary practice, such staff should be regarded as unqualified or laypeople. Their job titles should not be misleading and should reflect their demarcation from qualified members of staff. In particular, veterinary surgeons and veterinary nurses should not hold out a colleague as a ‘veterinary nurse’ unless that colleague is appropriately registered with the RCVS.

19.9 The RCVS recognises that veterinary surgeons may wish to delegate certain tasks to unqualified members of staff. There is no specific legal dispensation in the Veterinary Surgeons Act for a veterinary surgeon to delegate to a layperson employed by a veterinary practice. This means that unqualified members of staff have no legal dispensation to undertake delegated medical treatments or minor surgical procedures, regardless of how well trained or experienced they are considered to be.

19.10 In the absence of any legal basis for such delegation, and with the aim of preserving animal welfare, the RCVS advice is that any delegation to a lay member of staff needs to be justified and is a matter of professional judgement in any individual case following risk assessment. The delegation should:

a. Be reasonable in all the circumstances;

b. Not put the animal at risk; and

c. Not amount to more than ‘minor medical treatment’ of the sort which an owner could undertake, for example, the administration of uncomplicated oral medications or subcutaneous injections.

19.11 The delegation of veterinary procedures, even ‘minor medical treatment’, will involve consideration of all the circumstances, not just the procedure itself. The delegating veterinary surgeon should therefore have regard to the following:

a. the nature of the task (i.e. its level of complexity);

b. the individual animal concerned (i.e. species, its condition, the likelihood of complications, the owner’s wishes);

c. the individual staff member (i.e. their training and experience, their confidence and willingness to accept delegation, their awareness of when to seek the assistance of a qualified colleague); and

d. the availability of qualified assistance.

19.12 The RCVS considers that there are certain tasks that should not be delegated to unqualified members of staff; examples include intramuscular or intravenous injections, and invasive procedures such as the introduction of an IV catheter or the passage of a urinary catheter.

19.13 Veterinary surgeons should generally ensure that the client is made aware of any procedures to be performed by practice staff who are not veterinary surgeons, where appropriate.

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19.14 The directing veterinary surgeon remains responsible for their decision to delegate to unqualified members of staff. Should a delegation decision become the subject of a professional conduct investigation, the RCVS would consider the reasonableness of the veterinary surgeon's decision. A clearly-reasoned and recorded decision should therefore be behind every delegation to an unqualified member of staff.

Farriers

19.15 Both veterinary surgeons and farriers are involved in the treatment of horses' feet. While veterinary surgeons are exempt from the restrictions in the Farriers Registration Acts 1975 and 1977, farriers are not exempt from the restrictions in the Act, and may not carry out procedures deemed to be acts of veterinary surgery.

19.16 There is no clear demarcation line between veterinary surgeons and farriers in the exercise of their professional responsibilities, so that much depends on individuals and the relationship between them. Decisions as to whether a particular procedure should be performed by one or the other are a matter for consultation and cooperation. Veterinary surgeons should make every effort personally to discuss cases with farriers.

19.17 Farriery consists of trimming and balancing the equine hoof prior to and for the fitting of conventional or surgical shoes, and where a veterinary surgeon requires particular work from a farrier, this should be specified in personal contact between them.

19.18 A farrier must not normally penetrate sensitive structures, cause unnatural stress to the animal, make a diagnosis or administer drugs. If they feel that either the veterinary surgeon is treating the animal incorrectly, or that a further condition is present requiring treatment, they should notify the veterinary surgeon or advise the owner to call in the veterinary surgeon. If a veterinary surgeon considers that a farrier's work is inadequate they should contact the farrier directly. Neither should make detrimental comments about the work of the other unless in the course of a formal complaint to their regulatory bodies: the Royal College of Veterinary Surgeons and the Farriers Registration Council.

Physiotherapy, Osteopathic Therapy and Chiropractic Therapy

19.19 Musculoskeletal therapists are part of the vet-led team. Animals cared for or treated by musculoskeletal therapists must be registered with a veterinary surgeon. Musculoskeletal therapists carry out a range of manipulative therapies, including physiotherapy, osteopathy and chiropractic therapy.

19.20 As per the Veterinary Surgeons (Exemptions) Order 2015 (which revokes the Veterinary Surgery (Exemptions) Order 1962) remedial treatment by 'physiotherapy' requires delegation by a veterinary surgeon who has first examined the animal. The Order allows the treatment of an animal by physiotherapy if the following conditions are satisfied:

> (1) the first condition is that the person providing the treatment is aged 18 or over
>
> (2) the second condition is that the person is acting under the direction of a qualified person who—

(a) has examined the animal, and

(b) has prescribed the treatment of the animal by physiotherapy.

19.21 The Order specifies that a qualified person “means a person who is registered in the Register of Veterinary Surgeons or the Supplementary Veterinary Register”.

19.22 'Physiotherapy' is interpreted as including all kinds of manipulative therapy. It therefore includes osteopathy and chiropractic but would not, for example, include acupuncture or aromatherapy. It is up to the professional judgement of the veterinary surgeon to determine whether and when a clinical examination should be repeated before musculoskeletal treatment is continued.

19.23 The delegating veterinary surgeon should ensure, before delegation, that they are confident that the musculoskeletal therapist is appropriately qualified and competent; indicators can include membership of a voluntary register with associated standards of education and conduct, supported by a disciplinary process. As the RCVS does not regulate musculoskeletal therapists it cannot recommend specific voluntary registers.

19.24 Musculoskeletal maintenance care for a healthy animal, for instance massage, does not require delegation by a veterinary surgeon. However, the animal must still be registered with a veterinary surgeon. Maintenance should cease and the owner of the animal should be asked to take their animal to a veterinary surgeon for clinical examination at the first sign that there may be any underlying injury, disease or pathology. Alternatively, the musculoskeletal therapist may ask the client for formal consent to disclose any concerns to the veterinary surgeon that has their animal under their care.

Other complementary therapy

19.25 It is illegal, in terms of the Act, for non-veterinary surgeons, however qualified in the human field, to treat animals. All forms of complementary therapy that involve acts or the practise of veterinary surgery must be undertaken by a veterinary surgeon, subject to any exemption in the Act. At the same time, it is incumbent on veterinary surgeons offering any complementary therapy to ensure that they are adequately trained in its application.

'Anaesthesia-free dental procedures' for cats and dogs

19.26 Lay people may be involved in providing grooming services for animals and should be aware of the statement on 'Anaesthesia-free dental procedures' for cats and dogs, supported by the RCVS Standards Committee (see 'Related documents' box).

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20. Raising concerns about a colleague

Links to "supporting guidance" itself - not a subpart thereof

Introduction

20.1 Veterinary surgeons and veterinary nurses may consider that they have witnessed inappropriate conduct in the workplace, on the part of a professional colleague or the practice as a whole. Inappropriate conduct may include a breach of the *RCVS Codes of Professional Conduct* for veterinary surgeons and veterinary nurses or unethical behaviour, for example, false certification, care of an animal which falls far short of the expected standards, or practising under the influence of drugs or alcohol.

(Health Protocol) (Performance Protocol)

20.2 Following such consideration, a veterinary surgeon or veterinary nurse may decide to 'blow the whistle' and report the matter.

Reporting inappropriate conduct

20.3 The first consideration in reporting inappropriate conduct is for the veterinary surgeon or veterinary nurse to consider resolving the matter internally and discuss the concern with the senior veterinary surgeon of the practice. RCVS guidance on veterinary teams and leaders states the following:

'Veterinary surgeons and veterinary nurses who have concerns about the professional conduct (including health and performance) of a colleague are encouraged to discuss the matter with the appropriate senior person, for example, the appointed senior veterinary surgeon of the practice. If the matter cannot be resolved with such an approach, any concerns should be brought to the attention of the RCVS Professional Conduct Department.'

20.4 A veterinary surgeon or veterinary nurse may consider that the matter of inappropriate conduct is particularly serious or may involve senior members of the organisation. The matter may also have been reported internally but remains unresolved. In these circumstances, veterinary surgeons and veterinary nurses should consider bringing the issue to the attention of the RCVS Professional Conduct Department.

Resolving the matter

20.5 A veterinary surgeon or veterinary nurse reporting inappropriate conduct internally will need to observe any internal protocol for whistle-blowing, and resolution will be dealt with by the employer. If the matter has been brought to the attention of the RCVS Professional Conduct Department, it is likely that the veterinary surgeon or veterinary nurse will be asked to submit a formal complaint. If the matter involves allegations of illegal conduct or inappropriate action that comes within the jurisdiction of another regulator or authority, then the RCVS Professional Conduct Department may advise that the matter also be brought to the attention of the relevant

body, for example the police.

20.6 It is important for veterinary surgeons and veterinary nurses to acknowledge that the RCVS may be unable fully to investigate anonymous complaints.

20.7 Certain whistle-blowing is protected under The Public Interest Disclosure Act 1998, which seeks to protect employees from detrimental treatment by employers if they whistle-blow. Veterinary surgeons and veterinary nurses should consider obtaining independent legal advice if they may qualify for protection under the Act, and for further guidance on how their employment may be affected. It may also be beneficial to consider whether membership of a trade union or similar organisation would be of assistance, or whether relevant legal cover is provided by, for example, any household insurance policy.

20.8 Whistle-blowing may be carried out whether the Act applies or not.

Client Confidentiality

20.9 Veterinary surgeons and veterinary nurses must also be aware of their duty to keep client information confidential. If reporting inappropriate conduct involves the disclosure of client information, the veterinary surgeon or veterinary nurse must disclose information only for public interest or animal welfare reasons.

Further information

20.10 The following organisations offer further information and advice:

a. British Veterinary Association (BVA) - For BVA members: legal advice telephone line, Young Vet Network, mediation and representation assistance and whistle-blowing guidance

b. British Veterinary Nursing Association (BVNA)

c. RSPCA

d. Citizens Advice Bureau

e. Advisory, Conciliation and Arbitration Service (ACAS)

f. Protect - Speak up, stop harm

g. Health and Safety Executive (HSE)

h. The Law Society

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21. Certification

Links to "supporting guidance" itself - not a subpart thereof

Introduction

Please note that the term 'veterinarian' replaces 'veterinary surgeon' in this chapter of Supporting Guidance. This is because 'veterinarian' is commonly used in the context of European and international trade certification and has been used here for consistency.

21.1 Veterinarians are frequently required to sign certificates as part of their day to day professional duties. Some examples include signing pet or equine passports, fitness to travel certificates, fitness to breed certificates or equine pre-purchase examination (PPE) certificates.

21.2 Some veterinarians may also work as Official Veterinarians (OVs). These are practitioners, who are designated by the UK Government to carry out certain duties, including certification responsibilities. Veterinarians in salaried employment of the UK Government, mainly Defra and its executive agencies (principally the Animal and Plant Health Agency – APHA) and the devolved administrations (e.g. in Northern Ireland the Departments of Agriculture Environment and Rural Affairs – DAERA) are also considered OVs. OVs may be asked to sign certificates relating to live animals or products of animal origin (for example, meat and dairy products, animal by-products, genetic material).

21.3 Veterinary certification plays a significant role in the control of animal health and welfare, the continuity of European and international trade and the maintenance of public health. Veterinarians have a professional responsibility to ensure the integrity of veterinary certification. The simple act of signing their names on documents should be approached with care and accuracy.

21.4 Veterinarians must certify facts and opinions honestly and with due care, taking into account the 10 Principles of Certification set out below. They should not sign certificates which they know or ought to know are untrue, misleading or inaccurate. This applies equally to hand-written, printed and electronic certificates.

21.5 Veterinarians should also familiarise themselves with the form of certificate they are being asked to sign and any accompanying Notes for Guidance, instructions or advice from the relevant Competent Authority.

21.6 This chapter of Supporting Guidance is intended to help veterinarians understand and meet their professional responsibilities in the context of certification.

What is a certificate?

21.7 A certificate is a written statement made with authority; the authority in this case coming from the veterinarian's professional status.

21.8 It should be noted that not all certificates contain the word 'certificate'. Some documents (for example, forms, declarations, insurance claims, witness statements and self-certification documents) may involve the same level of responsibility even if they do not contain the word

'certificate'.

The 10 Principles of Certification (formerly 12 Principles)

21.9 The 10 Principles of Certification provide the foundation of certification for all those who draft or prepare, use or sign veterinary certificates. In short, the principles represent best practice in veterinary certification. From time to time, veterinarians may be presented with certificates that do not conform to all of the principles. Veterinary surgeons should read paragraphs 21.36 to 21.37 below for more information on dealing with these types of certificates.

21.10 The current 10 Principles have replaced the 12 Principles of Certification (previously drafted by the RCVS, BVA and Defra) in order to better reflect modern certification practice.

21.11 The 10 Principles are set out **in bold** below. These are followed by additional guidance on how the principles can be applied in practice.

The 10 Principles of Certification

Number	Principle
1.	**A veterinarian should certify only those matters which:** **a) are within their own knowledge;** **b) can be ascertained by them personally;** **c) are the subject of supporting evidence from an authorised veterinarian who has personal knowledge of the matters in question; or** **d) are the subject of checks carried out by an Officially Authorised Person (OAP) (see Annex 21.A below).**
In some circumstances, a certificate or the accompanying Notes for Guidance may allow a veterinarian to attest matters on the basis of a declaration by another person e.g. the exporter or their agent, a farmer, transporter, animal health officer or food business operators. Matters not within the knowledge of a veterinarian and not the subject of supporting evidence but known to other persons, e.g. the farmer or transporter as above, should be the subject of a declaration by those persons only. The form of declaration may vary from a simple signed statement to a sworn affidavit depending on the significance of what is being certified and the requirements of the Competent Authority[1]. Veterinarians should retain copies of any declarations and make a record of any checks or procedures undertaken to corroborate these declarations, where appropriate.	

The circumstances in which reliance on attestations by an OAP are permitted are discussed at Annex 21.A below.

[1] ‘Competent Authority’ means the relevant national government department responsible for animal health or public health official controls (e.g. Defra/DAERA) or agencies or bodies to which the Competent Authority has delegated the relevant functions (e.g. APHA, FSA/FSS or Local Authorities).

2.	**Veterinarians should not issue a certificate that might raise questions of a possible conflict of interest.**

Generally speaking, conflicts of interest should be avoided. Veterinarians signing certificates should not allow commercial, financial or other pressures to compromise their impartiality.

Veterinarians should consider potential conflicts of interest and make their own decision on whether a conflict exists.

In relation to OVs certifying commodities for export, particular regard should be given as to whether there is a conflict of interest where they own or part own either a business producing a commodity which they are authorised to certify for export or the commodity to be exported, or are a salaried employee of the business.

Veterinarians may also wish to seek advice from the RCVS or the Competent Authority. Veterinarians should make a record of any potential conflict of interest and the advice received.

3.	**A veterinarian should only sign certificates that are written in a language they understand.**

In some cases, certificates may be accompanied by an official translation of the certificate into a language of the country of ultimate destination. Translated certificates are only a requirement if specifically requested by the country of destination. Veterinarians should comply with any official Notes for Guidance accompanying the certificate or advice from the Competent Authority on this issue. For example, the Competent Authority may provide official and accurate translations of the English certificate and instruct veterinarians to complete, sign and stamp these versions by cross-referencing with the accompanying English version.

4.	**A veterinarian should not certify that there has been compliance with the law of another country or jurisdiction unless the provisions of that law are set out clearly on the certificate or have been provided to them by the Competent Authority in writing.**

Veterinarians should read and understand any Notes for Guidance or supporting material issued by the Competent Authority. If there is any ambiguity, the veterinarian should seek advice from the Competent Authority on how to proceed.

5.	**A veterinarian should only sign original certificates. Where there is a legal or official requirement for a certified copy or duplicate (marked as such) these can be provided.**

Veterinarians may need to provide certified copies or duplicates where originals have been

damaged or lost (e.g. where damage has occurred during transit). Where a copy or replacement is provided or retained it must be clearly marked COPY or DUPLICATE or REPLACEMENT, as appropriate and in accordance with any Notes for Guidance or advice from the Competent Authority. Where practicable the veterinarian should ensure that the certificate being replaced is surrendered, withdrawn or destroyed (if requested) or clearly identified as to its revised status, as appropriate and in accordance with any Notes for Guidance or advice from the Competent Authority.

Where veterinarians become aware that the certificate should not have been issued or is no longer true, they must withdraw or cancel the certificate, identify the copies accordingly, and inform the affected parties of their action as soon as reasonably practicable.

Copies should also be provided to the Competent Authority.

6.	**When signing a certificate, a veterinarian should ensure that:** **a) the certificate contains no deletions or alterations, other than those which are indicated on the certificate to be permissible, and subject to such changes being initialled and stamped by the certifying veterinarian;** **b) no section of the certificate is left incomplete;** **c) the certificate includes not only their signature but also, in clear lettering, their name, qualifications and address and (where appropriate) their official or practice stamps;** **d) the certificate includes the date on which the certificate was signed and issued and (where appropriate) the time for which the certificate will remain valid.**

Veterinarians should complete certificates with care and accuracy and in a manner and using a means which does not lend itself to alteration, or additions, by a second party after the certificate has been issued. It is recognised that mistakes on certificates can occur and these should be rectified, as permissible, as soon as they are identified.

Veterinarians might also give consideration to using their RCVS membership number on the certificate. This provides an easy means of identifying the certifying veterinarian and their contact details should these be required.

Incomplete sections should be avoided so the certificate cannot be subsequently completed by someone other than the certifying veterinarian.

In the absence of procedures such as embossing, it remains advisable for manuscript insertions to be completed in coloured ink rather than black.

Generally, manuscript insertions and any pre-printed list of options, which can be deleted in a certificate, do not have to be initialled, stamped, and/or dated unless the Notes for Guidance request this. Veterinarians should always refer to the Notes for Guidance or Competent Authority if there is any ambiguity.

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Veterinarians must also comply with any Notes for Guidance from the Competent Authority on identification as there may be specific advice on how identification should be carried out and recorded.	
7.	**Certificates should be written in simple terms which are easy to understand.**
N/A	
8.	**Certificates should be:** **a) clear and concise;** **b) integrated, whole and indivisible;** **c) given a unique identifier; and** **d) copied and retained with all relevant records.**
Certificates that include more than one page must be numbered, signed and stamped on each page of the certificate. Fan stamping pages in order to create a tamper proof composite document may no longer be acceptable. Veterinarians should comply with any Notes for Guidance, Briefing notes or supporting material issued by the Competent Authority about such requirements. Veterinarians should retain copies of certificates for their own records and provide copies to the Competent Authority, as required.	
9.	**Certificates should not use words or phrases which are capable of more than one interpretation.**
N/A	
10.	**Certificates should clearly identify the subject being certified.**
There are some exceptions to this general rule, specifically cases where it is impractical to identify the subject (for example, day old chicks). Veterinarians must also comply with any Notes for Guidance from the Competent Authority on identification as there may be specific advice on how identification should be carried out and recorded. (See 21.34 to 21.37 below for general advice on identification of animals).	

Official certification for export of live animals and animal products

21.12 Veterinarians involved with official certification should familiarise themselves with all regulatory requirements, instructions and guidelines pertaining to the particular category of official assurance being dealt with. They should read and understand any supporting explanatory material and check carefully for any ambiguity or incompatibility with the Competent Authority. Veterinarians should also ensure they have the necessary prior authority and knowledge before issuing any particular category of official assurances.

21.13 Where appropriate Notes for Guidance should be provided to the certifying veterinarian by the Competent Authority indicating the extent of the enquiries they are expected to make; the examinations they are required to carry out; the extent to which OAPs may carry out checks on behalf of the OV; or to clarify any details of the certificate which may require further interpretation. Whilst some certificates are self-explanatory, most Export Health Certificates are highly complex and need further guidance to allow veterinarians to sign these. The RCVS strongly encourages Competent Authorities to provide clear Notes for Guidance to certifying veterinarians, where appropriate.

21.14 In cases where further advice or clarification is sought, veterinarians should record, in writing, the information received, the date and time it is received and the name and details of the official giving the advice. Veterinarians should expect their own queries to be similarly recorded. They may request and expect to receive written confirmation of the guidance given to them.

21.15 Guidance issued by the Competent Authority for the completion of these certificates should be scrupulously followed. This might include guidance on important areas such as how to deal with errors, deletions, corrections or even copy or replacement certificates. When problems are identified, Defra or APHA (or the equivalent body in the devolved administrations) should be consulted and, if not then resolved, the advice of the RCVS should be sought.

21.16 In some cases, advice from the Competent Authority may not be available (e.g. during holiday periods or out of hours). In such emergency situations veterinarians may wish to consult an experienced colleague for advice and make a note of the discussion. Veterinarians should also comply with any practice policies on seeking external advice.

21.17 A veterinarian who acts in an official capacity must only use an official stamp issued to them on official certificates issued or approved by the Competent Authority.

21.18 For the avoidance of doubt, ‘Competent Authority’ means the relevant national government department responsible for animal health or public health official controls (e.g. Defra/DAERA) or agencies or bodies to which the Competent Authority has delegated the relevant functions (e.g. APHA, FSA/FSS or Local Authorities).

Remote certification of low risk products by Official Veterinarians (OVs)

21.19 In some limited or exceptional circumstances as directed by the Competent Authority it may be appropriate for OVs to certify low risk products remotely based on knowledge of the production establishments and working processes or supported by an OAP acting under the OV’s direction. Requirements for remote certification will need to be agreed with the Competent Authority and OVs should be familiar with these requirements before proceeding.

21.20 In these limited cases, where the product is the result of an industrial process, and the OV inspects the production establishment periodically and checks the quality control systems that are in place, and the certificate does not require the OV to be present at the time of loading, then the consignment could be certified remotely. In order for this to happen certain strict conditions should be met such as:

a) there is no requirement in the certificate for the certifying officer to be present or to directly apply an official seal;

b) the consignment is identified by marks and all necessary tests have been completed satisfactorily;

c) the certificate describes the consignment such that substitution with product, which had not been inspected, would not be possible;

d) there are accurate, up-to-date and accessible records from audited systems which can be used to confirm that the consignment complies with the certification requirements; and

e) the certifying OVs carries out regular audits of the production establishment, is familiar with its quality assurance systems, where applicable, has relevant assurances from the enforcement authority responsible for the establishment and, where a CSO/TCSO is used, is confident to rely on records or the declaration of a CSO/TCSO acting under the OV's direction.

21.21 Under these circumstances, OVs should judge whether it is necessary to personally inspect consignments at the time of certification, but in doing so must be in a position to provide a clear account of the factors which led them to that decision.

21.22 OVs should always seek advice from the Competent Authority and/or from instructions provided in relevant Notes for Guidance before considering remote certification as this will not be acceptable in all cases.

Remote certification of live aquatic animals by Official Veterinarians

21.23 In some circumstances, it may be appropriate for OVs to carry out a clinical inspection for the purposes of certifying live aquatic animals for export via remote means. A remote inspection is only acceptable where, at the time of the inspection, a Fish Health Inspector authorised by the relevant Competent Authority is physically present at the relevant site. Further, the FHI must be in a position to provide information on the consignment's compliance with animal health requirements. In these circumstances, OVs may rely on information provided by the FHI as regards the necessary animal health information in order to complete the relevant export health certificate.

21.24 OVs should also ensure there are accurate, up-to-date records from the premises of dispatch before confirming the consignment complies with the certification requirement.

21.25 OVs should refer to guidance notes issued by the Competent Authority for further information.

Electronic certification

21.26 The RCVS considers electronic veterinary certificates are acceptable, subject to sufficient safeguards and security.

21.27 An example of a system that has been accepted by the RCVS is TRACES (Trade Control

and Expert System), an EU-wide electronic certification and notification system that is being used for the provision of export health certificates and supporting documents for intra-Community trade in certain circumstances; and currently used by DEFRA. Other examples might include electronic signatures on pre-purchase examination or other certificates.

21.28 Veterinarians asked to complete any form of electronic certification (including the use of electronic signatures) should consider whether there are sufficient controls and security (e.g. system encryption, passwords, etc.) to avoid unauthorised access to and use of the veterinarian's electronic identity. Veterinarians should also consider whether the certificate is unalterable and lockable to avoid unauthorised modification or manipulation once it has been signed. In most cases, veterinarians will need to seek advice from those with relevant knowledge to give assurances about how to meet these requirements. The RCVS cannot provide this type of technical advice.

21.29 For advice on the deployment of digital signatures within the TRACES or any other export certification system, veterinarians should contact the Specialist Service Centre for International Trade – Carlisle. It is essential that veterinarians do not consider using electronic signatures or producing electronic versions of official certificates without first discussing the implications with the Competent Authority.

21.30 Veterinarians should keep a copy of the completed certificate to ensure that a trail of document 'originals' can be maintained, particularly if the document is likely to pass through a sequence of electronic 'hands'.

21.31 Veterinarians engaged in providing certification or other formal correspondence solely through electronic means should familiarise themselves with the relevant provisions of the UK legislation: the Electronic Communications Act 2000 and associated regulations. Veterinarians seeking further information on the regulations should contact the Department for Business, Energy & Industrial Strategy (BEIS) on 020 7215 5000 or by e-mailing enquiries@beis.gov.uk.

Identifying animals on certificates

21.32 If an alleged identification mark is not legible at the time of inspection, no certificate should be issued until the animal has been re-marked or otherwise adequately identified.

21.33 When there is no identification mark, the use of the animal's name alone is inadequate. If possible, the identification should be made more certain by the owner inserting a declaration identifying the animal, so that the veterinarian can refer to it as 'as described'. Age, colour, sex, marking and breed may also be used.

21.34 The owner's name must always be inserted. (In the case, for example, of litters of unsold puppies this will be the name of the breeder or the seller.)

21.35 Where microchipping, tattooing or any other form of permanent identification has been applied it should be referred to in any certificate of identification.

How to deal with certificates that do not conform to the 10 Principles

Remembering the four ‘C’s of Certification

21.36 Veterinarians may be presented with certificates that do not conform to all of the 10 Principles. In such cases the RCVS strongly advises that veterinarians should:

CAUTION

a) Scrutinise the document, whatever its title, before adding their signature to this

b) Be clear as to whom they are responsible in exercising their authority when they sign the document

CLARITY

a) Read and understand any explanatory supporting material

b) Check carefully for any ambiguity which should be clarified with whoever has issued the certificate

CERTAINTY

a) Be sure that they attest only to what to the best of their knowledge and belief is true

b) Do not attest to future events

c) Take great care when attesting to what others have declared or asserted

(Veterinarians may attest to what another veterinarian has certified. They may also attest to the fact that a declaration or assertion has been made by another person without attesting to its validity).

CHALLENGE

If they have gone further in what they have attested, veterinarians must consider what their defence would be if challenged, and keep appropriate written records made at the time of the decision to sign. For example, if challenged under the Animal Health Act 1981 (as amended) with false certification could they show (in the words of that Act):

a) that he did not know of that falsity and that he could not with reasonable diligence have obtained knowledge of it;

b) that the commission of the offence was due to a mistake or to reliance on information supplied to him or to the act or default of another person, an accident or some other cause beyond his control; and

c) that he took all reasonable precautions and exercised all due diligence to avoid the commission of such an offence by himself or any person under his control.

21.37 When faced with a certificate that does not conform to the 10 Principles, veterinarians should take a professional, reasonable and pragmatic approach, bearing in mind the general

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advice above.

Additional matters

21.38 On occasion veterinarians may be asked to attest 'to the best of their knowledge and belief'. In these circumstances, veterinarians should exercise caution and attest only to what to the best of their knowledge and belief is true. They should not attest to future events and they should take great care when attesting to what others have declared or asserted, bearing in mind the 'Four Cs' outlined in paragraph 21.36 to 21.37 above.

Storage and retention of certificates

21.39 The RCVS does not specify for how long copies of certificates, declarations or clinical records should be retained. For official certificates, veterinarians should follow any guidance from the Competent Authority. In the event of future disputes, veterinarians should also comply with any professional indemnity policy conditions relating to retention of records.

Vaccination record cards

21.40 Veterinarians should take care when completing vaccination record cards even though they are generally regarded as part of the clinical records and not a certificate. This applies whether the record cards are in paper or electronic format. There is more detailed guidance on the professional responsibilities associated with completing record cards in Supporting Guidance Chapter 13 Clinical and client records.

Maintaining the integrity of veterinary certification

21.41 Misleading, incomplete, inaccurate, or untrue certification reflects adversely on the veterinarian signing and calls their professional integrity into question. This also impacts adversely on the general reputation of the veterinary profession. Certification of this nature may also expose the veterinarian to complaints and cases may come before the RCVS Disciplinary Committee arising from allegations of false or dishonest certification.

21.42 There are four main hazards for veterinary surgeons when 'certifying' in the wider sense:

a) **Negligence**: a breach of the duty owed to a relevant party with consequent damage. Negligence may arise from a failure to disclose all of the material facts or supplying incorrect information. The consequence may be civil court proceedings.

b) **Criminal offences**: criminal offences may be committed under trade descriptions legislation, legislation controlling animal exports and by aiding and abetting a third party. They may include fraud, or knowingly or recklessly supplying false information. Any conviction brought to the notice of the RCVS may be considered in relation to the fitness of the veterinarian to practise.

c) **Professional misconduct**: even if no criminal charges are brought, an aggrieved party or enforcement authority may make a formal complaint to the RCVS. Any action by a veterinarian which brings the integrity of veterinary certification into disrepute is

considered seriously by the RCVS. If the complaint is judged to be justified, penalties may follow.

d) **Loss of OV status**: misleading, incomplete, inaccurate, or untrue certification in the context of official work can adversely affect animal welfare and public health; result in the spread of disease; result in financial loss to clients and exporters; and, potentially cause inter-Governmental difficulties. Veterinarians may therefore put their status as an OV at risk if they do not follow certification compliance requirements set out by the relevant Competent Authority.

ANNEX 21.A Recognition of the role of Officially Authorised Persons in assisting official certification

21.A.1 In certain specific situations OVs may rely on third party attestations by Officially Authorised Persons (OAPs). Generally there will be express provision for this in legislation. OAPs must be authorised by the relevant Competent Authorities and, unless specifically detailed in the list below, must not make declarations or provide evidence to veterinarians which relies on veterinary clinical judgement or diagnosis. Changes (e.g. additions, amendments and/or withdrawals) to OAP categories shall be determined by mutual agreement between the Competent Authorities and RCVS. Currently recognised OAPs are:

a) A **Certification Support Officer (CSO)** or **Trade Certification Support Officer (TCSO)** working under the direction, authority and responsibility of the certifying OV – see paragraph 21.A.2

b) an **official auxiliary** working under the direction or supervision of the certifying OV and/or for whom the OV has responsibility (as defined in UK legislation) - see paragraph 21.A.3

c) a **portal assistant** working under the direction or supervision of the certifying Portal Official Veterinary Surgeons (P-OVS) and/or for whom the P-OVS has responsibility (as defined in UK legislation) – see paragraph 21.A.4

d) a **Food Competent Certifying Officer (FCCO)** designated by the UK Competent Authority to provide official Export Health Certification – see paragraph 21.A.5

e) a **Fish Health Inspector (FHI)** authorised by the relevant Competent Authority in the UK to carry out official controls for aquatic animals. FHIs may provide evidence to OVs which includes clinical judgement or diagnosis relating to aquatic animal health – see paragraph 21.A.6.

f) an **Official Bee Inspector** authorised by the relevant Competent Authority in the UK to carry out official controls for exports of honey bees (Apis mellifera) and bumblebees (Bombus species). BIs may provide evidence to OVs which includes clinical judgement or diagnosis relating to bee health – see paragraph 21.A.7.

The following paragraphs provide specific guidance relevant to the specific OAP categories listed above:

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21.A.2 In order for an OV to rely on checks carried out by a **CSO/TCSO**, the following [minimum] conditions must be met:

a) CSO/TCSO can only be deployed for export certification which must relate to animal products excluding germinal products and not to the export of live animals (further guidance is available from APHA);

b) the Competent Authority Guidance for the relevant certificate (e.g. accompanying Notes for Guidance or guidance on Vet Gateway) must allow for OVs to certify matters on the basis of checks carried out by a CSO/TCSO;

c) the OV is satisfied that the CSO/TCSO is included on the register of authorised CSOs/TCSOs maintained by the relevant Competent Authority, and is suitably trained and competent to carry out the tasks allocated to them;

d) the OV has effective management control of the CSO as an employee of the same business or equivalent, and is acting under the OV's true and tangible direction;

e) the OV directs the CSO/TCSO on the basis of an agreed standard operating procedure (SOP) which details the way in which the CSO / TCSO will provide the necessary assurances to support the OV who must sign the final certification;

f) the OV regularly audits the input provided by the CSO/TCSO, for example, by reviewing documents and conducting physical inspections themselves; and

g) the OV must take reasonable steps to avoid any conflict of interest on the part of the CSO/TCSO, for example, by ensuring that the CSO/TCSO does not have a close family or commercial interest in the goods to be certified or to any business engaged in the export process.

h) the OV must satisfy themselves that the activities of the CSO/TCSO are covered by appropriate professional indemnity insurance.

21.A.3 Current UK legislation which specifies the official controls on products of animal origin intended for human consumption allows the use of trained **official auxiliaries** to carry out veterinary checks under the supervision of the OV in certain situations. An 'official auxiliary' means a representative of the Competent Authorities trained and authorised to act in such a capacity in accordance with UK Regulations by the Competent Authority and working under the direction, authority or responsibility of an OV. An OA, acting as an OAP, may be directed by an OV to carry out additional checks to support veterinary certification.

21.A.4 Current UK legislation permits non-veterinarians with specific training and authorisation by the relevant competent authority, known as **portal assistants**, to assist Portal Official Veterinary Surgeons (P-OVS) with certain types of checks at Border Control Posts.

21.A.5 Current UK legislation enables certain professionals who are not veterinary surgeons to be designated as "Certifying Officers". Like OVs, FCCOs are officially designated by the relevant UK Competent Authority (or equivalent Isle of Man Competent Authority) to provide official Export Health Certification. Where a veterinarian wishes to rely on attestations made by

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an FCCO the following general guidance applies:

a) Veterinarians can only use supporting attestations from FCCOs to support export certification of animal products (excluding germinal products).

b) FCCOs cannot provide supporting attestations to veterinarians relating to live animal[1] or germinal product exports and cannot make declarations or provide evidence to veterinarians that require specific veterinary clinical judgement or diagnosis.

c) For Export Health Certificates where the importing country permits official certification by both OVs and FCCOs, OVs may rely on any relevant supporting attestations from an FCCO.

d) For export health certificates that can only be certified by an OV, OVs may only place reliance on FCCOs to provide confirmation of product traceability information, compliance of products or establishments with public health official controls and/or information on the processing of products at local authority approved or registered establishments.

e) For further guidance, OVs should refer to the Competent Authority guidance for the relevant certificate and/or contact APHA/DAERA.

[1] Except for exports of live seafood where exported as animal products.

21.A.6 Current UK legislation permits certain professionals who are not veterinary surgeons to be authorised as inspectors for aquatic animal health matters by the relevant Competent Authority. Where a veterinarian wishes to rely on attestations made by an FHI the following general guidance applies:

a) Veterinarians may only use the supporting attestations from FHIs to support export certification of live aquatic animals (either intended human consumption or not) and products of animal origin (POAO) from these aquatic animals intended for human consumption.

b) Veterinarians may rely on declarations or evidence provided by FHIs pertaining to clinical judgement or diagnosis which relates to aquatic animal health. FHIs are authorised by the Competent Authority for aquatic animal health matters, including delivery of Official Controls, and duties required under the Aquatic Animal Health (England and Wales) Regulations 2009 and Aquatic Animal Health (Scotland) Regulations 2009.

c) FHIs may not provide supporting attestations to veterinarians relating to terrestrial animals or the products from these animals.

d) FHIs may not provide supporting attestations to veterinarians relating to public health matters.

e) For further guidance, OVs should refer to the Competent Authority guidance for the relevant certificate and/or contact APHA/DAERA

21.A.7 Current UK legislation permits certain professionals who are not veterinary surgeons to be authorised as official bee inspectors (BIs) by the relevant Competent Authority. Where a veterinarian wishes to rely on attestations made by a BI the following general guidance applies:

a. Veterinarians may only use the supporting attestations from BIs to support export certification of honey bees (Apis mellifera) and bumblebees (Bombus species).
b. Veterinarians may rely on declarations or evidence provided by BIs pertaining to clinical judgement or diagnosis which relates to honey bee or bumblebee health.
c. BIs may not provide supporting attestations to veterinarians relating to animals other than honey bees or bumblebees.
d. BIs may not provide supporting attestations to veterinarians relating to public health matters.
e. For further guidance, OVs should refer to the Competent Authority guidance for the relevant certificate and/or contact APHA.

21.A.8 Veterinarians should comply with relevant legislation in the jurisdiction(s) in which they practise and be familiar with any special rules or requirements of the particular industry in which they practise. Veterinarians should also comply with any guidance from the Competent Authority when certifying on the basis of checks carried out by Officially Authorised Persons.

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22. Giving evidence for court

Links to "supporting guidance" itself - not a subpart thereof

Introduction

22.1 Witnesses are an essential part of the legal process, providing factual or opinion evidence. The aim of this guidance is to explain to veterinary surgeons and veterinary nurses the differences between factual and opinion evidence and the responsibilities associated with acting as either a factual, professional or expert witness. Veterinary surgeons and veterinary nurses may feel awkward about giving evidence ‘against’ a colleague or client, but this is to misunderstand the essential role of a witness: to assist a court’s determination of the facts and issues.

22.2 The GDPR permits the processing of personal data where it is necessary for compliance with a legal obligation or for the purpose of a legitimate interest (except where the interests or fundamental rights and freedoms of the relevant individual override this). The processing of special category data (previously known as sensitive personal data) is also permitted if it is necessary for the establishment, exercise or defence of legal claims or whenever a court is acting in its judicial capacity. The GDPR is therefore not a barrier to giving evidence in the course of court proceedings.

What is factual evidence?

22.3 The Court’s powers to exercise legal sanctions and to apply legal rules depend on the proof of particular facts. The law establishes which facts have to be proven in any given case, by whom and to what standard of proof. These facts are proven by the evidence, usually by testimony evidence (calling witnesses to testify) but also by documentary evidence (evidence contained in a document) and real evidence (which is derived from the physical nature of an object or place and observed upon an examination or visit).

What is the standard of proof?

22.4 The overall legal process of proof in court requires a combination of facts and arguments to prove cases. The rules of evidence and of court procedure draw a distinction between facts, which are proven by the evidence, and arguments, which are advanced later by the advocates in the case. Every allegation in a case must be established to a particular ‘standard of proof’, which is set by the law, and is generally imposed on the party bringing the case (i.e. the claimant in civil cases, the prosecution in criminal cases). This is called the ‘burden of proof’. The standard of proof for civil cases is ‘on the balance of probabilities’; the standard of proof for criminal cases is ‘beyond reasonable doubt’; the standard of proof for RCVS disciplinary matters is ‘so as to be sure’ (the highest civil standard of proof which is tantamount to the criminal standard).

What is the role of a witness?

22.5 The Court will receive evidence of fact from a witness for consideration in a case. The evidence of a factual witness is usually presented by the witness attending court, swearing an

oath (or affirming), and then going into a witness box to give their evidence orally in court. In England and Wales, the Courts' rules of procedure also allow for reliance on written, sworn witness statements in place of calling a witness to give evidence orally. In Scotland, such statements require to be given on oath before a commissioner appointed by the court, and are only permitted in circumstances where the witness is unable to attend court due to circumstances such as ill health, old age or a requirement to be abroad when the case is heard in court. By contrast, in Northern Ireland, it is very rare for statements to be accepted in place of oral evidence. Each statement of fact by the witness is evidence of that fact, and once the evidence has been 'given' on oath, it becomes 'sworn evidence' or 'testimony'.

22.6 A veterinary surgeon or veterinary nurse may be called as a witness of evidence of fact. This means the veterinary surgeon is being asked to tell the court what they personally saw, said or did. This is different from evidence of what another person told them they had seen, done or said which is called 'hearsay evidence'.

What is opinion evidence?

22.7 By contrast, the opinions of lay witnesses are not generally admissible as evidence in Court: this is called 'the rule against opinion evidence'. (Although no such 'rule' applies in Scotland, the Scottish courts apply the same principles). This rule or these principles are adopted because opinions and conclusions are for the Court to reach, based upon its assessment of the information placed before it: its factual conclusions will be (or should be) based upon the evidence of fact put before it; its legal conclusions will be based on its application of the law to the facts it has found, having regard to the legal arguments put before it by the advocates. Thus a witness of fact should not in ordinary circumstances be asked questions, or offer answers, which require the witness to venture an opinion on a fact in issue. This applies to statements made in preparation for giving evidence in Court as well as when giving evidence in Court, although there are exceptions to this which will be explained below.

When is opinion evidence received in Court?

22.8 Opinion evidence is received when the Court requires additional assistance to form an opinion on, and thereby decide justly, a particular issue which concerns matters of specialised knowledge and expertise.

22.9 The principal exception to the general rule excluding evidence of a witness's opinion is in respect of 'expert evidence' given by an Expert Witness. This opinion evidence may be admitted provided the court is satisfied that the witness is qualified to give that opinion by relevant learning and experience. These witnesses often play an important role in cases involving veterinary science. See paragraphs 22.12 to 22.17 below.

22.10 There are also instances where the opinion evidence of a professional witness to fact will be accepted. See paragraphs 22.10 and 22.11 below.

What is a professional witness?

22.11 A 'professional witness' is one who by reason of some direct professional involvement in the facts of a case is able to give an account of those facts to the court. Thus a professional witness is a **witness of fact**, who is also professionally qualified. This factual evidence is

admitted when the facts in question are relevant to an issue which the court is to decide.

22.12 However, there will also be occasions when a professional witness of fact will be asked by an advocate or by the court to explain the reasoning which underlay their findings made or actions taken in respect of a given animal. This will most commonly arise where the witness was a treating clinician, and the professional witness in these circumstances (and subject to the court's permission) will be able to give an answer which involves evidence of opinion. As to this situation see further below.

What is an expert witness?

22.13 An expert is anyone with knowledge or experience of a particular field or discipline beyond what is expected of a layman. An expert witness is a person who is qualified by their knowledge, experience or formal qualifications, to give **an opinion** to a Court on a particular issue to assist the Court in deciding the matter or case before it.

22.14 The evidence that expert witnesses can give is called 'expert opinion evidence', and this evidence is used and admitted where the Court lacks competence due to a lack of necessary expertise. The expert witness's primary responsibility or overriding duty is to the Court, even if they are called and paid for by one of the parties to the case. This leads to an expert witness sometimes being referred to as 'independent'. The expert witness is usually asked to provide a report and may also be called to give evidence, on behalf of the instructing party, in Court. Nevertheless they must remain independent of their party's vested interest.

22.15 Often, academic eminence in the relevant field is useful, as is an impressive set of qualifications and past relevant experience. However, in modern court cases an expert witness is also expected to have a sound and practical knowledge of the subject matter, based on actual clinical or practical experience, which is preferably ongoing at the time of the court case, or the time of the incident. The expert witness may be subjected to cross examination in the witness box of their self-professed standing as 'expert' on the subject matter in dispute. The easiest way for an advocate to seek to discredit a 'retired' clinician undertaking expert witness work is to ask and elucidate the date on which they last carried out the procedure in question, or treated the condition in question, to find that the answer is "some years ago". The expert witness should be prepared to deal with such questions and should not undertake expert witness work unless they have the relevant expertise and ongoing or recent experience.

22.16 Other qualities of a good expert witness include self-confidence and the ability to inspire and command confidence in others, particularly in the witness box; the ability to give a concise opinion which can be understood by lay people and, the ability quickly and promptly to adapt to changing information.

22.17 Generally, expert witnesses are sent all relevant reports and witness statements for the purpose of compiling their expert report and (save in Scotland) will hear all the evidence before giving their expert evidence. (In Scotland, expert witnesses are not permitted to hear the evidence of other expert witnesses before they themselves appear to give evidence. They are permitted to hear witnesses of fact but in reality parties can rarely fund their expert to be in attendance throughout the court hearing).

22.18 For further guidance as to the role of an expert witness is published by the British Medical Association and the General Medical Council.

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Guidance for writing an expert report

22.19 It is important to remember, as an expert witness, that although you will be retained by your client (or clients), your primary duty is to the Court and that you are expected to remain objective, impartial, independent, and to act with integrity. You must not compromise on these matters, or act where there is an actual or potential conflict of interest unless this conflict is disclosed. An expert witness is also under a duty to maintain confidentiality. If you are going to undertake expert witness work regularly, you would be well advised to join an appropriate organisation such as the Academy of Experts, the Institute of Expert Witnesses, the Veterinary Association for Arbitration and Jurisprudence or the Council for the Registration of Forensic Practitioners: see List of Experts below.

22.20 The content of the expert's report will depend on the purpose for which it is prepared, but it should aim to be a clear, precise and convenient resource of information. Experts' reports are used to provide advice as to the merits of a case as well as for the purpose of disclosure in proceedings. In both instances the report is intended to assist non-experts (including the judge and advocate (counsel/barrister/solicitor-advocate)) in understanding the matter in issue from a technical, clinical or scientific point of view. The report may provide the stimulus for pursuing a claim; it may form the basis for drafting the statements of case/statements of claim on which claims are based, or it may provide material for cross examination at trial. An expert's report may be disclosed to the opposing side, either before proceedings are issued or afterwards, at which point the report's author may be called upon to answer and address the opposing side's challenges to the opinions expressed in the report.

22.21 There are certain minimum requirements for an expert's report to be acceptable to a court in civil proceedings. It must be prepared according to the provisions and requirements of the latest version of the Civil Procedure Rules (CPR) and their Practice Directions (PD), especially CPR Part 35 and PD 35 (England and Wales), the County Court Rules and Rules of the Supreme Court for the High Court and Practice Direction Number 1, 2003 (Northern Ireland) and similar requirements for Scotland. For example;

a. the report should be addressed to the Court not the client;

b. it should contain an expert's statement of truth/declaration and qualifications;

c. if a range of opinion on a particular issue exists and it is relevant to the matter in hand, this should be referred to and addressed;

d. relevant sources of evidence or literature cited or relied upon should be included in a bibliography;

e. any technical terms used should be explained; matters of fact should be clearly distinguished from matters of opinion. See Civil Procedure Rules Part 35 and PD 35.

22.22 The exact layout of the report is left to the practice of the individual expert, but the report must state the expert's name, the name of the party instructing them, the date of the report, include an expert's declaration and statement of truth and be signed by the expert. A good basic format is to have:

a. a cover sheet (with identification information)

b. a table of contents

c. a summary of conclusions (this may come at the start or the end of the report)

d. a summary of instructions

e. a list of documents or evidential sources

f. a chronology (if appropriate for the case) or a factual summary

g. a technical section (to permit a lay person reader to understand the opinion and summary of conclusions sections)

h. an opinion section

i. a brief curriculum vitae of the expert's qualifications and experience

j. a bibliography of literature (if any literature or works of reference are cited or relied upon)

k. a paginated sequence of numbered and headed sections composed of short, suitably headed paragraphs.

22.23 Model reports may assist as a starting point: see the Expert Witness Institute model report.

22.24 For further information as to experts' Codes of Practice, Protocols, Procedural Rules (both criminal and civil), model form of reports, model terms of engagement, Expert's Declarations, see: The Expert Witness Institute website and The Academy of Experts website.

What is the difference between an expert witness and a professional witness?

22.25 An expert witness is asked **to provide an expert opinion** in respect of a particular set of facts or on a particular issue, a professional witness is asked **to testify solely on the observed facts** of the matter or particular issue. However, (as indicated above) there is a 'grey area' which arises because the professional witness, in the course of carrying out their professional role, will have formed a professional opinion based on the observed facts, e.g. a view as to the patient's condition or a possible diagnosis following a clinical examination is such an opinion. A 'professional witness' should be aware that when providing testimony of fact they should only testify as to the observed facts, but that they could be led by others, either a prosecutor or advocate, into giving an opinion, and straying into expert territory. If this happens then (save for cases in Scotland) the 'professional witness' should seek clarification, perhaps from the judge, as to whether or not they may answer these questions. A witness gives either evidence of fact or opinion evidence and there is no category of professional evidence. In Scotland, an expert who is a professional and also a witness to fact may give evidence as to both fact and opinion.

22.26 A veterinary surgeon who is asked to prepare a report should establish whether the

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report is required from them as a professional witness (of fact) or as an expert witness. Generally, 'professional witnesses' should avoid giving opinions on the central issue in the case, or accept that they are acting as an expert witness.

22.27 If a 'professional witness' gives an opinion on the central issue in a case (for example, that the animal is suffering unnecessarily, or is likely to suffer unnecessarily, or the animal's needs have not been met) they should:

a. Consider all the relevant facts available in the case, for example, the animal owner's explanation, whether food or treatment has been given, the results of any post mortem, other laboratory evidence or test results etc; as well as what evidence may be necessary before an opinion can properly be given; and update the opinion as additional information becomes available.

b. Include in the witness statement the facts on which the opinion is based; the experience or qualifications in addition to the veterinary degree and registration with the RCVS; any other literature or material relied upon in giving the opinion; any alternative veterinary views which may reasonably be held; acknowledgement that the primary responsibility of a person giving opinion evidence (an expert) is to the court.

c. Disclose to the party instructing you, any relationship with any other party in the case, including the prosecuting organisation or relevant enforcement authority which could give rise to a conflict of interest.

Remaining within one's expertise

22.28 It is good clinical practice to remain within the scope of one's expertise. The same applies when undertaking both professional witness and expert witness work. Both types of witness should be aware of being drawn or pressurised into giving evidence or expressing opinions which are beyond their level of experience or expertise. Professional and expert witnesses can expect to be challenged in the witness box if they stray outside their own expertise, and should be firm and clear (both with those instructing them and the Court) as to the boundaries of their expertise and experience. A failure to remain within one's expertise when acting as a professional or expert witness could also potentially lead to disciplinary proceedings. (See the Court of Appeal decision in the case of *Meadow v General Medical Council* [2006] EWCA Civ, 1390, [2007] QB 462)

22.29 When faced with such a situation, just as in clinical practice, the veterinary surgeon should defer to a more senior or more experienced colleague, or to another source or form of expertise. The circumstances in which such a situation can arise may be less than clear cut. For example, whereas most veterinary surgeons may consider themselves competent to state whether or not a dog was emaciated, the same may not be said for an emaciated horse; it may not always be clear to a non-specialist veterinary surgeon that a particular species of animal is suffering distress in a particular set of circumstances.

When should evidence be collected?

22.30 It may not always be clear from the outset of a clinical case that evidence (in the form of samples) should be collected and retained. Veterinary surgeons should be alive to the possibility

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of a clinical case developing into a legal case, whether criminal (e.g. poisoning) or civil (e.g. negligent misdiagnosis), and, if suspicious or unsure, veterinary surgeons should consider collecting and retaining samples, with the consent of the owner of the animal or the person in control or possession of the animal. Apart from assistance from more senior colleagues, veterinary surgeons are advised to consider contacting the police, RSPCA or local authority officers if they are unsure about whether to collect evidence.

How to take evidential samples

22.31 To be of any evidential use in a legal case, the source or provenance and the whereabouts of the samples must be recorded to ensure there is 'continuity of evidence'. This applies to the collection, handling and despatch of samples. Practically speaking this means knowing and being able to state where the sample has been and how it has been stored from the moment it was taken. Taking these precautions will minimise the risk that the evidence could be subsequently challenged (as having been contaminated or tampered with) and rejected. (In Scottish cases, it is recommended that two witnesses should be called to verify the above details in order that the information is corroborated.)

22.32 The samples must also be appropriately collected, labelled and stored. The appropriate method of collection and storage depends upon the nature of the sample. Diagnostic laboratories will be able to give some assistance as to how samples should be collected, sealed and stored.

22.33 As a minimum, the sample should be labelled with the case name or other unique identification and the date of collection. In some situations two, or even three, identical samples should be collected, labelled separately and stored.

The analysis of the samples

22.34 Consideration should always be given to sending the samples for analysis to quality-controlled external laboratories, rather than attempting to conduct analysis using in-house equipment or inexpert staff. Again, this precaution will minimise the risk that the evidence could be subsequently challenged as inconclusive or incorrect.

Format of a court case

22.35 In the case of a criminal trial, the Prosecutor (in England and Wales a Crown Prosecution Service advocate acting on behalf of the CPS, in Northern Ireland a Public Prosecution Service lawyer acting on behalf of the PPS, in Scotland the Procurator Fiscal or Advocate Depute, or other non-police prosecuting agency) will open the case, usually in the form of a summary of the Prosecution's case, the evidence and the law. The Prosecution will then 'call' its witnesses, one at a time. Each witness will swear or affirm (by reading the oath or affirmation from a card provided by the court's usher or clerk) and will then give their evidence (called 'evidence in chief') from the witness box. The witness will then be cross-examined by the Defence lawyer, and may be re-examined by the Prosecution lawyer. At any stage the judge or, in the Magistrates' Court, the magistrates ('the bench') (in Scotland, sheriff) may also ask questions. The same procedure is then followed by the Defence. Save for Northern Ireland, there may also be witness statements read to the court in the absence of that witness (for example because the evidence is agreed between the parties or the witness is too ill to attend – but see paragraph 4

above regarding Scottish witness evidence). When all the witness evidence has been heard, the Defence lawyer and the Prosecutor may give closing speeches, summing up the evidence that has been heard and applying the law to the evidence as they see it.

22.36 In a Magistrates' Court (or, in Scotland, Sheriff Court) trial, the bench or resident magistrate will usually retire to consider their verdict. On their return to the court room the Chairman of the bench or resident magistrate or sheriff will announce the verdict of 'guilty' or 'not guilty' (or, in Scotland, a verdict of 'not proven' is additionally available) and give reasons. If the verdict is guilty, pleas in mitigation will then be heard. If there is a bench they will again retire to consider sentence, and will return to announce the sentence. If the case is before a resident magistrate (Northern Ireland) (s)he will similarly proceed to sentence.

22.37 In a Crown Court trial, the judge will sum up the case and the Jury will then retire to consider their verdict. On their return to the court room the Chairman of the Jury will announce the verdict when asked by the judge. If the verdict is guilty, pleas in mitigation will then be heard. The judge will then determine the sentence.

22.38 In the case of a civil trial, heard in the County Court or High Court, there is no Prosecutor. The case is brought by a Claimant ('Plaintiff' in Northern Ireland, 'Pursuer' in Scotland) and defended by a Defendant ('Defender' in Scotland). Broadly the same procedure is followed as in criminal trials, but often there is no opening of the case by the Claimant's lawyer, and (save for Northern Ireland) witness' evidence in chief is usually taken to be the witness statement that has been prepared and lodged at court on their behalf. (In Northern Ireland, evidence in chief is still formally given orally and statements are not commonly used).

22.39 In the case of a civil proof, heard in the Sheriff Court or Court of Session in Scotland, the Pursuer's evidence is led first, followed by that of the Defender. The normal procedure is for all evidence to be led orally at the hearing, except in special circumstances where the evidence of witnesses is taken prior to the hearing (see again paragraph 4 above). The Sheriff or Judge(s) will usually, having heard the case, retire to consider their judgement and deliver this in writing thereafter. There is the possibility to have a civil case heard before a jury in the Court of Session.

Preparing for court

22.40 If a witness statement has been prepared on your behalf you should re-read this to remind yourself of your evidence. If you are engaged as an expert witness you should re-read your report, the reports of other experts and all documents appended to those reports.

22.41 Check in which court your case is to be heard and find out the location of the court and whether there is parking at the court or nearby. Plan to arrive in good time for the hearing allowing for journey time (you may wish to consider staying locally the night before).

22.42 When you arrive at court you will have to pass through a security scanner, after emptying your pockets. Once inside the court look for the court listing sheets (usually pinned to the walls or in glass fronted cabinets). These set out the court lists for each judge in each court room. Once you have found the case name, note the judge's name and the court number and its location. If you cannot find any court listing sheets ask the usher, clerks or other court staff as sometimes they are delayed in posting the lists. (When attending either the Court of Session or any Sheriff Court in Scotland, witnesses should speak to staff on the front desk for directions to

the appropriate court). When attending court you should dress appropriately in a suit – a trial is a formal occasion. Ensure that your mobile phone or pager is turned off or switched to silent.

22.43 You will probably hear how the judge is addressed before you start to give your evidence or you can ask the Advocate. As a guide:

In the Magistrate's Court, the decision makers are addressed as “Sir”, “Madam”, or "Judge" depending on whether they are a lay magistrate or a District Judge (or "your worship" in Northern Ireland)

The Chair of the RCVS Disciplinary Committee is addressed as “Sir”, “Madam”, or "Chair"

County Court judges are addressed as “Your Honour”

High Court and Appeal Court judges, Scottish Sheriffs and Court of Session judges are addressed as “My Lord” or “My Lady” or “Your Lordship/Ladyship”

What happens when you are in the witness box?

22.44 The court usher (clerk in Northern Ireland) will ask you whether you wish to swear or affirm. This relates to the evidence that you will be giving making it “sworn evidence” or “affirmed evidence”. Save for Scotland, where the choice is either to swear on the Holy Bible or to affirm, you will be asked the holy book on which you want to swear. The court usher has copies of the holy books of the main faiths. You will then be asked to read the oath (or affirmation) off the card handed to you.

22.45 You will be asked to state your name and professional address and your professional qualifications and experience. In the case of a civil trial you will be taken to a copy of your sworn statement (or, for expert witnesses, their report) usually they are in a bundle of documents called the trial bundle, a copy of which will be provided in the witness box and you will be asked to confirm the contents of your statement/report as your evidence. If you have any corrections to your statement which you want to make, this is the time to do so.

22.46 You are then likely to be subject to examination in chief (criminal trial only except Northern Ireland) when the advocate will put to you questions to support their case. When being asked questions it is important to listen to, and answer, the question that is asked. Answers should be directed towards the Judge/Magistrate/Chair/Jury (not the lawyer who is asking the questions) and should be given slowly and clearly enough to permit a written note to be taken. A commonly used guide is to watch the judge’s pen – when the judge stops writing, it is time to continue speaking. You should answer the questions as fully as you need to, but no more, bearing in mind that the advocate cannot ask you leading questions. Use simple, non-technical language. If you have to give a technical answer, explain it. If you do not understand the question, you should ask for clarification. If you do not know the answer to a question you should simply say so.

22.47 In civil cases your witness statement will usually stand as your examination in chief (except in Scotland where there is no general practice of lodging witness statements and the evidence of witnesses will be taken by examination in chief (as outlined above) unless previously taken by commission (see paragraph 4 above). Expert reports in Scottish civil cases are usually lodged with the court and available to all parties prior to the proof (civil trial) hearing.

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However an expert is still required to speak to their report and will be examined in chief on this. Lodging of reports is not obligatory and, on occasion, an expert will give evidence without being able to make reference to his report.

22.48 You may then be subject to cross examination (in both criminal and civil trials), which is when the advocate for the opposing side will put questions to you. They must give you an opportunity to comment on anything in their client's case which differs materially from your evidence ie 'put their case'. They may ask you questions about matters that you have not covered in your evidence, but which assist their client's case. They may also try to further their client's case by casting doubt on the validity or accuracy of your evidence. It is important to remain professional when responding to cross examination. You should not allow yourself to become angry or upset with the advocate's questioning, they are simply carrying out their role which is to test their opponent's case by cross examination. It is also important to be precise but complete in your answers. For example, if you are asked whether a particular scenario or outcome is possible, and in your view it is, but unlikely, then you should give the complete answer, and not merely answer "Yes".

22.49 After cross examination there may be re-examination by the advocate acting for 'your side'. This does not always happen and is usually used to clarify aspects of what has been said during cross examination.

22.50 At any time the judge or Chair may also ask questions, and when they do so they will invite the advocate to ask further questions if they wish to do so, arising out of the judge's question.

Remuneration levels for witnesses

22.51 The RCVS does not usually offer guidance as to remuneration levels, unless the fees charged are so high as to risk bringing the profession into disrepute. The RCVS recommends discussion with others working in the field to establish the reasonable 'going rate' for expert witness work in any particular field or area of practice. Generally, witnesses of fact are entitled to expenses, including loss of earnings. In Northern Ireland, witnesses of fact are not paid a professional fee for attending court. In Scotland, any loss of earnings are paid net of tax and National Insurance.

Other tribunals

22.52 The principles outlined in this annex are applicable to tribunals and arbitrations and veterinary surgeons and veterinary nurses acting as witnesses are not immune from prosecution or disciplinary proceedings.

Further information

22.53 The following organisations offer further information and advice:

a. Veterinary Defence Society

b. Society of Practising Veterinary Surgeons

c. British Veterinary Association

d. British Equine Veterinary Association

e. Animal Welfare Science, Ethics and Law Veterinary Association

f. Veterinary Benevolent Fund

g. BVA Legal Advice Helpline (for BVA members)

Lists of experts

22.54 The following organisations offer lists of expert witnesses:

a. Council for the Registration of Forensic Practitioners

b. UK Register of Expert Witnesses

c. The Law Society Directory of Expert Witnesses

d. The Expert Witness Institute

e. Academy of Experts

f. The Society of Expert Witnesses

g. Expert Witness

h. The Law Society of England and Wales

i. The Ministry of Justice

j. Civil Justice Council

Reference books

22.55 The following reference book provides further information:

a. J.E. Cooper and M.E. Cooper, Introduction to Veterinary and Comparative Forensic Medicine, Blackwell Publishing, 2007, ISBN-10:1405111011

Other useful links

22.56 The following organisations provide further information:

a. Royal Society for the Prevention of Cruelty to Animals

b. Scottish Society for the Prevention of Cruelty to Animals

c. The Scottish Courts

d. Witnesses in Scotland

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23. Advertising, endorsement, and publicity

Links to "supporting guidance" itself - not a subpart thereof

Introduction

23.1 The purpose of advertising is usually to provide information to the public and attract new business. There are many different forms of advertising (including the recommendation, endorsement, and/or promotion of veterinary products and services) and publicity can be achieved across multiple media, including but not limited to, printed materials, websites, and social media platforms (see Chapter 28 for specific guidance in relation to social media and online networking forums).

23.2 Veterinary products include prescription medicines and other products that may be used as part of the practice of veterinary surgery, as well as retail products that, although not veterinary products in and of themselves, become so when associated with, or are sold by, veterinary surgeons and veterinary nurses. For example, nutritional supplements, shampoos, dog leads, chewy toys, and pet foods, including prescription diets.

23.3 Veterinary services include the prescribing of medicines, the diagnosis of disease, the treatment and tests of animals, vaccination services, and other services that may be offered as part of the practice of veterinary surgery.

Forms of advertising

23.4 Where the word ‘advertising’ is used in this chapter, it should be read to include all forms of advertising. The RCVS defines these different forms of advertising as follows:

a. Advertisement - the dissemination of information with the aim of informing the public about a veterinary product or service.

b. Endorsement – the association of a veterinary surgeon or veterinary nurse with a veterinary product or service with the aim of encouraging the public to buy or use the veterinary product or service based on the support or approval of the veterinary surgeon or veterinary nurse.

c. Promotion – the dissemination of information with the aim of increasing the sales or use of a veterinary product or service.

d. Publicity – the dissemination of information with the aim of attracting attention to a veterinary product or service.

e. Recommendation - a suggestion or specific veterinary advice stating that a veterinary product or service is good, suitable, or the best choice for a particular purpose or animal.

23.5 All advertising should be accurate, truthful, and not of a character likely to bring the profession into disrepute or undermine public confidence in veterinary surgeons and veterinary nurses, e.g., an unsolicited approach by visit or telephone (a telephone call to a business may not be considered unprofessional, provided that data protection and marketing laws are

complied with, and telephone preferences registered with the TPS or CTPS are respected). All advertising should provide factual and balanced information which enables the public to make informed choices about the veterinary products and services available to their animals.

Endorsement

23.6 Veterinary surgeons and veterinary nurses should only endorse veterinary products and services that are underpinned by sound scientific principles or have a recognised evidence base. All advertising that promotes or publicises an endorsement of a veterinary product or service should provide factual and verifiable information only and not be of a character likely to bring the profession into disrepute.

23.7 Veterinary surgeons and veterinary nurses should ensure they do not expressly or implicitly suggest that their endorsement is shared by the whole profession. Veterinary nurses should ensure that their endorsement does not amount to, or give the impression of, the giving of advice or recommendation of a treatment option based upon a diagnosis.

23.8 Veterinary surgeons and veterinary nurses may endorse non-veterinary products and services so long as that endorsement does not bring the profession into disrepute and any relevant legislation or regulation applicable to those non-veterinary products and services is complied with. Please see Chapter 9 for guidance in relation to animal insurance.

Recommendations in the course of treatment or when providing other veterinary services to clients

23.9 Where veterinary surgeons recommend veterinary products and services in the course of treatment or when providing other veterinary services to clients (including by way of referrals and second opinions – please see Chapter 1), this recommendation should be clinically justified, i.e., based on sound scientific principles or have a recognised evidence base, and be in the best interests of the animal.

23.10 Veterinary surgeons should not allow any interest in a particular product or service to affect the way they prescribe or make recommendations. This is the case whether the interest is held by the veterinary surgeon themselves, their employer, or any other organisation they are associated with. Veterinary surgeons should inform clients of any real or perceived conflict of interest.

UK advertising codes and claims of general veterinary approval

23.11 All advertising should comply with the UK Code of Non-broadcast Advertising, Sales Promotion and Direct Marketing (CAP Code), which is enforced by the Advertising Standards Authority.

23.12 Veterinary surgeons and veterinary nurses who make claims of superiority or other comparisons with competitors should have regard to section 3 of the CAP Code and should not mislead the public.

23.13 Veterinary surgeons and veterinary nurses who manufacture their own veterinary products, for example, health supplements, may make claims about the health benefits of those products only where they hold 'robust clinical evidence' to support them (see rule 12.1 of the CAP Code). Claims to treat adverse conditions are likely to be considered medicinal claims and should only be made for licenced veterinary medicines in accordance with the relevant guidance linked at paragraph 23.18 below.

23.14 An organisation claiming 'general' veterinary approval for a product or service should also ensure it complies with the CAP Code.

23.15 Claims of 'general' veterinary approval should not suggest that the whole profession endorses those veterinary products or services. Claims of this kind are regulated by the Advertising Standards Authority through the CAP Code. Where an organisation makes a claim of 'general' veterinary approval, there should be no suggestion that veterinary surgeons or veterinary nurses employed by, or associated with, the organisation, endorse those veterinary products or services, unless those veterinary surgeons or veterinary nurses have expressly agreed to do so. Where express agreement is sought from employees to claim endorsement on their behalf, it should be made clear that the employee may opt out. Veterinary surgeons and veterinary nurses should not feel under any pressure to endorse their employer's products, and clauses requiring endorsement of products and services as part of contracts of employment should be avoided so that clinical freedom is maintained (see paragraph 23.20, below). Where veterinary surgeons and veterinary nurses freely choose to endorse the products or services of their employer, they should do so in accordance with the guidance in this chapter.

23.16 Veterinary surgeons and veterinary nurses should not allow organisations to suggest that they endorse a veterinary product or service unless they expressly agree to do so, in compliance with the guidance in this chapter.

23.17 Concerns about advertisements should be raised with the Advertising Standards Authority in the first instance.

Advertising veterinary medicines

23.18 In relation to advertising veterinary medicines, veterinary surgeons and veterinary nurses should not make medicinal claims about unlicensed products. When advertising licenced veterinary medicines, including the publishing of medicines prices, veterinary surgeons and veterinary nurses should comply with the Veterinary Medicines Regulations and associated guidance on advertising veterinary medicines legally, issued by the Veterinary Medicines Directorate (VMD).

23.19 Concerns about the advertisement of unlicensed products should be raised with the VMD's enforcement team in the first instance.

Maintaining clinical freedom

23.20 Advertisements, endorsements, or claims of 'general' veterinary approval made by organisations should not impact upon the clinical freedom and decision-making of veterinary surgeons and veterinary nurses employed by, or associated with, that organisation.

23.21 Veterinary surgeons and veterinary nurses should not allow any interests, including those

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arising from associations with particular organisations or products, to affect their clinical decision-making, i.e. they must make animal health and welfare their first consideration when attending to animals.

Advertising by email and GDPR

23.22 Veterinary surgeons and veterinary nurses undertaking email marketing will need the consent of the recipient (see paragraph 23.23 below), unless they can rely on a “soft opt-in” (see paragraph 23.24 below). Email marketing would include vaccination reminders and information regarding any promotions, but not appointment reminders or information about 24-hour emergency first aid and pain relief. There should be systems and processes in place to keep consent up to date and veterinary surgeons and veterinary nurses should comply promptly if an individual withdraws their consent. Care should be taken before sending any email marketing to clients of the practice who have not been seen for some time, as there may not be valid and up to date consent in place or where it is unclear whether GDPR compliant consent has been obtained (see paragraph 23.23 below). Emailing clients to ask them to give consent to email marketing may amount to direct marketing without consent, and therefore be a breach of data protection and/or direct marketing laws. Clients can be contacted by post on the basis that keeping in touch with them is in the practice’s legitimate interest.

23.23 Veterinary surgeons and veterinary nurses relying on consent for email marketing should ensure that, (a) the client has given clear, specific and informed consent, and (b) the practice has records of the wording provided to the client at the time consent was given, to show that the consent was “informed”. Consent should be freely given and there should be a specific opt-in by the client. It is not acceptable to rely on a pre-ticked box or infer consent from silence. Consent can include verbal consent. If relying on a discussion with a client, a record should be made to this effect (for example, when the consent was obtained, what the client was told about how their data would be used and, for what purpose).

23.24 It may be possible to send direct marketing to existing clients without their specific consent, where, (a) the practice obtained the client’s email address in the context of providing veterinary services, (b) the marketing relates to its own services, which are similar to those previously provided to the client, and (c) the client was clearly given the opportunity to opt out of email marketing at the time their email address was collected, and each time a marketing email is sent. This is known as a “soft opt-in”, and could apply, for example, to vaccination reminders where the client has previously paid for vaccinations. The practice would have a legitimate interest in sending such marketing emails. However, if the practice does not have records that the opt-out information was given when the email address was collected, it should not rely on the soft opt-in for email marketing. If the opt-out information was given to some clients but not to others, the practice can only rely on the soft-opt in for the relevant clients and should divide its database accordingly for marketing purposes.

Advertising of professional status and qualifications

Recognised titles

Advanced practitioners

23.25 The RCVS Advanced Practitioner List (advanced practitioner list) is a list of veterinary

surgeons who meet certain entry criteria and are entitled to use this title. The purpose of the advanced practitioner list is to provide a clear indication to the profession and the public of those veterinary surgeons who have been accredited at postgraduate certificate level by the RCVS, by virtue of having demonstrated knowledge and experience in a particular area of veterinary practice beyond their initial primary veterinary degree as well as undertaking additional CPD. Continued inclusion on the advanced practitioner list requires veterinary surgeons to undertake periodic revalidation. For more information about entry criteria and revalidation please see the Advanced Practitioner status web page.

23.26 Veterinary surgeons must be registered with the RCVS and included on the advanced practitioner list if they want to practise in the UK and use the title ‘advanced practitioner’, or imply they are an ‘advanced practitioner’. This includes veterinary surgeons seeking to use such titles, or allowing others to use such titles, in connection with their business, trade, employment, or profession.

23.27 Veterinary surgeons on the advanced practitioner list may use the title 'Advanced Practitioner'.

Specialists

23.28 The RCVS Specialist List is a list of veterinary surgeons who meet certain entry criteria and are entitled to use the title ‘specialist’. The purpose of the specialist list is to provide a clear indication to the profession and the public of those veterinary surgeons who have been accredited as specialists by the RCVS. Continued inclusion on the specialist list requires veterinary surgeons to undertake periodic revalidation. For more information about entry criteria and revalidation please see the Specialist status web page.

23.29 Veterinary surgeons do not have to join the specialist list to practise any particular specialty, but they must be registered with the RCVS and included on the specialist list if they want to practise in the UK and use the title ‘specialist’, or imply they are a specialist. This includes veterinary surgeons seeking to use such titles, or allowing others to use such titles, in connection with their business, trade, employment, or profession. Please note there are specific requirements for veterinary surgeons who wish to refer to ‘specialist’ qualifications obtained outside of the UK (see paragraph 23.32, below).

23.30 Only veterinary surgeons on the specialist list may use the title ‘specialist’ or ‘RCVS Recognised Specialist’ or imply they are a ‘specialist’. Specialists on the specialist list may also use an appropriate title conferred by their speciality college.

23.31 Veterinary surgeons who are not on the specialist list should not use the title ‘specialist’ or imply they are a specialist, for example, they should not use such terms as ‘specialising in’. They may however use terms such as ‘having a special interest in…’, ‘experienced in…’, or ‘practice limited to…’, when promoting their services.

23.32 Exceptionally, veterinary surgeons not on the RCVS Specialist list may refer to qualifications obtained outside of the UK containing the word ‘specialist’. However, when making reference to such a qualification, veterinary surgeons must make clear that they are not an RCVS recognised specialist. This clarification should be prominent and immediately follow the reference to the relevant qualification. It is not acceptable to include the clarification as a footnote or to attempt to hide or disguise it. An example of an appropriate clarification is: **[title]**

[name] [qualification] (not an RCVS recognised specialist).

The courtesy title 'Doctor' or 'Dr'

23.33 Nothing prevents veterinary surgeons using the courtesy title 'Doctor' or 'Dr' ('the title') if they wish to, however veterinary surgeons using the title must be careful not to mislead the public.

23.34 A courtesy title does not reflect academic attainment, instead it is associated with professional standing. As a result, it is important that the use of 'Doctor' or 'Dr' by a veterinary surgeon does not suggest or imply that they hold a human medical qualification or a PhD if they do not.

23.35 As a result, if the title is used, the veterinary surgeon should use the title in conjunction with:

a. their name; and
b. the descriptor 'veterinary surgeon'; or
c. the post-nominal letters 'MRCVS'.

For example: 'Dr Alex Smith, veterinary surgeon' or 'Dr Alex Smith MRCVS'.

Inaccurate claims

23.36 Veterinary surgeons and veterinary nurses should not hold themselves or others out as veterinary surgeons, veterinary nurses, specialists, or advanced practitioners unless they are appropriately registered or listed as such with the RCVS.

23.37 Veterinary surgeons and veterinary nurses should not allow organisations to make misleading or inaccurate claims on their behalf.

Public life and interaction with the media

23.38 Veterinary surgeons and veterinary nurses can make a worthwhile contribution to the promotion of animal welfare and responsible pet ownership by taking part in public life, whether in national or local politics, community service, or involvement with the media (including press, television, radio, or the internet).

23.39 In commenting to the media, veterinary surgeons and veterinary nurses should ensure they distinguish between personal opinion, political belief, and established facts. Veterinary surgeons and veterinary nurses should declare any relevant conflicts of interest when interacting with the media.

23.40 A veterinary surgeon or veterinary nurse should be careful not to express or imply that their view is shared by other veterinary surgeons or veterinary nurses or a professional organisation to which they belong, unless previously authorised, for example, by the RCVS, British Veterinary Association, British Veterinary Nursing Association, or other professional body.

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24. Named Veterinary Surgeons

Links to "supporting guidance" itself - not a subpart thereof

Introduction

24.1 The Animals (Scientific Procedures) Act 1986 Amendment Regulations 2012 (SI 2012/3039) amend the Animals (Scientific Procedures) Act 1986 (ASPA) to transpose European Directive 2010/63/EU on the protection of animals used for scientific purposes. Directive 2010/63/EU sets out revised measures for the protection of animals used for scientific purposes. Please note that ASPA in this guidance means the consolidated amended version of the Act incorporating the changes brought about by the Directive.

24.2 This supporting guidance sets out the role of 'Named Veterinary Surgeon' (NVS) employed in scientific procedure establishments and breeding and supplying establishments under ASPA, and provides advice to veterinary surgeons deputising for the NVS. ASPA is a UK-wide Act and is administered by the Home Office in Great Britain and the Department of Health, Social Services and Public Safety (DHSSPS) in Northern Ireland. This guidance was issued after consultation with the Home Office and the Laboratory Animals Veterinary Association (LAVA) and taking into account ASPA and revised associated Home Office Guidance.

24.3 A **licensed breeding establishment** is an establishment which is specified in a licence granted under ASPA section 2C authorising the licence holder to engage in the activity of breeding Schedule 2 animals for use in regulated procedures, or for the scientific use of their tissues, or of breeding any other protected animals primarily for those purposes. A **licensed supplying establishment** is an establishment which is specified in a licence granted under ASPA section 2C authorising the licence holder to engage in the activity of holding Schedule 2 animals bred elsewhere for supply to another establishment. A **licensed user establishment** is an establishment which is specified in a licence granted under ASPA section 2C authorising the licence holder to engage in the activity of using animals in regulated procedures. Some establishments may fall into more than one of these categories.

24.4 Licences granted under ASPA section 2C are known as ‘establishment licences’.

24.5 No regulated procedures may be carried out unless there is a project licence covering the work to be carried out and detailing the procedures, and a personal licence holder with authority to carry out those procedures.

NVS role and responsibilities

24.6 Scientific procedure establishments and breeding and supplying establishments are required to name a veterinary surgeon(s) in their licence schedule, who accepts responsibility under ASPA to provide advice on the health, welfare and treatment of animals within these establishments. Exceptionally, another suitably qualified expert may be nominated where it can be shown that they are more appropriate for this role. Please refer to the glossary at the end of this document for more information about a Suitably Qualified Person in this context. This guidance will refer to the NVS role.

24.7 Home Office Guidance Section 8.6 provides information on the NVS role

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and responsibilities. Paragraphs 24.12 – 24.28 below are extracted directly from the Home Office Guidance. This is also available on the GOV.UK website.

24.8 The NVS is expected to be familiar with the main provisions of ASPA, the Home Office Guidance and relevant Codes of Practice.

24.9 The NVS is nominated by the establishment licence holder and specified in the establishment licence. They have responsibilities associated with ASPA. The NVS should also liaise with others with responsibilities under ASPA.

24.10 By application to the Home Office, the establishment licence holder may nominate additional NVSs, each having clearly defined areas of responsibility and usually specified project work, locations, or species.

24.11 Veterinary surgeons are expected to undergo specific training for the role of NVS (see paragraphs 24.48 – 24.49 below and Home Office Guidance Section 9.7).

24.12 The Named Veterinary Surgeon (NVS) is responsible for, monitors and provides advice on the health, welfare and treatment of animals and should help the establishment licence holder to fulfil their responsibilities.

24.13 As the NVS you should be entrusted with the necessary management authorities to carry out your role effectively, and be seen to have senior management's support. You should be provided with appropriate training.

24.14 You should expect that appropriate facilities and resources are made available for adequate veterinary care of the protected animals at the establishment, including adequate support to ensure that veterinary care can be provided at all times.

24.15 You must be a member of the Royal College of Veterinary Surgeons (RCVS) with expertise in the species being used in the establishment.

24.16 You are accountable to the establishment licence holder for fulfilling your duties and responsibilities. In addition, NVSs must also observe their professional responsibilities to the animals under their care, to other veterinary surgeons, to the public and to the Royal College of Veterinary Surgeons, as set out in the RCVS *Code of Professional Conduct for Veterinary Surgeons*.

24.17 The NVS should:

- be familiar with the main provisions of ASPA;

- establish a programme of veterinary care and health monitoring;
- be actively involved, on a day-to-day basis, in safeguarding the welfare of the protected animals at the establishment;
- ensure that adequate veterinary cover and services are available at all times at your establishment and that those caring for animals have your contact details;
- monitor the health and welfare of the animals under your care by regularly visiting all parts of your establishment specified in the establishment licence;
- advise on biosecurity issues and be able to advise on quarantine requirements and health screening;
- notify the personal licence holder in charge of an animal if its health or welfare is giving cause for concern. If the licence holder is unavailable, you must make sure the animal is cared for and, if necessary, killed humanely using a Schedule 1 method, or another method approved in the establishment licence;
- provide veterinary advice and treatment, where needed and when requested by a personal licence holder;
- be familiar with relevant methods of humane killing listed in **ASPA Schedule 1**, together with any additional approved methods specified on the establishment licence;
- have a thorough knowledge of the husbandry, housing and welfare needs of the species kept at your establishment, including the prevention, diagnosis and treatment of disease; and the impact of housing and husbandry systems on the welfare and needs of an animal;
- comply with the requirements of the Veterinary Medicines Regulations relating to the supply and use of controlled drugs, prescription-only medicines and other therapeutic substances used on animals;
- maintain animal health records for all of the animals at your establishment, including of advice or treatment given; and ensure that these records are available to the Named Animal Care and Welfare Officer [NACWO], the

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establishment licence holder and the Home Office; records must be kept to a proper professional standard;

- advise on breeding programmes, recognition of wellbeing and environmental enrichment;
- advise on the welfare of animals to be transported to another place and provide any necessary certification;
- have regular contact with the establishment licence holder and the other named persons; and
- be an active member of, and play a central role in, the Animal Welfare and Ethical Review Body (AWERB) at your establishment [Note: At least one NVS at the establishment must be a full member of the AWERB].

24.18 At a user establishment you should advise licence holders and others on implementing the 3Rs. In particular, you should advise on:

- the impact of procedures on animals;
- recognising signs of pain, suffering, distress or lasting harm;
- general and experimental surgical techniques, and post-operative care;
- the scientific use of controlled drugs, prescription-only medicines and other therapeutic substances used on animals;
- appropriate methods of general anaesthesia, analgesia and euthanasia;
- strategies for minimising the severity of protocols, including recognising and implementing suitable humane end-points and other refinements; and
- factors causing bias e.g. seasonal rhythms, chronobiological effects, stress due to husbandry restrictions and transport between facilities or within the facility.

24.19 You should be familiar with the main provisions of the project licences in use at your establishment. You should be aware of the adverse effects for each protocol and how they can be avoided, recognised and alleviated, and also of the humane end-

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points to be applied. The project licence holder should ensure that details of the programme of work and regulated procedures specified in the licence, and any additional conditions imposed on those procedures, are known to you. You should have access to licences and other relevant documentation.

24.20 You should expect to be consulted by the project licence holder, or project licence applicant, at an early stage to discuss and provide advice relating to a proposed application, or an amendment to an existing project licence, including advising on incorporating the 3Rs into the plan of the work.

24.21 You should expect your advice on the welfare of animals to be sought and followed by project and personal licence holders, and other staff dealing with animals, of whatever seniority, both at the planning stage and whilst work is in progress. Project licence holders will keep copies of any veterinary advice or certification you have given them.

24.22 You should make sure that an appropriate clinical investigation is undertaken, and therapy provided where appropriate, for the welfare of an animal being used for procedures, but you should also be aware of the possible compromising effects your recommended actions may have on data or other outputs from the work.

24.23 If an animal taken from the wild is found to be injured or in poor health you should be asked to examine it before it is subjected to a regulated procedure and, unless the Secretary of State has agreed otherwise, take action to minimise the suffering of the animal **(PPL Standard condition 14).**

24.24 If an animal is to remain alive after a series of procedures you should be asked to determine that the animal is not suffering and is not likely to suffer adverse effects, as a result of the regulated procedures **(PPL Standard condition 11).**

24.25 Any animal still living after undergoing a series of procedures should be kept at the establishment under your supervision **(PEL Standard condition 23)**.

24.26 If an animal is to be removed from the establishment, you may be asked to advise whether the animal's state of health allows it to leave the establishment (whether to be set free or re-homed) and whether appropriate measures have been taken to safeguard its wellbeing **(ASPA section 17A(3))**.

24.27 If an animal is to be re-used you should be asked to confirm that its general

state of health and wellbeing has been fully restored following the application of the previous procedure, or procedures. In making your assessment you should ensure you have knowledge of the lifetime experience of the animal **(ASPA section 14(3))**.

24.28 If an animal is to be re-used that has been subjected to a regulated procedure the actual severity of which has been classified as "severe", you should be consulted to advise on whether consent can be given for re-use of that individual animal. You must have examined the animal before you provide this advice **(ASPA section 14(6))**.

Responsibilities under ASPA

Advice to the establishment licence holder

24.29 Under ASPA the prime responsibility of the NVS is to advise the establishment licence holderon veterinary matters, with specific reference to the health, welfare and treatment of animals. In order to fulfil this responsibility the NVS may need to consider advising on the following areas:

a. maintenance of health status and suitable preventive medicine protocols, and an appropriate programme for monitoring the health and welfare and quality of animals, and their environment;

b. provision of care, e.g. suitable environmental controls, development and monitoring of social and environmental enrichment programmes, or where there are concerns that staffing levels may compromise animal welfare;

c. maintenance of animals needing special attention, for example immuno-compromised mice;

d. provision of specialist veterinary facilities, in particular for aseptic surgery and post-operative care, quarantine, acclimatisation and other special animal welfare needs (usually, the NVS will be involved in the design and planning of new facilities for such purposes). The NVS should be familiar with LASA *Guiding Principles for Preparing for and Undertaking Aseptic Surgery*;

e. appropriate methods of euthanasia and means of assessing competence;

f. appropriate humane methods of identification;

g. whether animals are fit to go to a non-designated establishment; and

h. the supply and use of all prescription only medicines and controlled drugs for use on protected animals in the establishment (relevant legislation includes the Veterinary Medicines Regulations and the Misuse of Drugs Act 1971 and

subordinate legislation). The NVS should be familiar with LAVA Guidance on ‘ *The control of acquisition, supply, administration (use), storage and disposal of medicines in establishments designated under the Animals (Scientific Procedures) Act 1986*’. This is available to download in the 'Related documents' box.

Advice to the project licence holders

24.30 The NVS should advise on:

a. strategies to minimise the severity of regulated procedures, and how particular adverse effects may be controlled, e.g. refinements to methods of dosing and sampling; clinical monitoring; use of anaesthesia and analgesia; appropriate humane end-points;

b. use of prescription only medicines and controlled drugs for scientific purposes;

c. the health status needed and suitability of animals for planned studies;

d. the impact of the procedures proposed on the animals, and any specific husbandry and care needs during the procedures; and,

e. the fate of animals at the end of regulated procedures or at the end of use at that establishment.

24.31 To provide suitable up to date advice, it is essential to hold (and hold securely) copies of, or have ready access to, all project licences and any conditions attached. The NVS should expect that their advice on these issues would be sought, normally at an early stage of drafting a project licence and for any subsequent substantive amendments.

Advice to personal licence holders

24.32 For research workers using animals the NVS should provide:

a. practical advice on techniques, particularly surgical approaches and suitable anaesthetic regimens and peri-operative care;

b. advice on the recognition of pain, suffering distress and lasting harm, and ill-health, and physiological and behavioural disturbances in animals (such as arise from fear or boredom);

c. advice on the recognition and assessment of severity and any potential breach of the severity limit; and

d. advice on the recognition of humane end-points

24.33 Advice may involve consultation with other named persons and experts.

Advice to the animal care staff

24.34 Commonly a senior animal technician holds the position of NACWO and is the main point of contact on matters relating to the general care and husbandry of animals in the establishment. They are likely to be the person who contacts the NVS in cases where the health or welfare of an animal gives rise to concern. The NVS should foster a good working relationship with the NACWO(s) and other animal care staff.

24.35 The NVS should provide advice on maintaining health status and animal welfare issues, including socialisation and enrichment.

Contracts and visits

24.36 A veterinary surgeon may be contracted as the NVS on a full-time or part-time basis depending upon, for example, the size of the establishment and the nature and complexity of the research programmes. The contractual hours and resources (e.g. the assistance given by other veterinary surgeons, management support and facilities) should be adequate to enable the NVS to fulfil their role. **Whether full-time or part-time the responsibilities and statutory duties of the NVS are the same.**

24.37 Whether the appointment is full-time or part-time, the NVS must arrange to visit the facilities on a regular basis for both advisory and veterinary care roles, rather than waiting to be called out in an emergency. In this way the NVS should become familiar with the animals, the research workers and their areas of scientific interest, as well as the procedures carried out on animals within the establishment. The frequency of these visits should be determined by the NVS according to the number and species of animals involved and the nature and severity of procedures performed. An appropriate schedule of visits should be agreed in advance in consultation with the responsible staff of the establishment, in particular with the NACWO and the establishment licence holder. The visiting schedule should be regularly reviewed and amended as necessary.

24.38 The job description and/or contract of the NVS should define the responsibilities involved and provide a reporting structure that gives the NVS direct access to the establishment licence holder.

24.39 The names of the veterinary surgeons deputising for the NVS are not included on the establishment licence. Therefore, they should be recorded at the establishment and made known to the establishment licence holder, the NACWO, licensees and other relevant staff in the establishment. The means of contacting an appropriate veterinary surgeon at all times should be clearly defined and available.

Insurance

24.40 The NVS and deputising veterinary surgeons are required to have professional indemnity insurance or equivalent arrangements. Such cover may be held individually or through an employer. The chosen level of indemnity related to NVS duties should be discussed with the insurance providers, for example the Veterinary Defence Society. The level of cover can then be confirmed.

Liaison and reporting

24.41 The establishment licence holder is ultimately responsible for ensuring that the facilities, animal welfare and care, staffing levels and expertise in the establishment meet the requirements of ASPA and the Codes of Practice. The NVS is answerable to the establishment licence holder in an advisory role and for providing the contracted service. Therefore the NVS should make reports (it is suggested at least annually) directly to the establishment licence holder. The Home Office expects that named persons (including the NVS) must be able to access licences and other documents about the production, care and use of animals at the establishment and that they must be given appropriate training and resources.

24.42 Periodic meetings with the Home Office Inspector are desirable and may assist the NVS to fulfil the statutory role. The NVS should be available for discussion with the Home Office Inspector if the latter makes a request.

24.43 The NVS at a licensed user establishment should liaise closely with their colleagues at other associated establishments (e.g. where a research project involves collaboration between two or more establishments) and, especially if animal health problems arise in recently acquired animals, with colleagues at supplying and breeding establishments.

Conflict of interest

24.44 Given their role in providing independent advice on animal health and welfare the NVS must avoid perceived or real scientific, financial or other conflicts of interest. This includes:

- financial interests such as directorships and significant shareholdings;
- significant scientific and/or financial interests in the outcome of a programme of work;
- interests of close relations and/or friends which may be relevant, for example if a partner or sibling is a director or major shareholder of the establishment; and
- any other relevant matters.

24.45 People nominated for these roles should provide their establishment licence holder with a declaration (available on the research and testing using animals page of the GOV.UK website) detailing any relevant potential conflicts of interest. For more information about conflicts of interest see Home Office Guidance 3.13.8. You must inform your establishment licence holder promptly about any significant changes to your declaration.

24.46 Where the NVS also has a significant interest in the scientific or financial outcome of a programme of work, including holding a project licence, the establishment licence holder must make alternative provision such as nominating another NVS to be responsible for the veterinary oversight of the animals in question. If there is any other potential significant conflict of interest, or areas of doubt, the NVS should consult the Home Office.

Confidentiality

24.47 The NVS and veterinary surgeons deputising for the NVS must maintain client confidentiality as set out in the *Code of Professional Conduct* and supporting guidance. Contracts and client records, together with project and personal licences, should be stored

securely to prevent any unauthorised access.

Training and continuing professional development

24.48 The Home Office requires that a new NVS attend a course, approved by the RCVS and recognised by the Home Office, specifically on the role of the NVS, either before or at a minimum within one year of accepting appointment. In any event a new NVS should undertake training on the needs of the laboratory animals on which they will provide advice. Please refer to Home Office Guidance 9.7 for more information about training requirements available on the GOV.UK website.

24.49 The NVS, and veterinary surgeons assisting or deputising for the NVS, must maintain and develop the knowledge and skills relevant to their professional practice and competence. [See also RCVS *Code of Professional Conduct for Veterinary Surgeons* 3.3 regarding RCVS requirements for CPD with which all veterinary surgeons must comply].

Training of other staff

24.50 The NVS should be familiar with the range of scientific procedures carried out and may take part in the training of technicians and personal licence holders relating to animal welfare and health. In addition the NVS may be involved in training in the conduct of minor procedures, surgical methods, anaesthetic regimens, peri-operative care and assessment of competence. If the NVS will be conducting regulated procedures for a scientific purpose, they must hold an appropriate personal licence.

VSA: ASPA interface – other issues

24.51 The NVS must understand and recognise the circumstances when they are acting as a veterinary surgeon under the Veterinary Surgeon's Act and when they are undertaking a regulated procedure under ASPA (which requires personal and project licence authority). In either case the procedure may be the same, for example taking a blood sample or re-suturing a wound that has opened. It is the purpose for which the procedure is performed that determines whether the procedure constitutes recognised veterinary practice i.e. non-experimental clinical veterinary practice or a regulated procedure. The Royal College of Veterinary Surgeons will advise if a procedure is considered as clinical veterinary practice. The Home Office can advise if the action or omission is a regulated procedure.

Provision of veterinary services

Comprehensive veterinary service

24.52 The NVS should ensure there are appropriate arrangements for the provision of veterinary services, including 24-hour emergency cover (see RCVS *Code of Professional Conduct for Veterinary Surgeons* and supporting guidance for details). The NVS may delegate these duties to suitably competent deputies. The establishment licence holder is responsible for providing the necessary resources for the provision of such cover and services. Staff at the licensed establishment are expected to contact the NVS or delegated deputy, to seek veterinary advice or assistance, as appropriate; but the RCVS Code does not stipulate that staff of the designated establishment must be on site 24 hours a day. (See also 24.17, bullet point number

4).

24.53 The delivery of veterinary treatment and services should take into consideration the experimental procedures which the protected animals are being or will be subjected to, and whether data, or other products, being collected as part of the programme of work may be compromised as a result of the veterinary intervention.

Delegation

To other veterinary surgeons

24.54 Where colleagues provide some of the veterinary services and/or deputise for duties associated with ASPA, the NVS should make appropriate arrangements to ensure that delegated services are delivered. The NVS should make clear which duties and tasks are being delegated, how these should be fulfilled and how the delivery of such services should be documented. The NVS should liaise with the colleagues involved to ensure they are appropriately briefed on the scientific objectives of projects at the establishment and on the constraints and humane end-points in these projects.

24.55 When procedures regulated under ASPA are conducted at places other than licensed establishments, such as on farms or at fisheries, a local veterinary practitioner will often provide veterinary services if they are required. Good liaison between the NVS, the local practitioner, and the licence holders involved is strongly recommended to ensure neither welfare nor science is compromised.

24.56 The NVS should be aware that research procedures on animals in the wild, or obtained from the wild, may require appropriate licences from, for example, English Nature, in addition to Home Office Project and Personal licence authorities, and it would be advisable to check that all of these approvals are in place.

To persons who are not veterinary surgeons

24.57 The NVS may delegate some veterinary procedures or treatment to animal care staff, within the provisions of the Veterinary Surgeons Act 1966. Special instructions should be given and these must adequately inform animal care staff on the appropriate and responsible use of minor medical treatments, for example, dealing with and recording minor injuries or topical lesions in group-housed animals. Where written instructions are not provided the NVS must ensure staff are adequately informed verbally.

24.58 Periodically, the NVS should check that delegated procedures or treatments and preventive medicine programmes have been carried out to a satisfactory standard and appropriate records kept. Where minor medical treatments are initiated, varied or discontinued by animal care staff, the action taken, the justification for the action, and the outcome should be recorded and the records regularly reviewed by the NVS.

Prescription only medicines and controlled drugs

24.59 The NVS must comply with the requirements of the Veterinary Medicines Regulations relating to the supply and use of controlled drugs, prescription-only medicines and other

therapeutic substances used on animals. The NVS should be familiar with LAVA Guidance on ‘ *The control of acquisition, supply, administration (use), storage and disposal of medicines in establishments designated under the Animals (Scientific Procedures) Act 1986*’. This is available to download in the 'Related documents' box.

Animals causing concern

24.60 Under ASPA section 2C(7), if the NVS considers that the health or welfare of any protected animal kept at the establishment gives rise to concern, they must notify the personal licence holder. If there is no personal licence holder (as when the animal has not undergone a regulated procedure), or if one is not available, the NVS must take steps to ensure that the animal is cared for and, if necessary, that it is humanely killed using an appropriate method in accordance with ASPA section 15A. Normally problems should be resolved through discussion with the personal licence holder or project licence holder involved. There may be occasions when it is advisable to consult the establishment licence holder or consult or notify the Home Office Inspector.

Fate of animals at the end of regulated procedures

24.61 At the end of a series of regulated procedures for a particular purpose (typically a single project licence protocol), ASPA section 15 requires that any animal that is suffering, or likely to suffer, adverse effects as a result of the procedures applied must be humanely killed. The relevant personal licence holder must, in the first instance, make this decision. If the animal is not suffering, a veterinary surgeon (or other competent person) must determine that the animal can be kept alive.

24.62 No certificate is necessary and the principle of veterinary direction can be applied. The decision of whether an animal may remain alive can be taken by a person the NVS considers able to do so and according to specific criteria, which the NVS has defined. The test for determining whether an animal may be kept alive is that it is not suffering and is not likely to suffer adverse effects as a result of the regulated procedures. In practical terms the decision must be that the animal’s general state of health and wellbeing has been fully restored. It must be free of residual adverse effects that would be considered above the lower threshold for regulation. If, as a consequence of any previous regulated procedures, maintaining the animal’s state of health or wellbeing requires interventions or measures that would themselves cross the lower threshold the animal cannot be kept alive.

24.63 Animals kept alive at the end of the series of regulated procedures must be kept at the establishment under the supervision of the NVS (or SQP) until they are re-used, killed, re-homed, transferred to another establishment or discharged from the controls of the Act (including re-homing or setting free into the wild).

24.64 If, while under the supervision of the NVS, the health or wellbeing of an animal being kept alive under ASPA deteriorates and, in the judgement of the NVS, cannot be promptly remedied by veterinary treatment, the NVS should arrange for the animal to be humanely killed by a competent person in accordance with ASPA section 15A.

24.65 When a relevant protected animal[1] is to be set free or re-homed (including being sent to a slaughterhouse or farm), the establishment or project licence holder must provide reassurances to the Secretary of State that the animals to be discharged do not pose a danger

to public health, animal health or the environment. In practice the NVS, or veterinary surgeon delegated by them, is in the best position to provide these reassurances. The NVS should ensure that the animal is in a suitable state of health before setting free or re-homing.

> [1] A relevant protected animal is one that: a) is being or has been used in a regulated procedure; b) is being or has been kept for use in a regulated procedure; c) has been bred for use in a regulated procedure; or d) is being or has been kept for the purpose of being supplied for use in a regulated procedure.

24.66 The NVS should also provide, where animals are intended to be re-homed, advice on suitable socialisation programmes. The primary aim of such schemes should be to ensure that the animals being re-homed have been well prepared to adapt to their new environment. Where cats, dogs or primates are re-homed, the new owner should be given a copy of any veterinary or social information that is in its individual history file.

24.67 Where animals have been kept alive under the care of the NVS and re-use is proposed, one of the criteria for suitability for re-use is that a veterinary surgeon with knowledge of the lifetime experience of the animal must advise the prospective project licence holder that the animal's general state of health and wellbeing has been fully restored following the application of any previous procedures. In this respect, the user will normally be expected to know the conditions under which animals have been bred and held and to exercise due diligence in advising the veterinary surgeon. The veterinary surgeon must ensure they have adequate knowledge of the lifetime experience of the animal.

24.68 Where it is proposed to re-use an animal that has been subject to a series of regulated procedures where the actual severity has been classified as severe, specific consent must be obtained from the Secretary of State to re-use that individual animal. A veterinary surgeon who has examined that animal will be consulted by the Secretary of State for their opinion on whether consent for re-use should be given. The NVS ***must*** have examined the animal before they provide this advice.

Certification

24.69 Where it is proposed to transport an animal, including to another establishment, the NVS may be involved in certifying fitness for transport. This should be in accordance with relevant transport regulations.

24.70 The NVS may also be involved in meeting other regulatory requirements for the import or export of protected animals, including certifying health and fitness of animals for transport, where appropriate.

Work outside designated establishments

24.71 The NVS may be called upon to advise project licence holders about the use and fate of

animals that have undergone procedures at non-licensed establishments (referred to as "places other than licensed establishments" or POLEs), such as at a farm or in the wild.

24.72 If an animal taken from the wild for use in regulated procedures, whether to be undertaken in the wild or to be transported back to a licensed establishment, is found to be in poor health or injured, it may not be used for regulated procedures unless or until it has been examined by a veterinary surgeon or other competent person. Action must be taken to minimise the suffering of the animal **[PPL Standard condition 14]**. If the person examining the animal is not a veterinary surgeon, they should have been appropriately trained to follow the veterinary surgeon's advice on examination, decision making and action to be taken.

24.73 Some programmes of work involve release into the wild during the course of a series of regulated procedures with the expectation of gathering further data (e.g. from transmitters). The NVS should advise on criteria for suitability for release of animals which will be incorporated into the project licence.

24.74 Animals may also be released into the wild at the end of a series of regulated procedures, whether they were conducted at a licensed establishment or wholly in the wild. The NVS should undertake the actions noted in paragraphs 24.61 and 24.62 relating to assessment of keeping animals alive and release from the controls of ASPA. In addition, the NVS should advise on a suitable rehabilitation programme for wild animals to prepare the animals for release.

24.75 The NVS should be aware that research procedures on animals in the wild, or obtained from the wild, may require appropriate licences from, for example, English Nature, in addition to Home Office Project and Personal licence authorities, and it would be advisable to check that all of these approvals are in place.

Participation in the ethical review process

24.76 Animal Welfare and Ethical Review Bodies (AWERBs) should, in most respects, continue and develop the work of the local Ethical Review Processes (ERPs) they replaced on 1 January 2013.

24.77 The Home Offices specifies that the NVS should be an active member of, and play a central role in, the AWERB at your establishment. At least one NVS at the establishment must be a full member of the AWERB. Please refer to Home Office Guidance Section 10 for more information about AWERBs.

Records

24.78 It is important to appreciate the full implications of advice given by the NVS in the light of the statutory responsibility to advise on animal health and welfare. Considerable care must be taken to avoid ambiguity and undue delay and sometimes it may be necessary to give advice in writing.

24.79 The NVS should maintain a written record or copy of formal advice given, which should be readily available for review. This applies whether the advice is given in writing or verbally.

24.80 Records should be at least sufficient to show any treatments given to animals or groups of animals and, together with records maintained by other named persons, identify and monitor

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incidence of disease in the colonies, so that control or corrective action can be taken. As well as a written record of advice or treatment given, there should normally be an indication of the outcome e.g. recovery and continued use in the experimental procedure, or withdrawal from the procedure, or killed. Results of required microbiological surveillance programmes should also be recorded.

24.81 Health records for all protected animals bred, kept or used at the establishment should be maintained under the supervision of and regularly reviewed by the NVS and any subsequent action recorded. Health records must be kept to a proper professional standard, in a format acceptable to the Secretary of State and must be retained for a minimum of five years after disposal of the animal. The records should be made available to the Home Office on request.

24.82 Records should be kept safely and be readily available to the animal care staff and the Home Office Inspector.

24.83 In breeding colonies, the recording of colony data is the establishment licence holder's responsibility. However, the NVS should agree acceptable performance targets with the care staff and should review the records on a regular basis, to provide assurances that problems are not going unnoticed. The NVS should advise on strategies to minimise the numbers of breeding colonies and offer advice on minimum numbers of animals bred.

24.84 Individual history files must be kept for dogs, cats and non-human primates **[PEL Standard condition 9]**. These must include relevant reproductive, veterinary and social information and must be kept for a minimum of three years after the disposal or departure of the animal. The NVS should assist in the maintenance of such records.

Glossary

ASPA means the Animals (Scientific Procedures) Act 1986 as amended

AWERB means an Animal Welfare and Ethical Review Body

Codes of Practice are codes issued under Section 21 of ASPA. **Codes of Practice** provide guidance, for example, on minimum standards for facilities, housing and care at licensed establishments

An Establishment Licence is a licence granted under Section 2 C of ASPA, also known as a “Section 2C Licence

A Licensed Breeding Establishment is an establishment which is specified in a licence granted under ASPA section 2C authorising the licence holder to engage in the activity of breeding Schedule 2 animals for use in regulated procedures, or for the scientific use of their tissues, or of breeding any other protected animals primarily for those purposes

A Licensed Supplying Establishment is an establishment which is specified in a licence granted under ASPA section 2C authorising the licence holder to engage in the activity of holding Schedule 2 animals bred elsewhere for supply with a view to their being used elsewhere in regulated procedures, or their tissues or organs being used elsewhere for scientific purposes

A Licensed User Establishment is an establishment which is specified in a licence granted under ASPA section 2C authorising the licence holder to engage in the activity of using animals in regulated procedures

Named Animal Care and Welfare Officer (NACWO) is the term given to the person named on the Section 2C licence as responsible for overseeing the welfare and care of the animals kept at the establishment

A **Named Veterinary Surgeon** (NVS) is a veterinary surgeon specified on the Establishment Licence to provide advice on the welfare and treatment of the animals kept at the establishment. While it is accepted that other veterinary surgeons may deputise for the NVS to provide 24-hour cover, deputies are not specified on the establishment licence

PEL is an abbreviation for establishment licence

A **Personal Licence** is issued to an individual (the "personal licence holder"/licensee) to permit them to apply regulated procedures of specified description to animals of a specified description. The regulated procedures may only be applied for a purpose and to types of protected animals authorised by a project licence at a place(s) specified in the project licence. The personal licensee is the person primarily responsible for the care of protected animals to which they have applied regulated procedures

POLE means a ‘place other than a licensed establishment’ (formerly known as a place other than a designated establishment ‘PODE’)

PPL is an abbreviation for project licence

A **Project Licence** authorises a programme of scientific work detailed on the schedule to the licence using specified types of protected animal at a specified place(s), and is issued to an individual (the project licence holder/project licensee)

Protected animals are all living vertebrates, other than humans, including immature forms once they have reached the last third of their gestation/incubation period or (for fish or amphibia) are capable of independent feeding, and (non-embryonic) cephalopods

Regulated procedures (under ASPA) are interventions or omissions applied to protected animals for a scientific purpose, which may cause pain, suffering, distress or lasting harm

Schedule 1 (of ASPA) gives a list of methods of humane killing that do not require project and personal licence authority

Schedule 2 (of ASPA) gives a list of types of animals that, if bred at or supplied from an establishment in the UK and intended for use in regulated procedures, or their tissues or organs are to be used for scientific purposes, must have been bred at or supplied from a licensed breeder or supplier

A **Suitably Qualified Person** may be specified in the establishment licence in place of an NVS. The Home Office will only permit this in exceptional circumstances where the Home Office accepts that they are more appropriate for the role, for example a specialist in fish health. The

Home Office may consult the RCVS before approving such an appointment to ensure no suitable veterinarian is available. The SQP has the same statutory duties as the NVS. Note that some roles, responsibilities and actions in ASPA refer to ‘a veterinary surgeon’ and these cannot be undertaken by a Suitably Qualified Person

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25. Routine veterinary practice and clinical veterinary research

Links to "supporting guidance" itself - not a subpart thereof

Introduction

25.1 The purpose of this guidance is to provide practical assistance to help members of the profession better understand what constitutes routine veterinary practice (RVP), empowering those in practice to make their own judgements about routine veterinary practice and clinical veterinary research (CVR) in the course of their day-to-day practice.

What this guidance covers

25.2 This guidance, plus the additional FAQ includes a set of questions that veterinary surgeons and organisations can ask themselves to help establish whether a proposed procedure, series of procedures or study is routine veterinary practice, clinical veterinary research or whether, alternatively, it should be regulated under the Animals (Scientific Procedures) Act 1986 (ASPA). The guidance includes specific information relating to undertaking blood transfusions, the taking of samples for official purposes, and how RVP applies when dealing with emergency cases.

25.3 The guidance also covers when an Animal Test Certificate (ATC) is required from the Veterinary Medicines Directorate (VMD) in relation to the veterinary clinical trial of a medicine.

Who this guidance is for

25.4 This guidance is intended to help all registered veterinary surgeons, registered veterinary nurses, veterinary students and organisations to recognise when they are undertaking RVP. Further, it will be useful for veterinary surgeons proposing to use new procedures or treatments in individual clinical cases, as these cases will often be at the boundary between what is RVP and what is CVR.

25.5 The guidance is relevant to any individual veterinary surgeon or organisation involved in veterinary research, whether practice or laboratory based, including the legislative regulators, who will need to determine whether ASPA licencing is required for their work. It may be particularly useful for those carrying out practice-based research outside a university or other research centre, to help define clinical veterinary research under certain circumstances and provide guidance on where to access relevant advice on e.g. Home Office regulation, VMD Animal Test Certificates.

25.6 The guidance is relevant to teachers in veterinary schools and intra and extra mural practices, who will need to consider whether procedures carried out on animals for the purposes of clinical teaching amount to RVP, CVR or would require ASPA authority.

Definitions

25.7 **Routine veterinary practice** (formerly 'recognised veterinary practice') is defined as procedures and techniques performed on animals by veterinary surgeons (or veterinary nurses under their direction) in the course of their professional duties, which ensure the health and welfare of animals committed to their care. These can be thought of as the routine, established, procedures undertaken on animals every day.

25.8 **Clinical veterinary research** (CVR) is when routine procedures are undertaken for the benefit of the animal/s, with the concurrent intention to generate new knowledge that benefits animals, such as developing new procedures, improving a diagnosis, changing a routine procedure, or comparing existing procedures.

25.9 To establish whether something is CVR, the **intention** for undertaking the procedure, as well as the overall **context**, needs to be considered. What is regarded as routine in relation to a specific veterinary clinician, clinical setting, patient, species or condition at one point in time, may not be regarded as ethically acceptable, nor constitute, routine veterinary practice if carried out by a different veterinary clinician in a different clinical setting, in relation to a different patient, species or condition, and/or at a different point in time.

25.10 An intervention that is unnecessary for an animal's veterinary treatment and is being done for an experimental or other purpose, would not be routine veterinary practice or clinical veterinary research. The following are **not normally** considered to be RVP or CVR:

a. Clinical investigations that would not be for the benefit of that animal.
b. Experiments using animals primarily for research, where the procedure is not necessary for the animal's veterinary treatment.
c. Withholding routine treatment.
d. Deliberately exposing animals, including those used in unprotected control groups, to trauma or infectious agents where there is a risk to health and wellbeing.
e. Use of an animal in teaching, if the procedure would not normally be used to teach acts of veterinary surgery as defined in section 27 of the Veterinary Surgeons Act 1966.

When to consider RVP and CVR

25.11 In many cases in day-to-day practice, it will be clear that a proposed procedure is routine veterinary practice, as it will involve carrying out an established treatment, or method of diagnosis, to an animal under the veterinary surgeon's care for an entirely therapeutic reason. There will be a strong expectation of benefit to the animal, and a level of harm that will normally be less than, or no more than, the current accepted method of treatment or diagnosis.

25.12 Even where a procedure is usually deemed to be routine veterinary practice, this does not automatically mean that it is ethically acceptable in all circumstances. Consideration needs to be given to all the factors, including whether the procedure or treatment is supported by relevant background evidence, whether consultation and agreement/consent of the owner has taken place, and whether the clinician has appropriate background knowledge and experience. Before proceeding, an overall assessment should be made as to whether it is justified in all the circumstances of the case.

25.13 Some cases will fall into a grey area at the borderline between routine veterinary practice, clinical veterinary research, and experimental procedures regulated under ASPA. For example, there may be both a research and a therapeutic purpose, or the use of a new or improved

treatment or procedure may be proposed. In other cases, while the animal itself may not directly benefit there may an overall benefit for the larger group (herd, flock, breed). In these cases, veterinary professionals and organisations should refer to the FAQs that accompanies this guidance or defer to the RCVS Routine Veterinary Practice Sub-Committee for advice (details below).

Clinical veterinary research and ethics review (*effective from 1 September 2022*)

25.14 Clinical veterinary research should be subject to ethics review. The RCVS/BVA joint Working Group on Ethical Review for Practice-Based Research found that “a pragmatic threshold for the need for formal ethical review is any study where consent from the owners or keepers of an animal would be expected to be obtained before including that animal in that study” (Section 7.1, page 11 of 24). It is also essential that the interests of the animals, owners, and other stakeholders are considered, as well as an evaluation of the costs and benefits of the proposed work.

25.15 For practice based CVR, the extent and nature of any ethics review should be proportionate to the scale of any harms, other risks and benefits that may be involved to animals or their owners/keepers.

25.16 **Ethics review should be sought for all studies where one would be expected to obtain permission from the owner/keeper of an animal prior to being enrolled, or when consent is needed for use of previously collected samples or the use of data from an animal.**

25.17 Veterinary surgeons, registered veterinary nurses and veterinary students conducting clinical veterinary research outside the scope of a university, other institute of further education and/or in an industry context and not covered by Home Office licensing under ASPA or other appropriate ethics review bodies may seek ethics review from the RCVS Ethics Review Panel (ERP) or another appropriate panel (e.g. a recognised institutional veterinary ethics review committee).

25.18 The RCVS ERP will not consider applications involving research requiring an ASPA licence and will only consider applications where the study is considered to be clinical veterinary research.

25.19 For further information about seeking ethics review from the ERP, please see the Ethics Review Panel page.

Dealing with emergency cases

25.20 Emergency cases are those where a patient has come in requiring emergency treatment, and where unusual and unpredictable complications occur in the course of routine veterinary treatment.

25.21 Emergency cases presented to a veterinary surgeon in the course of their professional duties may be approached differently to non-emergency cases for the purposes of routine veterinary practice. For example, a review of literature, the opinions of an ethics committee, or

extensive colleague consultation may not be possible. Veterinary surgeons should keep in mind that the boundary between routine veterinary practice and clinical veterinary research is often based on the intention, and they should be able to justify the decisions they make.

Undertaking blood transfusions

25.22 Taking blood from healthy donors with the permission of the owner and with the intention of administering the blood or its products to a recipient is routine veterinary practice where there is an immediate or anticipated clinical indication for the transfusion. Such a clinical procedure would be acceptable on the scale of an individual veterinary practice or between other practices in the locality. However, the collection of blood for the preparation of blood products on a larger commercial scale for general therapeutic use in animals may require licences under the ASPA; this larger commercial scale activity would also need to be licensed under the Veterinary Medicines Regulations.

25.23 It would generally not be considered routine veterinary practice for sedation to be used to enable the donation of blood from any animal, this is because sedation breaches the Home Office guidelines about the threshold of pain ('level of pain, suffering, distress or lasting harm equivalent to, or higher than, that caused by inserting a hypodermic needle according to good veterinary practice'), under the Animal (Scientific Procedures) Act 1986. The exception to this general rule would apply in an emergency, where the donor and recipient animals are both known to the veterinary surgeon and therefore, they are able to make an assessment as to whether the harm caused to the donor animal is outweighed by the benefit to the recipient.

Taking samples for official purposes

25.24 When a sample is required for a veterinary public health reason, to be considered RVP, there needs to be explicit government involvement or direction. For example, the sample must be requested by an authority for an official purpose, such as disease detection or import/export. The same applies for blood samples and vaccinations which are required for export health certificates. In any case, the direction from the government must be species-specific.

25.25 Where a forensic sample is required from a live animal, this is generally considered for the benefit of that animal as the sample will help the investigation of disease or neglect. Alternatively, a court order could be obtained.

When to consider regulation under ASPA

25.26 When a procedure is carried out on a protected animal for a scientific or educational purpose and may cause that animal a level of pain, suffering, distress or lasting harm equivalent to, or higher than, that caused by inserting a hypodermic needle according to good veterinary practice then authorisation under ASPA must be sought. Additionally, when a procedure is used on a sick animal and there is no intended benefit to the animal, or for other animals with a similar condition, authorisation under ASPA must be sought.

Examples of procedures that may require an ASPA licence include:

a. acts of commission, for example an action such as dosing or sampling; or
b. act of deliberate omission, for example withholding food or water; or

c. acts of permission, for example the natural breeding of animals with harmful genetic defects.

25.27 The above is subject to the following exemptions:

a. Clinical veterinary research and routine veterinary practice (also known as non-experimental clinical veterinary practices);
b. Non experimental agricultural practices and practices undertaken for the purpose of recognised animal husbandry;
c. The administration of a medicine for research purposes in accordance with an Animal Test Certificate (veterinary clinical trials); and
d. Certain procedures done for the purpose of identifying animals.

25.28 Procedures that do not fall within one of the exemptions listed above may require a licence under ASPA. Failure to comply with Home Office regulations by deliberately misinterpreting the exemptions will be treated as an infringement of ASPA and may also be regarded as serious professional misconduct and subject to investigation by the RCVS including the possibility of disciplinary action.

25.29 Procedures that cause less pain, suffering, distress or lasting harm than the lower threshold and that are connected with clinical veterinary research should still be subject to ethics review.

25.30 For more information about ASPA and obtaining a Home Office licence, see the Home Office's Guidance on the Operation of ASPA.

When an Animal Test Certificate is required

25.31 An 'Animal Test Certificate' (ATC) is required in order to carry out a veterinary clinical trial (clinical veterinary research) of a veterinary medicinal product. A veterinary clinical trial must be completed to obtain marketing authorisation for a veterinary medicinal product, and is required by the Veterinary Medicines Regulations 2011. The medicine(s) used during a veterinary clinical trial might include a veterinary medicine under development, an authorised human medicine, or a veterinary medicine currently authorised for use in another species or condition. All procedures applied to animals during the course of a trial must be consistent with routine veterinary practice.

25.32 ATCs are issued by the Veterinary Medicines Directorate, and permit:

a. the use of a veterinary medicine during a veterinary clinical trial, including outside of the terms of its marketing authorisation;
b. the procurement and supply of that medicine;
c. the import of any medicine specified in the certificate in accordance with the conditions of that certificate;
d. the produce from treated animals to enter the food chain, if appropriate;
e. the use of randomisation and/or blinding within the study protocol; and
f. the administration of a placebo product, or comparison with a control group.

25.33 There are two types of Animal Test Certificate: an ATC and ATC-S.

a. An ATC is required for pharmaceutical companies and veterinary researchers wanting to conduct veterinary field trials to generate data to support a marketing authorisation application - an ATC may also be required by veterinary researchers wishing to conduct a non-commercial clinical trial of a product that does not meet the criteria for an ATC-S.
b. An ATC-S is required for small-scale non-commercial trials, which investigate the safety and/or efficacy of a human or veterinary medicine.

25.34 To carry out the clinical trial of a veterinary medicine, for example to generate pivotal data for the purposes of medicines licensing, you may require an Animal Test Certificate. For more information about ATCs, see www.gov.uk/guidance/animal-test-certificates

The use of animals in clinical teaching

25.35 Under the terms of the Veterinary Surgeons Act, the RCVS is responsible for monitoring veterinary education and professional training and is well placed to give guidance to the profession on ways in which animals are used in clinical teaching. The responsibility for the animals' welfare lies with the supervising veterinary surgeon, and any 'unnecessary suffering' would be in breach of UK animal welfare legislation and subject to possible prosecution.

25.36 Veterinary graduates will have been properly trained at the time of registration and continuing professional development is a professional obligation for veterinary surgeons throughout their careers. The training will, in most instances, be achieved using clinical cases where there will be an individual veterinary surgeon responsible to the animal and the owner.

25.37 The teaching of skills to veterinary students is controlled by the Veterinary Surgeons (Practice by Students) (Amendment) Regulation 1993 made under the Veterinary Surgeons Act 1966. Such use of animals applies to all veterinary students and is the responsibility of the clinicians in charge. The procedures and techniques are limited to those that would be undertaken by the supervising veterinary surgeon in the course of their professional duties. The purpose is not experimental or scientific, but the student may acquire competence in those techniques that they will use as a qualified veterinary surgeon.

25.38 Animals used for training and teaching purposes would normally be those presented to veterinary surgeons in the course of their professional activities.

25.39 Open discussions with colleagues at the local level should be encouraged. The ethics review process in the veterinary schools required under ASPA would be a suitable forum for considering the ethical issues on the appropriate use of animals in clinical teaching.

25.40 The use of cadavers for teaching is encouraged. If, having obtained the owner's informed consent, the animal is euthanised by overdose of an anaesthetic agent and confirmed as dead by the cessation of the circulation, the cadaver can be used for teaching purposes. This preparation would be routine veterinary practice.

25.41 Perfusion of living animals before death to obtain fixed anatomical specimens is not considered routine veterinary practice and must be regulated under ASPA.

25.42 Acts of veterinary surgery may be carried out on animals by veterinary surgeons to train non-veterinary surgeons in certain procedures covered by Schedule 3 or Exemption Orders made under the Veterinary Surgeons Act. For example, veterinary nurses, and technicians

employed in cattle embryo transfer teams.

Further advice

RCVS

25.43 The RCVS Routine Veterinary Practice Sub-Committee is available to advise practising veterinary surgeons or veterinary nurses whether a proposed procedure, treatment or test is routine veterinary practice and/or clinical veterinary research. The Sub-Committee has regard to current veterinary practice in the UK and elsewhere in the world, relevant RCVS advice and advice issued by other organisations, including the Home Office and the VMD. It is for the RCVS to provide advice and guidance to its members on what is RVP and CVR. However, it is recognised that the Courts will ultimately interpret the law, and that RCVS guidance cannot cover all current situations and must continue to evolve.

25.44 For further information in relation to RVP and/or CVR or advice on whether a particular proposed procedure would be covered by this guidance, please contact the Secretary to the Sub-Committee via advice@rcvs.org.uk.

25.45 For further information in relation to ethics and scientific review of proposed clinical veterinary research studies, please contact the Secretary to the Panel via ethics@rcvs.org.uk.

Home Office

25.46 For general enquiries about obtaining a licence under ASPA from the Home Office in relation to procedures with an experimental, other scientific or educational purpose, contact the Home Office on phone 020 7035 0477 or email ASPA.London@homeoffice.gov.uk.

25.47 For more information about ASPA and obtaining a Home Office licence, see the Home Office's Guidance on the Operation of ASPA.

Veterinary Medicines Directorate

25.48 For further information in relation to obtaining an ATC in order to conduct a veterinary clinical trial of a veterinary medicinal product, contact the VMD on 01932 336911 or email postmaster@vmd.gov.uk.

25.49 The VMD's guidance on ATC/ATC-S is available at https://www.gov.uk/guidance/animal-test-certificates

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26. Working hours

Links to "supporting guidance" itself - not a subpart thereof

Introduction

26.1 It will be necessary for any practice to take into account the operation of the Working Time Regulations 1998 (WTR) and to operate the practice in a manner that does not breach these provisions. This is of particular relevance to the question of 24-hour emergency cover.

26.2 It should be borne in mind that there are provisions relating to weekly rest breaks, daily rest and rest breaks, as well as consideration of the 48-hour working week.

26.3 The RCVS recognises the burden placed on practices with regard to 24-hour emergency cover and entirely supports the main purpose of the WTR which is to safeguard the health and safety of workers. The purpose of this supporting guidance is to assist with understanding the provisions of the Regulations in the context of veterinary practice.

26.4 This supporting guidance is intended to provide advice on the effect of the WTR. *It does not amount to legal advice, which should be independently sought, if necessary.* The WTR are complex and need to be carefully considered within the context of the individual practice.

26.5 For further advice on the WTR, including advice on modifying contracts or aspects of the Regulations that remain unclear, you are advised to seek legal advice about what you need to do.

24-hour emergency cover and the Working Time Regulations 1998

26.6 The main provisions of the WTR contain the following obligations (note that the position is different with young workers, who are defined as those over compulsory school age but under 18 years old (Regulation 4)):

a. The maximum working time is limited to 48 hours a week unless the worker has stated, in writing, that the 48-hour week is excluded. It will be necessary for workers to sign an individual opt-out of the 48-hour week.

b. Daily rest of 11 consecutive hours in each 24-hour period (Regulation 10). It is important to consider the impact of this statutory provision when considering the requirement that the practice takes steps to provide 24-hour cover.

c. Weekly rest of no fewer than 24 consecutive hours in each seven-day period. This can be provided for over a two-week period, provided the worker gets two rest periods of 24 consecutive hours each, or one rest period of 48 consecutive hours (Regulation 11).

d. Rest breaks of no fewer than 20 minutes must be given to workers working more than six hours (Regulation 12).

e. Young workers may not work more than eight hours in any one day and 40 hours in any one week. They are also entitled to a daily rest of 12 hours, a weekly rest of 48 hours, and shift breaks of 30 minutes in a shift of over four-and- a-half hours (Regulation 5A).

f. In addition, provision needs to be made for holiday that is a statutory requirement under the WTR, health assessments etc. Advice should be taken on this.

26.7 Where the practice is a partnership, it should be noted that the WTR apply to workers rather than partners, so that it may be possible to arrange cover without the Regulations being applicable.

Exceptions

26.8 The WTR provide for exceptions and amendments to the above requirements in the case of certain industries and activities, and these provisions need to be considered in deciding how the practice can operate. It is of note that the WTR used to contain a provision that the above provisions were not to apply where, on account of the specific characteristics of the activity, the duration of the working time was not measured or predetermined, or was determined by the worker themselves. However, this provision has been removed.

26.9 Where the nature of the veterinary services provided relate to **agriculture,** and the activities involve the need for continuity of service or production, then the above provisions as to rest breaks may be excluded.

26.10 Where the veterinary practice relates to agriculture, it may be possible to treat the WTR as being excluded. It is essential that specific advice is taken on this, especially if the practice is a mixed one.

26.11 The other way in which the rest break provisions may be excluded or modified are where a **Workforce Agreement** (WA) has been entered into. This is set out in more detail below.

26.12 It is possible for you to contractually agree with your employees that they will provide cover and that this will not be a breach of the rest provisions of the WTR (see paragraph 26.18 below for reference to a sample WA). Remuneration is a separate issue and the relevant provisions as to minimum wages would have to be considered. This supporting guidance sets out how a WA may assist in ensuring appropriate cover is provided.

Compensatory rest

26.13 It is important to note that where the rest provisions have been excluded by means of a WA, the worker is entitled to claim what is called a compensatory rest break, which is an equivalent period of compensatory rest or, in exceptional cases in which it is not possible, for objective reasons, to grant such a period of rest, it is necessary to provide appropriate protection to safeguard the worker's health and safety.

26.14 The WTR do not state that the compensatory rest must follow on as soon as it may be physically possible. For example, if a worker is called out during the night, it does not follow that the worker may come into work later the next day where the needs of the business require

cover. The compensatory rest may be given at a time to suit the employer's needs, but consideration must be given to providing such compensatory rest and, if it is not provided, there is likely to be a breach of the WTR. The sooner the compensatory rest can be provided after the work has been carried out, the better, as this will meet any arguments as to whether the WTR have been complied with.

On-call as working time

26.15 One of the major problems that practices may envisage is that 'on-call' time can be categorised as working time even though the worker is not actually carrying out any work. There have been cases involving, for example, doctors or nurses on call, who are regarded as working throughout that time even though they do not actually perform work for all, or even most, of the time on call. Similarly, a worker who was required to sleep in a hotel overnight, to answer emergencies, was working for the whole of that period even though he was sleeping.

26.16 This means that where a practice requires its veterinary staff to be 'on call' overnight to answer emergencies, this may be deemed to be working time even where there are few call outs. This may bite into the required 11-hour rest break where the worker is on call during that time. The work will be regarded as working time if the worker is at their employer's disposal.

26.17 It should be borne in mind that where the veterinary surgeon is on call from home, then this *may* mean that the worker is not working unless they are actually called out on an emergency. This may very much turn on the terms of the contract, so that advice should be taken if it is intended to ensure that such a worker is only to be regarded as working when actually called out on an emergency.

26.18 Thus, there is a real risk that, unless a WA has been entered into which excludes the rest periods and provides for alternative compensatory rest, if the practice is proposing to comply with its 24-hour emergency cover obligations by using its own staff, there could be a breach of the WTR unless the working time is allocated between the staff so as to comply with those requirements of rest periods set out above. For more information on Workforce Agreements, specific legal advice should be sought. The British Veterinary Association, through its Members' Services Group, provides a sample Workforce Agreement template and guidance notes for employers and employees. Useful general employment information can also be found on the GOV.UK website.

26.19 This guidance highlights the importance of ensuring that the practice's own workers are brought within the permissions contained in the WTR, or the practice uses alternative sources to comply with its 24-hour emergency cover obligations. Unless the activities relate to agriculture, there will be no automatic exclusions.

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27. Miscellaneous procedures: legal and ethical considerations

Links to "supporting guidance" itself - not a subpart thereof

Introduction

27.1 From time to time, veterinary surgeons and veterinary nurses may be asked to carry out procedures on animals which may not have a legal basis in the UK (e.g. purely cosmetic procedures or procedures sought for the sole convenience of the owner). Veterinary surgeons and veterinary nurses should be aware that UK animal welfare legislation legally restricts mutilations to animals (i.e. procedures which interfere with sensitive tissue or bone structure) unless they are carried out for the purposes of medical treatment:

a. In England and Wales, the Animal Welfare Act 2006 prohibits mutilations " *otherwise than for the purpose of its medical treatment*" or permitted by specific regulations (Section 5).

b. In Scotland, the Animal Health and Welfare (Scotland) Act 2006 prohibits mutilations except " *where they are carried out for the purpose of the medical treatment of an animal*" or permitted by specific regulations (Section 20).

c. The Welfare of Animals (Northern Ireland) Act 2011 provides that a prohibited procedure is one which involves interference with the sensitive tissues or bone structure of the animal, except in relation to (i) any procedure carried out by a veterinary surgeon; (ii) any procedure carried out for the diagnosis of disease; (iii) any procedure carried out for the purposes of medical treatment of an animal; (iv) any other procedure which is specified in regulations made by the Department (Section 5).

27.2 There are some procedures which are technically mutilations, but these are exempt from the ban due to reasons such as long-term welfare or animal management benefits, control of reproduction or identification purposes. These procedures are listed in the regulations for the relevant UK jurisdiction:

a. the Mutilations (Permitted Procedures) (England) Regulations 2007

b. the Mutilations (Permitted Procedures) (Wales) Regulations 2007

c. the Prohibited Procedures on Protected Animals (Exemptions) (Scotland) Regulations 2007

d. the Welfare of Animals (Permitted Procedures By Lay Persons) Regulations (Northern Ireland) 2012

27.3 These regulations also include additional requirements on how the various procedures should be performed (for example, requiring the administration of an anaesthetic, specifying the required age for an animal or setting down husbandry or conservation requirements).

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27.4 Veterinary surgeons and veterinary nurses asked to perform procedures, which they consider may not have a legal basis, should consult the regulations and seek advice from the RCVS where necessary.

27.5 Below are some examples of the types of procedures / mutilations, which veterinary surgeons or veterinary nurses may be asked to consider in practice. Please note that this is not an exhaustive list, but includes some of the common topics.

Tail docking (dogs)

Veterinary Surgeons Act 1966

27.6 The removal of the whole or part of a dog's tail amounts to the practice of veterinary surgery and therefore can, as a general rule, only be carried out by a veterinary surgeon.

27.7 The Veterinary Surgeons Act applies to the United Kingdom (England, Wales, Scotland and Northern Ireland).

Animal Welfare Act 2006

27.8 In England and Wales, Section 6 of the Animal Welfare Act 2006 makes it an offence to remove the whole or part of a dog's tail other than for the purpose of medical treatment, subject to the exemption for docking the tails of certain working dogs. In particular, the legislation provides:

a. that any veterinary surgeon who docks a tail must certify that they have seen specified evidence that the dog is likely to work in specified areas and that the dog is of a specified type;

b. the dog must be no older than five days when docked and will also need to be microchipped before it is three months old;

27.9 In England, the Docking of Working Dogs' Tails (England) Regulations 2007 (SI 2007/1120) specify the certification requirements for veterinary surgeons docking working dogs' tails (the form of words for the docking certificate can be found in Schedule 2 of the Regulations). In particular, the Regulations specify:

a. the types of dog that may be docked namely hunt point retrieve breeds of any type or combination of types, spaniels of any type or combination of types or terriers of any type or combination of types;

b. the types of evidence which the veterinary surgeon will need to see;

c. identification and microchipping requirements.

27.10 In Wales, the Docking of Working Dogs' Tails (Wales) Regulations 2007 (SI 2007/1028 (W.95)) are similar to those which apply in England but not identical

(information about the certification required is available on the Welsh Assembly website). In particular, the regulations specify:

a. the types of dog which may be docked are more narrowly defined in Schedule 2 Part 1 of the Regulations;

b. the certificate which must be completed by both veterinary surgeon and client requires the client to specify the breed of the dog and its dam, and the veterinary surgeon must be satisfied that the dog and its dam are of the stated breed;

c. the certificate must specify the purpose for which the dog is likely to be used and confirm that evidence relevant to the particular case has been produced.

Animal Health and Welfare (Scotland) Act 2006

27.11 In Scotland, Section 20 of the Animal Health and Welfare (Scotland) Act 2006 prohibits the mutilation of animals, however the Prohibited Procedures on Protected Animals (Exemptions) (Scotland) Amendment Regulations 2017 provides an exception for the non therapeutic docking of dogs' tails where certain requirements are met. In particular, the regulations specify:

a. the procedure must be carried out by a veterinary surgeon;

b. the procedure may only be carried out on a spaniel (of any breed or combination of breeds of spaniel), or a hunt point retrieve (of any breed or combination of breeds of hunt point retrieve);

c. the dog must be no older than five days;

d. not more than the end third of the length of the dog’s tail may be removed; and

e. the veterinary surgeon who carries out the procedure must certify that they have seen specified evidence showing that the dog is likely to be used for work in connection with lawful shooting of animals.

27.12 The regulations state that in addition to certifying that the dog is likely to be used for work, the veterinary surgeon who docks a tail must also sign a certificate which:-

a. certifies that the dog is aged 5 days or less, according to the date of birth given by the owner, or the person reasonably believed to be representing the owner; and

b. states the breed and type of dog, the sex of the dog, the colour and description of the dog, the microchip number of the dam of the dog or the microchip number of the dog.

Welfare of Animals Act (Northern Ireland) 2011

27.13 In Northern Ireland, Section 6 of the Welfare of Animals Act (Northern Ireland) 2011

provides that a person does not commit an offence if the whole or any part of a dog's tail is removed by a veterinary surgeon for the purpose of medical treatment; or in order to prevent or remove an immediate danger to the life of the dog in circumstances where it is not reasonably practicable to have the tail, or as the case may be, any part of the tail, removed by a veterinary surgeon.

27.14 There are also exemptions for docking the tails of certain working dogs. In particular, the legislation provides:

a. that any veterinary surgeon who docks a tail must certify that s/he has seen specified evidence that the dog is likely to be used for a specified type of work and that the dog is of a specified type;

b. the dog must be no older than 5 days when docked and will also need to be microchipped before it is 8 weeks old at the same veterinary practice that carried out the docking procedure.

27.15 The Welfare of Animals (Docking of Working Dogs' Tails and Miscellaneous Amendments) Regulations (Northern Ireland) 2012 (NISR 2012/387) set out the certification process for the exemption for future working dogs, which must be completed by the breeder and the veterinary surgeon at the time the dog's tail is docked and subsequently microchipped. The docking certificate can be found on the NI Direct Website.

27.16 There will also be evidence which must be presented to the veterinary surgeon to allow them to decide if the pup meets the conditions to qualify as a potential future working dog. The pup and its dam must be presented to the veterinary surgeon within five days of the birth of the pup. If the dam has died since whelping, the veterinary surgeon must see veterinary certification to this effect. In particular, the Regulations specify:

a. the types of dog that may be docked namely hunt point retrieve breeds of any type or combination of types, spaniels of any type or combination of spaniel, or terriers of any type or combination of terrier;

b. the types of evidence that the veterinary surgeon will need to see;

c. identification and microchipping requirements.

(Please note that the NI Direct link above also provides detailed information on the types of work and the evidential requirements)

Further information

27.17 Further guidance on the practical and legal approach to the docked puppy has been provided on the British Veterinary Association Animal Welfare Foundation website for both members and non-members.

Removal of dew claws

Veterinary Surgeons Act 1966

27.18 The removal of dew claws amounts to the practice of veterinary surgery and therefore can, as a general rule, only be carried out by a veterinary surgeon. Schedule 3 to the Veterinary Surgeons Act 1966, however, allows anyone of or over the age of 18 to amputate the dew claws of a dog, before its eyes are open.

27.19 The Veterinary Surgeons Act applies to the United Kingdom (England, Wales, Scotland and Northern Ireland).

Animal Welfare Act 2006

27.20 In England, Schedules 1 and 9 to the Mutilations (Permitted Procedures) (England) Regulations 2007 (SI 2007/1100) state that the removal of dew claws is a permitted procedure with the condition that 'an anaesthetic must be administered except where the dog is a puppy whose eyes have not yet opened'.

27.21 In Wales, Schedules 1 and 9 to the Mutilations (Permitted Procedures) (Wales) Regulations 2007 (WSI 2007/1029) state that the removal of dew claws is a permitted procedure with the condition that 'an anaesthetic must be administered except where the dog is a puppy whose eyes have not yet opened'.

Animal Health and Welfare (Scotland) Act 2006

27.22 In Scotland, Schedule 9 of the Prohibited Procedures on Protected Animals (Exemptions) (Scotland) Regulations 2007 (SSI 2007/256) states that the amputation of dew claws is an exempted procedure and may be carried out for the purpose of general animal management. The Protection of Animals (Anaesthetic) Act 1954 continues to apply in Scotland and provides that anaesthetic must be administered except for 'the amputation of the dew claws of a dog before its eyes are open'.

Welfare of Animals Act (Northern Ireland) 2011

27.23 In Northern Ireland, Schedule 8 of the Welfare of Animals (Permitted Procedures by Lay Persons) Regulations (Northern Ireland) 2012 (NISR 2012/153) states that the removal of the dew claws of dogs is a permitted procedure which may be carried out as a management procedure by lay persons but may only be carried out before the pups eyes are open. Otherwise, the removal of the dew claws of dogs is a prohibited procedure and may only be carried out by a veterinary surgeon.

What are a dog's dew claws?

27.24 Colloquially, dew claw refers to the first digit on the hind limb and the first digit on the fore limb.

27.25 Anatomically, the dew claw is defined as the first digit of the hind limb. Dew claws (hind limb) are very variable in their occurrence, ranging from complete absence to a fully formed digit with skeletal components; most consist of a nail, skin and connective tissue with no skeletal articulation. Such a vestigial structure is certainly very vulnerable to damage through catching on vegetation; therefore, there is a good argument for removal of dew claws before five days of

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age.

27.26 Anatomically, the first digit of the fore limb is not a dew claw. Generally, the first digit of the fore limb is fully formed and has an important function. Not surprisingly dogs are often seen to use these ' thumbs ' exactly as you would expect - to help grasp food and other objects because they can be adducted, flexed or extended like any other digit, due to the bony articulation and the muscle attachments.

27.27 Legislation has not defined dew claws and ultimately, it is for the courts to decide the meaning of dew claws applying to any specific legislation.

Conclusion

27.28 The removal of the first digit of the hind limb (true dew claws) is justified in most circumstances.

27.29 The removal of the first digit of the fore limb is justified only if, in the veterinary surgeon's professional opinion, the particular anatomy/appearance of the digits invites possible damage.

Canine surgical artificial insemination

27.30 Surgical Artificial Insemination (AI) is prohibited by UK animal welfare legislation which legally restricts mutilations to animals (i.e. procedures which interfere with sensitive tissue or bone structure), as it is not a procedure exempt within the relevant regulations for the UK jurisdictions set out in paragraph 27.2 (a-d).

Prosthetic testicles

27.31 The RCVS has decided the insertion of prosthetic testicles is not a procedure that benefits the animal and is not in the animal's interests. There is also concern that the procedure allows an owner to claim an animal with a prosthetic testicle had the natural conformation.

27.32 The RCVS advice is that the procedure is unethical.

Feline renal transplantation procedures and ethical sourcing

Please note that the following guidance on feline renal transplantation was introduced in November 2016 following a legal and ethical review by the RCVS of previous guidance on this subject. That previous guidance was suspended in 2013 and has now been formally withdrawn and replaced with the following paragraphs:

27.33 The RCVS does not support the use of living source donors for feline renal transplantation. This is contrary to a basic tenet of veterinary practice that inflicting pain and discomfort on an animal can only be justified as an act of veterinary surgery if it is for the benefit of the animal receiving that pain and discomfort.

27.34 The RCVS does not support feline renal transplantation from pre-euthanasia donors. This is because pre-euthanasia donors are still living source donors. Additionally, from a legal

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perspective, to remove a kidney from a pre-euthanasia donor could be a considered a prohibited mutilation in certain UK jurisdictions; a criminal offence.

27.35 The RCVS does not, in principle, oppose the use of the dead animals as donors for transplantation procedures (i.e. where the tissue is taken from animal patients post-euthanasia only). In some cases, cadavers or tissue may also be donated for the purpose of scientific research or the advancement of veterinary education.

27.36 Cadavers and tissues should be ethically sourced. In the opinion of the RCVS this means that cadavers and tissues will have been obtained from animals that have been euthanased for justifiable animal welfare reasons. Animals that have been bought or bred solely to provide cadavers and tissue are not generally considered to be ethically sourced.

27.37 Veterinary surgeons involved in such procedures should ensure that decisions on euthanasia are made on clinical grounds and they should ensure that cadavers and/or tissues are ethically sourced. Decisions relating to donation should not be directly linked to the decision to euthanise.

27.38 Veterinary surgeons should seek informed consent from the client for the use of their animal's body or tissue. It is advisable for consent to be obtained in writing. Given the sensitive and emotional nature of the subject it may not be appropriate for veterinary surgeons to offer or discuss donation as an option with every client. Clients should not be unduly pressurised into proceeding and should be given sufficient information to make an informed choice. Veterinary surgeons should make sure that clients have sufficient time to ask questions and to make decisions.

27.39 It may be helpful to discuss general options for disposal at an early stage (i.e. when the client is not dealing with the stress at the time of the euthanasia). Appropriately and sensitively worded written information / leaflets can also assist in explaining disposal options to clients. Even if disposal options are discussed at an early stage, informed consent for any final decision should still be obtained.

27.40 The same principles of animal welfare and ethical sourcing should apply in the event that other forms of transplantation procedures are considered. Veterinary surgeons considering other forms of transplantation procedures may wish to seek advice from the RCVS.

27.41 Centres intending to carry out transplantation procedures must meet the following requirements:

a. To safeguard recipient animals, there must be a suitably qualified team of veterinary surgeons to remove and implant the organ and to provide the necessary post-operative support to recipient animals. The team should include veterinary surgeons with Diplomate or Board Certified Level qualifications in Medicine, Soft Tissue Surgery and Anaesthesia and qualifications or experience in microvascular surgery and critical care. Ideally, at least one member of the team should have firsthand experience of transplant surgery at another centre over a period of time.

b. To safeguard the ongoing care of the recipient, the centre must ensure satisfactory arrangements for active lifelong care, as determined by the group specified in paragraph a.

c. In particular, before carrying out transplantation procedures the centre must:
   i. provide the recipient's primary practice with aftercare guidelines; and

   ii. ensure that the veterinary surgeon(s) from the primary practice are willing and able to undertake this aftercare.

d. Approved centres will be expected to keep appropriate records of the transplantations carried out, undertake regular audit of clinical outcomes and be up to date with current developments that significantly improve outcomes.

e. The centre must consult with an Ethics Committee to ensure that all procedures are subject to rigorous and critical review. This review mechanism should include lay representation and must represent the health and welfare interests of the recipient animals and the views of staff involved.

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28. Social media and online networking forums

Links to "supporting guidance" itself - not a subpart thereof

Introduction

28.1 ‘Social media’ is the term used to describe websites and online applications that encourage social interaction between users and content creators and enables the building of communities and networks. It encompasses all technology that can be used to create or share content, including but not limited to opinions and insights, information, knowledge, and ideas and interests. Examples include media sites that allow public posts and comments (e.g., X), content sharing websites (e.g., YouTube and Instagram), video posting platforms (e.g., TikTok), professional and social networking sites (e.g., LinkedIn and Facebook), internet forums (e.g., vetsurgeon.org), discussion boards, blogs (e.g., Tumblr) and instant messaging (e.g., WhatsApp).

28.2 It is recognised that social media is likely to form part of the everyday lives of veterinary surgeons and veterinary nurses and they are free to take advantage of the personal and professional benefits that social media can offer. Social media can for example be a valuable communication tool and can be used to establish professional links and networks, to engage in wider discussions relating to veterinary practice, and to facilitate the public’s access to information about animal health and welfare. Social media may also be used to advertise veterinary products and services and where this is the case, this Chapter should be read alongside Chapter 23 of the supporting guidance, Advertising, endorsement, and publicity. Whilst advantageous, the use of social media is not without risk and veterinary surgeons and veterinary nurses should be mindful of the consequences that may arise from its misuse.

28.3 Veterinary surgeons and veterinary nurses have a responsibility to behave professionally and responsibly when offline, online as themselves and online in a virtual world (perhaps as an avatar or under an alias). This responsibility also applies to private forums as there is no guarantee that comments posted will remain private (for example, someone could take a screenshot and post it on public social media platforms.) Veterinary surgeons and veterinary nurses may put their registration at risk if they demonstrate inappropriate behaviour when using social media. The standards expected of veterinary surgeons and veterinary nurses in the real world are no different to the standards they should apply online, and they must uphold the reputation of the veterinary profession at all times.

Protecting your privacy

28.4 Veterinary surgeons and veterinary nurses should consider how to protect their own privacy when using social media. It should be remembered that online information can readily be accessed by others and once it is published online, the information can be difficult, if not impossible, to remove. Information about your location may also be embedded within photographs and other content and available for others to see. Added to this are the risks that other users may comment on the information or circulate or copy this to others. Veterinary surgeons and veterinary nurses should be thoughtful about what they post online as they may be connected directly or indirectly to clients, client's friends or other staff members. Private messages can easily be forwarded. For that reason, it is sensible to presume that everything shared online will be there permanently. Veterinary surgeons and veterinary nurses should also

be mindful that content uploaded on an anonymous basis can, in many cases, be traced back to the original author.

28.5 Veterinary surgeons and veterinary nurses should read, understand and use appropriate privacy settings in order to maintain control over access to their personal information. It is advisable for veterinary surgeons and veterinary nurses to review their privacy settings on a regular basis to ensure that the information is not available to unintended users. However, veterinary surgeons and veterinary nurses should remember that this does not guarantee that their information will be kept private and personal information could potentially be viewed by anyone including clients, colleagues or employers.

Good practice when using social media

28.6 When using social media, veterinary surgeons and veterinary nurses should:

a. be respectful of and protect the privacy of others and comply with the data protection laws and their own practice's privacy policy.

b. if identifying themselves as a veterinary surgeon or veterinary nurse in publicly accessible social media, they should also identify themselves by name.

c. consider whether they would make the comments in public or other traditional forms of media. If not, they should refrain from doing so.

d. be proactive in removing content they have posted or facilitated (i.e., shared/forwarded/cited) which could be viewed as unprofessional

e. remember that innocent references to social activities that might be construed as taking place on duty / on call could be misinterpreted or used as the basis for a complaint

f. maintain and protect client confidentiality by not disclosing information about a client or a client's animal which could identify them on social media unless the client gives explicit consent (see paragraphs 28.8 to 28.12 below)

g. not post pictures or videos or live stream on social media treatment being provided to patients without explicit consent from the client (see also paragraph 28.9 below)

h. comply with their employer's or organisation's internet or social media policy (practices are encouraged to develop and implement a social media policy applicable to all staff)

i. declare any real or perceived conflicts of interest relating to content posted or facilitated and ensure that the content complies with the UK Code of Non-broadcast Advertising, Sales Promotion and Direct Marketing (CAP Code), which is enforced by the Advertising Standards Authority. (see also Chapter 23 in relation to endorsing veterinary products and services)

28.7 When using social media veterinary surgeons and veterinary nurses should avoid making, posting or facilitating , content that:

a. contravenes any internet or social media policy set out by their employer or organisation (Remember that comments or statements made or facilitated by veterinary surgeons and veterinary nurses may reflect on their employer / organisation and the wider profession as a whole)

b. may cause undue distress or provoke anti-social or violent behaviour

c. is offensive, false, inaccurate or unjustified (Remember that comments which are damaging to an individual's reputation could result in a civil claim for defamation for which veterinary surgeons and veterinary nurses could be personally liable. Defamation law can apply to any comments posted online made in either a personal or professional capacity)

d. instigates or amounts to participation in any form of abuse, cyber bullying, victimisation, harassment, or threatening or intimidating behaviour towards clients, colleagues, staff or others (the Codes of Professional Conduct states that veterinary surgeons and veterinary nurses should not speak or write disparagingly about another veterinary surgeon or veterinary nurse. This covers all forms of interaction and applies to comments about individuals online)

e. discriminate against an individual based on their race, gender, disability, sexual orientation, age, religion or beliefs, or national origin (comments demonstrating hostility towards an individual's race, disability, sexual orientation, religion or transgender identity may amount to a 'hate crime' and may be reported to the authorities and prosecuted in a criminal court)

f. bring the veterinary profession into disrepute (veterinary surgeons and veterinary nurses should be mindful that their online interactions can have a negative impact on their professional lives)

NB: Please note that this is not an exhaustive list. There are many different types of social media misuse.

Maintaining client confidentiality

28.8 Veterinary surgeons and veterinary nurses have a legal and professional responsibility to maintain client confidentiality. The Code of Professional Conduct states that veterinary surgeons and veterinary nurses must not disclose information about a client or a client's animals to a third party, unless the client gives permission, or to an authority unless animal welfare or the public interest may be compromised or they are otherwise justified in doing so. See Supporting Guidance Chapter 14 for more information.

28.9 This professional responsibility also applies to veterinary surgeons and veterinary nurses using social media. Veterinary surgeons and veterinary nurses should maintain and protect client confidentiality by not disclosing information about a client or a client's animal, which could identify them on social media, or posting pictures or videos of, or live streaming treatment being provided to patients, unless the client gives explicit consent. If consent is obtained, this should be recorded separately (ideally in the clinical records). Written consent may be particularly helpful in the event of any future challenges. Practices should ensure that such consent is also GDPR compliant, namely freely given, specific, informed, unambiguous and affirmative. It must

also be possible to withdraw consent easily and at any time.

28.10 It is recognised that some veterinary surgeons and veterinary nurses use social media websites that are not necessarily accessible to the general public, for example, to discuss veterinary practice and related issues. If a veterinary surgeon or veterinary nurse considers it is appropriate to discuss a case – for example to further an animal's care or the care of future animals – steps should be taken to anonymise the client, and/or a client's animal. Veterinary surgeons and veterinary nurses should note that although individual pieces of information may not breach client confidentiality, the totality of the published information could be sufficient to identify a client.

28.11 Some clients may use public forums to make negative or adverse comments about a veterinary surgeon, a veterinary nurse or a practice, or to raise concerns about the treatment provided to their animal(s). Veterinary surgeons and veterinary nurses should seek to avoid engaging in disputes in a public forum and instead may invite clients who make negative comments or raise concerns to contact the practice directly to discuss further. Discretion should be used when deciding how much to say publicly. Veterinary surgeons and veterinary nurses should be very careful not to breach applicable data protection laws and caution should be taken not to disclose confidential information, which could result in a complaint to the Information Commissioner's Office (ICO) or to the RCVS. Those involved may need to seek specific advice from the ICO on matters of data protection, as appropriate.

28.12 Concerns about inappropriate or untrue comments may also be reported to the site administrator / internet service provider and it may be possible for such comments to be removed. If a veterinary surgeon or veterinary nurse considers that the comments are defamatory, legal advice should be sought from an independent solicitor, or from the British Veterinary Association (BVA) legal helpline.

Other members of the veterinary team

28.13 Veterinary surgeons and veterinary nurses should ensure that practice staff for whom they are responsible are aware of any practice protocols on data protection, client confidentiality and the use of social media including this chapter of the supporting guidance

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29. Small animals and microchips

Links to "supporting guidance" itself - not a subpart thereof

Compulsory microchipping - dogs

Please note that where reference is made to 'owner' within this guidance, this is synonymous to 'keeper' as referenced in the Regulations, and has been replaced for consistency, and to differentiate between a registered owner and a current keeper, which is particularly important in relation to ownership disputes.

29.1 Microchipping of dogs has been mandatory in Northern Ireland since 2012. The Dogs (Amendment) Act (Northern Ireland) 2011 requires dogs to be microchipped in order to obtain a valid dog licence. There is more information about the requirements at GOV.UK Dog Licensing and Microchipping

29.2 Microchipping of dogs in all other parts of the UK has been mandatory since 6 April 2016. The relevant legislation is as follows:

a. The Microchipping of Dogs (England) Regulations 2015;

b. The Microchipping of Dogs (Scotland) Regulations 2016; and

c. The Microchipping of Dogs (Wales) Regulations 2015.

29.3 Dog owners have a legal obligation to have their dogs microchipped and registered with a microchip database, if they have not done so already. No owner may transfer a dog to a new owner until it has been microchipped.

29.4 Subject to an exemption for certified working dogs (not applicable in Scotland), all dogs older than eight weeks need to be microchipped and registered with their owner's details. The owner is responsible for keeping these details up to date and, whenever there is a change of owner, the new owner must ensure their details are recorded with the database. The details to be recorded on the database are listed in the various regulations and these should be consulted carefully as there are subtle differences between each part of the UK.

29.5 There are 'health' exemptions from the general microchipping requirement:

a. In England, the exemption applies for as long as a veterinary surgeon certifies, on a form approved by the Secretary of State, that a dog should not be microchipped for reasons of the animal's health. The certificate must state the period for which the dog will be unfit to be microchipped.

b. In Scotland, the exemption applies for as long as a veterinary surgeon certifies that a dog should not be microchipped for reasons of the dog's health. The certificate must state the period for which the dog will be unfit to be microchipped.

c. In Wales, the exemption applies for as long as a veterinary surgeon certifies, on a form approved by the Welsh Ministers, that microchipping would significantly

compromise the dog's health. The certificate must state the period for which the dog will be unfit to be microchipped.

29.6 An owner who fails to have their dog microchipped may be served with a notice requiring the dog to be microchipped within 21 days. Only an authorised person (as defined by the regulations) can serve such a notice. It is an offence to fail to comply with the notice. In addition, where an owner has failed to comply with the notice, the regulations give an authorised person powers to, without the consent of the owner, arrange for the dog to be microchipped and recover the cost of doing so from the owner. The regulations also permit an authorised person to take possession of a dog without the consent of the owner for the purpose of checking whether it is microchipped or for the purpose of microchipping it in accordance with the regulations.

Who can implant a microchip?

General - all UK jurisdictions

29.7 RCVS Council last approved guidelines on microchipping in February 2000 (RCVS News, March 2000). Following a review of these guidelines by the Veterinary Surgery Working Party, the following guidelines have now been agreed:

a. implantation by methods other than the subcutaneous route, ear tag or bolus will generally amount to veterinary surgery in view of the potential for pain or stress or for spreading disease, and in some cases the likely handling difficulties;

b. the repair or closure of the entry site, where necessary, will generally amount to veterinary surgery;

c. sedation and analgesia are medical treatment and so amount to veterinary surgery. Depending upon the nature of the treatment which is necessary it may be lawful for it to be carried out by a suitably qualified veterinary nurse under veterinary direction or by the owner;

d. the procedure may amount to veterinary surgery if there is special risk to the health or welfare of the animal.

England

29.8 Section 9(1) of The Microchipping of Dogs (England) Regulations 2015 stipulates that no person may implant a microchip in a dog unless:

a. they are a veterinary surgeon or a veterinary nurse acting under the direction of a veterinary surgeon;

b. they are a student of veterinary surgery or a student veterinary nurse and in either case acting under the direction of a veterinary surgeon;

c. they have been satisfactorily assessed on a training course approved by the Secretary of State for that purpose; or

d. before the day on which these Regulations come into force, they received training on implantation which included practical experience of implanting a microchip.

Wales

29.9 Section 9(1) of The Microchipping of Dogs (Wales) Regulations 2015 stipulates that no person may implant a microchip in a dog unless:

a. they are a veterinary surgeon or a veterinary nurse acting under the direction of a veterinary surgeon;

b. they are a student of veterinary surgery or a student veterinary nurse and in either case acting under the direction of a veterinary surgeon;

c. they have been satisfactorily assessed on a training course approved by the Welsh Ministers for that purpose; or

d. before the day on which these Regulations come into force, they received training on implantation which included practical experience of implanting a microchip.

29.10 Anyone seeking to rely on the provision at section 9(1)(d) should note that this provision will cease to have effect at the end of the period of two years beginning with the date on which these Regulations come into force.

Scotland

29.11 Section 3(1) of The Microchipping of Dogs (Scotland) Regulations 2016 stipulates that no individual other than an ‘implanter’ may implant a microchip of any kind in a dog. An ‘implanter’ means any of the following individuals:

a. a veterinary surgeon, or a veterinary nurse acting under the direction of a veterinary surgeon;

b. a student of veterinary surgery or a student veterinary nurse and in either case acting under the direction of a veterinary surgeon;

c. an individual who has been assessed as meeting a satisfactory standard in the implantation of microchips in dogs on a training course for that purpose approved by the Scottish Ministers; or

d. an individual who, before the day on which the Regulations come into force, received training on implantation which included practical experience of implanting a microchip.

Dogs with docked tails

Northern Ireland

29.12 The Dogs (for the purpose of The Welfare of Animals (Docking of Working Dogs’ Tails and Miscellaneous Amendments) Regulations (Northern Ireland) 2012) stipulates that a competent person may microchip dogs for the purpose of the certification

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requirements of the tail docking regulations. A “competent person” means a veterinary surgeon or person who has received instruction on how to implant a microchip and they must work in the same practice as the veterinary surgeon who performed the tail docking. (For further guidance on tail docking see Chapter 27.)

England and Wales

29.13 The Dogs (for the purpose of The Docking of Working Dogs' Tails (England) Regulations 2007 and The Docking of Working Dogs' Tails (Wales) Regulations 2007) stipulate that only veterinary surgeons and veterinary nurses acting under the direction of a veterinary surgeon can microchip dogs for the purpose of the certification requirements of the tail docking regulations. (For further guidance on tail docking see Chapter 27.)

For pet travel

Dogs, cats and ferrets (for the purpose of pet travel)

29.14 In Great Britain, The Non-Commercial Movement of Pet Animals Order 2011 (as amended by The Non-Commercial Movement of Pet Animals (Amendment) Order 2014) states that no person may implant a microchip in a dog, cat or ferret for the purposes of pet travel unless:

a. they are a veterinary surgeon or a veterinary nurse acting under the direction of a veterinary surgeon;

b. they are a student of veterinary surgery or a student veterinary nurse and in either case are acting under the direction of a veterinary surgeon;

c. they have been satisfactorily assessed on a training course approved by the appropriate authority for that purpose; or

d. before the 29th December 2014 they received training on implantation which included practical experience of implanting a microchip.

29.15 There is an identical provision in The Non-Commercial Movement of Pet Animals Order (Northern Ireland) 2011 (as amended by The Non-Commercial Movement of Pet Animals (Amendment) Order (Northern Ireland) 2015).

29.16 Given the potential implications should a microchip fail on entry to the UK (for example, time in quarantine at the cost of the owner) veterinary surgeons should encourage their clients to have their pet’s microchip checked before travel.

Microchip Adverse Event Reporting Scheme

29.17 The various regulations on compulsory microchipping require reports to be made whenever there is an adverse reaction to microchipping, migration of a microchip from the site of implanting or the failure of a microchip.

29.18 Veterinary surgeons and veterinary nurses should report an adverse reaction to microchipping, or the migration or failure of a microchip to the Veterinary Medicines Directorate (VMD). Further information about the Microchip Adverse Event Reporting Scheme is available from the VMD's Pharmacovigilance Unit on 01932 338427 and reports can be submitted online at www.vmd.defra.gov.uk. The VMD closely monitors all reports to identify emerging issues and will feed back any concerns to the chip manufacturer and Microchip Trade Association (MTA).

29.19 In addition to the above, veterinary surgeons and veterinary nurses in Scotland should also note that the Scottish Regulations require reports to be made within 21 days beginning with the day the adverse reaction, migration or failure is identified.

Removing microchips

29.20 Because of the importance attached to the accurate identification of animals and the potential for fraud, a microchip must only be removed where this can be clinically justified. This justification should be documented and where required another microchip or alternative method of identification used.

29.21 Removal of a microchip in any other circumstances would be an unnecessary mutilation. While the insertion of a second microchip may be problematic, this in itself does not justify removal of a microchip and an audit trail must be maintained.

Scanning for microchips

29.22 Microchips are implanted in companion animals to assist with their return if lost or stolen. A veterinary surgeon or veterinary nurse may scan for a microchip where, for example, the animal has been lost or is a stray, it is suspected that the animal has been stolen, or where a client is unaware that the animal has been microchipped.

29.23 There may be other situations when a veterinary surgeon or veterinary nurse may scan for a microchip, for example, on first presentation at the practice in order to add details to the clinical and client records, at annual boosters and/or prior to travel in order to check that the microchip is working properly, and, prior to implantation to check for an existing microchip.

29.24 There may be some situations when veterinary surgeons are required to scan for a microchip, for example, prior to a rabies vaccination for the purposes of obtaining a pet passport.

29.25 There may be circumstances where a request is made by a client for the destruction of a dog, where in the clinical/professional judgement of the veterinary surgeon destruction of the dog is not necessary, for instance where there are no health or welfare reasons for the dog to be euthanised.

29.26 In these circumstances, before carrying out the request for euthanasia the veterinary surgeon should scan the dog for a microchip and check the relevant database if a microchip is found.

29.27 Clients may have a contract with the shelter from which they acquired the dog such that it can be returned to that shelter, and that it may be appropriate to discuss this with them prior to

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euthanasia. Alternatively, there may be another individual willing to take responsibility for the dog (who may be named on the microchip database), and this may also be discussed with the client.

Lost or stray small animals without microchips or other forms of identification

29.28 Where possible, it may be sensible to adopt the approach taken by local authorities with lost or stray dogs, which is to keep the animal for 7 days before considering re-homing or euthanasia, provided that to do so would not compromise the animal's welfare. There may be other factors to consider but, ideally, it is helpful to allow a reasonable period of time for enquiries to be made or for an owner to come forward. Ultimately, how long to keep a stray animal will be a matter for the practice.

29.29 Veterinary surgeons and veterinary nurses should ensure that records are made of the attempts made to locate an owner, any treatment provided and the reasons for any decisions made. This can be helpful in the event of disputes, for example, if an owner contacts the practice at a later stage.

29.30 Lost or stray animals presented to a veterinary practice may be in good health, or they may be ill or injured and require first aid and pain relief, which could include euthanasia. Veterinary surgeons and veterinary nurses should have regard to supporting guidance Chapter 3 (24-hour emergency first aid and pain relief) and they should be familiar with the RSPCA scheme for Initial Emergency Treatment and the Vetline telephone number (0300 123 8022). In the absence of an identified owner, veterinary surgeons and veterinary nurses should be guided by welfare considerations and should be cautious about undertaking significant procedures, particularly those with lasting effects e.g. neutering.

Ownership disputes

29.31 An ownership dispute may arise where a client presents an animal with a microchip registered in another person's name.

29.32 Veterinary surgeons should consider the following information if faced with this situation:

Seek prior agreement to disclose

29.33 Practices may wish to request express written agreement from clients on registration that if the practice discovers the animal is registered to another person, the personal data of the client and details of the animal and its location will be passed on to the person in whose name the animal is registered and/or the database provider.

29.34 A written agreement should be obtained through a standalone consent document, not merely included in the practice's standard terms and conditions. The client must be given the opportunity to make a positive indication that they would be happy for their personal data to be passed on in such circumstances. This consent must be freely given, which means it cannot be a condition of registering with the practice. There should be systems and processes in place to keep the consent up to date and veterinary surgeons and veterinary nurses should properly acknowledge and document any withdrawal of consent.

Seek consent to disclose

29.35 If there is no prior agreement for disclosure between the practice and the client, the veterinary surgeon should first try and obtain the current keeper's consent to release their personal information (i.e. name/address) to the registered owner and/or database provider. However, the name and details of the registered owner should not be provided to the current keeper (unless the registered owner volunteers them).

29.36 It is likely that consent will be given freely if the registered owner is aware that the animal is in the possession of the current keeper e.g. the current keeper is caring for the animal.

Failure to obtain consent

29.37 If the current keeper refuses to consent to the release of their personal information to the registered owner, the veterinary surgeon should contact the registered owner and/or the database provider and explain that the animal has been brought in by someone else. However, the veterinary surgeon should not release the current keeper's personal information to the registered owner (or any other third party including the database provider) at this stage.

29.38 If the veterinary surgeon makes contact with the registered owner and the registered owner is not concerned that the animal has been brought in by another person, then the veterinary surgeon should still not release the current keeper's personal information to the registered owner or any other third party as the veterinary surgeon would not have a legal basis for this disclosure. Under the GDPR, consent will need to be obtained from the registered owner to change the details on the microchip.

29.39 If the veterinary surgeon makes contact with the registered owner and/or the database provider and from the conversation discovers that (i) the animal has been reported as stolen; (ii) the registered owner was not aware that the animal is in someone else's possession; and/or (iii) the registered owner wants to recover the animal, then the veterinary surgeon may have a legal basis for disclosing the current keeper's personal information i.e. they are certain that such disclosure is "necessary" for the purposes of the registered owner to exercise their legal rights, and those interests are not overridden by the interests of the current keeper. If there is any doubt as to a legal basis for such disclosure, it may be preferable not to disclose the data to the registered owner, and instead request that they ask the police to contact the veterinary surgeon for the details of the current keeper.

a. Suspected Theft/Stolen Animal

In the event that the registered owner and/or database provider tells the veterinary surgeon that the animal is stolen, the veterinary surgeon should ask the registered owner and/or database provider to report the theft to the police. If the police then contact the veterinary surgeon, they should ask for a formal request for disclosure from the police, setting out their legal basis for requesting this information.

b. Civil/Ownership dispute

In some cases, the animal may not have been reported stolen, but the registered owner still wants to recover the animal. This may be the case where there is a civil/domestic

dispute. In these circumstances, the veterinary surgeon should not immediately provide the current keeper's details to the registered owner. The registered owner or their legal representative should expressly confirm, in writing, the legal basis on which disclosure is permitted under the GDPR. The veterinary surgeon should then assess that request before deciding whether to disclose this information.

29.40 It is recommended that these steps are set out in a policy document, which is displayed at the practice so that the process is clear to clients.

Additional guidance

29.41 Additional guidance on client confidentiality and microchipped animals is available to download in the form of a Flow Chart.

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30. Equines and microchips

Links to "supporting guidance" itself - not a subpart thereof

Compulsory microchipping - equine

England

30.1 Microchipping of equines has been compulsory in England since 1 October 2018. The Equine Identification (England) Regulations 2018, applies to:

a. equines whose previous microchip ceases to function; or

b. equines arriving in England having been subject to an alternative method of identity verification.

30.2 From 1 October 2020, the microchipping of all equines in England became compulsory; this includes those equines born on or before 30 June 2009. Equines born after 30 June 2009 should already be microchipped as this was mandated by previous legislation.

30.3 Excluded from the compulsory microchipping regulations are equines which are deemed to be wild or semi-wild that are living in certain designated areas (i.e. Dartmoor, Exmoor, the New Forest and Wicken Fen). However, if a wild or semi-wild equine were treated with a veterinary medicinal product, it would require a microchip to be implanted and a passport to be issued within 30 days of treatment.

Scotland

30.4 Microchipping of equines has been compulsory in Scotland since 28 March 2019. The Equine Animal (Identification) (Scotland) Regulations 2019, applies to:

a. equines whose previous microchip ceases to function; or

b. equines arriving in Scotland having been subject to an alternative method of identity verification.

30.5 From 28 March 2021, the microchipping of all equines in Scotland will become compulsory, this includes those equines born on or before 1 July 2009. Equines born after 30 June 2009 should already be microchipped as this was mandated by previous legislation.

Wales

30.6 Microchipping of equines has been compulsory in Wales since 12 February 2019. The Equine Identification (Wales) Regulations 2019, applies to:

a. equines whose previous microchip ceases to function; or

b. equines arriving in Wales having been subject to an alternative method of identity

verification.

30.7 From 12 February 2021, the microchipping of all equines in Wales will become compulsory, this includes those equines born on or before 30 June 2009. Equines born after 30 June 2009 should already be microchipped as this was mandated by previous legislation.

30.8 Excluded from the compulsory microchipping regulations are equines which are deemed to be wild or semi-wild that are living in certain designated areas. This applies to those equines that are identified in the lists kept by the Hill Pony Improvement Societies of Wales or identified in the lists kept by the Cymdeithas Merlod y Carneddau. However, if a wild or semi-wild equine were treated with a veterinary medicinal product, it would require a microchip to be implanted and a passport to be issued within 30 days of treatment.

Northern Ireland

30.9 Microchipping of equines in Northern Ireland has been compulsory since 29 March 2019. The Equine Identification Regulations (Northern Ireland) 2019 applies to equines whose previous microchip ceases to function. All equines born after 30 June 2009 should already be microchipped as this was mandated by previous legislation.

General - all UK jurisdictions

30.10 Owners of equines have a legal obligation to have their equine microchipped and to submit the microchip details to a Passport Issuing Organisation. The Passport Issuing Organisation will then submit the passport record, including the microchip details, to the Central Equine Database (www.equineregister.co.uk) or Scottish Equine Database (www.scotequine.com). Whenever there is a change of details, other than medical/vaccination records (for example; of ownership, the owner's address, gelding, microchip, food chain status, or death), the owner must ensure that the amended details are recorded with the Passport Issuing Organisation, and where there is a change of owner or the animal is deceased, that the passport is returned. If a client refuses to microchip their equine, the veterinary surgeon should do the following:

a. Inform the client of their legal obligation to microchip the equine; and/or

b. Consider reporting the client's non-compliance to the Local Authority. If done so without client consent this will be considered a breach of client confidentiality, however, this breach will be justifiable on public interest grounds. (See chapter 14 – Client Confidentiality).

30.11 A veterinary surgeon who implants a microchip into an equine must ensure that the microchip number is unique. Failing to do so is a criminal offence. A veterinary surgeon can fulfil this obligation by ensuring:

a. That the microchip is obtained from a reputable source;

b. That the microchip is ISO 11784/5 compliant; and

c. That the microchip number is not already registered to another equine on the UK's

Central Equine Database (or Scottish Equine Database). We recommend using the National Equine Chip Checker hosted at https://www.equineregister.co.uk. If the microchip number is already registered, this chip should not be inserted, and the veterinary surgeon should instead consider reporting the duplication to their local Trading Standards office, or DAERA in Northern Ireland. It is suggested that microchips be checked in the practice before being taken for implantation.

30.12 A veterinary surgeon who suspects that a microchip has been cloned/duplicated may consider reporting this issue (in England a veterinary surgeon should use: equine.identification@defra.gov.uk; in Wales a veterinary surgeon should use: equineid@gov.wales). If the report includes client details, and therefore leads to a breach of client confidentiality, this will be considered justifiable on public interest grounds. (See chapter 14 – Client Confidentiality)

30.13 A veterinary surgeon must check on the equine's passport, prior to treatment, whether the medication to be administered would establish the equine's status as not intended for human consumption. Failing to do so is a criminal offence, unless the owner or keeper has failed to produce the equine's passport or smart card when requested.

30.14 If the passport or smart card is not produced, and the veterinary surgeon is unable to determine food chain status, it must be assumed that the equine is intended for human consumption, and therefore only medicines suitable for food producing animals should be prescribed. Where the health or welfare of the equine is at risk and treatment with a medicine that is not suitable for food-producing animals is required the veterinary surgeon should then provide the client with a form identifying the equine, stating the medication administered, and advising the client that they need to exclude the animal from the food chain. An example of such a form can be found in the 'Related Documents' box. Further guidance for veterinary surgeons and owners/keepers where no passport has ever been issued or the passport has been lost, can be found within the VMD's guidance for horse medicines and record keeping requirements .

30.15 Veterinary surgeons should undertake a clinical examination (i.e. scan for a microchip over the area where under normal circumstances a microchip is inserted, and to check for clinical signs that a microchip previously implanted has been surgically removed) before inserting a microchip in order to avoid multiple microchips being implanted, and to avoid mistakes being made in relation to the equine's food chain status.

Who can implant a microchip?

30.16 A microchip may only be implanted in an equine by a veterinary surgeon.

Microchip Adverse Event Reporting Scheme

30.17 The various regulations on compulsory microchipping require reports to be made whenever there is an adverse reaction to microchipping, migration of a microchip from the site of implanting or the failure of a microchip.

30.18 Veterinary surgeons and veterinary nurses should report an adverse reaction to microchipping, or the migration or failure of a

microchip to the Veterinary Medicines Directorate (VMD). Further information about the Microchip Adverse Event Reporting Scheme is available from the VMD's Pharmacovigilance Unit on 01932 338427 and reports can be submitted online at www.vmd.defra.gov.uk. The VMD closely monitors all reports to identify emerging issues and will feed back any concerns to the chip manufacturer and Microchip Trade Association (MTA).

30.19 In addition to the above, veterinary surgeons and veterinary nurses in Scotland should also note that the Scottish Regulations require reports to be made within 21 days beginning with the day the adverse reaction, migration or failure is identified.

Removing microchips

30.20 Because of the importance attached to the accurate identification of animals and the potential for fraud, a microchip must only be removed where this can be clinically justified. This justification should be documented and where required another microchip or alternative method of identification used.

30.21 Removal of a microchip in any other circumstances would be an unnecessary mutilation. While the insertion of a second microchip may be problematic, this in itself does not justify removal of a microchip and an audit trail must be maintained.

Scanning for microchips

30.22 A veterinary surgeon should scan an equine for a microchip and ensure that the microchip number can be reconciled with an equine's passport or smart card before any treatment is prescribed. If there is no microchip, a veterinary surgeon should check identifying markings on the equine and match these to the description of the equine from the passport.

30.23 Exceptions to the routine scanning of equines may apply when medication is not administered during an equine appointment; or when the equine may have been examined by the veterinary surgeon many times before and the food chain status is already determined.

Ownership disputes

30.24 An ownership dispute may arise where a client presents an animal with a microchip registered in another person's name, or by someone other than the owner. In equines, this is most likely to occur in the following situations:

a. When a new owner has not updated the details on the passport, or when a keeper of an equine horse presents themselves as the owner.

b. Where an equine is presented by someone with statutory or other appropriate authority having previously been removed under the Animal Welfare Acts. In this case veterinary surgeons should satisfy themselves that the equine has been legitimately removed. (See Supporting Guidance Chapter 11 – Communication and Consent)

30.25 Where there is a new owner that has not updated the details on the passport, practices should ask the owner to contact the vendor in order to obtain authorisation to update the

equine's passport.

30.26 Veterinary surgeons should consider the following information if faced with an ownership dispute:

Seek prior agreement to disclose

30.27 Practices may wish to request express written agreement from clients on registration that if the practice discovers the animal is registered to another person, the personal data of the client and details of the animal and its location will be passed on to the person in whose name the animal is registered and/or the database provider/Passport Issuing Organisation. An exception to this disclosure would be when the client is the keeper of the equine and has the owner's consent to seek veterinary services on their behalf.

30.28 A written agreement should be obtained through a standalone consent document, not merely included in the practice's standard terms and conditions. The client must be given the opportunity to make a positive indication that they would be happy for their personal data to be passed on in such circumstances. This consent must be freely given, which means it cannot be a condition of registering with the practice. There should be systems and processes in place to keep the consent up to date and veterinary surgeons and veterinary nurses should properly acknowledge and document any withdrawal of consent.

Seek consent to disclose

30.29 If there is no prior agreement for disclosure between the practice and the client, the veterinary surgeon should first try and obtain the current keeper's consent to release their personal information (i.e. name/address) to the registered owner and/or database provider/Passport Issuing Organisation. However, the name and details of the registered owner should not be provided to the current keeper (unless the registered owner volunteers them).

30.30 It is likely that consent will be given freely if the registered owner is aware that the animal is in the possession of the current keeper e.g. the current keeper is caring for the animal.

Failure to obtain consent

30.31 If the current keeper refuses to consent to the release of their personal information to the registered owner, the veterinary surgeon should contact the registered owner and/or the database provider/Passport Issuing Organisation and explain that the animal has been presented by someone else. However, the veterinary surgeon should not release the current keeper's personal information to the registered owner (or any other third party including the database provider) at this stage.

30.32 If the veterinary surgeon makes contact with the registered owner and the registered owner is not concerned that the animal has been presented by another person, then the veterinary surgeon should still not release the current keeper's personal information to the registered owner or any other third party as the veterinary surgeon would not have a legal basis for this disclosure under the GDPR. Consent will need to be obtained from the registered owner to change the details on the microchip.

30.33 If the veterinary surgeon makes contact with the registered owner and/or the database

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provider/Passport Issuing Organisation and from the conversation discovers that (i) the animal has been reported as stolen; (ii) the registered owner was not aware that the animal is in someone else's possession; and/or (iii) the registered owner wants to recover the animal, then the veterinary surgeon may have a legal basis for disclosing the current keeper's personal information i.e. they are certain that such disclosure is "necessary" for the purposes of the registered owner to exercise their legal rights, and those interests are not overridden by the interests of the current keeper. If there is any doubt as to a legal basis for such disclosure, it may be preferable not to disclose the data to the registered owner, and instead request that they ask the police to contact the veterinary surgeon for the details of the current keeper.

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In some cases, the animal may not have been reported stolen, but the registered owner still wants to recover the animal. This may be the case where there is a civil/domestic dispute. In these circumstances, the veterinary surgeon should not immediately provide the current keeper's details to the registered owner. The registered owner or their legal representative should expressly confirm, in writing, the legal basis on which disclosure is permitted under the GDPR. The veterinary surgeon should then assess that request before deciding whether to disclose this information.

30.34 It is recommended that these steps are set out in a policy document, which is displayed at the practice so that the process is clear to clients.

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