

## **General Data Protection Regulations (GDPR)**

### **Amendments to RCVS supporting guidance**

Following the Standards Committee's consideration of the GDPR and its relation to the supporting guidance to the Codes of Professional Conduct, the RCVS wish to publish updated guidance, which will come into effect from 25 May 2018.

A summary of the guidance that will change is set out on pages 2-3. A preview of the updated guidance is set out on the following pages with tracked changes, in order that the profession can see the changes clearly and in advance of them coming into effect.

Please note text in green is an addition and text in red is being removed.

## **Amendments to the Supporting Guidance**

### Chapter 1 – Referrals and second opinions

- 1.9: addition of lawful basis for sharing personal information when referring a case.

### Chapter 3 – 24-hour emergency first aid and pain relief

- 3.24: addition of lawful basis for provision of updated 24-hour emergency cover information.
- 3.25: addition of explicit consent not needed for 24-hour emergency cover provision.

### Chapter 4 – Veterinary medicines

- 4.51: addition of release of confidential info for purpose of reporting prescription misuse within the scope of the GPDR.

### Chapter 5 – Communication between professional colleagues

- 5.6: minor grammatical change.
- 5.8: addition of clear consent needed for transfer of personal information in clinical histories.

### Chapter 6 – Clinical governance

- 6.3(c)(iii): addition of ensuring electronic marketing comms with; consent and easy opt-out.
- 6.3(c)(iv): addition of when recording feedback (personal information) ensure anonymised or covered in privacy policy.
- 6.3(c)(viii): addition of complaints personal information so retained for no longer than necessary.
- 6.3(c)(x): NEW ensure privacy policy is in place to respond to clients rights under GDPR.

### Chapter 9 – Practice information, fees and animal insurance

- 9.2(e): NEW what should be included in a privacy policy.
- 9.22: addition of consent not required for sharing personal information with debt collectors, covered by a lawful basis (legitimate interest).

## Chapter 12 – Use and re-use of samples, images, post mortems and disposal

- 12.4: addition of link to Chapter 1.
- 12.8: NEW explain to clients how personal information may be used in research.
- 12.10: addition regarding identification from images.

## Chapter 13 – Clinical and client records

- 13.4: NEW explicit consent may be required for processing of special category information.
- 13.5: NEW how to flag violent/aggressive clients on record for staff wellbeing.
- 13.9: NEW clients right to rectification of data.
- 13.13: addition regarding subject access requests from clients.
- 13.18: practices must ensure that retention periods comply with the GDPR and personal information is not retained for longer than necessary.
- 13.22: NEW clients right of erasure.
- 13.26: NEW where vaccination reminders can be sent under the GDPR.

## Chapter 14 – Client confidentiality

- 14.2: addition that the GDPR is not a barrier to disclosure.
- 14.3: addition of express consent required for passing on personal information and removal of implied consent.
- 14.23: rewording of disclosure allowed to authorities under the GDPR.
- 14.25: rewording over what disclosure is allowed under the GDPR.
- 14.26: minor legislative amendment.
- 14.34: minor legislative amendment.

## Chapter 17 – Veterinary teams and leaders

- 17.6: NEW veterinary team must understand and comply with data protection policy.
- 17.12: addition of staff to comply with policy on the data protection.

## Chapter 23 – Advertising and publicity

- 23.1: update on marketing laws under the GDPR.
- 23.2: update on marketing laws under the GDPR.
- 23.3: update on marketing laws under the GDPR.
- 23.4: update on marketing laws under the GDPR.

## Chapter 28 Social media and online networking forums

- 28.6(b): addition of compliance with data protection legislation and practice privacy policy.
- 28.9: addition of ensuring consent is compliant with the GDPR.
- 28.11: minor legislative amendment.
- 28.14: minor amendment.

## Chapter 29 – microchips, microchipping and animals without microchips

- 29.2: minor amendment.
- 29.34: addition re request written consent to pass over personal information.
- 29.35: addition re written agreement should be obtained for disclosure and a standalone document.
- 29.36: addition data controllers required to pay ICO fee with certain exemptions.
- 29.37: addition cannot disclose without consent.
- 29.40: (minor amendment).
- 29.41: addition re what to do re disclosure of registered keeper details.
  - 29.41(a) addition re what to do re suspected stolen animal.
  - 29.41(b) addition re liaison with legal representatives in civil ownership/dispute.

## 1. Referrals and second opinions

Updated 24 October 2017

### 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.

## Referring a case

1.9 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.**

1.10 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.

1.11 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

1.12 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](#)

### 3. 24-hour emergency first aid and pain relief

Updated 24 October 2017

#### 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.

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, 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

### 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 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.

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 at: <http://www.hse.gov.uk/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 his or her 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.

### **Limited service providers**

3.49 Limited service providers must comply with the *RCVS Code of Professional Conduct* and supporting guidance.

3.50 Veterinary surgeons working in neutering clinics must make provision for 24-hour emergency cover for the entire post-operative period during which complications arising from the surgery may develop.

3.51 Veterinary surgeons working in vaccination clinics must make provision for 24-hour emergency cover for the period in which adverse reactions might arise.

### **Referral practices**

3.52 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.

3.53 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.

3.54 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

3.55 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.

3.56 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.

3.57 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.](#))



## 4. Veterinary medicines

Updated 30 October 2017

### 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 his or her 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 his or her 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 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 his care**

4.9 The Veterinary Medicines Regulations do not define the phrase 'under his care' and the RCVS has interpreted it as meaning that:

- a. the veterinary surgeon must have been given the responsibility for the health of the animal or herd by the owner or the owner's agent
- b. that responsibility must be real and not nominal
- c. the animal or herd must have been seen immediately before prescription or,
- d. recently enough or often enough for the veterinary surgeon to have personal knowledge of the condition of the animal or current health status of the herd or flock to make a diagnosis and prescribe
- e. the veterinary surgeon must maintain clinical records of that herd/flock/individual

4.10 What amounts to 'recent enough' must be a matter for the professional judgement of the veterinary surgeon in the individual case.

4.11 A veterinary surgeon cannot usually have an animal under his or her care if there has been no physical examination; consequently a veterinary surgeon should not treat an animal or prescribe POM-V medicines via the Internet alone.

### **Clinical assessment**

4.12 The Veterinary Medicines Regulations do not define 'clinical assessment', and the RCVS has interpreted this as meaning an assessment of relevant clinical information, which may include an examination of the animal under the veterinary surgeon's care.

## Diagnosis

4.13 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

4.14 The selected product should be authorised for use in the UK in the target species for the condition being treated and used at the manufacturer's recommended dosage.

4.15 If there is no suitable authorised veterinary medicinal product in the UK for a condition in a particular species, a veterinary surgeon may, in particular to avoid unacceptable suffering, treat the animal in accordance with the 'Cascade'.

4.16 If there is no medicine authorised in the UK 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:

- a. a veterinary medicine authorised in the UK 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 medicine authorised in the UK for human use; or
  - ii. in accordance with an import certificate (see the [Veterinary Medicines Guidance](#) issued by the Veterinary Medicines Directorate), a medicine authorised for veterinary use in another Member State; or, if there is no such product:
- c. a medicine prepared extemporaneously by a veterinary surgeon, a pharmacist or a person holding an appropriate manufacturer's authorisation, as prescribed by the veterinary surgeon responsible for treating the animal.

4.17 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.

4.18 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](#)).

4.19 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.

4.20 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**

4.21 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 4.16 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 Member State (option b(ii)) must be authorised for use in a food-producing species in the other Member State;
- c. the pharmacologically active substances contained in the medicine must be listed in the table in the [Annex to Regulation \(EU\) No. 37/2010](#) (this table replaces Annexes I, II or III of Council Regulation (EEC) 2377/90);
- 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**

4.22 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.

4.23 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 ([www.bva.co.uk](http://www.bva.co.uk) 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 ([www.ruma.org.uk](http://www.ruma.org.uk))
- National Office of Animal Health (NOAH) Advice on Antibiotic Resistance ([www.noah.co.uk](http://www.noah.co.uk))
- Control of Worms Sustainably (COWS) advice on best practice ([www.cattleparasites.org.uk](http://www.cattleparasites.org.uk))
- Sustainable Control of Parasites in Sheep (SCOPS) advice on best practice ([www.nationalsheep.org.uk](http://www.nationalsheep.org.uk))
- Moredun Research Institute advice on Parasite Control in Horses ([www.moredun.org.uk/research/diseases/parasitic-roundworms-equine](http://www.moredun.org.uk/research/diseases/parasitic-roundworms-equine))
- EU Action Plans on Antimicrobial Resistance – [http://europa.eu/rapid/press-release\\_IP-11-1359\\_en.htm](http://europa.eu/rapid/press-release_IP-11-1359_en.htm)
- 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**

4.24 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 s/he does 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 s/he does so, advise on the safe administration of the veterinary medicinal product;
- c. when s/he does 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.

4.25 The Veterinary Medicines Regulations do not define 'minimum amount' and the RCVS considers this must be a matter for the professional judgment of the veterinary surgeon in the individual case.

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

## **Administration**

4.27 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**

4.28 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).

4.29 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.

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

### **Storage of medicines**

4.31 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.

4.32 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.

4.33 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**

4.34 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.

4.35 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**

4.36 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**

4.37 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**

4.38 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 COSHH Regulations**

4.39 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).

4.40 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.

4.41 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.

4.42 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.

4.43 The HSE advise that employers must appoint a 'competent person' to help them meet their health and safety duties (see <http://www.hse.gov.uk/competence/what-is-competence.htm>.) 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.

4.44 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.

4.45 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 4.17 regarding written consent for off-licence use and responsibilities associated with the supply of medicines.)

4.46 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.

4.47 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.

4.48 Veterinary surgeons should be aware of the need to report certain incidents and dangerous occurrences to the relevant enforcing authority. See <http://www.hse.gov.uk/riddor/dangerous-occurences.htm>

4.49 Further detailed information on the safe handling of cytotoxic drugs can be found on the HSE website, including links to additional sources of information - <http://www.hse.gov.uk/healthservices/safe-use-cytotoxic-drugs.htm>

### **Reporting suspected adverse events following use of veterinary medicines**

4.50 The VMD's Pharmacovigilance Unit closely monitors all reports of suspected adverse reactions (in animals or humans) and lack of efficacy following use of veterinary medicines. All suspected adverse events should be reported to either the VMD or the company who market the product, who are legally obliged to forward these to the VMD. [Reports can be submitted online to the VMD](#). Alternatively, paper copies of the yellow form can be downloaded from the same page and returned using the freepost address or fax number provided on the form. Further information is available from the VMD's Pharmacovigilance Unit on 01932 338427.

## Reporting prescription misuse

4.51 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. If special category data (e.g. relating to the health of an individual) is disclosed for this purpose, it would be permitted where it is necessary for reasons of substantial public interest to prevent or detect unlawful acts or preventing fraud. For advice on client confidentiality on a case by case basis please contact the RCVS Professional Conduct Department on 020 7202 0789.

## 5. Communication between professional colleagues

Updated 26 October 2017

### 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, **ask for the details of ~~contact~~ the original veterinary surgeon in order to contact them** 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 his/her 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.

~~5.8 There is no requirement to seek express consent from the client each time a history is requested by a superseding practice. This is because superseding practices should inform the client that they will be requesting the history from the initial practice and therefore there is an implied consent. Practices may however choose to verify the request with the client as a matter of policy or in circumstances where there are reasons to question the legitimacy of the request. Whatever the situation, clients should not be obstructed from changing practices and any policies to verify requests with clients should not cause unnecessary delays to ongoing care.~~

### **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, it is still advisable for each to keep the other informed of any problem that might affect their work.

## 6. Clinical governance

Updated 24 October 2017

### 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](http://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 Practice information, fees and animal insurance).
- 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 (e.g. the right to access their personal data, the right to rectification and erasure and the right to be forgotten).

## 9. Practice information, fees and animal insurance

Updated 24 October 2017

### 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
- ~~v. use of client data~~
- vi. access to and ownership of records

- e. the practice's privacy policy 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 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 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 his or her 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.



9.38 Veterinary surgeons and veterinary nurses should not be seen to favour any particular insurer, unless they are registered with the Financial Conduct Authority or formally linked with a registered insurer. If a practice wishes to display promotional material, it is prudent to display a range so as to avoid any implication of bias, financial advice, or brokering. If any commission may be paid to the veterinary surgeon, veterinary nurse or support staff in the event that a particular policy is taken out, this should be disclosed.

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

Updated 24 October 2017

### 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. [For further information about referrals and the transfer of personal data, please see Chapter 1 \(https://www.rcvs.org.uk/setting-standards/advice-and-guidance/code-of-professional-conduct-for-veterinary-surgeons/supporting-guidance/referrals-and-second-opinions\)](https://www.rcvs.org.uk/setting-standards/advice-and-guidance/code-of-professional-conduct-for-veterinary-surgeons/supporting-guidance/referrals-and-second-opinions). 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, or for the purposes of the veterinary surgeon's legitimate purposes. The form should make clear which basis is being relied on.

12.89 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

12.910 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

12.4011 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

12.4412 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.

12.42~~13~~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 his or her 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.

12.43~~14~~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.

12.44~~15~~15 Veterinary surgeons should be mindful that owners may be in an emotional or distressed state at this time.

## **Disposal**

12.45~~16~~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.

## 13. Clinical and client records

Updated 25 October 2017

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, 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 special 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~~~~Data Protection Act 1998~~ gives **individuals the right to access their personal data**~~-anyone the right to be informed about any personal data relating to~~

~~themselves on payment of an administration charge.~~ 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. ~~Veterinary surgeons and veterinary nurses should comply with data protection legislation, including any advice from the Information Commissioner's Office (ICO) regarding subject access requests.~~

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. [In relation to the retention of personal data, practices should also comply with the GDPR, which provides that personal data must not be retained for longer than is necessary for the purpose for which it was collected \(with limited exceptions, e.g. where the retention is to comply with a legal](#)

obligation, for legitimate interests, such as the defence of a claim or complaint, and for research and statistics).

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 his/her 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.

## 14. Client confidentiality

Updated 24 October 2017

### 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 either 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, where disclosure can be justified by animal welfare concerns or the wider public interest, or where disclosure is required by law. **Similarly, the GDPR is not a barrier to the reporting of concerns and suspicions to the appropriate authorities.**

14.3 The client's permission to pass on confidential information may be express or implied, **except in relation to their personal data, where the consent 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.** ~~Permission may also 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.~~ However, whenever practicable the client's express consent to the disclosure should be sought.

14.4 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.

14.5 For guidance on client confidentiality in the context of social media please see [Social Media and Online Networking Forums](#).

### Disclosing to the authorities

14.6 In circumstances where the client has not given permission for disclosure and the veterinary surgeon or veterinary nurse considers that animal welfare or the public interest is compromised, client confidentiality may be breached and appropriate information reported to the relevant authorities. Some examples may include situations where an animal shows signs of abuse; where a dangerous dog poses a risk to safety; where child or domestic abuse is suspected; where there is some other significant threat to public health or safety or to the health or safety of an individual; or where the information is likely to help in the prevention, detection or prosecution of a crime.

14.7 If a client refuses to consent, or seeking consent would be likely to undermine the purpose of the disclosure, the veterinary surgeon or veterinary nurse will have to decide whether the disclosure can be justified. Generally the decision should be based on personal knowledge rather than third-party (hearsay) information, where there may be simply a suspicion that somebody has acted unlawfully. 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.

14.8 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.

14.9 Veterinary nurses employed by a veterinary surgeon or practice should discuss the issues with a senior veterinary surgeon in the practice before breaching client confidentiality.

14.10 Where a decision is made to release confidential 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.

14.11 Veterinary surgeons and veterinary nurses who wish to seek advice on matters of confidentiality and disclosing confidential information are encouraged to contact the RCVS Professional Conduct Department on 020 7202 0789.

### **Animal welfare concerns**

14.12 Disclosure may be justified where animal welfare is compromised.

14.13 When a veterinary surgeon is presented with an injured animal whose clinical signs cannot be attributed to the history provided by the client, s/he should include non-accidental injury in their differential diagnosis. *'Recognising abuse in animals and humans'* provides guidance for the veterinary team on dealing with situations where non-accidental injury is suspected.

14.14 If there is suspicion of animal abuse (which could include neglect) as a result of examining an animal, in the first instance, where appropriate, the veterinary surgeon should attempt to discuss his/her concerns with the client.

14.15 In cases where this would not be appropriate, or where the client's response increases rather than allays concerns, the veterinary surgeon should consider whether the circumstances are sufficiently serious to justify disclosing their client's information without consent. If so, the suspected abuse should be reported to the relevant authorities, for example: the [RSPCA](#) (Tel: 0300 1234 999 - 24-hour line) in England and Wales; the [SSPCA](#) (Tel: 03000 999 999 – 7am to 11pm) in Scotland; or the [Animal Welfare Officer](#) for the relevant local authority in Northern Ireland.

14.16 Such action should only be taken when the veterinary surgeon or veterinary nurse considers on reasonable grounds that an animal shows signs of abuse or is at real and immediate risk of abuse - in effect, where the public interest in protecting an animal overrides the professional obligation to maintain client confidentiality.

14.17 Veterinary surgeons or veterinary nurses may also have animal welfare concerns arising from other issues in practice; for example, where a client has failed to attend follow-up appointments and the veterinary surgeon or veterinary nurse considers that animal welfare may be compromised. In such cases, the veterinary surgeon or veterinary nurse should take reasonable steps to contact the client provided the delay does not compromise animal welfare. 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.

### **Child and domestic abuse**

14.18 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.

14.19 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.

14.20 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, for example, the NSPCC (Tel: 0808 800 5000 / [www.nspcc.org.uk/what-you-can-do/report-abuse](http://www.nspcc.org.uk/what-you-can-do/report-abuse)), the local child protection team or the police.

14.21 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.

14.22 For further information and practical guidance, please see:

- The Links Group guidance '*Recognising abuse in humans and animals: Guidance for the veterinary team*' ([www.thelinksgroup.org.uk](http://www.thelinksgroup.org.uk)) and, in particular, the Links Group AVDR protocol for dealing with suspected animal or domestic abuse.
- The NSPCC leaflet, '*Understanding the links: child abuse, animal abuse and family violence - information for professionals*' ([www.nspcc.org.uk](http://www.nspcc.org.uk))

## Prevention ~~or~~, detection ~~or prosecution of a crime~~ of unlawful acts/crimes

14.23 Disclosure of information ~~in the public interest~~ may be justified where it is necessary for ~~likely to help in~~ the prevention ~~or~~, detection of an unlawful act and necessary for reasons of substantial public interest. ~~or prosecution of a crime. There is an exemption in the Data Protection Act 1998 (DPA) that allows information to be released for these purposes (Section 29 – Crime and Taxation).~~

14.24 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.

14.25 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 ~~not releasing would be likely to obtaining consent for releasing the data would~~ prejudice ~~any attempt by the authorities to prevent or detect a crime or apprehend or prosecute an offender~~ the purposes of preventing or detecting unlawful acts.

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

14.27 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.

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

- a. Ensure the request is in writing so you know who is making the request. The request should be signed by someone with sufficient authority.
- b. Check whether the person asking for the information is doing so to prevent or detect a crime or apprehend or prosecute an offender.
- c. 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.
- d. 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.

- e. Question any requests for excessive or apparently irrelevant information.
- f. Be aware that any disclosure should be limited to the minimum amount of information necessary, in line with the Data Protection Act 1998.

NB: This is not an exhaustive list and further guidance is available from the Information Commissioner's Office: [www.ico.org.uk](http://www.ico.org.uk).

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

14.30 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.

### **Disclosures required by law**

14.31 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.

14.32 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.

### **Dealing with suspected illegal imports**

14.33 Veterinary surgeons and veterinary nurses may be presented with animals which they suspect have entered the UK illegally: for example, animals presented without the necessary paperwork, or with paperwork that appears to be fraudulent or does not comply with pet travel rules, or where rabies vaccination requirements have not 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.

14.34 In cases of suspected illegal imports, veterinary surgeons and veterinary nurses should follow the general guidance on client confidentiality above. 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's interest**. Ultimately, the decision to report is for the individual professional. The RCVS will support a veterinary surgeon or veterinary nurse who believes they are acting on the basis of animal welfare or public interest. Equally, the RCVS will support a veterinary surgeon or veterinary nurse, who, for various reasons, does not wish to make a report. Veterinary nurses employed by a veterinary surgeon or practice

should discuss the issues with a senior veterinary surgeon in the practice before breaching client confidentiality.

14.35 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.

14.36 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 [online](#)). Outside of London, reports should be submitted to the [local Trading Standards office](#). General information on the pet travel scheme can be found [online](#).

14.37 While there is no legal or professional obligation to report illegal imports, there is a legal obligation where rabies is suspected. 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. Further information on notifiable diseases in animals is available on the [UK government website](#). Suspecting that an animal has been illegally imported is not the same as suspecting it has rabies.

## 17. Veterinary teams and leaders

Updated 24 October 2017

### **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 [www.equalityhumanrights.com](http://www.equalityhumanrights.com))

17.6 Veterinary surgeons and veterinary nurses should 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 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](#)).
- 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.

### **Professional indemnity insurance and equivalent arrangements**

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

17.17 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.

17.18 Veterinary surgeons 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

17.19 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.

## 23. Advertising and publicity

Updated 25 October 2017

### Introduction

23.1 Advertising and publicity may involve many forms with the aim of providing information to others and attracting new business. Any advertising and publicity should be professional, accurate and truthful. It should not be of a character likely to bring the profession into disrepute, eg an unsolicited approach by visit or telephone (although a telephone call to a business may not be considered unprofessional provided that the data protection and marketing laws are complied with, and telephone preferences registered with the Telephone Preference Service or Corporate Telephone Preference Service are respected). Advertising and publicity should not be misleading or exploit an animal owner's lack of veterinary knowledge. Practice websites and professional social media pages should be kept up to date.

### Complying with GDPR

23.2 Veterinary surgeons and veterinary nurses undertaking electronic marketing will need the consent of the recipient (see paragraph 23.3 below), unless they can rely on a "soft opt-in" (see paragraph 23.4 below). Electronic marketing would include vaccination reminders and information regarding any promotions, but not appointment reminders or information about 24 emergency cover. 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. Particular care should be taken before sending any marketing material 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 23.3 below). Emailing clients to ask them to give consent to electronic marketing may in itself be direct marketing without consent, and therefore amount to a breach of data protection and/or direct marketing laws. Clients can still be contacted by post, on the basis that keeping in touch with them is in the practice's legitimate interest.

23.3 Veterinary surgeons and veterinary nurses relying on consent for electronic 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 that 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 but if relying on a discussion with a client a record should be made to this effect (for example, when this consent was obtained, what the client was told about how their data would be used and, for what purpose).

23.4 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 others, the practice can only rely on the soft-opt in for the relevant clients, and should divide its database accordingly for marketing purposes.

### **Complying with UK advertising codes**

23.4 All publicity 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.

23.5 Veterinary surgeons and veterinary nurses planning to conduct a direct marketing campaign should comply with all relevant data protection legislation. Advice and guidance can be sought from the [Information Commissioner's Office](#) and there is useful information on database practice at section 10 of the CAP Code.

23.6 Veterinary surgeons and veterinary nurses planning to produce advertisements or publicity which make claims of superiority or other comparisons with competitors should have particular regard to section 3 of the CAP Code so as to ensure they do not mislead the public or be accused of so doing.

23.7 Concerns about particular advertisements and publicity should generally be raised with the Advertising Standards Authority in the first instance (or the Information Commissioner's Office where the concerns relate to the use of personal data).

### **Use of the courtesy title 'Doctor' or 'Dr'**

23.8 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.

23.9 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 medical qualification or a PhD when they do not.

23.10 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'.

## Specialist claims

**23.11** 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.

**23.12** Veterinary surgeons and veterinary nurses should not allow organisations to make misleading or inaccurate claims on their behalf.

## Guidance on the use of titles

### Specialists

**23.13** The specialist list (RCVS Recognised Specialist List) is a list of veterinary surgeons, who meet certain entry criteria and are entitled to use a specialist title. 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 or by a recognised speciality college. 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](#).

**23.14** 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 RCVS 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.

**23.15** Only veterinary surgeons on the RCVS specialist list may use the title 'specialist' or 'RCVS Recognised Specialist' or imply they are a specialist. Specialists on the RCVS specialist list may also use an appropriate title conferred by their speciality college.

**23.16** 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 wording 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.

## **Advanced practitioners**

23.17 The 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](#).

23.18 Veterinary surgeons must be registered with the RCVS and included on the RCVS 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.

23.19 Veterinary surgeons on the advanced practitioner list may use the title 'Advanced Practitioner'.

## **Medicines**

23.20 The legal restrictions on advertising medicines and publishing medicine prices are set out in the Veterinary Medicines Regulations and associated [Veterinary Medicines Guidance](#) issued by the Veterinary Medicines Directorate.

## **Public life and interaction with the media**

23.21 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).

23.22 In commenting to the media, veterinary surgeons and veterinary nurses should ensure they distinguish between personal opinion, political belief and established facts. Veterinary surgeons should declare any relevant conflicts of interest when interacting with the media.

23.23 A veterinary surgeon or veterinary nurse should be careful not to express, or imply, that his or her view is shared by other veterinary surgeons or veterinary nurses or a professional organisation to which veterinary surgeons or veterinary nurses belong, unless

previously authorised, for example, by the RCVS, British Veterinary Association, British Veterinary Nursing Association or other professional body.

## **Endorsement**

**23.24** A veterinary surgeon or veterinary nurse should not endorse a veterinary product or service.

**23.25** Endorsement of a product or service may take many forms, for example, celebrity endorsement, where the reputation of the veterinary surgeon or veterinary nurse is linked with the product or service; and/or professional, where the professional qualification is associated with the product or service.

**23.26** Endorsement can be explicit or implicit, imperative or co-presentational.

**23.27** Veterinary products and services may include the supply or prescription of medicines, the diagnosis of disease, the treatment and tests of animals, vaccination services and other activities that may be described as part of the practice of veterinary surgery. In addition, there are a number of retail products that may be sold by veterinary surgeons or veterinary nurses which may not be readily regarded as veterinary products or services, but when associated with, or sold by, veterinary surgeons or veterinary nurses may be regarded as 'veterinary' products, particularly if specific veterinary advice is given. These may include nutritional supplements, shampoos, dog leads, chewy toys and pet foods, including prescription diets.

**23.28** Veterinary surgeons and veterinary nurses may endorse non-veterinary products and services, provided such endorsement does not bring the profession into disrepute.

## **Claims of general veterinary approval**

**23.29** An organisation claiming 'general' veterinary approval for a product or service has particular significance for veterinary surgeons or veterinary nurses employed by the organisation, which, for example, may be promoting its own range of veterinary products. The organisation will need to be able to justify any such claims made, for example, by market research.

**23.30** Any such endorsement should not erode the clinical freedom of individual veterinary surgeons or veterinary nurses employed by, or associated with, the organisation, or imply that veterinary surgeons or veterinary nurses employed or associated with the organisation endorse a veterinary product or service. For example, describing a product as 'veterinary approved' suggests endorsement by the profession as a whole or by a number of veterinary surgeons.



## 28. Social media and online networking forums

Updated 25 October 2017

### Introduction

28.1 'Social media' is the term used to describe websites and online applications that encourage social interaction between users and content creators. It encompasses all technology that can be used to share opinions and insights, information, knowledge, ideas and interests, and enables the building of communities and networks. Examples include media sites that allow public posts and comments (e.g. Twitter), content sharing websites (e.g. YouTube, Instagram and Flickr), professional and social networking sites (e.g. LinkedIn, Facebook), internet forums (e.g. vetsurgeon.org), discussion boards, blogs (Tumblr, Wordpress) and instant messaging.

28.2 It is recognised that social media is likely to form part of veterinary surgeons' everyday lives 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. However, the use of social media is not without risk and veterinary surgeons should be mindful of the consequences that may arise from its misuse.

28.3 Veterinary surgeons 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). They may put their registration at risk if they demonstrate inappropriate behaviour when using social media. The standards expected of veterinary surgeons in the real world are no different to the standards they should apply online, and veterinary surgeons must uphold the reputation of the veterinary profession at all times.

### Protecting your privacy

28.4 Veterinary surgeons should also 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. Added to this are the risks that other users may comment on the information, or circulate or copy this to others. Veterinary surgeons should be thoughtful about what they post online as they may be connected directly or indirectly to clients, client's friends and 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 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 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 to review their privacy settings on a regular basis to ensure that the information is not available to unintended users. However, veterinary surgeons 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 and employers.

### **Good practice when using social media**

28.6 When using social media, veterinary surgeons 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. consider whether they would make the comments in public or other traditional forms of media. If not, veterinary surgeons should refrain from doing so.
- c. be proactive in removing content which could be viewed as unprofessional
- d. 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
- e. 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)
- f. comply with 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)

28.7 When using social media veterinary surgeons should avoid making, posting or facilitating statements, images or videos that:

- a. contravene any internet or social media policy set out by their employer or organisation (Remember that comments or statements made or facilitated by veterinary surgeons may reflect on your employer / organisation and the wider profession as a whole)
- b. cause undue distress or provoke anti-social or violent behaviour
- c. are 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 could be personally liable. Defamation law can apply to any comments posted online made in either a personal or professional capacity)
- d. abuse, bully, victimise, harass, threaten or intimidate 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 his or her race, gender, disability, sexual orientation, age, religion or beliefs, or national origin
- f. bring the veterinary profession into disrepute (veterinary surgeons should be mindful that their online persons 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 have a legal and ethical responsibility to maintain client confidentiality. The Code of Professional Conduct states that 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. See also Supporting Guidance Chapter 14 for more information.

28.9 This principle also applies to veterinary surgeons using social media. Veterinary surgeons should maintain and protect client confidentiality by not disclosing information about a client or the client's animal, which could identify them on social media 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 compliant with the GDPR, namely freely given, specific, informed, unambiguous and affirmative. It must also be possible to withdraw consent easily.**

28.10 It is recognised that some veterinary surgeons 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 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 the client's animal. Veterinary surgeons 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 or practice, or to raise concerns about the treatment provided to their animal(s). Veterinary surgeons should seek to avoid engaging in disputes in a public forum and 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 should be very careful not to breach the **Data Protection Act 1998** **applicable data protection laws** and caution should be taken so as 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 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 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 nurses should also follow the above guidance when using social media.

28.14 Veterinary surgeons and veterinary nurses should ensure that support staff for whom they are responsible are aware of any practice protocols on **data protection and** the use of social media.

## 29. Microchips, microchipping and animals without microchips

Updated 8 January 2018

### Compulsory microchipping

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 <http://www.nidirect.gov.uk/dog-licensing-and-microchipping>

29.2 ~~From 6 April 2016~~, Microchipping of dogs in all other parts of the UK ~~has been becomes~~ 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 will have a legal obligation to have their dog's microchipped and registered with a microchip database, if they have not done so already. No keeper may transfer a dog to a new keeper 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 keeper's details. The keeper is responsible for keeping these details up to date and, whenever there is a change of keeper, the new keeper 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 A keeper 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 a keeper has failed to comply with the notice, the regulations give an authorised person powers to, without the consent of the keeper, arrange for the dog to be microchipped and recover the cost of doing so from the keeper. The regulations also permit an authorised person to take possession of a dog without the consent of the keeper 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.

#### **Horses**

29.8 The RCVS considers the microchipping of horses within the nuchal ligament to be an act of veterinary surgery.

#### **Compulsory microchipping**

##### ***Dogs (for the purpose of The Microchipping of Dogs (England) Regulations 2015)***

29.9 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.

***Dogs (for the purpose of The Microchipping of Dogs (Scotland) Regulations 2016)***

29.10 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 (for the purpose of The Microchipping of Dogs (Wales) Regulations 2015)***

29.11 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.

29.12 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.

### **Tail docking**

#### ***Dogs (for the purpose of The Docking of Working Dogs' Tails (England) Regulations 2007 and The Docking of Working Dogs' Tails (Wales) Regulations 2007)***

29.13 In England and Wales, 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.](#))

#### ***Dogs (for the purpose of The Welfare of Animals (Docking of Working Dogs' Tails and Miscellaneous Amendments) Regulations (Northern Ireland) 2012)***

29.14 In Northern Ireland, a competent person may microchip dogs for the purpose of the certification 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.](#))

### **Pet travel**

#### ***Dogs, cats and ferrets (for the purpose of pet travel)***

29.15 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.

29.16 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.)



## **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](http://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.

## **Microchips and pet travel**

29.20 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.

## **Removing microchips**

29.21 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.

29.22 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**

29.23 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.

29.24 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.

29.25 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.

### **Lost or stray small animals without microchips or other forms of identification**

29.26 Local authorities have a legal duty to deal with lost or stray dogs. Veterinary surgeons and veterinary nurses presented with stray dogs may contact their local council to arrange collection. Details for UK local authorities can be found on the gov.uk website at: <http://www.gov.uk/report-stray-dog>

29.27 In situations where the local authority cannot help, for example, in cases of stray cats, veterinary surgeons and veterinary nurses are encouraged to take reasonable steps to reunite the animal with the owner. These may include, for example, advertising in the practice and/or on the practice's website or social media pages that an animal has been found, contacting clients whose animals might fit the description, and contacting other veterinary practices in the local area to inform them of the find and ask if they have had enquiries from someone looking for an animal of that description. This is not an exhaustive list and in some cases it may not be reasonable or appropriate to take all of these steps.

29.28 Veterinary practices are not expected to keep a lost or stray animal indefinitely while attempts are made to locate an owner. If no owner has come forward after a reasonable search there will come a point when it is appropriate to stop the search and consider the animal's future. This could include taking steps to re-home the animal, ideally through an animal charity or re-homing centre. In some cases, euthanasia may be reasonable, for example where an animal is not suitable for re-homing.

29.29 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.

29.30 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.

29.31 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

29.32 An ownership dispute may arise where a client presents an animal with a microchip registered in another person's name.

29.33 Veterinary surgeons should consider the following information if faced with this situation:

### Seek prior agreement to disclose

29.34 Practices may wish to ~~obtain~~ request express written agreement from clients ~~on registration as a pre-condition of registering with the practice~~ 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.

29.35 A written agreement ~~can~~ should be obtained through a standalone consent document and not merely included. ~~However, if the practice wishes to obtain this consent through its in the practice's standard terms and conditions. document, then the relevant terms and conditions stating that the client gives his/her consent must be in bold and sufficiently drawn to the client's attention to be regarded as fair and properly incorporated into the contract between the practice and the client.~~ 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.

29.36 Data controllers must pay an annual data protection fee to the Information Commissioner's Office (ICO). In certain limited circumstances, a controller is exempt from paying such fee, but these are unlikely to apply to a practice. The ICO can impose fines for non-payment. ~~It is a requirement of the Data Protection Act 1998 for data controllers who process personal data to register on the Information Commissioner's Office (ICO) Register of Data Controllers (unless they are exempt from registration); and to keep that registration up to date. Practices should ensure that disclosure of the nature described above is covered by the practices' entries on the Register.~~

## Seek consent to disclose

29.37 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 keeper and/or database provider. However, the name and details of the registered keeper should not be provided to the current keeper (the current keeper might volunteer it, of course).

29.38 It is likely that consent will be given freely if the registered keeper 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

29.39 If the current keeper refuses to consent to the release of their personal information to the registered keeper, the veterinary surgeon should contact the registered keeper 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 keeper (or any other third party including the database provider) at this stage.

29.40 If the veterinary surgeon makes contact with the registered keeper and the registered keeper 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 keeper or any other third party as the veterinary surgeon would not have a legal basis for this disclosure under the GDPR ~~would not fall under one of the exemptions in the Data Protection Act 1998~~. Consent will need to be obtained from the registered keeper to change the details on the microchip.

29.41 If the veterinary surgeon makes contact with the registered keeper and/or the database provider and from the conversation discovers that (i) the animal has been reported as stolen; (ii) the registered keeper was not aware that the animal is in someone else's possession; and/or (iii) the registered keeper wants to recover the animal, then the veterinary surgeon may be able to rely on the ~~GDPR Data Protection Act~~ and disclose the current keeper's personal information provided he/she is certain ~~and has evidence to support his/her feeling of certainty~~ that such disclosure is "necessary" for the purposes of the legitimate interests of the registered keeper, e.g. to enable him or her to exercise his/her legal rights, and those interests are not overridden by the interests of the current keeper, for example if there are legitimate fears that the registered keeper is violent/might take matters into their own hands. ~~any legal or prospective legal proceedings, for the exercise of the legal rights of the registered owner or to enable the registered owner to take legal advice~~. However, it is probably more advisable not to disclose the data to the registered keeper, but suggest 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~~ keeper and/or database provider tells the veterinary surgeon that the animal is stolen, the veterinary surgeon ~~may~~ could inform the registered keeper and/or database provider that s/he will alert the police and provide the police with the current keeper's details. ~~Alternatively~~ However, the veterinary surgeon may wish to ask the registered keeper and/or database provider to report the theft. ~~If the police then contact the veterinary surgeon, he/she should~~ ~~may then disclose appropriate details to the Police or~~ ask for a formal request for disclosure from the Police for this information.

### b. Civil/Ownership dispute

In some cases, the animal may not have been reported stolen, but the registered keeper 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 ~~only~~ not immediately provide the current keeper's details to the registered keeper. ~~if the registered keeper has engaged a lawyer/legal advisor for advice relating to the recovery of the animal. Generally, the safest approach in these circumstances is for veterinary surgeons to disclose the current keeper's details only to the registered keeper's lawyer/legal advisor rather than directly to the registered keeper.~~ The registered keeper's ~~lawyer/legal advisor should be asked to~~ or their legal representative ~~should~~ expressly confirm, in writing, the basis on which they are requesting disclosure and the basis on which disclosure is ~~permitted under the data protection laws exempt under the Data Protection Act.~~ The veterinary surgeon should then assess that request before deciding whether to disclose.

29.42 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

29.43 Additional guidance on client confidentiality and microchipped animals is available to download in the form of a [Flow Chart](#).