

Meeting expectations on the provision of 24-hour emergency veterinary care: a call for evidence

An open letter to all veterinary surgeons,
veterinary nurses and animal owners

December 2013

Dear Colleagues and Animal Owners

We are seeking your views on the veterinary provision of 24-hour emergency first-aid and pain relief (24/7) to animals. The reasons for this are summarised below, and the context, together with details of how to submit your views, are set out in the attached background document and annexes.

24/7 responsibilities and expectations

The *RCVS Codes of Professional Conduct* set out the principles of veterinary practice and veterinary surgeons' and veterinary nurses' professional responsibilities.

One of these responsibilities (at paragraph 1.4), states: 'Veterinary surgeons and veterinary nurses 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'. Our supporting guidance provides advice on how to comply with this provision (available at www.rcvs.org.uk/247care).

Over the past two years, lay people¹ working with the RCVS have raised questions about the veterinary profession's ability to provide 24/7 to the extent required by the *Code*, and said there is a disconnect between the public's expectations and the profession's capacity to meet those expectations. In addition, in June 2013, an RCVS Disciplinary Committee Inquiry raised a number of issues on home visits by veterinary surgeons (see attached background document and annexes).

Why we'd like to hear from you

Whether you are a veterinary professional, or a member of the animal-owning public, we are keen to hear about your experiences of, and views on, the veterinary provision of 24/7 (particularly out of hours) to help us understand how best to meet the expectations of all involved. We will also include questions on 24/7 in the *RCVS Survey of the Professions 2014* and listen to the views of animal owners through focus group research.

We value your views and invite you to send them to us by 17 February 2014 (details overleaf). When we have collated all responses, we will invite a number of individuals and organisations to a meeting, on a date to be agreed, to present and discuss their views with the RCVS Standards Committee².

Yours faithfully



Mrs Clare Tapsfield-Wright BVMS MRCVS
Chairman, RCVS Standards Committee

¹ Lay Observers sitting with the RCVS Preliminary Investigation Committee

² See attached note for an explanation of the Standards Committee

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Background information and instructions for submitting evidence

Introduction

RCVS Council is supported by a number of committees, including the Standards Committee, which provides advice and guidance on the professional conduct of veterinary surgeons and veterinary nurses, and publishes the *RCVS Codes of Professional Conduct* and their supporting guidance.

In seeking views about how expectations are being met in the provision of 24-hour emergency veterinary care, the Standards Committee would first like to draw respondents' attention to the following three relevant issues.

Lay Observers' opinion

The RCVS Preliminary Investigation Committee (PIC) assists the assessment and investigation of complaints, carries out the case examination of complaints, and decides whether to refer complaints to the Disciplinary Committee for a public hearing.

Prior to July 2013, Lay Observers (non-veterinary appointees) sat with the PIC to represent the public, ensure that all complaints were investigated thoroughly and contribute to discussion on wider policy issues. Since July 2013, the PIC has included lay members.

In recent years, the Lay Observers have raised a number of concerns about the provision of 24/7 via their annual reports to RCVS Council. Copies of the reports are available on the RCVS website at www.rcvs.org.uk/about-us/committees/, but the 2013 report included the following:

'In last year's report to Council, we set out in some detail our concerns in relation to the provision of 24-hour emergency first aid and pain relief. These concerns remain today. It is right that formal action should be taken against an individual veterinary surgeon who fails to meet his or her obligations under the Code of Conduct. However, it is equally as important that owners, directors and leaders of those companies and practices who provide 24-hour emergency care services ensure their protocols and businesses are Code-compliant. If the profession is unable or unwilling to provide these services to the full extent required by the Code, then the College must decide whether a less onerous provision should be introduced. As things stand, there is evidence of a disconnect between the public's expectations and the profession's capacity to meet those expectations'.

Disciplinary Committee hearing – recent discussions

The Disciplinary Committee (DC) hearing in June 2013 concerning Mr Munhuwepasi Chikosi (www.rcvs.org.uk/complaints/disciplinary-hearings/) raised a number of issues surrounding the

provision of 24/7 which are relevant to this call for evidence. Details of these are set out in Annex A to this background document and include:

- a. Speed of response
- b. Travelling time and distance
- c. Daytime versus out of hours obligations
- d. Individual versus corporate responsibility
- e. Staffing levels and contingency plans

The Standards Committee will also be considering practice protocols for veterinary surgeons and veterinary nurses providing 24/7 as part of its discussions.

[NB Subsequent to the conclusion of this DC hearing, the RCVS Operational Board clarified that a blanket may be used to move an injured dog (see Annex A).]

2009 consultation on 24/7

In the last ten years, the RCVS has carried out two consultations on the provision of 24/7, neither of which has significantly changed the 24/7 responsibility. The last consultation concluded in 2009 with the provision of additional advice and guidance to the profession. The issues raised during the last consultation are available in Annex B and include:

- a. Co-operation between practices
- b. Charging a 24/7 registration fee
- c. Fees to cover the running costs of 24/7 and whether the welfare of animals would be compromised if an owner could not pay
- d. How to tackle the problem for those who felt that there was no option but to do 24/7 themselves
- e. Home visits/attending away from the practice and safety out of hours
- f. Remote regions
- g. 24/7 opt-out and how this fits with animal welfare
- h. Providing 24/7 to registered clients only
- i. Non-compliance with professional requirements

How to respond

Please send us your comments by **5pm on Monday, 17 February 2014**, preferably by email, to **24-7@rcvs.org.uk**. Alternatively, please post them to:

Professional Conduct Department
Belgravia House
62-64 Horseferry Road
London
SW1P 2AF

Disclosures

Please note that we will disclose your responses to others in accordance with the requirements of the Freedom of Information Act.

Annex A

Documents relating to RCVS Disciplinary Committee hearing into Munhuwepasi Chikosi

1.	RCVS Disciplinary Committee decision (18 June 2013)	Pages 5 - 12
2.	RCVS press release: 'Disciplinary Committee strikes off Bedford vet' (19 June 2013)	Pages 13 - 14
3.	RCVS press release: 'RCVS responds to feedback on Chikosi case' (28 June 2013)	Pages 15 - 17
4.	RCVS press release: 'RCVS Operational Board: blanket acceptable for transportation of injured dog' (30 July 2013)	Page 18

ROYAL COLLEGE OF VETERINARY SURGEONS

V

MUNHUWEPASI CHIKOSI

DECISION

1. On 17th June 2013 the Disciplinary Committee considered the following charge against Mr Chikosi:

“That being registered in the Register of Veterinary Surgeons and whilst in practice at Vets Now, an out of hours service operating from 125 Bedford Road, Barton le Clay, Bedford MK45 4LP you:

1. *On 9 September 2011, having been informed that a veterinary surgeon was requested to visit and attend to Mitzi Matthews, a cross Labrador that had been injured in a vehicle accident:*

- (a) Unreasonably delayed attending to Mitzi, and/or*
- (b) Caused or allowed Mitzi to remain in pain and/or suffering for longer than was reasonably necessary;*

AND THAT in relation to the facts alleged, you have been guilty of disgraceful conduct in a professional respect.”

2. Mr Chikosi did not attend the hearing and was not represented. He lives in Harare, Zimbabwe.
3. At the outset of the hearing the College applied for the hearing to proceed in Mr Chikosi's absence. The information put before the Committee was that on 22 January 2013 the Clerk to the Disciplinary Committee wrote to Mr Chikosi at his registered address, and sent him by email, as an attachment, the Notice of Inquiry and Reply Form. The Committee has viewed the email and attachment, which confirms the documents referred to were attached to the email. Mr Chikosi sent an email to the Clerk on 8 February 2013 advising her of a change of address in Harare. He requested that the Notice of Inquiry and Reply Form be sent to him again at the new address as *“the mail sent may have been lost”*. The Clerk sent a further copy of the Notice of Inquiry and Reply Form to Mr Chikosi's new address. She asked Mr Chikosi to send her a completed Reply Form as soon as possible indicating whether he would be attending the hearing. No further response has been received from Mr Chikosi in writing or by email or by

telephone. Subsequently a copy of the Inquiry Bundle was sent by post to Mr Chikosi's address and by email attachment to him.

4. The Committee was referred to Rule 10.4 of ***The Veterinary Surgeons and Veterinary Practitioners (Disciplinary Committee) (Procedure and Evidence) Rules Order of Council*** 2004. The Rule states: "*If the respondent does not appear, the Committee may decide to proceed in the respondent's absence if it is satisfied that the notice of inquiry was properly served and that it is the interests of justice to do so.*" The Committee was referred to the case of ***R v Jones (Anthony)*** 2002 2 WLR 52 and the speech of Lord Bingham of Cornhill in which he referred, with approval, to the criteria to be applied in criminal trials, set out in the judgment of Rose LJ in the Court of Appeal in the same case. The criteria were adopted in the Privy Council in the case of ***Tait v Royal College of Veterinary Surgeons*** [2003] UKPC 34.
5. The Committee has had in mind that it should exercise its discretion to commence a hearing in Mr Chikosi's absence with the utmost care and caution. It has applied the criteria in ***R v Jones (Anthony)*** (supra). It is satisfied that Mr Chikosi is aware of the charge, date and location of the hearing and content of the Inquiry Bundle. It has concluded that Mr Chikosi has chosen voluntarily not to return from Zimbabwe and attend the hearing. He has put forward no reason for his decision not to attend the hearing. The Committee has concluded that he has waived his right to appear. Mr Chikosi has been unrepresented throughout the Inquiry. The Committee does not consider that if it was to adjourn the hearing there is any realistic possibility he would attend a hearing in the short or medium term. The events surrounding the charge are fully set out in the College's witness statements from which the Committee has deduced that it is unlikely there is any significant factual dispute in this case which would make the need for Mr Chikosi's attendance compelling. In all these circumstances the Committee has concluded that it is in the public interest and the interest of the complainant that the hearing proceeds in Mr Chikosi's absence.
6. The Committee has given detailed consideration to all the evidence in this case, the submissions of Counsel and the advice of the Legal Assessor. It has borne in mind that the burden of proof rests with the College and that the standard of proof required is to be sure. It has considered, where appropriate, the Guide to Professional Conduct (2010). It has given careful consideration to all the evidence in the case. The Committee has considered each head of charge separately.
7. Mr Chikosi qualified as a veterinary surgeon in Zimbabwe in 1996 and registered with the College in 2005, when he came to the United Kingdom. The Committee has no details about Mr Chikosi's career in this country before the matters complained of. On 9 September 2011 Mr Chikosi was employed as a locum veterinary surgeon by Vets Now, who provide an emergency out-of-hours service. He was working for Vets Now at the Boness Veterinary Hospital, Barton le Clay, Bedford. Mrs Boness sold her out-of-hours service to Vets Now in December 2009.
8. The College's case is that at about 8.00 pm on 9 September 2011 Mr Matthews accidentally ran over his 14 ½ year old Labrador cross, Mitzi, in the farmyard behind his house in Flitton, Bedford. He was aware that Mitzi had suffered severe injuries and was in considerable pain.

Mr Matthews telephoned his own veterinary practice, Icknield Veterinary Services. The call was automatically transferred to the practice's emergency provider, Vets Now, at the Boness Veterinary Hospital.

9. At 8.34 pm Mr Matthews spoke initially to the receptionist and explained what had happened. He requested a home visit to euthanase Mitzi. Mr Chikosi came to the telephone and told him that he was the only veterinary surgeon at the hospital and he could possibly organise another veterinary surgeon to come out to him, "*probably within the next hour or two*". He asked Mr Matthews to wrap the dog in blankets and bring her into the surgery. Mr Matthews and his son attempted to lift Mitzi into their Land Rover but were unable to do so. Mitzi was uncharacteristically snappy and bit Mr Matthews' son.
10. At 8.44 pm Mr Matthews telephoned again and spoke to the receptionist. He told her that they could not bring the dog into the surgery. He emphasised that the dog was in severe pain. The receptionist told him that it could take two hours for them to organise a veterinary surgeon to visit the farm.
11. At 8.51 pm Mr Chikosi telephoned Mr Matthews and said that the practice was struggling to find a veterinary surgeon for a home visit on a Friday evening. Mr Matthews told him that it would only take Mr Chikosi ten minutes to come out to the farm. Mr Chikosi said that he was unable to come out of the building because he was looking after animals and again referred to Mr Matthews bringing the dog into the practice.
12. Mr Matthews drove to Mrs Boness's house close by, where he spoke to her partner Mr Crick. He asked whether Mrs Boness would come out but was told by Mr Crick that she would not visit the farm. He said that they kept no drugs at the house. He gave Mr Matthews a muzzle for the dog.
13. Mrs Jeffrey, the Veterinary Nurse at the practice, described in her witness statement that 9 September 2011 was "*a very quiet night*". Vet Now's practice records disclose that there was only one animal in the hospital overnight. She does not remember how many patients from the Boness practice remained. Mrs Boness said in her witness statement there were two animals from her practice overnight. She has confirmed neither were critical cases. Ms Jeffrey and the receptionist telephoned veterinary surgeons on a list, maintained by Vets Now, of emergency veterinary surgeons to find somebody who was prepared to come to the hospital and provide cover whilst Mr Chikosi made the home visit. Initially they did not have success in finding anybody who was prepared to come out. Eventually, Mrs Tapp, a Senior Veterinary Surgeon at the Vets Now surgery at Milton Keynes, agreed to come from her home near Kettering, a journey of approximately 45 minutes.
14. Mrs Jeffrey says in her witness statement that she was aware that it was Vets Now policy that a veterinary surgeon and nurse must be on the premises throughout the shift. She believes that Mr Chikosi was seeking to follow that policy. She was aware that clients should be told that another veterinary surgeon was required to cover at the practice whilst the duty veterinary surgeon made the home visit. She said that it was always difficult to obtain cover from other

veterinary surgeons on the list who were not on call but were prepared to offer assistance if available. She believed that 45 minutes to obtain assistance was “pretty good”.

15. There were three other telephone calls with Vets Now, one with Mr Matthews and two with his daughter, Mrs Bright. The latter two were concerned with taking a credit card payment for £600 for the cost of a home visit to euthanase the dog.
16. The Committee has had the opportunity of listening to recordings of the first four telephone conversations between Mr Matthews, Mr Chikosi and the receptionist, which it found very helpful. There are some discrepancies between the oral recordings of the telephone conversations and the written transcripts. Where there are differences as to what is said to have occurred, the Committee has relied upon the content of the oral recordings.
17. The Committee has also read Vets Now’s written House Visits Policy. The policy states that the duty veterinary surgeon must be notified immediately that a home visit has been requested. It states that if it is decided by the duty veterinary surgeon that a home visit is appropriate then the procedures set out within the policy must be followed to ensure staff safety is not compromised. After quoting an extract from the RCVS Guide to Professional Conduct (2010), it sets out the requirements for a risk assessment for staff safety. There are three appendices, telephone advice, telephone record of house visit request and pricing rationale for house visit surcharge. Although the policy emphasises a preference for treatment at practice premises, the first appendix does state that “ultimately, it is the duty vets responsibility to make the decision whether a house visit is clinically required or not”. The telephone record of the request in this case referred to in the second appendix has not been disclosed. The third appendix on pricing refers to “appropriate staffing of the clinic whilst one or two members of staff complete the visit (this may include bringing additional members of staff into the clinic to provide cover at short notice necessitating premium rates)”.
18. The Committee also heard from Mrs Tapp, veterinary surgeon, who was employed at the time by Vets Now as a Senior Veterinary Surgeon at the Milton Keynes surgery. She travelled directly from home to the hospital and when she arrived Mr Chikosi left for the home visit. She told the Committee that she did not take any drugs with her and would not have been able to go straight to the farm. She explained that in September 2011 there was no Senior Veterinary Surgeon at Vets Now at the Barton le Clay surgery and the arrangements for Mr Chikosi at the practice would probably have been made by an administrator. She says that a full induction course would have taken about two hours and a practice induction would have been considerably shorter. She was aware that Mr Chikosi had worked previously as a locum veterinary surgeon at Vets Now and is likely to have undergone a full induction.
19. The Committee has read an unsigned statement from Mr Chikosi, which was supplied to the College by Vets Now under cover of an undated memorandum. Mr Chikosi’s account does not differ in any significant respect from the College’s evidence. He refers to what he describes as his predicament in leaving the hospital without veterinary cover. He refers to trying to get Mr Matthews’ dog into the hospital if at all possible so he could fulfil his obligations to animals at the hospital and provide the best possible care to his dog if required. He says that an on-call veterinary surgeon was on site at the hospital within an hour, at which point he left the hospital

immediately and was at the farm shortly afterwards. He says that fees and payment were discussed at the tail-end of the conversations with Mr Matthews and only then whilst they were waiting for the on-call veterinary surgeon to arrive. He says that the Vets Now schedule was used to determine the cost of the visit. He describes Mitzi on arrival as hypothermic. He says that she was in hypovoleamic shock with collapsed veins. He says he explained to Mr Matthews that he had been unable to leave the hospital until he had cover and his delay was not financially motivated.

20. The College's Guide to Professional Conduct 2010 makes a number of references to out of hours cover and to house visits. Part 1.C provides (11-2):

"1. A veterinary surgeon must:

.... if in practice, take steps to provide 24hr emergency cover for the care of animals of those species treated by the practice during normal working hours

...

emergency cover means at least immediate first aid and pain relief...

(c) When on duty providing 24 hour emergency cover:

not unreasonably refuse to provide first aid and pain relief for any animal of a species treated by the practice during normal working hours"

21. The same section continues:

"whether attendance away from the practice premises is essential or not is the decision of the on-duty veterinary surgeon taking into account the needs of the animal and the relevant health and safety issues". (Page 11-3)

22. Under the section regarding fees and related matters Part 2.B, paragraph 16 refers to attendance away from the practice premises and provides as follows:

"16. Clients often request attendance on a sick or injured animal away from the practice premises. It must be recognised that in some circumstances it may be desirable to do so. On rare occasions, it may actually be necessary on clinical or welfare grounds.

17. The decision as to whether attendance away from the practice is essential or not is solely for the veterinary surgeon concerned, having carefully balanced the needs of the animal against the relevant health and safety issues for the practice personnel". (11-6)

23. The annex in place at the time regarding 24 hour emergency cover includes reference to domiciliary visits, providing:

"any veterinary surgeon asked to attend an animal away from the practice premises, particularly at night, may need to consider the safety implications of making the visit. Practice policies to exclude domiciliary visits are not acceptable and a veterinary surgeon should assess each individual situation.

... In such circumstances, and generally, the RCVS does not expect a veterinary surgeon to risk life and limb or that of anyone else. All the RCVS asks is that a veterinary surgeon acts reasonably, taking into account all the circumstances of any particular case, along with the Guidance in Part 2 (d) of the RCVS Guide to Professional Conduct". (11-9)

24. The Guide lists a number of factors to be taken into consideration by a veterinary surgeon, when deciding whether to attend an animal away from the practice premises, including the location and state of the animal, the likely treatment needed, the possibility of the animal being safely conveyed to the veterinary surgery, the local availability of an animal ambulance service or something similar, the health status of the animal and ability of the owner to manage the animal's pain until veterinary attention could be sought during normal hours, travelling time for the veterinary surgeon, the ability of the veterinary surgeon to make the visit in safety, the possibility of another person attending with the veterinary surgeon and the local weather conditions.

25. The annex continues:

"if any complaint is made to the RCVS and a veterinary surgeon is able to explain his or her reasons for not attending and the RCVS can see that proper consideration was given to the circumstances and that a reasonable decision was taken and explained to the animal owner or client, that is likely to be an end of the matter".

26. The Committee is satisfied to the requisite standard of proof that both heads of the charge have been made out, namely (a) there was unreasonable delay in Mr Chikosi attending to Mitzi, and (b) the delay caused Mitzi to remain in pain and suffering for longer than was reasonably necessary. The Committee is satisfied that throughout the telephone conversations Mr Matthews emphasised the urgency of the situation. Although he was very distressed he remained courteous and concerned, notwithstanding that he was unable to obtain a home visit from a veterinary surgeon for about one and half hours. His concern was that Mitzi should not continue to suffer unnecessarily.

27. The Committee is satisfied that Mr Chikosi did not make the welfare of the dog his priority when he spoke on the telephone to Mr Matthews shortly after 8.34 pm or, indeed, after 8.51 pm. He made no enquiries as to the condition of Mitzi to determine whether the dog was in a fit condition to be moved. He offered no advice to Mr Matthews as to how Mitzi's condition could be alleviated whilst waiting for the home visit. His advice that the dog should be moved on a blanket was completely wrong, as the dog may have had an injured back. From the outset he took the stance that he was unable to leave the hospital because he was the only veterinary surgeon present. The Committee has concluded that there was no good reason why he should not have attended Mr Matthews' farm, which was only ten or fifteen minutes' drive away from the hospital. The information available is that there were only three animals at the hospital

overnight and no critical cases. There was a qualified veterinary nurse present, who could have provided cover whilst Mr Chikosi was visiting the farm. Certainly, there was no reason why he should not have gone after Mr Matthews' second telephone call at 8.51 pm, when it became apparent Vets Now were experiencing difficulty finding an emergency veterinary surgeon. Instead he waited another hour until Mrs Tapp arrived at the hospital.

28. The Committee is satisfied that the delay caused Mitzi unnecessary suffering, which was evidenced by her uncharacteristically biting Mr Matthews' son. She was a 14 ½ old dog who was in pain as a result of the injury, bleeding profusely. She probably had major internal organ and orthopaedic damage. By the time Mr Chikosi arrived Mitzi was hypovolaemic and in shock. Mr Matthews had recognised the severity of the injuries and the necessity for euthanasia as soon as was practicable. He was an experienced livestock owner who fully communicated his concerns to Mr Chikosi and the receptionist. As a result of Mr Chikosi's failure to attend the farm promptly, Mitzi endured unnecessary pain and suffering for at least an hour.
29. For the reasons set out above, it is satisfied that Mr Chikosi is guilty of disgraceful conduct in a professional respect. His failure to attend a seriously injured dog promptly in the circumstances described falls far short of the conduct to be expected of a reasonably competent veterinary surgeon. The Committee considers that Mr Chikosi's conduct is likely to have a detrimental effect on the reputation of the profession and undermines public confidence.
30. The Committee went on to consider the appropriate sanction in this case in the light of its findings. The Committee subsequently received further advice from the Legal Assessor on the sanction it should impose in the light of its findings. The Committee has had in mind that the primary purpose of the sanctions is not to punish but to protect the welfare of animals, maintain public confidence in the profession and declare and uphold proper standards of conduct. The Committee has considered the Disciplinary Committee Guidance on Outcomes and Sanctions, and paid particular regard to the aggravating and mitigating factors contained in the guidelines. The Committee was informed by the College that there were no known previous findings against Mr Chikosi.
31. The Committee has concluded that Mr Chikosi's failure to attend Mr Matthews' farm promptly, raised serious issues of animal welfare, causing Mitzi unnecessary pain and suffering for at least an hour. It has concluded from his unsigned statement that he has no insight into his actions. The Committee listened carefully to the record of the four telephone conversations, which it considers showed an absence of compassion on his part. He has failed to engage with the College after he was served with the Notice to Inquiry. Although the Committee has no information regarding his background, Mr Chikosi's conduct may be the result of the inexperience of an overseas veterinary surgeon in failing to exercise his own professional judgment rather than follow the protocol written by Vets Now on Home Visits. His conduct was wholly unacceptable.
32. The Committee considered whether there were circumstances where protocols written by providers of emergency out-of-hours service should override the requirements of the Guide on animal welfare or other issues. It considers that the requirements of the Guide are and should

remain paramount. The Committee has grave concerns about the completeness of the advice given in Vets Now protocol in relation to road traffic accidents, which does not envisage circumstances in which the condition of the animal is such that it requires urgent euthanasia at the scene of the accident. The Committee considers that the profession should be reminded that providers of emergency out-of-hours services should have in place at all times adequate staff to comply with the requirements of the Guide.

33. The Committee considered whether it was appropriate to postpone judgment in this case for a period of up to two years and concluded that this was not a case where undertakings as to further training or monitoring were appropriate where Mr Chikosi has failed to attend the hearing. It then considered the sanctions in order beginning with a reprimand or warning. It concluded that in view of the nature and extent of the conduct on the part of Mr Chikosi neither a reprimand and/or warning nor suspension would maintain public confidence or uphold proper standards of conduct in the profession. The Committee has considered the sanction proportionate to the nature and extent of the conduct, the public interest, and the interests of Mr Chikosi is one of erasure. The Committee has concluded that it is not in the public interest that Mr Chikosi should be permitted to work as a veterinary surgeon in the United Kingdom without further consideration of his fitness to practice.

34. The decision of the Committee is that Mr Chikosi's name should be removed from the Register.

DISCIPLINARY COMMITTEE

18th June 2013

19 June 2013

Press release

RCVS NEWS: DISCIPLINARY COMMITTEE STRIKES OFF BEDFORD VET

The Disciplinary Committee of the Royal College of Veterinary Surgeons (RCVS) yesterday [18 June] struck off the Register a veterinary surgeon who delayed attending a dog that had been run over at a farm, causing her to suffer unnecessarily.

Following a two-day hearing, the Disciplinary Committee found Munhuwepasi Chikosi guilty of unreasonably delaying attending Mitzi, a fourteen-and-a-half-year-old Labrador cross, and of unnecessarily causing her to remain in pain and suffering for at least an hour. On 9 September 2011, Mr Chikosi had been working as a locum veterinary surgeon at the Vets Now out-of-hours emergency service in Barton-le-Clay, Bedford, when Mitzi's owner telephoned him to say that his dog was severely injured and to request a home visit for the purpose of euthanasia.

At Mr Chikosi's request, the owner attempted to bring Mitzi into the practice using a blanket. However, it was not possible to get Mitzi into a Land Rover, and she uncharacteristically bit the owner's son, so her owner called the practice again. Mr Chikosi repeated the request to bring the dog in, saying that he was unable to leave the practice because he was looking after other animals, but that he could possibly organise another veterinary surgeon to visit "probably within the next hour or two".

The Committee considered Mr Chikosi's actions in context of the *RCVS Guide to Professional Conduct 2011*, which listed a number of factors for veterinary surgeons to consider when deciding whether to attend an animal away from the practice premises. These included the likely treatment needed, the possibility of the animal being safely conveyed to the veterinary surgery, the health status of the animal and ability of the owner to manage the animal's pain until veterinary attention could be sought during normal hours, and travelling time for the veterinary surgeon (see note).

However, the Committee found Mr Chikosi had made no enquiries to determine whether Mitzi was in a fit condition to be moved, and offered no advice as to how her condition could be alleviated whilst waiting for the home visit. Further, his advice that Mitzi should be moved on a blanket was wrong, as she may have had an injured back. The Committee concluded that, from the outset, Mr Chikosi took the stance that he was unable to leave the practice because he was the only veterinary surgeon present. However, the Committee noted, from the information available, that there were only three in-patients, no critical cases and a qualified veterinary nurse was present. The Committee found there was no good reason why he should not have attended the farm, which was only 10 to 15 minutes' drive away.

The Committee said that, by the time Mitzi's owner called a second time, it was clear that the out-of-hours service was experiencing difficulty finding a second veterinary surgeon but, instead of going to the farm himself, Mr Chikosi waited another hour until the second veterinary surgeon arrived at the out-of-hours service.

"The Committee is satisfied that the delay caused Mitzi unnecessary suffering, which was evidenced by her uncharacteristically biting [her owner's] son," said Professor Peter Lees, chairing and speaking on behalf of the Committee. "[Her owner] had recognised the severity of the injuries and the need for euthanasia as soon as was practicable. [Mr Chikosi's] failure to attend a seriously injured dog promptly in the circumstances described falls far short of the conduct to be expected of a reasonably competent veterinary surgeon."

He directed that Mr Chikosi's name be struck off the Register.

ENDS

28 June 2013

Press release

RCVS responds to feedback on Mr Chikosi's case

The Royal College of Veterinary Surgeons (RCVS) has received a number of comments on the recent Disciplinary Committee (DC) decision against [Mr Chikosi](#). In recognition of the confusion and anxiety that exists amongst some members of the profession about that decision, the RCVS wishes to take the step of clarifying the practices and procedures of the DC.

It is not appropriate to discuss the detail of the case at this time, as this may run the risk of prejudicing a possible appeal from Mr Chikosi.

“Cases around 24-hour emergency cover do tend to spark debate,” says Gordon Hockey, RCVS Head of Legal Services and Registrar. “The DC decision is consistent with long-standing RCVS advice on 24-hour emergency first aid and pain relief and confirms the importance of individual professional judgement that takes account of the needs of the animal in the specific case.

“The advice in the *Code* and the supporting guidance remains in place, and all decisions of the DC are considered by the Advisory Committee (to be renamed the Standards Committee from July), which may result in further advice or clarification being produced by the RCVS.

“Meanwhile, nothing takes the place of reading the full decision of the DC, and I would urge veterinary surgeons with an interest in this area to take the time to do this,” adds Gordon.

DC practices and procedures

The DC is constituted under the Veterinary Surgeons Act 1966 and considers cases against veterinary surgeons. If a case is found proved, a veterinary surgeon may be suspended or removed from the Register. If the DC directs that a veterinary surgeon's name should be removed, this will take effect at the end of a 28-day appeal period, or if there is an appeal, if this is withdrawn or lost.

The DC has a Manual and Guidance on procedures, which can be found at www.rcvs.org.uk/complaints/disciplinary-hearings. These provide guidance to the DC, the

profession and the public on the decision-making processes and the full range of sanctions available. DC members undergo one-day induction training, two-day annual training and any additional training as and when necessary.

A Legal Assessor, a Queen's Counsel (QC), provides legal advice to the committee at each hearing and helps to draft the decision (but does not take any part in making the decision).

Privy Council approval

Giving judgement on an appeal case at the end of 2011, the Privy Council approved the practices and procedures of the DC, and noted that it was restricted in certain procedures by provisions in the Act itself which meant that only Council members could sit on the DC (see http://www.jcpc.gov.uk/decided-cases/docs/JCPC_2011_0007_Judgment.pdf).

This part of the Act has now changed with the introduction of the Legislative Reform Order this April. Non-Council members will [join DC from July](#), and DC members will be fully independent from Council following a two-year transition period.

Current members of the committee, their biographies and declarations of interest, can be found at www.rcvs.org.uk/about-us/committees/disciplinary-committee.

Precedent

One area of concern from veterinary surgeons has been whether decisions in DC cases set a precedent. The DC has no formal system of legal precedent and each case is considered individually on its own facts, taking into account the evidence presented and the submissions made. However, any DC decision is important to the profession, and the Committee strives to be consistent in its decision-making.

The DC's job is to decide, on the facts of any specific case, whether a veterinary surgeon is guilty of disgraceful conduct in a professional respect or unfit to practise due to a criminal conviction – to decide whether the charge is proved. This decision is crucial for the respondent veterinary surgeon. It may also provide guidance and/or direction to the profession as to what is likely to be considered disgraceful conduct in a professional respect; although it should always be borne in mind that every DC case will be decided on the basis of its own particular factual circumstances.

There may not be full agreement within the profession on all aspects of a decision, but it should be borne in mind that the DC is uniquely placed to consider the evidence in relation to each case and come to conclusions on the basis of that evidence. The DC will have had an opportunity to

see and assess the manner in which witnesses give evidence and to consider this in the context of all the documentary evidence and submissions in the case. In giving its judgment, it will usually set out the factual background and context to the allegations; and, in doing so, it may make comments on matters that form part of that factual context but are not directly charged.

Current advice

The *RCVS Code of Professional Conduct* is the profession's formal advice on proper professional conduct and practice and therefore relevant to many cases – ie it sets the standard. It's important to note that veterinary surgeons are not charged with any specific breach or breaches of the *Code* (previously the *Guide*), but relevant sections of the *Code* may be referred to in evidence and/or submissions to support an allegation that the veterinary surgeon is guilty of disgraceful conduct in a professional respect or is unfit to practise as a result of a criminal conviction

The current advice in the *Code* on 24-hour first aid and pain relief, which is consistent with the decision, is that:

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

The supporting guidance can be found at www.rcvs.org.uk/247care, and includes the following:

3.14 Clients may request attendance on a sick or injured animal away from the practice premises and, in some circumstances, it may be desirable to do so. On rare occasions, it may be necessary on clinical or welfare grounds. The decision to attend away from the practice is for the veterinary surgeon, having carefully balanced the needs of the animal against the safety implications of making the visit; a veterinary surgeon is not expected to risk 'life or limb', or that of anyone else to provide the service.

Advice is reviewed periodically, and usually includes consultation with the profession, although these provisions have remained substantially the same for many years.

Press releases

Press releases are produced following each disciplinary hearing, to assist in communication of the decision and any learning points. However, by their nature, such releases can only provide a summary. The RCVS strongly encourages those interested in any case to read the full reasoned decision from the Disciplinary Committee, which are posted online at www.rcvs.org.uk/disciplinary.

30 July 2013

Press release

RCVS Operational Board: blanket acceptable for transportation of injured dog

The veterinary profession's reaction to the outcome of the recent disciplinary hearing into Mr M Chikosi was discussed by the Royal College of Veterinary Surgeons' new Operational Board at its first meeting, on 26 July.

The hearing had found Munhuwepasi Chikosi guilty of unreasonably delaying attending a dog that had been run over at a farm, and of unnecessarily causing her to remain in pain and suffering for at least an hour.

The Disciplinary Committee had directed that Mr Chikosi's name be removed from the Register for serious professional misconduct; the appeal window now being closed and no appeal having been made, this has been done.

Speaking on behalf of the Board, President Neil Smith said: "We fully support the decision taken by the independent Disciplinary Committee with regard to the Chikosi hearing, with one comment requiring clarification: the issue of whether a blanket can be used to move an injured dog. We consider that it is acceptable, in most cases, to transport an injured dog with the aid of a blanket.

"The profession should be reassured that our Standards Committee [the new name for Advisory Committee] will consider the general issues raised by the Chikosi hearing at its next meeting. This will not be a review of the decision, but form part of the routine consideration of DC hearings made by the Committee to see if they raise issues that require additional guidance and advice."

ENDS

Annex B

Documents relating to 2009 RCVS consultation
on the provision of 24/7

1.	24-hour Emergency Cover Working Party – Report of the meeting held on 26 March 2008	Pages 20 - 24
2.	24-hour Emergency Cover Working Party – Report of the meeting held on 23 September 2008	Pages 25 - 27
3.	24-hour Emergency Cover Working Party – Report of the meeting held on 3 December 2008	Pages 28 - 35

WORKING PARTY TO REVIEW RCVS GUIDANCE ON 24-HOUR EMERGENCY COVER

REPORT OF THE MEETING HELD AT BELGRAVIA HOUSE ON 26 MARCH 2008

Present:

Working Party Members

Dr Jerry Davies, Chairman and RCVS Treasurer and Council Member
Dr Bob Moore, RCVS President
Mrs Clare Tapsfield-Wright, Advisory Committee and RCVS Council Member
Mrs Caroline Freedman, RCVS Lay Council Member
Mrs Barbara Saunders, RCVS Lay Council Member
Mr Andrew Parker, British Veterinary Association (BVA)
Mr Andrew Prail, Hon. Secretary British Cattle Veterinary Association

Apologies

Mrs Alison Bruce, RCVS Lay Council Member
Mr Paul Dray, DEFRA
Mr Ewan McNeill, Society of Practising Veterinary Surgeons

RCVS Council Members in attendance

Mrs Jill Nute, RCVS Council Member
Dr Nigel Swayne, RCVS Council Member
Dr Bradley Viner, RCVS Council Member

In attendance:

Mrs Sue Whall, Advisory Manager, Professional Conduct Department

1. The Chairman welcomed Working Party (WP) members and asked those present to give a brief introduction. Some RCVS Council members were in attendance and others submitted written comments. Comments received in response to the invitation to do so in the March issue of RCVS News were tabled and are attached as Annex A.
2. By way of background, the WP had been provided with previous WP reports of meetings since 2003 as well as extracted paragraphs from past Advisory Committee minutes. The WP was apprised of revisions to the Guide to Professional Conduct on 24/7 from 2003 to date.
3. The discussion paper highlighted various issues, including points identified by Advisory Committee at its meeting in January for the WP's consideration. The Chairman thanked Mrs Whall for this very helpful framework on which to base the discussions.
4. The Chairman asked the WP to take into account disability legislation to ensure that disabled people are not treated less favourably than others by the RCVS policies.

5. With regard to the suggestion to survey the profession's views, it was agreed the public's views should also be canvassed. It was recognised that if asked, it was likely both the public and the profession would wish the provision to be retained in some form. In order to provide a true picture of people's attitudes, questions would have to be carefully phrased.
6. It was thought the profession would be relatively straightforward to survey as the issues were well known to it. It was thought that focus groups would be an appropriate method for canvassing public opinion, primarily because they could provide more useful information than a questionnaire because the pros and cons could be discussed more meaningfully, and should also to cover as many species of owned animals as practicable. The Communications Department had experience with working with organisations that developed surveys.
7. However, the public did not always understand that emergency cover meant first aid and pain relief. The provision was not a legal requirement but an ethical responsibility that the profession itself had decided to provide.
8. Comparisons were made with the medical profession. It was thought the introduction of alternative services such as the NHS telephone advice line, manned by nurses, meant fewer visits were made by doctors. As such, the public was familiar with alternative services and might have more realistic expectations with regard to such provisions.
9. It was noted some insurance companies were asking policy holders to use the company's telephone advice service before seeking out of hours veterinary services. It was thought this was due to concerns about fees. An information leaflet for the PetCall service (PetCall is a registered trade mark of Vetsdirect) was circulated. A 24/7 veterinary advisory helpline is available with an opportunity to speak to a qualified nurse *'who will listen to your concerns and provide an immediate source of expert advice, any time of the day or night ... and you will be directed to an appropriate level of care ...'*. The WP was advised a similar service had been set up by Marks and Spencer which required its policy holders to make use of its telephone advice line as a first port of call.
10. It was suggested the 24/7 requirements should be couched in general terms; *how* the profession provided cover was up to individuals. 'One size did not fit all'; it was not possible to include guidance to cover every circumstance.
11. The Guide had recently been revised to expand the advice on 24/7 cover in remote areas. It was noted that there were few complaints from such areas, presumably because those who lived in remote regions accepted the challenges associated and animal owners had realistic expectations of what could be provided.
12. There was also concern expressed about those areas with low stock/animal density, where there is insufficient work to support the veterinary manpower necessary to provide 24/7 cover.
13. The point was made that the WP should exercise caution when using exceptional areas as a basis for altering/revising guidance. It was suggested the WP should first concentrate on the principle and then deal with these exceptional areas.

14. The view was expressed from one of the lay members that as a pet owner, there was some expectation that advice and the opportunity to have an animal seen by a veterinary surgeon should be available out of hours. There were though clients who expected 24-hour emergency service rather than availability of cover. It was noted the distinction is set out in the annex to the Guide.
15. It was noted that some dedicated emergency service providers had a financial incentive to provide a full service outside normal working hours. As staff were available and premises were open; there was no reason for them to restrict the service to emergencies.
16. There was some discussion about restricting the 24/7 requirement to only registered clients. It was noted this had been considered by the WP in the past and abandoned because of difficulties defining who is a registered client. Further, it was thought there would always be those who would not be registered, for example, new owners and holiday makers.
17. It was thought reasonable and arguably 'a duty' under animal welfare legislation for owners to register with a veterinary practice and it was thought most veterinary surgeons would be happy to provide or organise 24/7 for their registered clients.
18. It was suggested that providing 24/7 to unregistered clients may be seen as a business opportunity by some practices. Provided the arrangements were made clear to clients and potential clients, a higher fee might be charged to unregistered clients as an incentive to register. It was stated there seemed to be few other countries where mandatory 24/7 cover is applied as it is in the UK. This level of obligation and the analogy with joining the AA and RAC to provide for unforeseen circumstances was thought helpful.
19. It was noted that notwithstanding that veterinary surgeons could now outsource or share cover and re-direct clients of another practice to their usual practice in the first instance, clients inevitably went to the nearest practice to them. This was thought to be a real frustration for the profession.
20. It was noted that under the Practice Standards Scheme, Tier 3 hospitals could provide cover for Tier 1 and Tier 2 practices but the arrangements could not be reciprocated. The RCVS should continue to encourage cooperation to share or outsource 24/7 but it was accepted that it was not always possible. The need to restrict this reciprocation to one way only had been questioned by one of the correspondents.
21. A suggestion was made that pressures on veterinary surgeons in this area had led to the high suicide rate in the profession but this was thought too complex a problem for the WP as a whole to come to this conclusion.
22. It was thought a large portion of the public was ignorant of the 24/7 arrangements offered by their veterinary practice. It was thought reasonable for owners to ensure they are better informed and also aware of their own responsibilities with regard to the welfare of their animals and for veterinary surgeons to inform clients of the services available. It was

suggested there should be an advertising campaign to inform the public with regard to animal welfare legislation, although this was not for RCVS.

23. The WP noted BVA's offer to liaise with its divisions to canvass its members' views and it was agreed this should be encouraged. It was recognised that funding would be needed and to keep costs down existing mailings might be made use of and/or the availability of answering survey questions on line.
24. The WP was asked to consider the draft advice note on the Working Time Regulations which had been revised to take into account Council's concerns. Some Council members were critical of the idea of the provision by RCVS of advice in this area. It was suggested the reference/inclusion of a Workforce Agreement in the context of 24/7 might be perceived by some members that they had to enter into such an agreement in order to comply with the 24/7 requirements.
25. The counter argument expressed was that there was confusion within the profession on what the legal requirements are. Because of the relevance to the profession, it was thought the information would be useful. The advice would not substitute the need for individual veterinary surgeons/practices to seek their own advice with regard to their specific circumstances.
26. The WP agreed the revised advice note should end at paragraph 19; and the sample workforce agreement be removed. Members should be directed to where further information on such agreements might be found, such as BVA, which already provided sample employment contracts. It was suggested that the information on such agreements that the RCVS had garnered could be made available to BVA.
27. There followed general discussion on some of the suggestions included in the comments received. The following points were expressed:
 - a. RCVS role in this regard was limited to ensuring animals are seen out of hours for first aid and pain relief and the provisions allowing outsourcing and sharing was sufficient to make this not too onerous.
 - b. The profession can not sustain the burden of providing 24/7 any longer.
 - c. The RCVS should not have blanket provisions when some areas/circumstances exist where the provisions cannot be met.
 - d. The RCVS should allow for members to apply individually for an exemption.
 - e. There should only be an obligation to comply with whatever services you have contracted with your clients to provide.
 - f. Removal of 24/7 requirements will allow cherry picking and have welfare implications.

Conclusion

28. It was agreed that the 24/7 provisions should not be revised until the profession's and the public's attitudes had been canvassed. The WP should not pre-empt the outcome of any survey. It was agreed the various proposals included in the comments provided could be aired in the survey questions.
29. Professional Conduct Department would ask the Communications Department for an estimate of costs for the next Advisory Committee.
30. BVA Council had been provided WP papers for its meeting on 2 April. Mr Andrew Parker would feed in comments. In particular regarding the proposed surveys and the more specific advice regarding workforce agreements.
31. The WP proposed the advice note on the WTR should be revised further to remove the sample workforce agreement. Information on where sample agreements may be found should be included instead.
32. The Report of the meeting with the WP's proposals would be submitted for consideration by Advisory Committee when it next meets on 24 April. A date for the next meeting of the WP was not set. It was agreed that the momentum of the meeting should not be lost and that further meetings should be convened.

08.04.14 Report of meeting.doc
Professional Conduct Department

24 HOUR EMERGENCY COVER WORKING PARTY

REPORT OF THE MEETING HELD ON 23 SEPTEMBER 2008 AT BELGRAVIA HOUSE

Present:

Dr Jerry Davies, RCVS Treasurer and Chairman of the Working Party
Mr Mark Elliott, RCVS Council Member
Mrs Caroline Freedman, RCVS Council Member
Mrs Catherine Goldie, RCVS Council Member
Dr Barry Johnson, RCVS Council Member
Mr Ewan McNeill, President of SPVS
Mr Bob Moore, RCVS Senior Vice President
Mrs Jill Nute, RCVS President
Mr Bob Partridge, RCVS Council Member
Dr Nigel Swayne, RCVS Council Member
Mrs Clare Tapsfield-Wright, RCVS Council Member
Dr Bradley Viner, RCVS Council Member

In attendance:

Dr Mo Gannon, Director Cognition Marketing Intelligence
Mr Gordon Hockey Head of Professional Conduct / Assistant Registrar
Ms Lizzie Lockett Head of Communications
Mr Jeff Gill Policy Officer

DECLARATIONS OF INTEREST

1. The Chairman invited the members of the Working Party to declare any relevant interests before the discussion started, and reminded them of the need also to do so when particular matters were being discussed. Several members declared that as practitioners they were involved in providing out of hours cover or entered into arrangements with other providers. The President mentioned that in her election manifesto she had expressed the view that practices ought either to provide for out of hours cover or arrange for it to be provided.

APOLOGIES

2. There were apologies from Mrs Alison Bruce, Mr Peter Jinman, Mrs Jacqui Molyneux, Mr Andrew Prail (BCVA) and Ms Barbara Saunders.

MINUTES OF WORKING PARTY MEETING OF 26 MARCH 2008; EXTRACT FROM ADVISORY COMMITTEE MINUTES OF 24 APRIL

3. The minutes were noted.

4. It was reported that enquiries were still being made about the position in other countries, both in the EU and elsewhere. BSAVA had supplied a document provided by FECAVA, but further enquiries were being made through FVE because the FECAVA document did not cover the question of compliance with the Working Time Directive.

LETTER FROM PRESIDENT AND PRESS RELEASE

5. These were noted. 60 telephone calls and e-mails had been received in response. These had been taken into account in the drafting of the questionnaire but not in the qualitative phase (see below).

REPORT BY DR GANNON

6. Dr Gannon reported on the outcome of the interviews which had been carried out with 12 selected veterinary surgeons in preparation for the full survey which would produce quantitative results. The outcome of the interviews was as follows:
 - three quarters of the interviewees felt that there should be an obligation to provide 24/7 emergency cover, although in some circumstances providing this was genuinely onerous or unsustainable;
 - those who thought that practices should be able to opt out also felt that market forces would mean that practices which offered out of hours cover would survive, because clients would choose those practices;
 - most felt that cover should be given whether the owner was a registered client or not;
 - in reality, veterinary surgeons on call only treated species with which they were familiar;
 - it seemed impossible for practices to offer 24/7 cover and comply with the Working Time Regulations on all points except holidays (although this might depend to some extent on what counted as being on call).
7. In discussion it was suggested that recent graduates tended to be reluctant to work out of hours, which perhaps raised a question about the expectations formed when they were students. Dr Gannon suggested that young veterinary surgeons whose domestic partners were in employment might attach more importance to leisure time than to the money they could earn from long hours.
8. Some of the interviewees said they had been asked to opt out of rights under the Working Time Regulations, but there had been no specific mention of Workforce Agreements. The interviews had not explored whether any of the veterinary surgeons had more than one job (which it was suggested was not uncommon in the case of veterinary nurses). It was suggested in discussion that the main reason why out of hours cover was a burden for practices was that the rest periods stipulated in the Regulations disrupted the next day.
9. Dr Gannon reported that most of the interviewees themselves carried out the triage of out of hours calls. Their responses seemed to depend on personalities, with the less confident among them tending to play safe and see the animal rather than risk a complaint to RCVS.

DRAFT QUESTIONNAIRE

10. Dr Gannon explained that the draft questionnaire needed to be shortened, since the current version would take 30-35 minutes to work through. The survey staff would telephone practices and speak to whichever veterinary surgeon was available and willing to talk, but some practices would be rejected if necessary in order to achieve the target quota of different categories of respondent.
11. It was agreed that no financial incentive should be offered to respondents.
12. In discussion it was suggested that practices were caused stress and annoyance when called out of hours by clients of neighbouring practices which did not provide adequate cover. That would still be an irritation even if realistic fees were charged for consultations out of hours. By contrast, owners who were away from their normal base, perhaps on holiday, were bound to need veterinary advice from time to time, and that had to be accepted.
13. A number of changes were agreed in the questionnaire. .

24-HOUR EMERGENCY COVER WORKING PARTY

REPORT OF THE MEETING HELD ON 3 DECEMBER 2008 AT 10:00 A.M. AT BELGRAVIA HOUSE

Present:

Working Party Members

Dr Jerry Davies, RCVS Treasurer and Chairman of the Working Party
Mr John Blackwell, BCVA
Mrs Alison Bruce, RCVS lay Council Member
Mr Paul Dray*, DEFRA
Mrs Caroline Freedman, RCVS lay Council Member
Mr Ewan McNeill, Past President of SPVS
Dr Bob Moore, RCVS Senior Vice President
Mr Andrew Parker, BVA
Mrs Clare Tapsfield-Wright, RCVS Council Member and Vice Chairman Advisory Committee

Council Members

Mr Mark Elliott*, RCVS Council Member
Mrs Catherine Goldie, RCVS Council Member
Dr Barry Johnson*, RCVS Council Member
Mrs Jill Nute, RCVS President
Mr Bob Partridge, RCVS Council Member
Dr Nigel Swayne, RCVS Council Member
Dr Bradley Viner, RCVS Council Member

*Absent

In attendance:

Dr Mo Gannon, Director Cognition Marketing Intelligence
Mrs Emma Delow, Director Cognition Marketing Intelligence
Mr Gordon Hockey, Head of Professional Conduct / Assistant Registrar
Ms Lizzie Lockett, Head of Communications
Mrs Sue Whall, Advisory Manager

APOLOGIES

1. Apologies were received from Mr Paul Dray, Mr Mark Elliott, Mr Peter Jinman, Dr Barry Johnson, Mrs Jacqui Molyneux, and Professor Sandy Trees.

DECLARATIONS OF INTEREST

2. Dr Davies invited those present to declare any relevant interests before the discussion started, and reminded them of the need also to do so when particular matters were being discussed. Several members declared that as practitioners they were involved in providing

out-of-hours cover or entered into arrangements with other providers. Mrs Bruce said she is no longer associated with a dedicated out-of-hours service provider.

MINUTES OF WORKING PARTY MEETING OF 23 SEPTEMBER 2008

3. The minutes had been circulated previously and considered by Advisory Committee and reported to Council in November.
4. Papers circulated for the present meeting were as follows:
 - a. Cognition's Findings from the survey conducted of 440 practices
 - b. Dr Gannon's presentations – short and long versions
 - c. RCVS Council paper considered on 5 June, together with relevant extract of Council minutes
 - d. President's letter sent to members in July, and press release
 - e. Information gathered on 24/7 requirements in Australia, New Zealand, South Africa and some European countries.
 - f. Comments sent to the College by members after the last meeting of the WP.

PRESENTATION BY DR GANNON

5. Dr Davies introduced the format of the meeting, indicating that there was no set agenda other than a presentation of the data by Dr Mo Gannon, of Cognition Market Intelligence. He said that the longer detailed presentation was available and asked that discussion of the issues should then follow before consideration of the Working Party's recommendations to Advisory Committee.
6. It was said that the data had arrived recently and there had been a short timescale for Dr Gannon to prepare the presentations. These working documents would be tidied up for external presentation, when the data, which was currently confidential, was made public.
7. It was explained that the initial questions in the survey sought to identify those veterinary surgeons who worked in clinical practice. Scaling up the data to the profession as a whole was difficult because the College data on those in clinical practice was not available on the statutory *Register of Veterinary Surgeons*. However, the information gleaned from the RCVS Survey of the Veterinary Profession 2006, to which half of the profession responded, could be used with the necessary caveats.
8. Dr Gannon stated that the totals in the survey indicated the view of the profession in general terms, but the views of different sectors (small animal, large animal and equine) could not be scaled up to be truly representative of the profession, and this should be borne in mind.
9. Dr Gannon made a short presentation indicating that at the end of the survey respondents were asked their preference for three options. A small majority said they would vote to keep 24/7 the same, proportionately less for small animal practice. One fifth said they preferred to be able to opt out of the provision with prior agreement; this was supported by proportionately more female veterinary surgeons. One fifth said they preferred the option to opt out with full disclosure to clients.

10. Concern was expressed that the survey did not fully represent the views of small animal practitioners as the percentage surveyed did not reflect the percentage at large, but it was confirmed that the views of small animal practitioners alone could be drawn from the survey results.
11. It was noted that overall the veterinary surgeons questioned considered that any general opt-out of 24/7 was likely to be detrimental to animal welfare. Proportionately fewer small animal veterinary surgeons held this view when compared to large animal veterinary surgeons. It was noted that 20% of out-of-hours calls could have been dealt with at another time and were routine.
12. It was noted that 24/7 requirements were considered to be a barrier to setting up a practice and to the recruitment of veterinary surgeons. It was suggested that it was counter intuitive that the barrier seemed to be less significant for the self employed, although perhaps this indicated a personal commitment or the inapplicability of the Working Time Regulations.
13. It was noted that for some it was difficult to provide 24/7; proportionately more so for small animal practitioners. Of those questioned, the majority of clients were less than an hour away from a 24/7 provider; one in five said the practice had a 'no home visits' policy and a further third said that visits occurred rarely. Approximately two-thirds of veterinary surgeons questioned said they should be able to refuse home visits, over two-thirds when considering small animal veterinary surgeons only. Approximately half of small animal practices had a means of transporting animals to the surgery. Abuse to veterinary surgeons was more likely to occur in the practice than on a visit.
14. There was discussion on how 24/7 is financed. It was suggested the fees earned by day subsidised the OOH service and that if 24/7 was self-financed, the cost would be too high for animal owners. There was a discussion on the appropriateness of cross subsidy. It was suggested that the public should be consulted about how much it would be prepared to pay for what level of cover.
15. It was commented that at all regional meetings, almost everybody asked said that the profession should provide 24/7. It was suggested that those who attended regional meetings were more likely to support 24/7.
16. It was suggested that the significant minority who do not want to provide 24/7 could not be ignored. Nevertheless, it was said that the findings suggested there was a need for 24/7 and that it was being provided and a majority wanted to provide it. There were issues though on how it is provided, having regard to the different branches of the profession.
17. The slide dealing with options for the future, relating to gender and age was discussed. The slide dealing with type of work and species; and employment status and practice size was also discussed. The groups least likely to support the status quo (around 55-59%) were in small animal species group, small practice (one-man) and employer and employee.
18. It was suggested that animal welfare should be considered when discussing any future proposals. Against this it was suggested that the RCVS had a responsibility for the welfare of its members. It was suggested that for a practice to comply with the Working Time Regulations, it needed approximately five veterinary surgeons.
19. It was stated the survey suggested that the profession wanted to retain the status quo but the delivery of 24/7 should be considered. It was suggested that 24/7 was in the public interest,

in the interests of animal welfare and it supported the reputation of the profession; it was in effect a 'no-brainer'.

20. The issue of remote areas was discussed and it was noted the current guidance had been revised in detail during previous reviews. It was suggested, however, that this was an issue to be resolved. The current guidance was described as a 'huge fudge' in that there is a section of the profession that effectively had been allowed to drop 24/7 and that different rules applied.
21. It was explained that the principle of 24/7 remained the same in remote regions, but that the RCVS recognised there might be insufficient veterinary manpower in those regions for a veterinary surgeon in practice to take steps to provide 24/7 emergency cover; and that a veterinary surgeon on duty in those regions might not be able to provide immediate first aid and pain relief to all animals; relevant factors, or the reasons for this, were listed in the 24/7 annex to the Guide. Despite this, it was suggested that the current guidance did not give certainty to veterinary surgeons in remote regions, who might still be subject to complaints; and the RCVS should provide prior approval of their arrangements. It was suggested that revised RCVS advice had resolved the issue so far as it related to remote regions.
22. It was suggested that the public should be consulted. Only 59% of small animal practitioners questioned wanted to retain the status quo, which was not a clear majority. If the profession is divided, it was suggested that focus groups should be set up and the issues explained to find out what the public expects – before solutions are looked at.
23. It was questioned whether RCVS was aware of all the issues which made the provision of 24/7 difficult. Dr Gannon responded that all the main issues had been included in the survey.
24. It was suggested that to a significant extent the existing rules met the needs of the majority of the profession; but there was a raft of sub-issues; primarily relating to small animal practitioners and the smaller practices in particular. It was suggested that to consider this further the needs of the animal-owning public and the public at large should be taken into account.
25. It was suggested that focus groups and qualitative work, while important, would need to be supplemented by quantitative work. It was suggested that what constituted 24/7 should be defined. It was thought that it is not known what clients want from the profession. It was stated that in previous reviews, lay members had shown understanding of what realistically could be provided. Did clients always expect a home visit in an emergency? If so, under what circumstances? What would they be prepared to pay? Would the use of prior agreements and such ensure that the reputation of the profession is not damaged? If the provision of 24/7 in the private sector is not financially viable because the costs to clients are prohibitive, this must be addressed.
26. It was commented that the RCVS had distinguished between the marketing advantage of providing 24-hour *service* and the obligation to make provision for 24/7 (*emergency cover*). It was further commented that the *Guide to Professional Conduct* already states that practices should provide clients with information about the practice's 24/7 cover arrangements. A survey of the public was supported. It was suggested that this is essentially a small animal issue and that expectations of veterinary surgeons and farm clients were clear on this issue.
27. Dr Gannon indicated that in the qualitative survey, practice owners had said that animal owners found it difficult to distinguish between 24/7 and an open-all-hours routine service, particularly with such places as major supermarkets being open all hours.

28. The survey results suggested that 24/7 should be retained in principle. It was thought the profession and public should work together to determine how this could be provided; that any future work should include consideration of answers and solutions.
29. It was commented that while focus groups were sometimes helpful, there was still a need for a quantitative survey.
30. It was suggested that the status quo was to retain 24/7 with an opt-out; this was disputed by the majority in the Working Party.
31. The opt-out was discussed further, but it was commented that the circumstances of any opt-out were not clear; and that any opt-out might penalise those practices providing 24/7.
32. There was discussion on whether the RCVS addressed breaches of the 24/7 provisions in the Guide when a complaint was made by a local practice. The suggestion being that complaints by clients were more likely to be pursued. It was commented that the RCVS needed some evidence to investigate a complaint and the related evidential issues were discussed. It was suggested the Working Party could suggest proactive investigation to ensure everyone was complying with the provisions, but this would be costly.
33. It was commented that the position of mixed practices should be considered. Any solution should have regard to the varying rotas within a practice. Also, whether small animal practice should determine its own position separate to the rest of the profession.
34. It was commented that the work by David Bartram on suicides within the profession suggested there was no correlation between the number of hours worked/hours on call and suicides.
35. It was commented that veterinary surgeons should have certainty about this issue for fear of a complaint to the RCVS. The survey suggested the majority of veterinary surgeons questioned considered first that clients would not complain to RCVS and then if they did, the RCVS would uphold their reasonable decision.
36. Dr Davies sought to sum up suggesting that the Working Party wanted to retain 24/7 but that there were practical issues with the provision of 24/7 that needed to be addressed and might change the nature of the manner in which 24/7 cover was provided.
37. It was suggested that if the status quo is to be retained, then consultation with the public was not necessary, but that if a new structure were envisaged, i.e. something more radical, then consultation with the public would be helpful.
38. It was commented that previous reviews had suggested that practices should be made to cooperate and that this had been dismissed as impractical. It was suggested that RCVS create the framework to allow a structured way of dealing with cooperation between practices. It was stated there was a need to look at the barriers to cooperation which may be for a variety of reasons. There may be a preference to provide cover themselves rather than sharing or outsourcing 24/7. There may be a fear of losing clients to rival practices. It was stated there is a difference between those that could cooperate but choose not to and those where cooperation is not an option.

39. It was commented that the majority view around the table was to retain the status quo, and the question was how to provide it; and that there could be work on encouraging practices to cooperate. The practicality of cooperating was considered particularly for mixed practices.
40. It was suggested that the public could be consulted about home visits and whether they were considered necessary.
41. It was suggested that the mandatory requirement to provide 24/7 might be to the practice's own clients only. It was suggested that this would promote responsible pet ownership.
42. It was suggested that the current *Guide* provisions to encourage cooperation between practices were sufficient and that to provide such guidance was the proper role for the RCVS.
43. It was pointed out that as the role of the RCVS is to promote animal welfare and protect the public, this should be borne in mind in any outcome.
44. It was commented that in order to comply with the Working Time Regulations, some practices would have to share with colleagues or use out-of-hours providers.
45. To comply with the *Guide*, some home visits would be necessary. It was questioned whether home visits were undertaken with the manpower available to practices providing 24/7 and that on-cost was to the public. It was questioned whether on-cost was appropriate and therefore, home visits might need to be optional and not mandatory.
46. It was commented that the RCVS role is to consider the public interest and animal welfare and that it was for BVA to consider the financial implications for the profession. Therefore, if the aspiration to provide 24/7 was there but the practical delivery was an issue, there could be discussion with BVA.
47. It was commented that for RCVS it was not an option to leave practices breaching Working Time Regulations and something would need to be done. It was commented that the decision to breach the legislation was made for commercial reasons by practices that could cooperate with other local practices, be involved in a locally-owned dedicated out-of-hours practice, or reach an agreement with a dedicated out-of-hours provider.
48. It was commented that if the obligation to make provision for 24/7 applied only to a practice's own clients, the position of insurance policies that dictated where insured clients should go for their veterinary services would need to be considered.
49. It was suggested that the workforce agreement was not a viable option because it was subject to agreement by the workforce which could not be guaranteed.
50. Dr Davies suggested that the discussion was being driven by the issues of the Working Time Regulations and OOH – the call outs and visits – and yet practices seem to be coping with in-patients.

51. It was commented that the RCVS provided advice on the Working Time Regulations and had tried to provide a sample workforce agreement and that two of those present today had objected to that advice being issued by the RCVS. It was asked whether RCVS was being asked to continue to limit itself to regulation and link with organisations such as BVA and SPVS. It was suggested that the workforce agreement was not a way of avoiding the legislation but a way of dealing with the exceptions provided for by the legislation.
52. It was suggested that BVA had taken steps prior to the introduction of the Working Time Directive, to seek an exemption for veterinary surgeons, but had been unsuccessful.
53. Comments were requested on the available data from Europe, Australia and New Zealand on the obligations in other countries.
54. It was suggested that the aspiration of 24/7 could not be matched by reality; however, it was agreed the point had not been wrestled with as yet and so the WP had not come to that conclusion.
55. There was comment that practices should be able to come to the RCVS to seek an opt-out from 24/7 responsibilities.
56. It was commented that the results of the survey suggested that some practices would not share or out-source 24/7.
57. It was commented that females who sign up to be veterinary surgeons who are working mothers, must be able to do the job and do the on-call. It was suggested that working mothers who did not want to do on-call would find jobs where there was less or no on-call.
58. It was questioned that as there are moral and commercial pressures on practices to provide 24/7, was it necessary for the RCVS to intervene? In other countries, this might not be regulated, yet animals receive 24/7.
59. It was recognised that if practices lose a client in the evening or at night, this is an issue. It was commented that it was significant for a practice to lose a farm client, who might be paying approximately £80 per cow per annum and the client could have a herd of 500 cattle. It was suggested that the pet-owning public did not consider what happens out of hours until there is an emergency.
60. It was suggested that a change from a mandatory to a market-forces approach – i.e. 24/7 or not – was likely to be painful even if the final outcome might be similar; which itself was not certain.
61. There was concern that RCVS might seek to make larger practices provide 24/7 because they could.
62. Dr Davies suggested that the WP considered that 24/7 was the aspiration and that there should be consultation with the public to see how that could be delivered.

63. Dr Gannon reiterated that it should not be said that 60% of the profession wanted to retain the status quo. As discussed before, the results could not be interpreted in that way; it was 60% of those surveyed.
64. It was suggested the survey should be carried out again in 10 years' time. There was also the possibility of keeping track of the situation via the regular Surveys of the Profession (formerly known as 'manpower surveys').
65. Dr Gannon commented that the age of those surveyed did not affect their views on maintaining the status quo.
66. It was commented that if 66% of respondents had sought change, then the discussion would have concluded some time ago and proposals drafted.
67. It was suggested that the options open to the RCVS should be listed (broadly retaining the status quo but with minor changes). There was almost agreement on the issue, but the issue of disabled people was raised and the RCVS duty as a public authority with its general duty to consider the impact of its policy decisions on disabled people, who might be more affected by such changes. The survey results were mentioned and the general concern with such home visits.
68. It was suggested that the veterinary surgeons around the table were as divided as the veterinary surgeons consulted. Therefore, until there were specific proposals it was difficult to progress. There was a small minority that wanted to see change. It was stated there was not enough evidence to change the status quo and there needed to be a strong argument to justify any change. Nevertheless the survey had thrown up a number of issues which needed to be addressed, in particular provision of 24/7 and compliance with the Working Time Regulations. Perhaps added to that should be the question of home visits and abuse of veterinary surgeons providing 24/7.
69. If the 24/7 commitment is retained what needs to be addressed?
- a. Compliance with the Working Time Regulations for both employers and employees;
 - b. Fees to cover the running costs of 24/7. Will welfare of animals be compromised if owner cannot pay?
 - c. Charging a 24/7 registration fee;
 - d. Co-operation between practices in an area;
 - e. How to tackle the problem for those who feel there is no option but to do 24/7 themselves;
 - f. Home visits/attending away from the practice and abuse experienced either away from the practice or at the practice.
70. It was suggested that the WP's discussion could be considered by the Advisory Committee in January and there was likely to be more work required to seek to conclude this matter.