

Council

Remote meeting to be held via Zoom on Thursday, 16 March 2023 at 10:00 am

Agenda

	Classification ¹	Rationale ²
1. President's introduction	Oral report Unclassified	n/a
2. Apologies for absence	Oral report Unclassified	n/a
3. Declaration of interests	Oral report Unclassified	n/a
4. Minutes 15-19 December 2022, 19 January 2023, and 3-6 February 2023		
i. Unclassified minutes	Unclassified	n/a
ii. Classified appendix	Confidential	1, 2, 3, 4
5. Matters arising		
a. Obituaries	Oral report Unclassified	n/a
b. Council correspondence	Oral report Unclassified	n/a
c. CEO update	Oral report Unclassified	n/a
6. Matters for decision by Council and for report (unclassified items)		
a. Review of Under Care and out of hours - implementation	Unclassified	n/a
b. Veterinary Surgeons Act 1966 - offences	Unclassified	n/a
7. Reports of standing committees – to note		
a. Advancement of the Professions Committee	Unclassified	n/a

b. Audit and Risk Committee		
i. Unclassified minutes	Unclassified	n/a
ii. Classified appendix	Confidential	1, 2, 3, 4
c. Education Committee		
i. Unclassified minutes	Unclassified	n/a
ii. Classified appendix	Confidential	1
d. Finance and Resources Committee		
i. Unclassified minutes	Unclassified	n/a
ii. Classified appendix	Confidential	1, 2, 3, 4
e. Registration Committee		
i. Unclassified minutes	Unclassified	n/a
ii. Classified appendix	Confidential	1, 2, 3, 4
f. Standards Committee		
i. Unclassified minutes	Unclassified	n/a
ii. Classified appendix	Confidential	1, 2, 3
g. Veterinary Nurses Council		
i. Unclassified minutes	Unclassified	n/a
ii. Classified appendix	Confidential	1, 2, 3, 4
h. PIC/DC Liaison Committee		
i. Unclassified minutes	Unclassified	n/a
ii. Classified appendix	Confidential	1, 2, 3
8. Reports of statutory committees – to note		
a. Preliminary Investigation Committee	Unclassified	n/a
b. RVN Preliminary Investigation Committee	Unclassified	n/a
c. Disciplinary Committee and RVN Disciplinary Committee	Unclassified	n/a
9. Notices of motion	Oral report Unclassified	n/a
10. Questions	Oral report Unclassified	n/a
11. Recommendation for the appointment of Officers – President and Vice-President (Senior) respectively for confirmation at the AGM on 7 July 2023	Oral report Unclassified	n/a

12. Election of Vice-President (Junior) – recommendation for confirmation at the AGM on 7 July 2023	Oral report Unclassified	n/a
13. Election of Treasurer – recommendation for confirmation at the AGM on 7 July 2023	Oral report Unclassified	n/a
14. Other elections		
a. Chair, Advancement of the Professions Committee	Oral report Unclassified	n/a
b. Chair, Education Committee	Oral report Unclassified	n/a
c. Chair, Standards Committee	Oral report Unclassified	n/a
15. Any other College business (unclassified)	Oral report Unclassified	n/a
16. Risk Register, equality and diversity (unclassified)	Oral report Unclassified	n/a
17. Date of next meeting Thursday, 8 June 2023 at 10:00 am	Oral report Unclassified	n/a
18. Matters for decision by Council and for report (confidential items)		
a. Estates Strategy – update	Oral report Confidential	1, 2, 3
b. Annual retention fee payment arrangements for veterinary surgeons 2023 – 2024	Oral report Confidential	1
c. Reform of the Veterinary Surgeons Act - Governance	Confidential	1, 2
d. RCVS honours and awards	Private / Confidential	1, 5
19. Any other College business (confidential items)		
a. Comments on classified appendices	Oral report Confidential	1, 2, 3, 4
20. Risk Register, equality and diversity (confidential items)	Oral report Confidential	1

21. Reflective session (confidential item)	Oral report Confidential	1
Dawn Wiggins Secretary, RCVS Council 020 7202 0737 / d.wiggins@rcvs.org.uk		

¹Classifications explained

Unclassified	Papers will be published on the internet and recipients may share them and discuss them freely with anyone. This may include papers marked 'Draft'.
Confidential	Temporarily available only to Council Members, non-Council members of the relevant committee, sub-committee, working party or Board and not for dissemination outside that group unless and until the relevant committee or Council has given approval for public discussion, consultation or publication.
Private	The paper includes personal data which should not be disclosed at any time or for any reason, unless the data subject has agreed otherwise. The Chair may, however, indicate after discussion that there are general issues which can be disclosed, for example in reports to committees and Council.

²Classification rationales

Confidential	<ol style="list-style-type: none"> 1. To allow the Committee or Council to come to a view itself, before presenting to and/or consulting with others 2. To maintain the confidence of another organisation 3. To protect commercially sensitive information 4. To maintain public confidence in and/or uphold the reputation of the veterinary professions and/or the RCVS
Private	<ol style="list-style-type: none"> 5. To protect information which may contain personal data, special category data, and/or criminal offence data, as listed under the General Data Protection Regulation

Terms of Reference

The vision of the Royal College of Veterinary Surgeons [as agreed in the current strategic plan]

1. Our vision is to be recognised as a trusted, compassionate and proactive regulator, and a supportive and ambitious Royal College, underpinning confident veterinary professionals of whom the UK can be proud.

Role of the Royal College of Veterinary Surgeons [derived from the Charter]

2. The objects of the Royal College of Veterinary Surgeons, as laid down in the Supplemental Charter granted on 17 February 2015 to the Royal Charter of 1844, ie:
 - a. To set, uphold and advance veterinary standards, and to promote, encourage and advance the study and practice of the art and science of veterinary surgery and medicine, in the interests of the health and welfare of animals and in the wider public interest.
 - b. The Charter also recognises those functions provided for in the Veterinary Surgeons Act 1966, in terms of the regulation of the profession, and also recognises other activities not conferred upon the College by the Veterinary Surgeons Act or any other Act, which may be carried out in order to meet its objects, including but not limited to:
 - i. Accrediting veterinary education, training and qualifications, other than as provided for in the Act in relation to veterinary surgeons;
 - ii. Working with others to develop, update and ensure co-ordination of international standards of veterinary education;
 - iii. Administering examinations for the purpose of registration, awarding qualifications and recognising expertise other than as provided for in the Act;
 - iv. Promulgating guidance on post-registration veterinary education and training for those admitted as members and associates of the College;
 - v. Encouraging the continued development and evaluation of new knowledge and skills;
 - vi. Awarding fellowships, honorary fellowships, honorary associateships or other designations to suitable individuals;
 - vii. Keeping lists or registers of veterinary nurses and other classes of associate;
 - viii. Promulgating guidance on professional conduct;
 - ix. Setting standards for and accrediting veterinary practices and other suppliers of veterinary services;
 - x. Facilitating the resolution of disputes between registered persons and their clients;
 - xi. Providing information services and information about the historical development of the veterinary professions;
 - xii. Monitoring developments in the veterinary professions and in the provision of veterinary services;
 - xiii. Providing information about, and promoting fair access to, careers in the veterinary professions.

The purpose of RCVS Council [derived from the Charter]

3. It is laid down in the Charter that the affairs of the College shall be managed by the Council as constituted under the Act. The Council shall have the entire management of and superintendence over the affairs, concerns and property of the College (save those powers of directing removal from, suspension from or restoration to the register of veterinary surgeons and supplementary veterinary register reserved to the disciplinary committee established under the Act) and shall have power to act by committees, subcommittees or boards and to delegate such functions as it thinks fit from time to time to such committees, subcommittees or boards and to any of its own number and to the employees and agents of the College.
4. The Council is also responsible for the appointment of the CEO and Registrar, and the ratification of the Assistant Registrars. Appointment of all other staff members is the responsibility of the CEO and relevant members of the Senior Team.
5. A strategic plan is developed and agreed by Council to facilitate the delivery of these activities and to ensure ongoing development and quality improvement.
6. A delegation scheme that outlines how Council's functions are managed via system of committees and other groups is agreed annually by Council.

How Council members work

7. In order to enable the Royal College of Veterinary Surgeons to fulfil its vision, and to discharge its functions under its Royal Charter and the Veterinary Surgeons Act 1966, RCVS Council members will:
 - a. Abide by the Nolan Principles of Public Life
 - b. Work in the best interests of the public, and of animal health and welfare and public health
 - c. Respectfully listen to the voices of the professions, the public and other stakeholders, and reflect them in discussions where appropriate, ensuring they are put into context
 - d. Neither be answerable to, nor represent, any group of individuals
 - e. Support the College's vision and work towards the success of the College and its functions
 - f. Live the College's values
 - g. Act at all times in a constructive, supportive and compassionate manner
 - h. Exercise a duty of care to the staff employed by the College, working through the CEO and Registrar
 - i. Recognise the importance of a collegiate atmosphere where robust discussion is welcomed in the formation of policy and multiple points of view are listened to and respected
 - j. Respect and support the decisions made by Council when communicating externally
 - k. Communicate College activities and positions to relevant stakeholders
 - l. Abide by the Code of Conduct for Council and Committee members

Summary	
Meeting	Council
Date	16 March 2023
Title	Council minutes for 15 – 19 December 2022, 19 January 2023 and 3 – 6 February 2023
Summary	Minutes of the remote decision made by Council on 15 – 19 December 2022; the Council meeting held on Thursday, 19 January 2023; and the remote decision made by Council 3 – 6 February 2023.
Decisions required	To approve the unclassified minutes and classified appendix.
Attachments	None.
Author	Dawn Wiggins Secretary, Council 020 7202 0737 / d.wiggins@rcvs.org.uk

Classifications		
Document	Classification¹	Rationales²
Paper	Unclassified	n/a
Classified appendix	Confidential	1, 2, 3, 4

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Council

Remote decision made 15 – 19 December 2022

Hardwick Street – affix the College Seal to Form TR1

1. This information is available in the classified appendix at paragraphs 1 – 3.

Minutes of the hybrid meeting held on Thursday, 19 January 2023 at 10:30 am at the School of Veterinary Medicine and Science, University of Nottingham, Sutton Bonington Campus, Leicestershire LE12 5RD

Members:

Dr M A Donald (President in the Chair)

^Dr L H Allum

*Mrs B S Andrews-Jones

Miss L Belton

^Professor D Bray

Dr A L Calow

Mr J M Castle

^Dr D S Chambers

Dr N T Connell

Mrs O D R Cook

^Dr J M Dyer

Ms L Ford

Dr M M S Gardiner

^Professor S A May

Mrs C-L McLaughlan

^Professor T D H Parkin

Dr S Paterson

Professor C J Proudman

Mr M E Rendle

Dr K A Richards

Mr T J Walker

Mr W A S Wilkinson

Professor J L N Wood

Ms J S M Worthington

*Denotes absent

^Denotes remote attendees

In attendance:

Miss H Alderton

^Mr L Bishop

Ms E C Ferguson

^Ms R Greaves

Ms L Hall

Mr I A Holloway

^Ms B Jinks

^Ms G Kingswell

Ms L Lockett

Ms C McCann

Committee Liaison Officer (CLO)

Media and Publications Manager (open session only)

Registrar

Policy and Public Affairs Officer (open session only)

Director of HR (People) (DoHR(P))

Director of Communications (DoComms)

Standards and Advisory Lead (open session only)

Head of Legal Services (Standards)

CEO

Assistant Registrar / Director of Operations (DoO)

^Mrs L Moffatt	CEO Executive Assistant (open session only)
Mr B Myring	Policy and Public Affairs Manager
Dr L Prescott-Clements	Director of Education (DoEd)
^Ms J Shardlow	Chair, Audit and Risk Committee

Guests (open session only)

Mr J Loeb	<i>Veterinary Record</i>
Dr M Morley	President, British Veterinary Association
Dr J Russell	Past President, British Veterinary Association
Mr A Webb	<i>Veterinary Times</i>

President's introduction

1. The President welcomed Council, staff and guests and outlined the order of the meeting. Professor England, Head of Nottingham University Veterinary School, and his staff were thanked for allowing Council and guests to visit the campus and provide accommodation for the series of meetings held on-site.

Apologies for absence

2. Apologies for absence had been received from:
 - Mrs Andrews-Jones
 - Dr Middlemiss (UK CVO) (Council Observer)

Declarations of interest

3. Dr Richards reported that she had been appointed to the Board of Food Standards Scotland commencing 1 April 2023.

Minutes of the meetings held on 9 and 10 November 2022

4. Council had had the opportunity to comment electronically on the classified appendix relating to the meeting held on 9 November 2022, and the unclassified minutes and classified appendix relating to the meeting held on 10 November 2022.
5. A vote was taken to approve both sets of minutes by a show of hands as a number of members were experiencing technical difficulties logging on to the meeting paper system, Board Effect.

6. The unclassified minutes and classified appendices for both sets of minutes were accepted as a true record of the meeting by a unanimous vote.

Matters arising

Obituaries

7. There had been no written obituaries received. It was noted that the College had received notification that Mr Roger Windsor, a past member of RCVS Council from 1995 – 2003, had died.
8. Council, staff and guests stood and observed a minute silence for colleagues and all members of the professions that had passed since it last met.

Council correspondence

9. The President reported the following items:

RCVS Council Election 2023

10. The deadline for submissions of nominations to stand for RCVS Council was 5:00 pm on Tuesday, 31 January 2023, and that members were not permitted to nominate anyone and registered addresses must be used on the Nomination Form.

Elections for: Vice-President (Junior), Treasurer, Chairs of Advance of the Professions, Education, and Standards, Committees for the College year July 2023 – July 2024

11. It was noted that any current member of Council was eligible to apply for these roles; the deadline for submissions was 5:00 pm on Tuesday, 14 February 2023.

RCVS Honours and Awards 2023

12. The deadline for submissions for this year's Honours and Awards to be presented at Royal College Day in July was 5:00 pm on Friday, 27 January 2023.

King's New Year Honours 2023

13. The following members had received Honours:

- Dr Christine Middlemiss (Council member and UK Chief Veterinary Officer) CB
- Susan Cunningham MRCVS MBE
- Ian Green (former Chair of Disciplinary Committee) OBE

14. The President had congratulated them.

President's Reception

15. It was noted that this event would be held on the evening of Wednesday, 15 March 2023, prior to the March Council meeting the following day. Council was reminded that, as this was a social event only, loss of earnings was **not** claimable. A venue was being sourced and details would be sent to Council shortly.

CEO update

16. The CEO introduced the paper. It was noted that Council's previous comments had been taken on board and that there was now a red / amber / green (RAG) rating attached to the items listed; and focus was on what was new and what was next. A small number of items were not yet at the stage they had expected to be, and a red rating might be due to resources not being quite in the right place, or due to other issues out of the College's control.
17. The Culture Action Plan was annexed to the paper as it did not have a committee 'home' to report to Council through.
18. In particular, the CEO highlighted:
- a Regional Question Time had been held the evening previously where the Officer Team, some members of Council, and members of staff had reported on the College's current projects. This appeared to have been well received;
 - staff had attended a delayed Christmas party in the New Year and had been in good spirits.
19. Questions and comments included:
- where was the communications strategy at, and could more detail be provided?
 - o there had been a slight delay while focus had been on the pandemic; but there was nothing insurmountable in terms of taking this forward, it was more of a timing and resources issue as there was a huge amount of projects ongoing;
 - an update on the Public Advisory Group (PAG) was requested;
 - o it was noted that:
 - there had been a resource gap after the Head of Insight and Engagement left in November 2022;
 - the CEO had been awaiting a new PA who would support this work and she had only been in post for the last two weeks, there was a plan in place;
 - Dr Allum had agreed to be Council lead for the group;
 - the next step would be to produce and circulate the recruitment advert and job specification for seeking members;
 - on the annexed action plan there was a number of areas where it was mentioned that Council members were to undertake the activities, and it was clarified that this would also apply to committee members and Veterinary Nurses Council members.
20. The report was noted.

Matters for decision by Council and for report (unclassified items)

Under Care / Out of Hours Consultation

21. The Chair of Standards Committee (SC) introduced the paper, taking a moment to talk about the history of the review that commenced with the RCVS / BVA Vet Futures Project in 2016 that recognised that the current guidance had a number of anomalies and there were inconsistencies across species. The proposed guidance gave a broad perspective across the profession and was there to protect animal health and welfare; it was hoped the forthcoming discussion would address misconceptions around the impact of potential changes and the intent behind them.
22. The proposed guidance would not allow prescription-only services or prescribing from overseas, and some of the good points within the Veterinary Client Patient Relationship (VCPR) were being brought into the guidance, whilst moving away from a historical fixed point in time or relating to a single veterinary surgeon as that was not the way veterinary practices operated. The driver for change was to look at how the profession worked for animal health and welfare in practice across all species; to be sustainable for the future; the profession was self-relating but that came with responsibilities to aid, support, and promote enforcement of following the guidance.
23. The consultation highlighted opposing views and it was noted that members of the profession could not agree amongst themselves. The guidance had been deeply discussed at SC to be able to get to the point where it was before Council.
24. The Registrar continued and stated that there were a lot of papers before Council, some of which were new. She thanked Ms Kingswell and her team for a huge amount of work. Further thanks were given to those that had taken the time to respond to the consultation, of which there were:
 - 2,747 individuals
 - 24 organisations
 - 15 responses outwith the consultation that had been received in writing
 - 7 stakeholders
 - 2,000 members of the public
25. All of the responses had been included in the matters before SC for consideration.
26. She highlighted the following points:
 - uppermost in the minds of SC for any recommendation to Council was that any guidance should protect animal health and welfare; it should align with the modern world and comply with relevant legislation;
 - underpinning of the thinking of SC were the principles of public law; that all individuals should be treated equally, unless there was a well-reasoned evidence-based justification to do otherwise;

- some of the responses suggested that all other 29 Chapters of the guidance had disappeared; this was not the case, it was an amendment to one section of the guidance, all of the rest of the guidance remained the same;
- SC was very aware of the anomalies of the current guidance around prescribing in that a vet may prescribe to *the* animal under *his / her* care; this did not happen in reality as it would mean that no other vet in the practice could do a further prescription for an animal; that fish and poultry work in slightly different ways. There was an issue of confidence in the guidance – if guidance was issued that people ignored, it eroded the confidence in the guidance and in the system; everyone needed to comply;
- it was suggested that suddenly SC was mandating people to do remote prescribing. That was not the case, what was actually proposed was putting prescribing decisions firmly into the hands of the veterinary surgeon to exercise their veterinary judgement as they had been trained to do.

27. Turning to the consultation, this was in three parts:

- to the profession: whilst not everyone agreed, there was general overall strong support for the proposals;
- to the livestock sector;
- to the public: there was very strong support for follow up provisions. Where questions were asked around remote prescribing, two-thirds were comfortable with it without first having a physical examination, and when the safe-guards were put in place in terms of the guidance that figure was higher.

28. Other factors not directly mentioned in the consultation in terms of the guidance that came up as recurring themes were:

- VCPR: a lot of people referred to it; with differing views to what exactly it was, it was not clear whether it was relating to an individual or a practice / how you might define a practice, but that a physical examination was required to establish a relationship and then it would be for a veterinary surgeon's judgement whether to remote prescribe. SC did consider this, and it was decided that mandatory physical examination before medicines were prescribed went beyond current terms of the Veterinary Medicines Regulations (VMRs). Beyond that, it was not clear exactly how it would be for historic physical examinations that had taken place up to a year previous, as small animal and equine had suggested, was going to put a veterinary surgeon in a better position than they would have been if they were dealing with it with the guidance on a case-by-case basis; to decide what was appropriate for that case, for that animal, at that particular point in time;
- pressure on veterinary surgeons to remote prescribe when it was not appropriate, from employers or clients: it was felt that veterinary surgeons were exposed to situations all the time, and it was part of being responsible and accountable for their own actions. By putting in

factors into the guidance, there was now something concrete to use in terms of thought process and, in particular, around the prescribing of antimicrobials, and controlled drugs where they would be classed as being prescribed under 'exceptional circumstances';

- expectations on the client to arrange follow up care: this was surprising as this was never said and was categorically not the case; the obligation as suggested was to have the facility for physical examination (or to visit a premises in the case of production animals) that falls to the veterinary surgeon, and if they do not provide that service themselves, they must have a written agreement that has to be made in advance. Thus, when a veterinary surgeon takes responsibility for an animal, in the clarified language in the proposal, they come under care and, as the vet would not know what they would have to do, they had to be ready for anything at that point in time – to make a physical examination and make an informed decision. In relation to follow up agreement, it would be a tangible document so that, in the event a concern was raised with the RCVS, it could be produced;
- online businesses 'cherry-picking' work that would be to the detriment of veterinary practices: for example, only doing the remote prescribing aspect of a case and leaving everything else to a practice. The Committee was satisfied that the requirement for physical facilities and follow up agreements as tangible documents was robust enough so that animal welfare would not be compromised;
- what was, and was not, an exceptional circumstance: the College could not provide a list of these as they would become 'the RCVS said...' and they would become the only circumstances that were allowed to be exceptional. The College was very clear that when it was talking about exceptional circumstances in particular in relation to antimicrobials and controlled drugs, the veterinary surgeon had to be in a position to justify their actions if ever they were questioned about it;
- enforcement: it was questioned how the College would enforce the guidance and it was felt that to a large extent these questions had arisen due to mutual clients. This was surprising as there was already guidance in place relating to mutual clients and what should be done; that guidance would remain in place. People did not like to cause a ruckus in their own area, but the College had to rely on a lot of information that had to come from the veterinary surgeons and it had to be real evidence; it was noted that the standard of proof remained high; and the College did not have powers of entry;
- 24-hour cover / Limited-Service Providers (LSPs): the proposal in terms of guidance, other than the arrangements specifically highlighted for remote prescribing, in broad terms was to remain the same and had strong support all round. Regarding LSPs, there was a lot of discussion; there were only two LSPs that the RCVS currently recognised: vaccination, and neutering, clinics, and it would be odd if they were to be able to have the benefit of a more proportionate 24 / 7 cover when others did not. As there were other LSPs, to try and provide some clarity the Committee considered how it could define an LSP. It thought that this should be a practice, or individual, that offered no more than one service to its clients, but that better wording should be a 'single service provider' to make it clearer about what was intended and that it was not just about Prescription-Only Medicines – Veterinarian (POM-Vs); LSPs who

would be expected to provide some sort of follow up, but there was no direct link to prescribing. The slight amendment to the language was set out in paragraph 71 of the paper. Regarding advice-only services: the view of the Committee was that this should remain as it was currently with no change to the obligations for cover, although this would require some tweaking to the wording; this could be followed up after Council's discussion on the paper.

29. It was noted that there would be case studies produced if Council decided to proceed with the format before them.
30. The discussion was opened to the floor. Questions and comments included but were not limited to:
- [I] do not agree with effectively reducing the responsibility that was associated with prescribing those important drugs; that aside, Council needed to beware the sunk costs fallacy, SC had spent a lot of time and money discussing this change to under care, that had now gone, but it should not be a reason to make a bad decision; if Council made a decision that was not robust, it would be wrong and it would not be able to forget about it and would be paying for it into the future. Furthermore, Annex A required discussion in confidential session before a decision could be made – Veterinary Medicines Directorate (VMD) was shortly to go to consult on the VMRs, that could change everything about the proposed changes to guidance; this decision should be postponed until it was known what the changes to the VMRs would be;
 - thanks to everyone that had been in contact over the years, and in particular over the last few months, and to reassure people that we did listen and there were really useful insights; the latest guidance had been significantly tightened up and changed as a result of the feedback from the consultation. However, people were still concerned how things would change in a practice setting. It was not the role of the RCVS to favour, or protect, any particular business models, and it did not believe that a remote-only service, based in the UK or abroad, was acceptable or suitable to protect animal health and welfare and to provide a meaningful level of client service. Some people believed that the guidance was opening the door for people to run remote-only services, sometimes from locations far away from where the animals being treated were, and with no ability to treat the animal physically. Was it possible to have reassurance that was not the intention?
 - o absolutely, the guidance did not allow that and the reason for that was that the protection of animal health and welfare required vets to be available, with facilities, and proximity to provide the whole care an animal may need and not just parts of it. If a vet was to have an animal under their care, they needed to have the facility and ability to examine them on the premises (as appropriate depending on the species) in an appropriate timeframe;
 - that led onto the very good points about the VCPR and how some countries had a very specific definition of what that should look like; the College had decided not to specifically design the VCPR as, from understanding it, the College's guidance when taken total was more robust and caused fewer problems from the very specific definitions that could be exploited;

- that was correct, also that the guidance had to work, and be applied equally, across all areas; the College was trying to improve on things and create some of the good bits that come out of a VCPR, that were really meaningful in the moment when decision-making was made rather than having a set thing done at a historical moment in time, that then for some reason ran forwards despite situations changing in veterinary practice;
- the current guidance was not perfect and there was a misconception that the College was changing something that worked really well, that had good enforcement, to something that had a looser definition. The proposal was more robust and tighter than what was currently in place, and the College could go back and review this if it turned out there were any unintended consequences; the VMD consultation might also change things;
- under paragraph 2 and the prescribing of POM-Vs: there was a gap for equine vets who were potentially treating whole yards of horses, that were not classed as production animals nor specifically mentioned, and should be included;
- returning to the point that this was not 'set in stone' and it could be reviewed, unfortunately if sole remote-prescribing companies got going, they would not stop; the College could review the guidance but if the College stopped remote prescribing then there could be a lot of legal challenge; further, that there should be VCPR or under care at stage one of the process, but if that was removed then it was pleasing to see some safeguards at stage two about having the availability of physical premises for follow up. However, every time this was referred to the word 'should' was used instead of 'must', 'should' was purely advisory in English law, 'must' would make it mandatory and enforceable;
 - this was traditionally because 'should' was generally used in the guidance, and 'must' was used in the Code of Professional Conduct (CoPC); guidance was enforceable and was used in Disciplinary Committee hearings;
- the whole rationale for making the changes was that the College had received legal advice that stated the College must change the guidance as it was not robust and would not stand up to legal scrutiny. If that was the case, why would the College use a word that would not stand up to legal scrutiny that would not mean it was mandatory to have the physical back up available?
 - the word 'should' was applied generally across all regulated professions, with 'must' in Master Codes; context was within the process – wherever professional judgement was an element, that had to be allowed for in the process (as in Disciplinary Committee). Guidance would be enforced and if there was no mitigation or good reasoning around the judgement, then a vet would be found in breach; it would be very unusual and restrictive in terms of a professional judgment profession to be moving to a scripted mandatory set of guidance and it would be incompatible with the general approach to guidance;
 - it was not just the legal advice for changing the guidance, but a number of anomalies that had been considered;

- at the beginning there was an argument about anomalies and innovation, but for the last few years, and in the consultation, all that was focussed on was the illegality and the legal opinion that stated the guidance would not stand up in court; if there were other arguments – some of which had been reintroduced in the paper – for this change then they should be considered again, to achieve the objectives with a new rationale that would not make a huge change to the responsibility associated with prescribing important drugs;
- as a member of Council [I] felt comfortable that due diligence had been undertaken on this emotive subject; the College had taken the advice and responded. The inclusion of, and how the College had managed, 'exceptional circumstances' had been very well received by the professions and enabled the maintenance of good animal health and welfare. It was important to see that this was supported within the profession, as members were not currently able to work safely and comfortably within the current guidance;
- the changes to antimicrobials had been an improvement; it would be good to have some examples of what was considered to be an exceptional circumstance as views might differ on what was considered to be exceptional; it would also be good to have those available before the guidance was put in place;
- it was important from a farm animal perspective to get some communications out to the wider stakeholders as there was a reluctance from veterinary surgeons to 'dob in' another vet as it would impact on the relationship with their clients – if you had a vet that was aware that animals were being prescribed antibiotics from another vet at a distance that did not have the back up facilities in place and this was reported, it would have an impact on the relationship. Go out to the farming and equine communities to make it very clear why that vet needed to report the other veterinary surgeon;
- it was a self-regulating profession, which members were proud of, but they did not like the thought of self-regulating, even when members were clearly breaking the CoPC;
- following up from earlier comments: in the guidance to pre-purchase exams and certificates, the word 'must' was used. Concerns were also shared about remote businesses setting up and gaining a foothold, it was not appropriate and should not be happening, however, where in the guidance did it open the door to a purely remote service provider to start prescribing POM-Vs without having a relationship with the client and a way to physically examine an animal?
- it was the two-stage process, the first stage was under care, so to do that a vet had to visit the premises or have the animal in for examination that provided all of the background information about the health status and the management system; the second stage was the clinical assessment, which currently might not involve the examination, so that vets that had animals under care could prescribe for them remotely under the current guidance. What the College was saying was that effectively under care was meaningless; if you knew that you were doing a remote consultation you were taking that animal under your care to decide whether you had enough information to prescribe for that animal, never having seen it before,

and without any background or history; you would know nothing about the animal but you would be able to prescribe, rolling both stages into one;

- it was argued that the CoPC was already being broken by not taking a history and by prescribing for the animal, a vet had to have a relationship and an ability to see the animal physically if necessary, so to not have a physical premises was also going in the face of everything that was being recommended. If people were not adhering to the CoPC and not being held to account, that was a separate issue to the proposed guidance;
- the introduction of a physical back up was great, but the difference between 'should' and 'must' was not strong enough as 'should' was felt to be optional;
- concern was expressed about exception 'creep', it was understood that if the College provided a list of what was an exception, it would become prescriptive, but if the College had to get across that an exception was an exception, not two cases out of three, it had to offer more guidance e.g. webinars, discussion groups, etc.;
- if people were being told that they did not need to take a case history either by another vet, professional body or the RCVS, that was appalling and that needed to be considered; in relation to 'should' or 'must', the must was in relation to the VMRs and was much more comprehensive and useful in meeting the requirements;
- on the point of obtaining a clinical history, most out-of-hours providers were not the normal practice, they did not have a communal link, and it would be detrimental and compromise animal health and welfare to require a clinical history before treating an animal;
- having access to the full history was different to taking a history, and it was expected that the out of hours provider should ask questions that could have a relevance to the clinical history of that animal;
- it would be helpful to have exceptional cases identified without making it prescriptive; the technology was available and as a client [I] would want the opportunity occasionally to not go into the practice, but to have a practice that provided a range of services not just providing remote consultations – it was a good thing to get ahead of it;
- agree with the need to provide more guidance and there was the discussion about putting some Frequently-asked Questions (FAQs) on the website;
- looking at the proposals, point 2, consider the first two lines as what it was doing was that the act of prescribing was forcing under care, whereas you should accept an animal under your care before you could diagnose or prescribe; that should be made very clear;
 - o as the point a vet took responsibility of the animal it was under their care and the starting point to then do other things, not the prescribing; at the point of taking responsibility the backup premises and ability to physically see the animal should be in place but the wording could be looked at further to make it clearer;

- to produce some case studies was a good idea and should include one about exceptional circumstances;
- it was understandable why the College did not use a VCPR but it would be useful to be aligned with international understandings and processes; would it be possible to take a definition of a VCPR and add comments about timing requirements to make it relevant for the College?
 - o having a VCPR mandated a physical examination, which was not what was intended in the VMRs; we did want to be aligned internationally but what we find was that everyone had their own internal legislation / regulation / national rules that might or might not apply to the College / the UK; there were also issues around individuality and follow up points. You had to look at your own circumstances, legislation, and systems, while keeping a 'weather eye' on others to not be wildly out of step. It was not felt the College was out of step as it was putting in safeguards, the commonality of the international view was animal health and welfare, therefore there was a commonality of aim but not commonality of how it was set out;
- a huge amount of work had gone into the evolution of this from SC and College staff, and a huge amount of reflection from the associations and individuals that had contributed their thoughts – it was a superb example of a self-regulated profession balancing the nuances around professionalism, ethics, societal progress, and needs. Concerns were that the College did not inadvertently cause reputational damage by appearing to send messages that were not intended; the possibility that the advice around Controlled Drugs (CDs) might been seen as indicating that any CD could be repeatedly prescribed without the animal being seen; and similarly around LSPs. The impression that people might feel that it was their responsibility could damage the profession; the details and explanations in the case studies would be essential to communicate to the profession and the public;
- there needed to be a clear demarcation of what was an LSP, for example, if an animal had retained testes the risk was greater than when it was a straight-forward neuter, and also reproductive clinics where technology changed, and that a number of different drugs could be used for a number of different techniques – how could it be demarked so that there was not 'creep'?
- what was the definition of a single service provider – for example, what came under the scope of equine reproduction was massive, compared to small animal dermatology;
 - o SC had discussed this, and it was intended to narrow it to one service only – using the example of horse reproduction, that covered a much wider area with a number of different techniques, whereas a vaccination clinic provided one service and one service only;
- the VCPR was an interesting concept, it would have been really easy to copy someone else's guidelines, but that was not suited to what the College, or the UK, needed; it might have been a good business model, but it was not a great way of prescribing medicine;

- re: the CVOs' letter, had the College answered the questions therein: clarification of the proposed upper time limits and how the RCVS defined 'recent' in that context; the issue of prescription – paragraph 9 explicitly stated that if one veterinary surgeon was able to provide veterinary services, then they should arrange for another veterinary service provider to do so – there was a concern that was managed effectively to ensure animals were not under care by multiple veterinary surgeons without their prior agreement, and was key for ensuring effective antimicrobial resistance stewardship (that paragraph had changed but the essence was the same); and, the need for further clarity on how pharmaco-vigilance and adverse reaction reporting would work alongside remote consultations and prescribing;
 - o re: multiple vets, if the first vet was not undertaking what was to be done, they were responsible to get the agreement in writing of another vet, in advance, to do what had to be done; re: pharmaco-vigilance, this was the same as it currently was, by contacting the relevant person; re: upper time limit / recent, the CVOs' letter was responding to proposals and SC had reacted to the responses and changed the language used and the information was now in a different place (paragraph 2);

- put on record and commend the principles in the way Council had approached this subject and the way it had been asked to make the decision because absolutely it needed to be evidence-based and to have the subject, consultation, thorough amount of evidence in the bundle, and the initial compliance legislative framework, had to be commented upon. To have 2,000 responses from the public and animal owners was an impressive figure and highlighted how important the issue was in the community; in that context now was the time for the RCVS to show leadership and make a decision, whilst recognising there was controversy and differing opinions. Whilst it could take a protracted amount of time to perfect wording, there had to be a point in time where, as a regulator, the College could say it was good enough to get it out to do the job it was intended to do; welcome the idea of case studies, additional examples, and information that sat around the guidance to help the professionals understand it but that was something that could be built upon going forwards. The commercial impact and impact on business models was not part of what Council should be deciding; access to veterinary services and animal health and welfare were paramount, the decision should be made as a regulator in the public interest for animal health and welfare;

- virtually every practice offered a form of limited service, for example, equine practices do not do small animal services; there was no concept of a 'full' practice by which they were fully defined; what there was, was LSPs and out-of-hours providers. Why could the College not 'untie' itself from a LSP concept and say that every practice had to provide out-of-hours or make arrangements for it? Re: VCPRs, there was nothing stopping practices doing a VCPR on top of following the guidance. Re: business models, they did affect the health of the profession – it was in the public interest to have a healthy veterinary profession, that was well-staffed, by vets and vet nurses that were not burnt out – it was easier for corporate practices to provide arrangements and give a competitive advantage, than it was for independent practices; it was hard to predict if that would affect the profession in the longer-term;

- picking up on the point relating to paragraph 2, of non-production animals (equids) kept in a collective environment, was Council content with how the paragraph had been written?
 - o it just required 'group of animals' to be included in order to cover groups of horses as they did not come under a production animal heading;
- in response to comments around business models, whilst the College did not promote them, it was mindful that nobody thought it was possible to protect animal health and welfare solely remotely. It had to be very aware that actual veterinary practices kitted out with the skills, abilities, and facilities to physically treat animals when there was no other way of looking after their health and welfare (or visiting the premises in order to do that) needed to still exist, and had to be mindful of veterinary practices from that perspective so that they remained a sustainable option as animal health and welfare depended upon it;
- it was about the services and the professionalism and quality. In the past there were rules about ownership, sizes of advertising, etc. but, since that change, it was important to recognise that the College needed to look at behaviours, and it was important to see this complemented by the proposal of the Legislation Working Party (LWP) to look at practice behaviours as well as individual behaviours again, since it was given up in 1948. There was a potential matrix of interacting legislation and rules coming together in 2023.

31. The President drew the discussion to a close and thanked Council for the robust debate. She proposed that Council took the vote on the paper then, dependent on the outcome of the vote, go into confidential closed session to discuss Annex A; the proposed guidance would be subject to a small number of minor amends following the discussion at Council, and would be augmented with additional case studies and FAQs to aid understanding.

32. Council was asked to approve the revised proposals from the Standards Committee as attached at Annex Q to the paper. A vote was taken:

For:	20
Against:	3*
Abstain:	0

33. Drs Gardiner, Paterson and Richards experienced technical difficulties and submitted email votes that were included in the figures. The proposals were approved by a majority vote.

34. Council moved into closed session to discuss confidential Annex A to the paper.

[***Note:** During the afternoon's closed session of the Council meeting, RCVS Council member Professor Wood explained that he had only voted 'no' to approving the new guidance, as he understood the guidance was to be published imminently. Had he realised at the time there was to be a subsequent discussion about when the guidance should be implemented, he stated he would have voted 'yes' to approve the new guidance in principle. Whilst Professor Wood understood he would not be able to change his vote retrospectively, he wished to place on public record his support for the new guidance.]

Annex A

35. This information is available in the classified appendix at paragraphs 4 – 10.

Eligibility of veterinary graduates from EAEVE-accredited schools for RCVS registration

36. The Chair, Education Committee (EC), reminded Council that pre-European Union (EU)-exit, the Mutual Recognition of Professional Qualifications (MRPQ) directive had allowed European vets to register with the College; when the transition period post-EU-exit ended, the MRPQ provision no longer applied. In 2019, RCVS Council had agreed to implement a temporary policy to recognise veterinary graduates from European Association of Establishments for Veterinary Education (EAEVE) accredited or approved schools as eligible for RCVS registration, in order to mitigate the expected reduction in registrants coming from the EU and that, as EAEVE accreditation standards were not directly equivalent to UK standards, it was a temporary policy to be kept under annual review until a more permanent policy could be recognised. A lot of work was currently being undertaken by the Education Department to explore a more permanent solution.
37. The DoEd further reminded Council that the original Brexit Taskforce paper had detailed a number of options, including Mutual Recognition Agreement (MRA) provisions with individual countries, but because there were so many countries, and the impact on numbers on visitation panels, this was not feasible. What was feasible was to offer direct accreditation to new overseas schools; the RCVS had already accredited St Georges University (SGU) in Grenada, and it was in the process of accrediting the City University (CityU) of Hong Kong. As the RCVS had temporarily agreed to accept EAEVE-accredited schools, and it charged for overseas accreditations (but did not charge UK schools for accreditation), there was no real motivation for a school in Europe to want to get direct RCVS accreditation.
38. In order to try and kick start the process, a proposal was forwarded to the Chief Veterinary Officer (CVO) / Defra c. three to four months ago, to waive the fee for a handful of schools in Europe that had been selected on the basis of three criteria: the number of graduates that traditionally came to the UK to work pre-EU-exit; whether the course was taught in English; and, if the veterinary school was EAEVE-accredited. More recently, there had been a positive meeting with Defra and its agencies, and the College had been asked to submit an updated paper, with different, more ambitious, options.
39. Whilst registrant numbers had not returned to pre-EU-exit levels, they had increased slightly as shown in the paper. The decision before Council was whether to continue the temporary policy for a further 12 months.
40. Comments and questions included:
- clarification was sought on what the College envisaged as verification, as it appeared that it was heading towards a system of 'rolling' accreditation rather than, for example, a period of seven years before the school was re-visited. Furthermore, other than the costs of the accreditation visit being paid for, was that the extent of the offer to overseas schools?
 - o the proposal was to waive the initial fee and associated costs to the school for the first visit only, and upon successful accreditation the school would then enter the usual cycle

of accreditation inspections and annual monitoring (maximum of seven years). Subsequent to that, the school would be informed that they would need to pay the fee and meet the costs of the visitation. This was a special proposal with the aim of increasing the number of EU graduates registering for work in the UK: it was envisaged that this could be attractive to schools as RCVS accreditation, combined with tuition in English, could mean that they could attract additional international students, resulting in increased reputation and revenue for them;

- agree with that proposal particularly with English-taught programmes. Given the number of non-English speaking schools, was there any plan to extend the proposal to them?
 - o of the criteria for the proposals put forward, not all schools ticked all of the boxes; if the programme was not taught in English but many graduates of the school traditionally came to the UK, they would need to translate their documents; it was a balance of options and the funding requested was for a set number – if one of the targeted schools declined the proposal there were a number of others on the list to approach;
- if a targeted school opted to invite RCVS accreditation as a result of the fee for accreditation being waived, how long would it take to get going?
 - o the school could opt for a consult visit first and the process would most likely take a year from feedback following consultation to the actual accreditation event. The College had just changed to a two-stage process of accreditation, the first stage being a review of the evidence submitted by the school into an online repository before the visitation, so in theory the College could almost do a mini-consultation and if the school was really not going to come close to the requisite standards it could stop at that point. The original proposal was for a small number of schools over a two-year period and the government had asked for more options. The College had also approached EAEVE to ask if, in principle, when they had a visitation, it could join them and accredit to UK standards, as it was a lot of hard work for the school to have a visitation and it would make it more appealing for them if they could be rationalised; EAEVE had agreed in principle, subject to this being in line with their Standard Operating Procedures (SOPs);
- so, the RCVS would not be likely to complete the direct accreditation of a school for 12 months to two years?
 - o it would be unlikely as it would take time for the school to prepare. There had been three schools enquiring about direct accreditation, but it would depend on how ready they were to begin with;
- congratulations to the EC and the team for a pragmatic, medium-term solution (the temporary decision to accept graduates from EAEVE-accredited schools); however, longer-term it was concerning that there was a suggestion of abandoning the idea of more comprehensive accreditation in the form of multi-national panels and mutual recognition. The RCVS had shown leadership in the accreditation standards around Day One Competences (D1C) and was a world leader in moving them forward, but it was suggested that there were some

concerns around others' processes. When visitation panels were discussed, it was always around somebody, from a certain country, from a certain association, etc., being there to represent interests; was there a tension particularly at International Accreditors Working Group (IAWG) level, to move forward longer-term with robust training of assessors and appraisal in order to trust others to do things on the College's behalf, so that increasingly large panels were not needed? If not, there was an opportunity there for a longer-term vision;

- yes, more comprehensive training for RCVS accreditation panel members had been developed and launched on RCVS Academy;
- was there any evidence that EU graduates were over-represented at Disciplinary Committee (DC)?
 - PIC / DC Liaison Committee undertook an annual check to see if there were any trends it should be looking at – this would be an agenda item at the forthcoming meeting – but it had not been shown to be the case in the past;
- it was a good plan, but it was dependent on getting money out of a government department that was potentially already having budget cuts, was there a 'Plan B' as there was a risk of continued delay and of this becoming a semi-permanent issue?
 - this was the Plan B; the focus was currently on this proposal, but the point had been well made;
- the decision before Council was whether to continue with the temporary policy or just stop; what was not understood apart from each approach having a different model was whether there any specific deficiencies leading to specific risks around graduates. If there were deficiencies regardless of fitness to practise, was there something that needed to be done to help fill that gap?
 - new graduates coming into the UK would slot into the veterinary graduate development programme (VetGDP). In terms of whether there were deficiencies from Europe, that would feed into the surveys back from VetGDP from both the graduates and the advisers, and there was a rolling annual review; there were various mechanisms where it was possible to check for issues;
 - materials were also being uploaded to the RCVS Academy about working in the UK;
- following up from VetGDP, was there data analysis around country of graduation?
 - yes, this information was available, but as VetGDP had only been running for one year, the information for analysis was limited. Data was collected from the graduates on how prepared they felt to work in the UK in terms of carrying out a range of professional and communication skills, and range of clinical areas, and also from their one-to-one coach (VetGDP Adviser), so there would be extremely valuable data going forwards;

- one thing you would expect all vet schools to raise was the issue around extra-mural studies (EMS). Vet Schools Council (VSC) and RCVS had real concerns around the costs to the students, institutions, delivery partners, etc.; it was unsure how this was intended to be addressed but it was believed that overseas schools were not required to deliver EMS. There was an issue of inconsistency that needed to be given consideration within the broader process;
 - at the moment there was the option of self-certifying they did not need to do VetGDP if they were not a very recent graduate, could the College close that loophole by dictating that any graduate less than XX years had to do VetGDP so that the College could be more assured that they were of a certain standard?
 - o information was available on the website of when a graduate had to do VetGDP;
 - the United States (US) had a hard examination even if you went to an approved institution. If a vet did not go to an approved institution there was an even harder examination; was there a way of doing that with an EAEVE accreditation? There might be deficits in some of the EAEVE institutions compared to the UK, was it possible to have an intermediate examination rather than go through the Statutory Membership Examination (SME)?
 - o in theory that was possible, but if the vet went straight to VetGDP there was coaching all of the time that would provide some of the guarantees as it would cover knowledge and skills, etc., rather than just the one 'snapshot' of their knowledge;
 - thinking about the over-arching goal, there were two facets: the recognition of the UK qualification internationally and the shortfall of vets in the UK. In that regard, the ultimate aim should be always to welcome vets from other countries but not to need them, so the real focus should be the retention side of things;
 - of the EU graduates that had registered in the UK, was it known what percentage came from the schools the College was looking at?
 - o this was unknown, but it could be found out;
 - was there any data from the graduates from EAEVE-accredited schools what areas they were working in? If they were not in the same areas of work the connection could not be made so directly;
 - o once graduates were registered with the College that information could be explored.
41. The discussion was brought to a close. Council was asked to approve whether the temporary decision to recognise veterinary graduates from EAEVE-accredited schools for another year, until the next annual review. A vote was taken:

For:	22
Against:	1
Abstain:	0

42. Drs Calow, Gardiner, Paterson and Richards, Mr Rendle and Ms Worthington experienced technical difficulties and submitted email votes that were included in the figures. This was agreed by a majority vote.

Reports of standing committees – to note

Advancement of the Professions Committee (APC)

43. The Chair, APC, introduced the reports from the workstreams within the Committee and highlighted three items in particular:

- the update from the new Chair of Fellowship, Dr Tufnell, and that new format was welcomed;
- Dr Gardiner reflected on Black History Month, what went well and what could be made even better;
- the reflection around the seven ambitions from the Workforce Action Plan; there would be some focussed webinars taking place over the coming months, and the creation of resource to support that work.

44. There were no comments or questions, and the report was noted.

Audit and Risk Committee (ARC)

45. The Chair, ARC, introduced the report and highlighted:

- the Corporate Risk Register was now loaded to the Library area of the Council workroom on the Board Effect platform for monthly review; the Committee appreciated the comments that Council forwarded and requested that continued;
- it had been a particularly busy time for the Committee, it had reviewed two departmental risk registers, and had also discussed penetration testing in respect of the College's IT systems; there were a couple of items that required slightly more investigation, but the Committee was generally pleased how it had gone.

46. There were no comments or questions, and report was noted.

Education Committee (EC)

47. The Chair, EC, introduced the report. Council had already discussed aspects of the VetGDP at the meeting, the other main item to note was EMS and the new EMS policy, which was agreed and would come into force in 2024. It was agreed it would be a 'rolling' policy, introduced for the 2024 cohort and rolled out over the following five years. The DoEd was working on the specifications for the proposed EMS database and development of an EMS hub as, currently,

EMS information was stored in a lot of different places, and this would draw all of the elements together into one place.

48. There were no comments or questions, and the report was noted.

Finance and Resources Committee (FRC)

49. The Treasurer introduced the report and highlighted:

- the SME had been held at Glasgow in recent years; this had now gone out to tender and the successful bid would be recommended to the Committee in due course;
- an annual investment update had been received from the Investec;
- a review of resourcing had been planned for 2023.

50. There were no comments or questions, and the report was noted.

Registration Committee (RC)

51. The President reported on the two sets of minutes before Council, in particular:

- the Committee continued to look at the terminology, especially in Temporary Registrant (TR) applications, to make it clearer, however many of the applications received were unique and required discussion;
- the statistics were also evolving as useful data that would eventually assist with the workforce and careers pathway debates.

52. There were no comments or questions, and the report was noted.

Standards Committee (SC)

53. The Chair, SC, introduced the five sets of minutes and took a moment to thank the Standards and Advice Team for the vast amount of work undertaken, not least relating to Under Care that had been discussed earlier in the meeting. Other items highlighted were:

- the change in storage requirements of the Controlled Drug (CD) quinalbarbitone that had been enacted and positively received;
- consideration of client confidentiality was an ongoing topic;
- the review of the Animal Welfare Regulations for licencing activities involving animals;
- temporary registrants and issues around certification, remote certification, and Exemption Orders (EOs).

54. There were no comments or questions, and the reports were noted.

Veterinary Nurses Council (VNC)

55. The Chair, VNC, introduced the report and highlighted:

- a definition of a veterinary nurse was being worked on to put out to the profession and the public very shortly;
- work continued on delegation issues as clarity was still required in order to optimise efficiencies within the veterinary team, and it was hoped that it would also assist workforce shortage issues;
- there had been a couple of in-person VN Days that had received excellent feedback; thanks were given to the Communications and Events Teams. The next planned event was to be held in Oxford;
- additional content had been provided to the RCVS Academy including expanding information relating to clinical coaching and clinical supervisors; feedback from academic institutions and the students had also been excellent.

56. There were no comments or questions, and the report was noted.

PIC / DC Liaison Committee (PIC/DC LC)

57. The Chair, PIC/DC LC, introduced the report and highlighted:

- the new process for concerns had been in place since the beginning of October 2022; a few cases remained on the old process that was running in parallel. Key Performance Indicators (KPIs) had not yet been set for the new process as it was being given time to bed in and would be discussed at the forthcoming May 2023 meeting;
- the finance report for Preliminary Investigation Committee (PIC) and Disciplinary Committee (DC) was considered; some costs had decreased during the pandemic as a number of the hearings were heard remotely, these costs were now expected to increase as hearings had reverted to being held in person;
- receipt of an annual report from the Veterinary Client Mediation Service (VCMS) was expected imminently and the contract was due for review mid-year.

58. There were no comments or questions, and the report was noted.

Reports of statutory committees – to note

Preliminary Investigation Committee

59. The Registrar highlighted the pleasing figures of the KPIs at Stage 1 of the process for the last two months at 94% and 90%.

60. There were no comments or questions, and the report was noted.

RVN Preliminary Investigation Committee

61. There were no comments or questions, and the report was noted.

Disciplinary Committee and RVN Disciplinary Committee

62. There were no comments or questions, and the report was noted.

Notices of motion

63. There had been no notices of motion received.

Questions

64. There had been no questions received.

Any other College business (unclassified items)

65. There was no other unclassified business to report.

Risk Register, equality and diversity (unclassified items)

66. There were no new items to add to the College's Risk Register.

Date of next meeting

67. The date of the next meeting was Thursday, 16 March 2023, at 10:00 am, at a London venue to be confirmed.

Matters for decision by Council and for report (confidential items)

Estates Strategy – update

68. This information is available in the classified appendix at paragraphs 11 – 16.

Annual retention fee payment arrangements for veterinary surgeons 2023 – 2024

69. This information is available in the classified appendix at paragraphs 17 – 18.

Any other College business (confidential items)

Comments on classified appendices

70. This information is available in the classified appendix at paragraph 19.

Risk Register, equality and diversity (confidential items)

71. This information is available in the classified appendix at paragraphs 20 – 22.

Reflective session (confidential item)

72. This information is available in the classified appendix at paragraphs 23 – 25.

73. The President brought the meeting to a close.

Remote decision made 3 – 6 February 2023 (confidential item)

RCVS fee regulations

74. This information is available in the classified appendix at paragraphs 26 – 28.

Summary	
Meeting	Council
Date	16 March 2023
Title	Review of under care and out of hours – implementation
Summary	This paper provides an update on the VMD's consultation and the Standards Committee's work since Council's decision to approve the new guidance on 'under care' and limited service providers. It attaches a revised version of the guidance, together with a selection of the case studies that will accompany the guidance when it comes into force.
Decisions required	<p>Council is asked to consider the content of this paper and appendices and:</p> <ol style="list-style-type: none"> a. approve the proposed changes to the guidance on 'under care' and limited service providers, set out in Annex A; b. approve the revised guidance for advice and information only services, set out in Annex A; c. decide when the new guidance should be implemented; d. decide whether a review date should be set, and if so when.
Attachments	<p>Annex A – Guidance with tracked changes</p> <p>Annex B – Clean version of guidance</p> <p>Annex C – Current guidance on information and advice services</p> <p>Annex D – Selection of case studies</p>
Author	<p>Eleanor Ferguson Director of Legal Services/Registrar e.ferguson@rcvs.org.uk</p> <p>Gemma Kingswell Head of Legal Services (Standards) g.kingswell@rcvs.org.uk / 020 7965 1100</p>

Classifications		
Document	Classification¹	Rationales²
Paper	Unclassified	n/a
Annex A	Unclassified	n/a
Annex B	Unclassified	n/a
Annex C	Unclassified	n/a
Annex D	Unclassified	n/a
¹Classifications explained		
Unclassified	Papers will be published on the internet and recipients may share them and discuss them freely with anyone. This may include papers marked 'Draft'.	
Confidential	Temporarily available only to Council Members, non-Council members of the relevant committee, sub-committee, working party or Board and not for dissemination outside that group unless and until the relevant committee or Council has given approval for public discussion, consultation or publication.	
Private	The paper includes personal data which should not be disclosed at any time or for any reason, unless the data subject has agreed otherwise. The Chair may, however, indicate after discussion that there are general issues which can be disclosed, for example in reports to committees and Council.	

²Classification rationales	
Confidential	<ol style="list-style-type: none"> 1. To allow the Committee or Council to come to a view itself, before presenting to and/or consulting with others 2. To maintain the confidence of another organisation 3. To protect commercially sensitive information 4. To maintain public confidence in and/or uphold the reputation of the veterinary professions and/or the RCVS
Private	<ol style="list-style-type: none"> 5. To protect information which may contain personal data, special category data, and/or criminal offence data, as listed under the General Data Protection Regulation

Review of under care and out of hours – implementation

Introduction

1. On the 19 January 2023, Council approved proposed guidance from the Standards Committee regarding the prescription of POM-Vs and the definition of 'under care', and limited service providers (LSPs).
2. At that meeting, it was noted that the Veterinary Medicines Directorate were planning to consult on the current Veterinary Medicines Regulations imminently and as such, Council agreed to delay implementation of the new guidance until at least June 2023 so the VMD's direction of travel could be kept under review. Council also agreed keep the implementation date under review and bring the issue back to this meeting.
3. Since Council's meeting in January, the Standards Committee have met twice to further discuss the guidance and to develop case studies that will accompany it when it comes into force. Through the process of developing those case studies, the Committee identified some potential amendments to the proposed guidance. These are outlined below at paragraphs 5 – 18 below, and recommended to Council for approval. A copy of the guidance with tracked changes is at **Annex A** and a clean version at **Annex B**.

Proposed amendments to the guidance

4. This section should be read in conjunction with **Annex A**.

'Under care'

Paragraph 2 (mirrored in summary header)

5. The Committee recognised that, depending on what the problem is, equine vets may not examine the horses every time they visit a yard. As such, it was agreed that equines should be included on the list alongside production animals, farmed aquatics and game where a visit to the premises would be acceptable.
6. There was some discussion on whether there should be a list at all, but it was agreed that the profession have expressed the need for specificity in this guidance and the list will therefore help veterinary surgeons with its application.
7. Next, the Committee discussed whether the word 'facility' should be replaced to avoid ambiguity. The intention behind this part of the guidance is to ensure veterinary surgeons can physically examine an animal (whether that is at a practice or through an ambulatory service) or attend the premises on a 24/7 basis if required, but the Committee felt that 'facility' might be interpreted as meaning 'having the skill to' or having a physical premises. It was agreed that to avoid this, 'facility' should be replaced with *'be able, on a 24/7 basis, to...'*
8. There was also a discussion as to whether 'must' could be used instead of 'should' in this part of the guidance to make it more robust. The Committee noted the discussions around this at previous Council meetings and recognised that 'must' was not usually used in guidance and for good reason. Notwithstanding this, the Committee agreed that because of the significance of this provision, an exception should be made in order to achieve a higher level of clarity and make the provision more powerful. Therefore, the recommendation is that 'must' should be used in relation to providing a 24/7 follow-up service:

'A veterinary surgeon who has an animal under their care ~~should~~ **must be able, on a 24/7 basis, have the a 24/7 facility** to physically examine the animal or visit the premises in the case of **equines, production animals, farmed aquatic animals and game.**'

9. As regards "Veterinary surgeons should also be prepared to carry out any necessary investigation in the event that animals **taken under their care** do not improve, suffer an adverse reaction or deteriorate". It was agreed that the words "taken under their care" be added for clarity.

Paragraph 3

10. While reference to details of the 24/7 follow up being included in the terms of reference of the client was already incorporated into the guidance, the Committee decided it was important that it was absolutely clear that the veterinary surgeon should provide the client with the details of the 24/7 follow-up provision. The addition of these details also emphasised further that it is the veterinary surgeon's responsibility to arrange the 24/7 follow up care with another veterinary service.

Paragraph 6(f)

11. The Committee wanted to drill down on the fact that the veterinary surgeon considering a physical examination should consider, specifically, the understanding and knowledge of the owner/keeper with regards to animal health and welfare, as well as the veterinary team's experience of having an open and honest relationship with this client, as these factors are important when taking into account client-source information during the clinical assessment.

Paragraph 9(a)

12. It was agreed that 'agricultural animals' should be replaced with '*production animals, farmed aquatic animals or game*' as is the case elsewhere in the guidance.

Paragraph 9(b)

13. The Committee proposes that "*or where this is not possible*" should be removed as this wording could be interpreted as meaning that examining an animal 'recently enough' was not an option unless the vet was physically unable to examine at least one representative production/farm/game animal prior to prescribing. Instead, the paragraph now conveys that either one representative animal should be physically examined prior to prescribing, or that this should have been done recently enough with the addition of current knowledge/data of the animals.
14. "*...or in sectors such as large-scale commercial poultry and fish enterprises*" was added as named exceptions to acknowledge that these industries operate in very different ways to the veterinary industry generally as prescribing decisions are seldom (if ever) based on physical examination or attendance at the premises. Instead, the focus is on laboratory data, and post-mortems in particular. This is not the case in other sectors and as such, is an exceptional way of working that may amount to exceptional circumstances.

Paragraph 10

15. The Committee decided clarification could be made to emphasise that the second part of the paragraph relates to an existing, individual prescription for controlled drugs, and not controlled drugs in general. The intention therefore is that a (i.e., one) further prescription of an existing

controlled drug treatment may be acceptable without a physical examination as long as a clinical assessment is undertaken. The terminology around “repeats” was amended as Schedule 2 and 3 controlled drugs are not legally repeatable and so while this language is used colloquially, it is not technically correct. A link to the RCVS Controlled Drugs guidance has also been added.

Limited service providers

Paragraph 1

16. It was agreed that reproductive clinics were not a good fit for an LSP, and instead the examples have been limited to vaccination clinics or neutering clinics to avoid confusion.

Paragraph 2

17. The Committee agreed to mirror the ‘under care’ guidance in relation to LSPs being able to arrange for another provider to cover their 24/7 follow-up care, including that any agreement with another provider needs to be made in advance of veterinary services being offered, and confirmed in writing.

Information and advice services guidance

18. The Committee agreed that the current guidance relating to information and advice services in Chapter 2 of the supporting guidance required amendment to ensure it is consistent with the proposed changes to ‘under care’. In particular, it was agreed that the focus should be shifted away from physical examination and towards advising only based on the information the veterinary surgeon has available. The current guidance on information and advice services is attached at **Annex C** for ease of reference.

Case studies

19. As mentioned above, the Committee has developed a number of scenarios to accompany the proposed guidance. The purpose of these is to put the guidance into context and address some of the common queries received since it was unveiled.
20. As further queries are received in the lead up to, and following, implementation of the guidance, we plan to add to these case studies, as well as developing frequently asked questions. In addition, some organisations have indicated a wish to send in scenarios. These will be considered by the Standards Committee and worked up into case studies where appropriate.
21. A selection of the case studies is attached at **Annex D** for Council's information.

VMD consultation and timing of implementation

22. The VMD's consultation on the VMRs was published in February and, as suspected, does not contain any proposals that contradict the proposed guidance on ‘under care’. In fact, the consultation shows that the VMD is intending to move in a similar direction:

‘Assessment by vet before prescribing POM-V

4.16 We want to reduce burden on vets, in particular those in remote areas, whilst supporting responsible, safe and effective prescribing. One way to achieve this may be to enable vets to prescribe medicines remotely and more efficiently without reducing the oversight required for responsible and safe prescribing.

4.17 We therefore propose to amend the requirements for prescriptions by a vet to allow vets the option of performing a "clinical examination or other proper assessment" of an animal or group of animals under their care when prescribing POM-V medicines (Schedule 3 paragraph 4 in the VMR). The current requirement is for the vet to carry out a 'clinical assessment'. Note that the Royal College of Veterinary Surgeons provides an interpretation of the term 'clinical assessment'"

23. We understand that the VMD intends to publish the outcome of the consultation within twelve weeks of it closing (around the end of June) and will implement the changes within six months thereafter. Whilst the exact changes to be made will not be known until the outcome is published, Council may find the content of the consultation document reassuring in terms of publishing the updated guidance on 'under care'.
24. Council is therefore asked to revisit the question of when the updated guidance on 'under care' should be implemented in the light of this additional information.

Review period

25. Finally, Council is asked to consider setting a review date for the new guidance after it has been in force for a specific period of time. It is suggested that any review date should be at least two years after implementation to give the guidance time to bed in and to ensure that there is adequate data to draw upon.

Decisions required

26. Council is asked to consider the content of this paper and appendices and:
- a. approve the proposed changes to the guidance on 'under care' and limited service providers, set out in **Annex A**;
 - b. approve the revised guidance for advice and information only services, set out in **Annex A**;
 - c. decide when the new guidance should be implemented;
 - d. decide whether a review date should be set, and if so when.

'Under Care'

Prescribing POM-Vs

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

1. According to the Veterinary Medicines Regulations 2013 (VMRs), to prescribe POM-Vs, a veterinary surgeon must carry out a clinical assessment of the animal and the animal must be under their care. The terms 'clinical assessment' and 'under...care' are not defined by the VMRs, however the RCVS has interpreted them in the following way.
2. An animal is under a veterinary surgeon's care when the veterinary surgeon is given, and accepts, responsibility for the health of an animal (or a herd, flock or group of animals) whether generally, or by undertaking a specific procedure or test, or by prescribing a course of treatment. Responsibility for an animal may be given by the owner, client or keeper, statute or other authority. A veterinary surgeon who has an animal under their care ~~should must have a 24/7 facility be able, on a 24/7 basis,~~ to physically examine the animal or visit the premises in the case of production animals, equines, farmed aquatic animals and game. Veterinary surgeons should also be prepared to carry out any necessary investigation in the event that ~~the animals taken under their care do -does~~ not improve, suffers an adverse reaction or deteriorates. Veterinary surgeons should provide this service within an appropriate timeframe depending on the circumstances, which could be immediately.
3. Where a veterinary surgeon is not able to provide this service set out in paragraph 2 themselves, another veterinary service provider may do so on their behalf. It is the veterinary surgeon's responsibility to make these arrangements and it is not sufficient for the client to be registered at another practice. This arrangement should be in line with paragraphs 3.4 -3.6 of the supporting guidance, made in advance before veterinary services are offered and confirmed in writing as part of the conditions of service agreed by the client. Veterinary surgeons should provide clients with full details of this arrangement, including relevant telephone numbers, location details, when the service is available and the nature of service provided.
4. Where an animal is under the care of more than one veterinary surgeon, those veterinary surgeons should keep each other informed of any relevant clinical information (see Chapter 5: Communication between professional colleagues for further guidance on mutual clients).
5. A clinical assessment is any assessment which provides the veterinary surgeon with enough information to diagnose and prescribe safely and effectively. A clinical assessment may include a physical examination, however this may not be necessary in every case.

6. Whether a physical examination is necessary for the prescription of POM-Vs is a matter for the veterinary surgeon's judgement depending on the circumstances of each individual case (please note that the Animals (Scientific Procedures) Act 1986 should be followed where it applies). When deciding whether a physical examination is required, the following factors are relevant, however veterinary surgeons should note this list is **not** exhaustive:
 - a. The health condition(s), or potential health condition(s), being treated and any associated risks (see further guidance below at paragraph [57](#) and [86](#))
 - b. The nature of the medication being prescribed, including any possible risks and side effects (see further guidance below at paragraphs [87](#) and [98](#))
 - c. Whether the medication is being prescribed under the cascade (for further guidance on this, see paragraph 4.16 of [Chapter 4: Veterinary medicines](#))
 - d. When the animal was last physically examined by a veterinary surgeon, or premises physically inspected in the case of production animals, farmed aquatic animals or game
 - e. Whether there is access to the animal's previous clinical history or, in the case of production animals, farmed aquatic animals and game, knowledge of the health status at the premises
 - f. The understanding and knowledge of the owner/keeper [in relation both to animal health and welfare, and the importance of open and honest communication with the veterinary team](#)
 - g. Whether the individual animal, herd, flock or group of animals is/are known to the veterinary surgeon and/or whether there is an existing relationship with the client or animal owner/keeper
 - h. The practicality of a physical examination for individual animals
 - i. The health status of the herd, flock or group of animals
 - j. The overall state of the animal's health
 - k. The impact of any prescription made without physical exam on the ability to gather subsequent diagnostic information
7. The more complex or unusual the health needs of the animal, or where a differential diagnosis includes serious conditions not yet ruled out, the more likely a physical examination will be necessary.
8. In respect of paragraph [64\(a\)](#) above, a physical examination is required where a notifiable disease is suspected or part of a differential diagnosis.
9. In respect of paragraph [64\(b\)](#) above, and given the importance of minimising the development of antimicrobial resistance (please note that in this part of the guidance, 'antimicrobials'

includes antibiotics, antivirals, antifungals and antiparasitics in line with the definition given by the World Health Organisation):

- a. A physical examination is required in all but exceptional circumstances where a veterinary surgeon prescribes antimicrobials for an individual animal or group of animals that are not ~~agricultural production animals, farmed aquatic animals or game animals~~. Veterinary surgeons should be prepared to justify their decision in cases where antimicrobials are prescribed without a physical examination and record this justification in the clinical notes.
- b. When prescribing antimicrobials for production animals, farmed aquatic animals and game, veterinary surgeons should ensure they have an in-depth knowledge of the premises, including its production systems, the environment, disease challenges and the general health status of the herd, flock or group. Veterinary surgeons should have attended and inspected the premises and physically examined at least one representative animal ~~immediately~~ prior to prescribing, ~~or, or where this is not possible~~, recently enough to ensure they have adequate current information and knowledge to prescribe responsibly and effectively, taking into account any available production data and diagnostic laboratory results. In exceptional cases where this is not possible, or in sectors such as large-scale commercial poultry and fish enterprises, and antimicrobials are prescribed without conducting a physical examination, veterinary surgeons should be prepared to justify their decision and to record this justification in the clinical notes. For the factors relevant to whether a physical examination is required, please see paragraph 4 above.

Note: For more information about responsible prescribing to minimise antimicrobial resistance, please see Chapter 4: Medicines, paragraphs 4.23 and 4.24.

10. In respect of 6(b) above, when prescribing a controlled drugs to an animal ~~in the first instance~~, veterinary surgeons should in the first instance carry out a physical examination in all but exceptional circumstances and be prepared to justify their decision where no physical examination has taken place. This justification should be recorded in the clinical notes. It is acceptable to issue a further repeat-prescription for that controlled drug>s without a physical examination, however veterinary surgeons should carry out a further clinical assessment to ensure they have enough information to do so safely and effectively. Further guidance on prescribing controlled drugs can be found here.
11. Veterinary surgeons must maintain clinical records of animals, herds, flocks or other groups of animals under their care.

Limited Service Providers

1. A limited service provider is a practice that offers no more than one service to its clients and includes, but is not limited to, vaccination clinics, ~~equine reproductive clinics and or~~ neutering clinics. For these purposes, a 'practice' is a Registered Veterinary Practice Premises (RVPP) as entered into the register held by the RCVS.
2. Limited service providers should provide, or provide access to, 24-hour emergency cover that is proportionate to the service they offer. This means that veterinary surgeons working for limited service providers should ensure that the 24-hour emergency cover provision covers any adverse reaction or complication that could be related to procedures or examinations carried out, or medicines prescribed or used. Limited service providers do not have to provide this service themselves and may engage another veterinary provider to do so on their behalf. Where another provider is engaged, the arrangement should be in line with paragraphs 3.4 -3.6 of the supporting guidance, made before veterinary services are offered and confirmed in writing as part of the conditions of service agreed by the client.

Information and advice only services

1. Veterinary surgeons regularly give advice as part of their work and in a variety of contexts. Advice can range from very general, for example writing in a magazine column, to very specific, for example to an existing client as part of an ongoing course of treatment. Veterinary surgeons may only give advice to the extent appropriate based on the information they have about the animal and should bear in mind the general guidance on veterinary care and in relation to prescribing medicines. Where advice is given remotely and there is no ability to monitor the animal, for example because it is provided as part of an online only service, veterinary surgeons should ensure that the client understands the limitations of this service and that animal welfare and/or subsequent veterinary care is not compromised.
2. General information taken from standard texts or articles (source acknowledged and subject to copyright law) may be disseminated via the internet, either by way of a distance learning CPD project for veterinary surgeons, or for the general public who are seeking information about a particular condition, treatment or medication.

'Under Care'

Prescribing POM-Vs

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

1. According to the Veterinary Medicines Regulations 2013 (VMRs), to prescribe POM-Vs, a veterinary surgeon must carry out a clinical assessment of the animal and the animal must be under their care. The terms 'clinical assessment' and 'under...care' are not defined by the VMRs, however the RCVS has interpreted them in the following way.
2. An animal is under a veterinary surgeon's care when the veterinary surgeon is given, and accepts, responsibility for the health of an animal (or a herd, flock or group of animals) whether generally, or by undertaking a specific procedure or test, or by prescribing a course of treatment. Responsibility for an animal may be given by the owner, client or keeper, statute or other authority. A veterinary surgeon who has an animal under their care must be able, on a 24/7 basis, to physically examine the animal or visit the premises in the case of production animals, equines, farmed aquatic animals and game. Veterinary surgeons should also be prepared to carry out any necessary investigation in the event that animals taken under their care do not improve, suffer an adverse reaction or deteriorate. Veterinary surgeons should provide this service within an appropriate timeframe depending on the circumstances, which could be immediately.
3. Where a veterinary surgeon is not able to provide this service set out in paragraph 2 themselves, another veterinary service provider may do so on their behalf. It is the veterinary surgeon's responsibility to make these arrangements and it is not sufficient for the client to be registered at another practice. This arrangement should be in line with paragraphs 3.4 -3.6 of the supporting guidance, made in advance before veterinary services are offered and confirmed in writing as part of the conditions of service agreed by the client. Veterinary surgeons should provide clients with full details of this arrangement, including relevant telephone numbers, location details, when the service is available and the nature of service provided.
4. Where an animal is under the care of more than one veterinary surgeon, those veterinary surgeons should keep each other informed of any relevant clinical information (see Chapter 5: Communication between professional colleagues for further guidance on mutual clients).
5. A clinical assessment is any assessment which provides the veterinary surgeon with enough information to diagnose and prescribe safely and effectively. A clinical assessment may include a physical examination, however this may not be necessary in every case.

6. Whether a physical examination is necessary for the prescription of POM-Vs is a matter for the veterinary surgeon's judgement depending on the circumstances of each individual case (please note that the Animals (Scientific Procedures) Act 1986 should be followed where it applies). When deciding whether a physical examination is required, the following factors are relevant, however veterinary surgeons should note this list is **not** exhaustive:
 - a. The health condition(s), or potential health condition(s), being treated and any associated risks (see further guidance below at paragraph 7 and 8)
 - b. The nature of the medication being prescribed, including any possible risks and side effects (see further guidance below at paragraphs 8 and 9)
 - c. Whether the medication is being prescribed under the cascade (for further guidance on this, see paragraph 4.16 of Chapter 4: Veterinary medicines)
 - d. When the animal was last physically examined by a veterinary surgeon, or premises physically inspected in the case of production animals, farmed aquatic animals or game
 - e. Whether there is access to the animal's previous clinical history or, in the case of production animals, farmed aquatic animals and game, knowledge of the health status at the premises
 - f. The understanding and knowledge of the owner/keeper in relation both to animal health and welfare, and the importance of open and honest communication with the veterinary team
 - g. Whether the individual animal, herd, flock or group of animals is/are known to the veterinary surgeon and/or whether there is an existing relationship with the client or animal owner/keeper
 - h. The practicality of a physical examination for individual animals
 - i. The health status of the herd, flock or group of animals
 - j. The overall state of the animal's health
 - k. The impact of any prescription made without physical exam on the ability to gather subsequent diagnostic information
7. The more complex or unusual the health needs of the animal, or where a differential diagnosis includes serious conditions not yet ruled out, the more likely a physical examination will be necessary.
8. In respect of paragraph 6(a) above, a physical examination is required where a notifiable disease is suspected or part of a differential diagnosis.
9. In respect of paragraph 6(b) above, and given the importance of minimising the development of antimicrobial resistance (please note that in this part of the guidance, 'antimicrobials' includes

antibiotics, antivirals, antifungals and antiparasitics in line with the definition given by the World Health Organisation):

- a. A physical examination is required in all but exceptional circumstances where a veterinary surgeon prescribes antimicrobials for an individual animal or group of animals that are not production animals, farmed aquatic animals or game. Veterinary surgeons should be prepared to justify their decision in cases where antimicrobials are prescribed without a physical examination and record this justification in the clinical notes.
- b. When prescribing antimicrobials for production animals, farmed aquatic animals and game, veterinary surgeons should ensure they have an in-depth knowledge of the premises, including its production systems, the environment, disease challenges and the general health status of the herd, flock or group. Veterinary surgeons should have attended and inspected the premises and physically examined at least one representative animal prior to prescribing, or recently enough to ensure they have adequate current information and knowledge to prescribe responsibly and effectively, taking into account any available production data and diagnostic laboratory results. In exceptional cases where this is not possible, or in sectors such as large-scale commercial poultry and fish enterprises, and antimicrobials are prescribed without conducting a physical examination, veterinary surgeons should be prepared to justify their decision and to record this justification in the clinical notes. For the factors relevant to whether a physical examination is required, please see paragraph 4 above.

Note: For more information about responsible prescribing to minimise antimicrobial resistance, please see Chapter 4: Medicines, paragraphs 4.23 and 4.24.

10. In respect of 6(b) above, when prescribing a controlled drug to an animal, veterinary surgeons should in the first instance carry out a physical examination in all but exceptional circumstances and be prepared to justify their decision where no physical examination has taken place. This justification should be recorded in the clinical notes. It is acceptable to issue a further prescription for that controlled drug without a physical examination, however veterinary surgeons should carry out a further clinical assessment to ensure they have enough information to do so safely and effectively. Further guidance on prescribing controlled drugs can be found [here](#).
11. Veterinary surgeons must maintain clinical records of animals, herds, flocks or other groups of animals under their care.

Limited Service Providers

1. A limited service provider is a practice that offers no more than one service to its clients and includes, but is not limited to, vaccination clinics or neutering clinics. For these purposes, a 'practice' is a Registered Veterinary Practice Premises (RVPP) as entered into the register held by the RCVS.
2. Limited service providers should provide, or provide access to, 24-hour emergency cover that is proportionate to the service they offer. This means that veterinary surgeons working for limited service providers should ensure that the 24-hour emergency cover provision covers any adverse reaction or complication that could be related to procedures or examinations carried out, or medicines prescribed or used. Limited service providers do not have to provide this service themselves and may engage another veterinary provider to do so on their behalf. Where another provider is engaged, the arrangement should be in line with [paragraphs 3.4 -3.6 of the supporting guidance](#), made before veterinary services are offered and confirmed in writing as part of the conditions of service agreed by the client.

Information and advice only services

1. Veterinary surgeons regularly give advice as part of their work and in a variety of contexts. Advice can range from very general, for example writing in a magazine column, to very specific, for example to an existing client as part of an ongoing course of treatment. Veterinary surgeons may only give advice to the extent appropriate based on the information they have about the animal and should bear in mind the general guidance on veterinary care and in relation to prescribing medicines. Where advice is given remotely and there is no ability to monitor the animal, for example because it is provided as part of an online only service, veterinary surgeons should ensure that the client understands the limitations of this service and that animal welfare and/or subsequent veterinary care is not compromised.
2. General information taken from standard texts or articles (source acknowledged and subject to copyright law) may be disseminated via the internet, either by way of a distance learning CPD project for veterinary surgeons, or for the general public who are seeking information about a particular condition, treatment or medication.

Information and advice services

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

2.34 General advice may be given in response to an enquiry.

2.35 Specific advice provided remotely, for example via phone or video-link with or without additional physiological data (commonly referred to as telemedicine or telehealth), should only be given to the extent appropriate without a physical examination of the animal. The more specific the advice, the more likely it is that the animal's owner should be advised to consult a veterinary surgeon in person for a physical examination. In this scenario the animal owner should be asked to provide the veterinary surgeon carrying out the physical examination with a copy of any advice given remotely.

2.36 Veterinary surgeons should ensure as far as possible that the provision of specific advice provided remotely does not compromise welfare, since the animal has not been examined and there is no ability to monitor the animal.

Mutual clients

This morning, Sandra called Park Veterinary Practice as three of her heifers were aborting. Zach, a veterinary surgeon, attends and examines the heifers and whilst he is doing so, Sandra asks if it could be anything to do with the injections the 'other vet' gave them three days ago. Zach asks some further questions and Sandra explains that Bridge Vets are carrying out a synchronised breeding programme for the farm.

Both Bridge Vets and Park Veterinary Practice are within 20 miles of the farm.

On checking the farm's notes, Zach sees that there is no information about recent fertility services or mention of another vet or practice carrying out fertility work. Zach therefore contacts Bridge Vets to find out more.

In this case, both practices have taken responsibility for the animals and so have them under their care. Under the new guidance, both must therefore be able to physically examine the animals or visit the premises on a 24/7 basis.

Other than this, the new guidance will have very little impact on this scenario. However, there is existing RCVS guidance on mutual clients that states:

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

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

In light of this, when a veterinary surgeon becomes aware that another veterinary surgeon is involved with an animal they are treating, lines of communication between those two individuals/practices should be opened and each kept informed of the any relevant clinical information as per the above guidance.

If Zach contacts Bridge Vets and they refuse to comply with the above guidance, Zach should contact the RCVS about the conduct of the vets involved.

Prescribing antibiotics to poultry

In June, Vanessa (a veterinary surgeon) visited the large-scale commercial broiler unit managed by Jorge as part of the annual quality assurance audit and veterinary health plan consultation. The following February, Jorge contacts Vanessa and reports that mortality rates in the unit are rising. Vanessa does not attend the unit, but requests that post-mortems are carried out on the affected birds. She carries out a clinical assessment based on those results, together with other production and laboratory data. Based on her clinical assessment, Vanessa prescribes oxytetracycline to be delivered via the drinking system.

Under the new guidance, before antimicrobials can be prescribed for production animals - in this case poultry - veterinary surgeon should have an in-depth knowledge of the premises, including its production systems, the environment, disease challenges and general health status of the flock.

In the vast majority of cases involving production animals, veterinary surgeons are required to attend and inspect the premises and physically examine one representative animal prior to prescribing or have done so recently enough to ensure they have current information and knowledge to prescribe safely and effectively, taking into account relevant data.

However, there is an exception which allows veterinary surgeons to prescribe antibiotics without attending the premises or examining a representative animal in exceptional circumstances. The way that the large-scale commercial poultry sector works means that prescribing decisions are seldom (if ever) based on physical examination or attendance at the premises. Instead, the focus is on laboratory data, and post-mortems in particular. Other than in fish enterprises, this is not the case in other sectors and as such, is an exceptional way of working that may amount to exceptional circumstances.

Where veterinary surgeons find themselves in exceptional circumstances and prescribe antimicrobials without attending the premises or examining a representative animal, they are obliged to record their justification in the clinical notes. In this case, Vanessa should note that she had access to reliable data from post-mortem examinations and other laboratory data meaning that physically attending the premises was unlikely to provide any further clinically relevant information.

Prescribing antiparasitics (small animals)

Tomas and his cat, Tilly, have been clients of the local veterinary practice for several years. Every year, he takes Tilly for her annual health check and vaccinations, and as part of this appointment is prescribed a year's worth of preventative flea and worming products which is then supplied to Tomas on a quarterly basis. For the subsequent supplies, he arranges to pick these up from the practice every three months.

Under the new guidance, antiparasitics are included within the definition of antimicrobials which means that a physical examination should be carried out prior to prescription unless there are exceptional circumstances. However, it is acceptable to supply against the same prescription in instalments without a further physical examination, as such Tomas' practice is compliant with the rules. Note that for supply in the absence of a veterinary surgeon, the supply should be preauthorised by a veterinary surgeon and only dispensed by a competent and trained person in practice, in line with the practices' standard operating procedure.

Consultancy services

Jonathan owns a beef and dairy farm in Cheshire. Ade, a veterinary surgeon based in Somerset, attends the farm on an annual basis to provide consultancy advice and prescribes medicines for the farm as needed between his visits.

Under the new guidance, any veterinary surgeon who has production animals, in this case cattle, under their care must be able to visit the premises on a 24/7 basis. They should also be prepared to carry out any necessary investigations and should provide this service within an appropriate timeframe depending on the potential needs of the species which have been brought under their care, which could be immediately.

In light of this, Ade should not continue to prescribe medicines for Jonathan's animals unless he can engage another veterinary service provider within Jonathan's proximity to provide the required 24/7 care on his behalf. If Ade decides to do this, he will need to actively make these arrangements – it is not enough for Jonathan's cattle to be registered with another practice. He will also need to ensure that the agreement is made in advance before further veterinary services are offered to Jonathan and confirmed in writing as part of the conditions of service Jonathan agrees.

Veterinary surgeons are obliged to respond to reasonable requests from their regulator, and in the event of a complaint, Ade may be asked to produce evidence of the arrangement with another veterinary practice.

Prescribing non-CD pain relief/antibiotics (exceptional circumstance)

Alex keeps a pack of hounds. At feeding time, one of the dogs, Iceberg, had a fight with another of their dogs and has sustained a wound to the shoulder area. Although Alex is registered with a veterinary practice, they have not yet attended with the dogs. Alex calls the practice, and speaks to Pippa, a veterinary surgeon. Alex explains that Iceberg is quite an aggressive dog and will not tolerate being examined by Pippa. Pippa explains that the dog will likely need antibiotics and possibly pain relief and so they should still attend with Iceberg and she will do what she can.

When Alex arrives, Iceberg is muzzled and clearly very distressed. Pippa assesses the situation and decides it is not safe to physically examine Iceberg for her or the team, however she is able to look at the wounds from a safe distance and carry out a clinical assessment. She is satisfied that, if left untreated, Iceberg's welfare would likely suffer. Pippa prescribes antibiotics and pain relief for Iceberg, and makes a note of the fact it would not have been safe to physically examine him.

Pippa has taken responsibility for Iceberg and has taken him under her care. She has carried out a clinical assessment, and when deciding whether to carry out a physical examination has taken account of the fact that it would not be practical, or indeed safe, to do so.

Notwithstanding this, she is satisfied that she has enough information to diagnose and prescribe safely and effectively. The pain relief in question is not a controlled drug and such, she is able to prescribe it based on this assessment.

However, in respect of antibiotics, there are extra considerations to be taken into account before prescribing, namely that they should not be prescribed unless a physical examination has been carried out unless there are exceptional circumstances.

In this case, risk to personal safety could amount to an exceptional circumstance where antibiotics could be prescribed without a physical examination. As such, it would be a matter for Pippa's judgement as to whether it was appropriate to do so and her justification should be recorded clearly in the clinical notes.

Antibiotics and pigs

Derek is a contract pig farmer rearing pigs for a group owned by Happy Pigs Ltd. Derek's farm is taken under the care of Green Livestock Vets. Green Livestock Vets has never made an in-person visit to Derek's premises but are within reasonable geographic proximity for this species to do so. Green Livestock Vets have also discussed the production systems and seen photographs and videos of the farm infrastructure, and are familiar with the disease status and history of the supplied pigs.

Derek is concerned about his pigs and describes symptoms which could be consistent with Streptococcal meningitis and requests treatment with amoxicillin.

Green Livestock Vets should not remotely prescribe this antibiotic under these circumstances as they have not met the criteria of considerations under the guidance to ensure safe and effective prescribing and responsible use of medicines. In addition, there is no exceptional circumstance present that would justify the prescription of antimicrobials without ever having attending the premises or examined one representative animal.

Given the factors to be taken into consideration when decided whether a physical examination is necessary, in this scenario it may be difficult to justify prescribing any POM-V without carrying out any indicated further investigations and understanding the level of knowledge/training of the keeper.

Prescribing antibiotics for small animals (skin disease)

Amaya is a registered client of North London Vets and their dog, Walnut, has been diagnosed as atopic. Walnut has had a mix of virtual and physical consultations during the diagnostic period and ongoing treatment and management of the condition. Walnut was last seen at the practice 2 weeks ago and was doing well. Today, Walnut is pruritic and Amaya calls the practice to book a consultation online.

During the video consultation the vet is concerned that there is an associated pyoderma involved and so asks Amaya to bring Walnut in for a physical examination as antibiotic treatment may be indicated.

As these are not exceptional circumstances, and as there is no reason why Walnut cannot be seen in-person at the practice, a physical examination is required before the antibiotic is prescribed. Should a further antibiotic prescription be required for treatment of the same condition, it would be a matter for the vet's clinical judgement as to whether a further physical examination and/or testing is required.

Prescribing long-term controlled drugs

Sunny's Cocker Spaniel, Fido, had a cluster of seizures two years ago and since then, has been prescribed phenobarbital twice daily. Fido was given a six-month long prescription, and Sunny picks these up at monthly intervals. Fido is usually seen at the practice every six months for a blood test and physical examination, but Sunny has been unable to get Fido to an appointment within this timeframe and cannot attend the practice for a further two weeks. As such, Fido now risks being without phenobarbital until he can be seen.

The vet issues one further prescription phenobarbital for to cover these two weeks before the dog can be examined again.

For all controlled drugs, in most situations veterinary surgeons should only prescribe 28 days' worth of treatment. The exception being where there are long term ongoing medical conditions (e.g., when treating epilepsy in dogs). If more than 28 days' worth of treatment is prescribed, the prescribing veterinary surgeon must be sure the owner is competent to use the medicine safely.

Under the new guidance, it is acceptable for a vet to issue a further prescription for a controlled drug previously prescribed, however the vet should carry out a clinical assessment to ensure they have enough information to do so safely and effectively and, in line with general guidance on prescribing CDs, should only prescribe the minimum required.

Prescribing controlled drugs (exceptional circumstances)

Nina's cat, Snowflake, has been in a fight with another cat and has sustained an injury. Snowflake is bad tempered and Nina knows from experience that she will not be able to catch her, let alone get her in the carrier to take her to the vet.

Nina calls her usual veterinary practice and speaks to Anton, a veterinary surgeon. She explains the situation and Anton explains that he will need to see Snowflake as she may need antibiotics and makes some suggestions to calm and catch her. Nina tries everything she can think of, but cannot catch Snowflake. She calls the practice back and suggests that Anton see Snowflake at her house. Anton cannot see how attending Nina's home would help as he is no more likely to be able to catch Snowflake than Nina. Anton knows that Snowflake's wound needs to be assessed as a matter of animal welfare and says he will prescribe a single dose of gabapentin to calm Snowflake enough to so Nina can get her to the practice.

Anton has taken Snowflake under his care by taking responsibility for her. He knows Snowflake will more than likely require treatment, but cannot get all the information he needs without a physical examination (he is also mindful that antibiotics might be indicated and that a physical examination is required for this). Anton has exhausted other avenues of getting Snowflake to the practice and therefore prescribing a very small dose of a controlled drug may be justifiable as exceptional circumstances in the interests of animal welfare.

Enforcement

Taylor is a veterinary surgeon who works remotely and advertises their services on social media. After seeing one of Taylor's ads, Sylvia contacts Taylor about her cat, Whiskey, who is has an upset stomach. Whiskey is not currently registered with any veterinary practice.

Taylor listens to Sylvia's concerns, asks a number of questions and, with Sylvia's help, visually assesses Whiskey over a video call. Taylor prescribes anti-sickness medication and tells Sylvia that although they have an arrangement with veterinary practice, it would 'probably be better' take Whiskey to a local vet if he does not improve over the course of the next week.

Three days later, Whiskey has visibly deteriorated and is very lethargic. Sylvia contacts Taylor and asks for the details of vet they have an arrangement with. Taylor says they will ring straight back with the details. Sylvia waits for 30 minutes and in that time, tries calling Taylor back on several occasions with no answer. Sylvia then spends over an hour telephoning local practices and eventually finds one that is able to see Whiskey straight away. On arriving at the practice, Whiskey crashes and although the veterinary team rush to help, they cannot save him.

Sylvia is devastated and believes that had she have been able to access veterinary care immediately through Taylor, Whiskey might have been saved. Sylvia therefore complains to the RCVS. Taylor tells the RCVS that the practice they have an arrangement with were not picking up the telephone when they tried to get in touch about Whiskey and that they did all they could to arrange for him to be seen in person. They also say that the reason Sylvia couldn't get through to them was because they were on the phone trying to sort things out. As part of the investigation, the RCVS request that Taylor provides a copy of the written agreement with the other practice in respect of 24/7 follow-up care.

Under the new guidance, when taking cats and other small animals under their care, veterinary surgeons must be able, on a 24/7 basis, physically examine the animal. Vets should also be prepared to carry out any necessary investigation in the event the animal does not improve, suffers and adverse reaction or deteriorates.

If a veterinary surgeon is unable to provide this service themselves, they are required to make arrangements for another veterinary service provider to do so on their behalf. The guidance is clear that it is the veterinary surgeon's responsibility to make these arrangements and it is not sufficient for the client to be registered at another practice. When arrangements of this nature are made, this should be done in advance before veterinary services are offered and confirmed in writing as part of the conditions of service agreed by the client. The guidance also states that *'veterinary surgeons should provide clients with full details of this arrangement, including relevant telephone numbers, location details, when the service is available and the nature of service provided'*.

It is clear from this scenario that Taylor has breached the guidance. Although the question of whether there was actually an agreement is in place has yet to be answered (this will be determined by whether Taylor can provide evidence of such an arrangement having been

made in advance), Taylor did not provide details of this provider to Sylvia before offering treatment for Whiskey and indeed never disclosed to Sylvia who the 24/7 follow up care would be provided by.

It should be noted that, had Taylor complied with the guidance on 24/7 follow-up care, the remote prescribing itself in this case *may* have been appropriate. The medication in question was not a controlled drug or antimicrobial, and as such the decision as to whether to carry out a physical examination is a matter for the veterinary surgeon based on their judgement and clinical assessment based on the factors set out in paragraph 6 of the new guidance.

Prescribing from overseas

Remote Vets 4U is an online-only company based in the United Kingdom. It provides a platform for animal owners to access veterinary care remotely 24/7 and employs overseas veterinarians.

Stuart is employed by Remote Vets 4U and lives in Greece. Until recently, Stuart was registered both as an MRCVS and with the Greek Veterinary regulator but has since let his RCVS registration lapse. This morning, Stuart had a remote consultation with Parminder and her dog, Rex. Before beginning the consultation, Stuart confirmed with Parminder that Rex is registered at a veterinary practice locally and obtains the details so that he can pass on any relevant clinical information following this consultation.

Parminder explains that Rex is lame and that this has come on suddenly over the past couple of days. Stuart has seen a video of Rex in advance and asks a number of questions during the consultation. Following this assessment, Stuart decides he has enough information to prescribe anti-inflammatories effectively and safely and says he will send Parminder a prescription via email. He also tells Parminder that if Rex doesn't improve over the next couple of days, she should attend her usual practice for further investigation.

Veterinary surgeons who provide veterinary services to animals in the UK are considered to be practising in the UK regardless of where they are physically based. This means that they must be an MRCVS on the 'UK-practising' category of the RCVS register, keep up to date with Continuing Professional Development (CPD) and have professional indemnity insurance (PII). Stuart does not satisfy these criteria and as such, should not be providing any such service.

Even Stuart was properly registered, had completed CPD and had PII in place, there are still a number of barriers before POM-Vs could be prescribed from overseas as set out below.

According to the VMRs, veterinary surgeons must take the animal under their care and carry out a clinical assessment. The RCVS' new guidance states having an animal 'under care' means that the veterinary surgeon has been given, and accepted, responsibility for the animal. Stuart has clearly taken responsibility for Rex, and as such, according to the new guidance, must be able, on a 24/7 basis, to physically examine him and carry out any necessary investigations. This service should be provided within a reasonable timeframe, which could be immediately. Stuart would not be able to fulfil this obligation himself from Greece and so he (or Remote Vets 4U on his behalf) would have to find a veterinary provider, based in the UK to provide this service.

It is Stuart's responsibility to make any such arrangement (it is not enough that Rex is registered at another practice) and it must be made in advance before veterinary services are offered with the terms confirmed in writing. Remote Vets 4U is an online only business and as such, clients would be able to contact them from anywhere in the UK. This means that if they, or Stuart, were going to go down the route of putting these arrangements in place, they would

have to ensure that there was cover local to all clients that use their service which would be logistically challenging.

Finally, even if Stuart and Remote Vets 4U were able to fulfil their obligations in terms of 24/7 follow up care, they would not be able to supply any medicines prescribed as medicines may only be supplied from 'Registered Veterinary Practice Premises' (RVPPs) which, due to inspection requirements, can only be registered in the UK.

Summary	
Meeting	Council
Date	16 March 2023
Title	Veterinary Surgeons Act (VSA) 1966 – offences
Summary	Following discussions at the September 2022 Council meeting – see attached Draft Protocol – for investigation and private prosecution of illegal practice (Draft Protocol)
Decisions required	To consider the draft Protocol and decide if this should be implemented with effect from 1 April 2023 by way of a 12-month trial.
Attachments	Annex A – Draft Protocol Annex B – Minutes of the meeting held 8 September 2022 (extract) Annex C – Council paper dated 8 September 2022
Author	Eleanor Ferguson Registrar / Director of Legal Services 020 7202 0718 / e.ferguson@rcvs.org.uk

Classifications		
Document	Classification¹	Rationales²
Paper	Unclassified	n/a

¹Classifications explained

Unclassified	Papers will be published on the internet and recipients may share them and discuss them freely with anyone. This may include papers marked 'Draft'.
Confidential	Temporarily available only to Council Members, non-Council members of the relevant committee, sub-committee, working party or Board and not for dissemination outside that group unless and until the relevant committee or Council has given approval for public discussion, consultation or publication.
Private	The paper includes personal data which should not be disclosed at any time or for any reason, unless the data subject has agreed otherwise. The Chair may, however, indicate after discussion that there are general issues which can be disclosed, for example in reports to committees and Council.

²Classification rationales

Confidential	<ol style="list-style-type: none"> 1. To allow the Committee or Council to come to a view itself, before presenting to and/or consulting with others 2. To maintain the confidence of another organisation 3. To protect commercially sensitive information 4. To maintain public confidence in and/or uphold the reputation of the veterinary professions and/or the RCVS
Private	<ol style="list-style-type: none"> 5. To protect information which may contain personal data, special category data, and/or criminal offence data, as listed under the General Data Protection Regulation

Veterinary Surgeons Act (VSA) 1966 – Offences

Background

1. Council will recall that, at its meeting in September 2022, there were discussions around offences under the VSA 1966 (S.19 and 20), and whether the RCVS should consider in any circumstances carrying out private prosecutions for breaches of the Act, where acts of veterinary surgery are carried out by unqualified persons.
2. The full paper considered by Council is attached at **Annex C** to remind Council of the current position; the advantages and disadvantages of undertaking the prosecutions (paragraphs 42 – 44); anticipated costs (paragraph 35); what can be done otherwise (paragraphs 45 – 46), etc. Also attached is the extract from the minutes of the meeting held on 8 September 2022 (see **Annex B**).
3. From the minutes, it can be seen that there were varying views expressed, both for and against, and Council decided that a policy / protocol setting out the criteria / process to be followed around private prosecutions and other activities for Council's consideration. This is attached at **Annex A** and sets out what matters the RCVS can and cannot consider; how an investigation would be carried out; how decisions around any prosecution would be reached and the factors to be taken into account – both evidentially and in relation to the public interest.

Proposal

4. If Council is minded to approve the Protocol, it is proposed that in the first instance, there should be a trial of 12 months' with a maximum budget of £50,000 allocated (excluding staff time). During that period, there would be the opportunity to review type and levels of activity; any issues arising; as well as cost and resources (and success or otherwise of any prosecutions). During that period, it is proposed that the progress of the trial that is reported through the PIC / DC Liaison Committee, as a standing item, to return to Council for evaluation after 12 months'.

Decision required

5. Council is therefore asked:
 - a. to consider and approve the draft Protocol;
 - b. if approved, to confirm that the Protocol should be implemented for a trial period of 12 months' with effect from 1 April 2023; with a maximum budget of £50,000.

ANNEX A**RCVS Protocol for the Investigation and Private Prosecution of illegal practice****Introduction**

1. The Royal College of Veterinary Surgeons ('RCVS') is the statutory regulator for veterinary surgeons in the UK. Veterinary surgeons must be registered with the RCVS to practise in the UK.
2. As a regulator, the RCVS works with the public, veterinary profession and when required, other organisations to promote and maintain public confidence in the veterinary profession through the setting of professional standards and regulating the conduct of members of the RCVS. We investigate allegations of serious professional misconduct that call into question a veterinary surgeon or veterinary nurse's fitness to practise. To learn more about our concerns process, [click here](#)
3. The primary function of RCVS regulatory work is to safeguard the health and welfare of animals through regulation of the educational, ethical and clinical standards of registered veterinary surgeons and veterinary nurses, thereby protecting the public interest, and safeguarding animal health and welfare. While the RCVS does not have a specific statutory responsibility to investigate, we may act on reports about alleged illegal practice in order to protect animal welfare and support compliance with the VSA in the public interest, and to ensure that persons who do not comply with the VSA are held to account. This may include bringing alleged offenders before the courts in England and Wales, or recommending prosecution in Scotland and Northern Ireland.

Purpose of this document

4. This document sets out the approach to be adopted by the RCVS when considering a report of illegal practice, under the following sections of the VSA:
 - [Section 19](#): Restriction of practice of veterinary surgery (as defined in s. 27 of the Act) by unqualified persons¹.
 - [Section 20](#): Prohibition of use of practitioners' titles by unqualified persons.
5. It is important to note that this protocol applies to the RCVS only. It does not apply to or affect the decisions of any law enforcement agencies or prosecuting authorities - it sets out the proportionate measures the RCVS may take when considering reported allegations of offences by unqualified persons under sections 19 and / or 20 of the Act.
6. It is important to note also that the RCVS has no powers to investigate reports involving illegal online business activity or breeding kennels. Trading Standards and/or your Local Authority have

¹ It is important to note that in regard to the treatment of animals by unqualified persons a number of exceptions apply which can be found in the Act itself (Schedule 3), as well as in the form of specific exemption orders. For more information see section 19 of the RCVS supporting guidance on the treatment of animals by unqualified persons.

jurisdiction/powers to investigate, and if necessary, prosecute these types of allegations, for example:

- Misleading courses that purport to lead to registration with the RCVS but do not.
 - Concerns about dog grooming businesses.
 - Concerns about dog breeding establishments (other than where there is illegal practice of veterinary surgery by unqualified persons).
7. If you have concerns about a misleading course and / or business, you should report these to Trading Standards:
- To find a local Trading Standards office, [click here](#)
8. If you have concerns about boarding kennels, you should report these to your Local Authority.
- To find a Local Authority office in England and Wales, [click here](#)
 - To find a Local Authority in Scotland, [click here](#)
 - To find a Local Authority in Northern Ireland, [click here](#)
9. **If you have concerns about the threat of imminent serious injury / harm to an animal:**
- Call your local police – [view a list of all UK police forces](#)
or
 - In England & Wales call the RSPCA on **0300 1234 999**.
 - In Scotland call the SSPCA on **03000 999 999**.
 - In Northern Ireland the USPCA on **028 3025 1000**.
10. **If you have concerns about illegal possession and / or supply of veterinary medicines:**
- In England, Wales or Scotland, email the Veterinary Medicines Directorate (VMD) enforcement – enforcement@vmd.gov.uk
or
 - England & Wales – if the matter relates to the use/supply of controlled drugs call your local Association of Police Controlled Drugs Liaison Officer – [view a list of CDLOs](#) or contact the police at <https://www.police.uk/pu/contact-the-police/>
 - Scotland – if the matter relates to the use/supply of controlled drugs contact the police - <https://www.scotland.police.uk/>
 - In Northern Ireland call your local police or Department of Health (DoH) – [visit a list of PSNI police stations](#) and [DoH website](#).

What to do if you have concerns about the activities of an unqualified person

11. The RCVS will consider reports of alleged illegal practice / misuse of protected title on a case-by-case basis. Our approach is to focus on illegal practice which presents a serious risk of harm to animal health and welfare, the reputation of the veterinary profession, and the protection of public health. We will investigate allegations of illegal practice in accordance with the principles of good regulation to be proportionate, consistent, and transparent. Resources will be focused to target

the most serious breaches of the VSA which will deter offenders and encourage compliance with the law.

12. Where you have concerns you should:

- Report your concerns online to the RCVS using our dedicated email address **(it might be helpful to set up a dedicated email address?)**
- Only report what you know, and the more detail you give us the better.
- Please note that anonymous reports may not be accepted / investigated by the RCVS and / or other agencies. In these circumstances the RCVS will record details of the report for intelligence purposes only.
- Other than in exceptional circumstances, we will not be able to consider matters if the information is more than 6 months after the date of the alleged offence.

13. Upon receipt of a report of illegal practice, we will assess the information received and consider whether to:

- Close with no further action – e.g., insufficient evidence;
- Serve a cease & desist letter asking the individual to stop illegal activity and warning that they may be prosecuted if they do not do so;
- Close and refer to another agency;
- Open an RCVS investigation (dependant on the circumstances).

14. If the concerns reported to the RCVS are against a non-UK individual or business outside the UK and cannot be referred to another agency within the UK, we will close the report as being outside the jurisdiction of the UK courts. However, if appropriate, the RCVS shall refer such reports to a non-UK agency / regulator for its information and consideration.

15. In order for the RCVS to make a third-party report of illegal practice to another agency, we will need to disclose the identity and personal contact details to the other agency of the person who reported the matter to us.

16. Once information has been passed to another agency, it will be a matter for them whether or not to investigate further.

17. The RCVS will actively work with other agencies/organisations to advise and assist with compliance with the Act. The RCVS shall liaise and co-operate with other organisations and prosecuting authorities to ensure that offenders of sections 19 and 20 are prosecuted, where appropriate.

Investigation

18. The RCVS Chief Investigator / Veterinary Investigator / inquiry agents will investigate allegations by gathering evidence and when necessary, by instructing external investigators / solicitors.

Those investigating will gather evidence from all relevant sources and by obtaining witness statements where appropriate.

19. Please note that the onus is on the RCVS to obtain evidence that is able to satisfy the criminal standard of proof 'beyond reasonable doubt.' As the Veterinary Surgeons Act 1966 does not confer powers of entry or seizure on the RCVS, nor the power to compel witnesses to cooperate, the veterinary investigators may be limited as to the extent of the information they can obtain.
20. As these investigations are of criminal offending, it is vital that the RCVS keep its investigations confidential in order to ensure that it can effectively discharge its function in this area. We will therefore only contact you should we require further information and we do not routinely provide updates as to the progress of our investigations as doing so can put them at risk.

Decision to prosecute

21. When the investigation is concluded, all information (including any recommendation from the College's external solicitors) will be passed to the Registrar who will decide whether to proceed to a prosecution (in England or Wales) or refer the matter to the Crown Office and Procurator Fiscal Service (in Scotland) or Northern Ireland Public Prosecution Service.
22. In deciding whether or not to prosecute, the RCVS must:
 - Act in the public interest and not solely for the purpose of obtaining a conviction;
 - Be fair, independent and objective; and
 - Follow the relevant guidance set out in the:
 - [Code for Crown Prosecutors issued by the Crown Prosecution Service for England and Wales;](#)
 - The Prosecution Code in Scotland <https://www.copfs.gov.uk/publications/prosecution-code/>
 - The Code for Prosecutors in Northern Ireland <https://www.ppsni.gov.uk/publications/code-prosecutors>
23. Please note that any RCVS prosecution action is separate from any civil claim for compensation. It is important that the RCVS remains fair, independent and objective and as such, **we are unable to offer any legal advice or assist in civil claims.**
24. Two tests must be applied when deciding whether to bring a private prosecution: The evidential test and the public interest test.

Evidential test

25. The evidence must be suitable to be used in court, and must be reliable and credible. The Registrar must be satisfied there is enough evidence to provide a "realistic prospect of conviction" against the alleged offender(s).

Public interest test

26. Where there is enough evidence to provide a realistic prospect of conviction, the Registrar may not issue proceedings unless the public interest requires a prosecution. In considering this issue the Registrar must have regard to all the circumstances of the case, including details of the alleged offence, the circumstances of the defendant and the impact (or potential impact) of the offending behaviour on animal health and welfare and public confidence in the veterinary profession.
27. The following is a non-exhaustive list of factors that might be relevant to the public interest:
- Whether the activity caused serious harm to animal welfare or public resulting from the offence(s)
 - Whether there are any aggravating features.
 - Whether there are any mitigating factors.
 - Whether the offender has admitted the offence(s).
 - Whether the prosecution is likely to have an effect on maintaining public confidence in the veterinary profession or deterring others from committing offences under the Act.
 - Whether a prosecution is a proportionate response to the conduct leading to the offence.
 - The likely sanction under the Act to be imposed by the court on conviction.
 - The number of patients affected during the relevant time/the number of complaints received.
 - Whether the offending activity is on-going or has ceased.
 - The length of time over which the offence(s) took place.
 - Whether the offending is likely to be continued or repeated, for example, by a history of recurring conduct, or a failure to observe a cease-and-desist letter.
 - Whether the individual has a previous conviction or other adverse finding, including a finding by a regulator.
 - Whether the matter could be better pursued by another body (such as Police, ASA, Trading Standards, VMD).
 - Whether the RCVS could work in partnership with another body (such as Police, Trading Standards, VMD).
28. In deciding whether the public interest test has been met, the Registrar must make an overall assessment in light of all the circumstances.
29. After reviewing all the evidence and making an assessment regarding public interest the Registrar may take:
- No further action.
 - Engage with the subject of the investigation by any other appropriate means (if this has not already been attempted) for example, a visit – see paragraph 24 above.
 - Refer the matter to another agency, another regulator body or the Police.
 - Instigate a prosecution by laying information in the Magistrates' court/referring the matter in Scotland/Northern Ireland – see paragraph 21.

Delegation and consultation

30. The Registrar may delegate any or all of the above functions to the Head of Professional Conduct / Assistant Registrar or such other person (including the RCVS external solicitors) as the Registrar considers appropriate.
31. The Registrar or delegate, if not legally qualified, must obtain in-house or external legal advice before deciding to issue prosecution proceedings.
32. The Registrar or delegate, whether legally qualified or not, may consult or seek advice from additional sources, including obtaining legal and / or advice from the College's external solicitors or independent registered veterinary surgeon or nurse.

Prosecutions costs

33. The RCVS is funded by its members' fees, which it has a duty to use responsibly and when we have successfully prosecuted an offender under Section 19 and / or 20 of the Act, the RCVS will seek to recover our full costs.

Publicity

34. The RCVS will always consider whether it is appropriate to issue a press release to the media drawing attention to factual information about charges which have been laid before the courts prior to any hearing taking place. The RCVS will also publicise any conviction which could help to ensure animal welfare and public protection, and which could draw attention to the need to comply with the Veterinary Surgeons Act 1966.

Codes referred to in this policy document:

- England and Wales Crown Prosecution Service Code for Crown Prosecutors
http://www.cps.gov.uk/publications/code_for_crown_prosecutors/index.html
- Scotland Crown Office and Procurator Fiscal Service Prosecution Code
<http://www.procuratorfiscal.gov.uk/publications/prosecution-policy-and-guidance>
- Northern Ireland Public Prosecution Service Code for Prosecutors
<http://www.ppsni.gov.uk/Code-for-Prosecutors-5017.htm>

End

EXTRACT from unclassified Council minutes dated 8 September 2022

Veterinary Surgeons Act 1966 – offences

1. The Registrar introduced the paper. In the College's Strategic Plan, it was an item to be reviewed to consider what role the College could undertake with unregistered / unqualified individuals and breaches of the VSA. The paper outlined what was involved regarding private prosecutions and alternative resolutions and highlighted that in England and Wales a private prosecution was practicable, but that in Scotland and Northern Ireland, it was possible in theory, but impossible in reality.
2. Paragraphs 3 and 4 of the paper were highlighted and the fines liable would not exceed £100. The amounts were written into statute; the figures summarised in the paper referred to summary convictions in a Magistrate Court; although it was possible to elect to go to a Crown Court – in which case the subsequent costs would be substantially higher, and it should be emphasised that awarded costs may not cover actual costs of bringing the matter to court.
3. Regarding cost benefits:
 - no one else would undertake private prosecutions relating to offences under the VSA;
 - re: lay people, the police and Crime Prosecution Service (CPS) did not participate unless it involved drugs or fraud, as they prioritised resources towards violent crime;
 - the College could pick its own prosecutor and put the message out about reprehensible behaviour.
4. There were two other issues in the veterinary sphere:
 - the College had no investigative powers in order to gather evidence, and it was not the police, so it had to be realistic in managing expectations – it would be unfortunate to give the impression that everything coming to the College would be privately prosecuted. The paper included some figures relating to other regulatory authorities' numbers of cases brought and approximate costs;
 - the College had no powers of entry: if the College wished to go down the route of private prosecutions a formal policy would need to be written up and agreed. If it did not do the policy, then there could be more work undertaken around cease-and-desist letters, better information on the College's website, investigator visitations, etc., but remain aware that the College did not have powers of entry.
5. Comments and questions included but were not limited to:
 - why not have both? Have the information on the website but do not remove the option of private prosecutions; the current fine and potential monetary cost was not in favour of private prosecutions, but the College had been seeking new legislation for a number of years and

could it make a strong case for 'having more teeth' in terms of the amount of money people could be fined under the legislation, in which case it might make private prosecutions more viable;

- the College could ask for updated fine levels at Magistrate Court level;
 - re: having both, yes, it would be possible to take exceptional cases forward, however, it should be noted that a lot of activity was around offences where the College joined other agencies as the offences were higher than the VSA and it had to be careful not to interfere with ongoing investigations;
 - it was possible to have a policy to reserve the right to do something as the College did not need additional powers, but circumstances should be clearly set out before a case was taken on;
- re: the regional differences, was there a danger of, for instance, a bad operator being 'pushed' into Northern Ireland to avoid prosecution, and what would the workload be for College staff to do the investigations and resource implications?
- regional differences related more to criminal offences; the College would likely have to take the investigation to external sources with help from internal staff, as such the costs could be substantial;
- private prosecutions have been effective elsewhere when used as a deterrent. The College did not have cases stacked up where this could be used, and costs could be extensive; not adverse to reserving the right and having a policy but with everything on the agenda at the moment with the Strategic Plan there was not a burning platform to actively seek resources;
- regarding the messaging around this topic, the College should say to members that their registration was important and that it was going to look into the matter of private prosecutions, and draw up the criteria and the messaging around when it would be suitable; it was not a matter of 'a' or 'b', but rather to do both;
- happy to draft a policy around it that could potentially then be used following failure to act after cease-and-desist letters, visitations, etc.;
- there were certain acts of veterinary surgery regulated by someone else e.g the Association of Equine Dental Technicians (AEDT), when situations involved other bodies, was it possible to include in the cease-and-desist letters a mention that the College would notify the relevant regulatory body? Also, a £100 fine was not a big deterrent, could people not regulated by other bodies go down the route that fraud as an imprisonable offence? – put forward that type of investigation to make it more of a deterrent;
- where people were regulated by others it would depend on the Statutory Instrument they had (or not); the issue with fraud where the police and CPS were involved, the College already passed the information along;

- there was the opportunity to build the College's reputation – it had 'teeth' when regulating the veterinary professions, but not teeth when regulating others; when there were no veterinary surgeons involved cases had to be taken to Trading Standards, but the College could help someone take a case to them;
 - o there were limits to what the College was able to do; what people wanted to happen was to pass the message to the RCVS and leave it to them to progress; there was a communication piece to do but the College could not take something forward on behalf of someone else – this could be included in the draft policy;

Professor Parkin left the meeting

- there was the potential that this could back-fire on the College in the sense of raising the expectations of the public and the profession, when it was limited by the powers of investigation; it might not be able to put evidence together for a successful prosecution that would show the College in a negative light;
 - o this had been alluded to in the paper with the pros and cons. There was a lot to be taken into account before a decision could be made, including the positive and negative outcomes coupled with a large bill attached;
 - this was not a 'burning battle' that the College was particularly worried about; in the first instance set out expectations about what the College could, and could not, do and how to set a case for a realistic process. The College was not just there to worry about veterinary surgeons but also to protect the public and animal welfare; it also had to be clear about actual costs;
 - there was an important message about how much the College thought about this tempered with lessons learned from e.g. the Royal Society for the Prevention of Cruelty to Animals (RSPCA); clear messaging was a benefit to the profession and to animal welfare;
 - o the College did care, but its hands were tied with limited funds and current legislation, this could be made clear.
6. The discussion was drawn to a close.
7. No vote was taken. It was agreed that the Registrar would draft a private prosecutions policy that set out criteria when it would / would not be appropriate for agreement by Council at a later date and the process to follow. Information on the College's website would be updated.

Summary	
Meeting	Council
Date	8 September 2022
Title	Veterinary Surgeon Act 1966 offences – illegal practice, and misleading courses, etc.
Summary	This paper sets out information regarding private prosecutions and alternative resolutions.
Decisions required	To consider the options of private prosecutions or the alternative route of clarity of information on the RCVS website
Attachments	None
Author	Eleanor Ferguson Solicitor/Registrar/Director of Legal Services e.ferguson@rcvs.org.uk / 020 7202 0718 Michael Hepper Barrister/Chief Investigator m.hepper@rcvs.org.uk / 020 7202 0755

Classifications		
Document	Classification¹	Rationales²
Paper	Unclassified	n/a

1Classifications explained

Unclassified	Papers will be published on the internet and recipients may share them and discuss them freely with anyone. This may include papers marked 'Draft'.
Confidential	Temporarily available only to Council Members, non-Council members of the relevant committee, sub-committee, working party or Board and not for dissemination outside that group unless and until the relevant committee or Council has given approval for public discussion, consultation or publication.
Private	The paper includes personal data which should not be disclosed at any time or for any reason, unless the data subject has agreed otherwise. The Chair may, however, indicate after discussion that there are general issues which can be disclosed, for example in reports to committees and Council.

Classification rationales

Confidential	<ol style="list-style-type: none">1. To allow the Committee or Council to come to a view itself, before presenting to and/or consulting with others2. To maintain the confidence of another organisation3. To protect commercially sensitive information4. To maintain public confidence in and/or uphold the reputation of the veterinary professions and/or the RCVS
Private	<ol style="list-style-type: none">5. To protect information which may contain personal data, special category data, and/or criminal offence data, as listed under the General Data Protection Regulations

Background

1. A key ambition of the RCVS Strategic Plan 2020 – 2024 is to review whether the RCVS can take a more active role around breaches of the Veterinary Surgeons Act 1966 ('the Act'), involving unqualified individuals, or courses that purport to lead to registration but do not.
2. The purpose of this paper is to explore whether the RCVS can do more whether through education to users of veterinary services, and working more actively to support those wishing to raise concerns with the relevant authorities, or by actively taking forward private prosecutions. The paper also considers separately the position of courses that purport to lead to registration.

Introduction

3. Under Section 19 of the Act (subject to a number of exceptions) no-one may "practise veterinary surgery or hold themselves out as practising or being prepared to practise veterinary surgery" unless they are registered with the RCVS. A person guilty of an offence under this section is liable on summary conviction (Magistrates' Court) to a fine not exceeding £100, or on conviction on indictment (Crown Court) to a fine.
4. Similarly, under Section 20 "if a person not registered in the register takes or uses the title of veterinary surgeon or any name, title addition or description implying that they are so registered, he shall be guilty of an offence" and liable on summary conviction (Magistrates' Court) to a fine not exceeding £100, or on conviction on indictment (Crown Court) to a fine.
5. As alleged criminal offences, any suspected breach would ordinarily be the responsibility of the police to investigate and the Crown Prosecution Service (CPS) to take forwards. The reality however is that the police and CPS may decide not to pursue investigations and prosecutions due to budgetary restraints or limited resources. Policing and prosecution efforts have understandably focused towards tackling violent crime and coupled with limited resources purely Veterinary Surgeon Act offences are unlikely to be prioritised over serious crime. However, whilst the police are unlikely to investigate what are perceived by them as low-level offences, that are also costly in terms of investigation, they (and other agencies such as the Veterinary Medicines Directorate (VMD) / Defra) do investigate allegations where the alleged breach of the Veterinary Surgeons Act is incidental to allegations of theft, fraud or medicine related offences, which are rightly, not for the RCVS and will be reported to the appropriate enforcement agency.

The current position

6. In the last 12 months, there have been 331 matters registered under the category of Treatment of animals by unqualified persons. The overwhelming majority are run of the mill enquiries where people seek advice on what a lay person can / cannot do; what is / is not covered by Schedule 3; blood sampling; lay darting; dentistry; owners administering medicines; etc. Other matters include:
 - 32 enquiries logged related to artificial insemination clinics and these cases were all referred to the VMD, Defra Investigation Services (DIS) and Scottish Society for Prevention of Cruelty to Animals (SSPCA) / Police. The RCVS assisted with 7 multiple agency enforcement visits to fertility clinics, and it is understood that there are 4 ongoing investigations via those agencies.

- 10 enquiries related to registered members and practice staff allegedly undertaking or being inappropriately delegated acts of veterinary surgery.
 - 2 enquiries related to other agencies requesting information / advice about blood sampling and cherry eye surgery.
7. In connection with other agency activity, the RCVS has provided witness statements in 11 cases. The RCVS has also assisted Trading Standards in Wales in the execution of a search warrant regarding a dog breeding establishment, and issued 9 “cease-and-desist” letters. The protocol here is that where matters of concern result in cease-and-desist letters, the recipient is given time to respond, the matter is followed up if there is no response and, if that fails to provide assurance of compliance, the matter is passed to the Chief Investigator to follow up by way of further investigations / calls / visits, etc.
8. The RCVS seeks assurances that the enquirer is willing to raise their concerns with the appropriate enforcement agency. If the enquirer is unwilling to do this, the RCVS will seek to obtain the enquirer’s contact / personal details and permission to forward these to the appropriate local investigative authority. It is then a matter for them to decide how to take forwards though if there is no direct evidence available it is questionable how far it will go. Of the 9 letters referred to, 2 relating to fertility clinics were passed on to DIS.
9. If requested, when a matter is referred on, the RCVS will always assist enforcement authorities with their investigation of alleged breaches of the Act e.g., provide advice on the Veterinary Surgeons Act and treatment of animals by unqualified persons, assistance during the execution of search warrants, RCVS registration checks, identification of veterinary equipment / medicines, providing witness statements, and if required, attendance at court.

Consumer issues / courses – the current position

10. The RCVS has no authority / jurisdiction at all to investigate / prosecute alleged breaches of consumer legislation, or fraudulent or misleading advertisements.
11. If a person has concerns about an individual or a company providing, selling or supplying a course that purports to lead to RCVS registration but does not, or concerns about illegal breeding establishments, kennels or illegal imports etc., the person should report their concerns to their local Trading Standards Office as it is Trading Standards that is empowered to handle concerns of this nature. They may on information being provided investigate unfair trading and illegal business activity, like scams, and can take businesses to court or stop them operating.
12. Matters relating to misleading advertisements would be for the Advertising Standards Agency (ASA).
13. As above, the RCVS will always on request assist.

Private prosecution as an option

14. There is established case law that confirms regulators can use members’ registration fees to cover the cost of enforcement activities and some regulatory bodies e.g., General Dental Council

(GDC), and Farriers Registration Council (FRC) bring private prosecutions because their respective legislation, in general terms, and similar to the RCVS, provides that it is an offence for an individual (or business) not registered with the regulator to practise or carry out that profession.

15. Unfortunately, the GDC does not include details of the number of convictions resulting from private prosecutions in its annual reports or on its website, but the FRC does include some information about private prosecutions it has brought for illegal practice, and these are discussed later in this paper in regard to costs (see below).
16. Unless legislation states otherwise, it is open for anyone including the regulator itself to pursue a private prosecution.
17. A private prosecution in England and Wales is a criminal prosecution started by a private individual or body, who is not acting on behalf of the police or any other prosecuting authority or body that conducts prosecutions.
18. A private prosecution is commenced in the same way as a public prosecution, by laying a charge sheet referred to as 'laying information' in a Magistrates' Court.
19. It is important to note that private prosecution in Scotland is extremely rare. The ability to bring a private prosecution is heavily restricted making it almost an impossible task to obtain the necessary authorisation from the High Court of Justiciary (via a Bill of Criminal Letters). The circumstances in which such permission may be granted have repeatedly been described as 'exceptional' and will only be granted in 'very special circumstances'. A wrong of a general and public nature is not sufficient.
20. Similarly, although research suggests that private prosecution is possible in Northern Ireland, no reported / published cases can be found, and this is indicative of private prosecution rarely being used, if at all, in Northern Ireland.
21. It is extremely unlikely, therefore, that an RCVS application to bring a private prosecution in Scotland or Northern Ireland will be successful. Also, as the Act covers all four nations, this jurisdictional dichotomy might cause confusion, and Council would need to consider if it would be appropriate to take action in one jurisdiction while effectively not being able to do so in others.
22. A criminal investigation, other than the fact the prosecution is brought by the RCVS, for all other purposes would proceed in exactly the same way as if the prosecution had been brought by the Crown. For any private prosecution to result in a conviction it requires a case (in the form of admissible evidence) to be presented to the relevant criminal court.

Investigation

23. The onus would be on the RCVS to obtain evidence that is able to satisfy the criminal standard of proof 'beyond all reasonable doubt'.
24. The Act does not give the RCVS any powers at all to assist its investigations into illegal practice, such as, we cannot compel witness co-operation, we have no power to enter, search or seize, or

interview under caution. Attempting to achieve the same result using the courts to obtain documents etc., is a lengthy and very expensive task and might not in the end give the results required to meet the requisite standard of proof.

25. Put simply, the RCVS will not enjoy the same powers as the police and as a result, if the evidence is not voluntarily provided, might be limited in the action that can be taken to properly secure the necessary evidence to support a prosecution.
26. The nature and complexity of each case will determine the time it takes to gather evidence and complete an evidential case file. Larger and / or more complex cases will inevitably increase investigation, and ultimately, prosecution costs. Private prosecution is therefore generally an expensive process.

How private prosecutions work

27. Generally, the RCVS receives concerns about information shown on websites where it is unclear whether or not there is any veterinary involvement or someone receiving information from a third party. The best evidence is direct proof of the fact such as the testimony by a witness about what that witness personally saw or heard or did. Consequently, it would likely be necessary to instruct private investigators or external solicitors to obtain evidence prior to commencing proceedings e.g. see: <https://www.another-day.com/consulting/private-prosecutions>; <https://www.crimeprosecutors.co.uk/private-prosecutions/regulatory-prosecutions>. If witnesses can be identified and traced this may involve meeting with and taking statements from a potential witness (but there is no legal requirement to give a witness statement), obtaining available documents or to carry out surveillance. It is therefore important to instruct reputable investigators that are well aware of their legal obligations and strict limits on their powers to investigate in relation to the obtaining of evidence. The RCVS is not permitted to undertake covert surveillance, property interference or covert human intelligence activities controlled by the Regulation of Investigatory Powers Act 2000. Illegally obtained evidence could have serious consequences for the success of a private prosecution as such evidence is likely to be inadmissible. If corners are cut with an investigation there is a very real chance the case will fail before a trial even starts, so it is a false economy to not investigate properly.
28. Once the evidential material is gathered, it would be reviewed by the RCVS prosecutor e.g. by solicitors tasked with taking on the prosecution (effectively acting as if the CPS) to establish if it is a matter for private prosecution and to ensure there is sufficient evidence to satisfy the two-stage test as set out in the Code for Crown Prosecutors – i.e. that there is suitable evidence and that it meets the public interest test.
29. Private prosecutions must comply with the Criminal Procedure Rules 2020, in particular part 7, which sets out the relevant rules for bringing a prosecution, see: <https://www.gov.uk/guidance/rules-and-practice-directions-2020>.
30. They must complete the official application for summons or warrant form and send it to a court office.

31. A judge, magistrate, or the justices' legal adviser at the court will make a decision based on the information ('laying an information') in the application form, not in a hearing. This means that the form must be completed in full and must disclose all relevant information: if all relevant information is not disclosed, or if inaccurate information is disclosed, the application for private prosecution could be refused or the case could be dismissed later in the proceedings.
32. Once a prosecution reaches court, it is treated exactly the same whether brought by a public body, a private organisation, or a regulator.
33. If the court decides a private prosecution can be brought:
 - It will issue a summons to notify the defendant of the proceedings, informing them when and where the case will be heard, the charge and the name of the prosecutor.
 - It may arrange the hearing in a court different from the one the prosecutor has chosen, considering factors such as the location of the alleged offence, where the defendant lives, and the availability of courtrooms.
 - It will prepare the summons and send it to the private prosecutor, who is required to send or deliver the summons to the defendant (in one of the ways set out in Part 4 of the Criminal Procedure Rules): then prepare a certificate confirming when and how the summons was sent or delivered.
 - The prosecutor is required to attend on the date in the summons to present its case.
 - Evidence will not be heard on the first hearing date, but if the defendant appears and pleads not guilty, the magistrates' court will either postpone the case for trial or send it to the Crown Court.
34. It is important to note that whilst private prosecutors are not under a duty to inform the CPS that a prosecution has commenced, they may do so and the CPS can, at any time, intervene and take over a private prosecution to pursue or stop it. While the CPS has indicated that it does not maintain an authoritative record of the number of private prosecutions taken over, and so information is hard to come by, information available suggests that in 2019 of 49 cases referred to it, the CPS took over 32 cases and discontinued 29 of these 32 cases. It cannot therefore be assumed that after an investigation a matter could or would simply be taken over by the CPS.

Costs involved

35. There are various costs involved with any private prosecution, although these vary from case to case. Without investigation costs, and following enquiries of those carrying out such work, it is estimated that a straightforward private prosecution in the Magistrates' Court is likely to cost in the region of £20,000 plus VAT.
36. Criminal investigation and subsequent prosecution proceedings can take unexpected turns, especially with complex cases – it is difficult to predict how a case may develop, and such unpredictability can have an effect on costs.

37. It is worthy of note that breaches of Section 19 or 20 are 'either way offences' and this means that the defendant can elect that their case is tried in the Crown Court. This would significantly increase the costs involved in bringing a private prosecution.
38. Additionally, a defendant who is convicted in the Magistrates' Court has the right to appeal the conviction / sentence to the Crown Court and the appeal constitutes a complete re-hearing. Inevitably, this would increase costs that may not be recoverable.
39. It is difficult to obtain accurate information of the costs involved in bringing a private prosecution, but evidence from the FRC supports that they are variable and the case of FRC and Hubbard is a published example of when an apparently simple private prosecution that started in the Magistrates' Court became more complex and expensive because Mr Hubbard appealed the conviction and sentence – Mr Hubbard's appeal was refused but the sentence (a fine of £100) remained the same.
40. It is understood that from the FRC that the number of prosecutions it undertakes annually is low – 1 or 2 maximum. The FRC Annual Reports for 2018 to 2021 show the total costs for the investigation and prosecution of illegal farriery as follows:

	2018	2019	2020	2021
Legal & Professional Prosecutions	£21,372	£40,291	£16,605	£14,890
Investigation of illegal farriery	£40,506	£22,731	£16,165	£15,160
Totals	£61,878	£63,022	£32,770	£30,050.

41. Costs here are divided between investigation costs and legal / prosecution costs. Costs relating to prosecution are self-explanatory. In respect of investigation costs, it is understood that these are not just costs relating to cases that either went to a prosecution (or fell by the wayside following an investigation) though it does include those, but also include a range of activities around cease-and-desist letters / employment on an ad hoc basis of an investigator to visit those who have been less than co-operative / telephone calls and general follow up activity around providing information to endeavour to persuade anyone thinking of employing an unregistered farrier not to do so.

Advantages and disadvantages of pursuing private prosecutions

42. There are some advantages i.e. private prosecutions could be a useful alternative to relying on public prosecuting bodies to advance cases (when we know this does not happen in practice unless allied to other offences). Furthermore, the RCVS would have more control over the proceedings, it can choose its own prosecutor, it would be a means of enforcement against those registrants who continue to practise when removed from the Register and successful prosecutions of illegal activity may be positive for the RCVS in respect of its role in protecting the integrity of the profession and animal welfare.
43. On the other hand, significant costs are likely to be involved, and even with a successful prosecution, a likely fine of £100 might be unlikely to act as a deterrent to others. While an award

of costs could be made, these would not reflect the actual costs incurred and there would then be the difficulty of enforcement (in the FRC case of Hubbard referred to on appeal the original fine of £100 stood, a victim surcharge of £30 was imposed. Costs were awarded in the first instance of just over £5,000 and on further appeal to just over £7500 – which as can be seen is a long way away from actual costs incurred).

44. A further potential issue is that of raising expectations that cannot ultimately be met. As indicated above, the RCVS has no powers to secure / compel evidence and if a prosecution is unsuccessful (or if cases are brought to the RCVS attention that cannot go ahead due to insufficient evidence), there is potential for dissatisfaction.

What can be done otherwise?

45. As indicated above, the majority of reported treatment of animals by unqualified persons received by the RCVS are minor infringements and are generally only committed through a lack of knowledge and understanding of the Act. In many situations these can be resolved through follow up via advice / warning and cease-and-desist letters, etc. Where a fraud, medicines related issue or similar serious offence is the substantive issue, matters will be passed to other agencies as the appropriate route for investigation and enforcement with the RCVS assisting and supporting as requested.
46. An issue here may be lack of information and knowledge both to the professions and the public of what can be done and what is already being done and it is therefore proposed that an additional area be created on the RCVS website to provide more information and guidance on what should be done about both consumer issues and around breaches of the Act.

Summary

47. The RCVS can bring private prosecutions but there are significant investigation and prosecution costs involved. Also, the RCVS has no statutory powers to carry out an effective criminal investigation and gathering evidence for a successful prosecution may prove difficult.
48. A prosecution that only has the potential for a low-level fine might be considered to be unlikely to provide a sufficient deterrent to those who seek significant financial gains from alleged illegal activities
49. Current RCVS website information about the RCVS jurisdiction regarding Veterinary Surgeon Act offences might be ambiguous. Clear / concise relevant information for the veterinary profession, members of the public and organisations may be an alternative to private prosecution. So, giving specific information and guidance on enforcement of consumer protection offences / and guidance and information on what the RCVS can and cannot do and sign-posting more clearly to other agencies.

Decision required

50. Council is asked to consider the content of this paper and whether it wishes:
- a. To further consider the option of private prosecutions; or
 - b. An alternative route for clarity of information on the RCVS website.

Summary	
Meeting	Council
Date	16 March 2023
Title	Advancement of the Professions Committee Report 07 February 2023.
Summary	To note the attached minutes of the meeting held on 07 February 2023.
Decisions required	None
Attachments	N/A
Author	Amymay Youngs Advancement of the Professions Officer a.youngs@rcvs.org.uk

Classifications		
Document	Classification¹	Rationales²
Paper	Unclassified	N/A

¹Classifications explained

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²Classification rationales

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Minutes of the Advancement of the Professions Committee meeting held on Tuesday, 07 February 2023 at 2:30pm at the Royal College of Nursing, London.

Members:	Mrs B Andrews-Jones	VN Council Vice-Chair, Innovation Lead
	Ms A Boag*	Chair, Board of Trustees for RCVS Knowledge
	Dr J Dyer	Council member
	Dr M Gardiner	Council Member, Diversity and Inclusion Group Chair, Global Development Lead
	Ms L Lockett	Chief Executive Officer
	Dr S Paterson (Chair)	Junior Vice-President, Environment and Sustainability Lead, Leadership Lead
	Mr M Rendle*	VN Council Chair, VN Futures Project Board liaison
	Dr K Richards	Senior Vice-President, Mind Matters Initiative Chair
	Dr C Tufnell	Chair, RCVS Fellowship Board
	Mr T Walker	Lay Council Member
In attendance:	Mrs A Belcher	Director for Advancement of the Professions
	Dr N Connell	Council member
	Mrs J Dugmore	Director of Veterinary Nursing
	Miss G Gill	Leadership and Inclusion Manager
	Miss R Greaves	Policy and Public Affairs Officer
	Mr C Gush	Executive Director, RCVS Knowledge
	Miss A Hanson	Mind Matters Initiative Officer
	Mr I Holloway	Director of Communications
	Mr Luke Bishop	Media and Publications Manager
	Miss J Macdonald	VN Futures Project Lead
	Mr B Myring	Policy and Public Affairs Manager
	Dr L Prescott-Clements*	Director of Education
	Mrs L Quigley	MMI Manager
	Miss S Rogers	ViVet Manager
	Ms A Youngs	Advancement of the Professions Officer

* absent

Welcome and apologies for absence

1. The Chair welcomed all present to the meeting of the APC and noted that the meeting would be recorded for minuting purposes.
2. Apologies were received from Dr L Prescott-Clements and Ms A Boag.

Declarations of interest

3. No new declarations of interest were received.

Minutes of the last meeting held on 15 November 2022

4. The minutes were approved as an accurate record of the meeting.

Updates from APC workstreams

5. The workstream updates were presented as a written report and the Chair offered the opportunity to orally inform the committee of any updates occurring since the report was written.

RCVS Knowledge

6. The committee were informed that the Antibiotic Amnesty had concluded successfully and was planned to be repeated next year. BSAVA had sent a survey to participants, and once RCVSK receive the results from this, it will be shared with the committee.
7. Further discussions were held later in the meeting.

Diversity and Inclusion

8. Dr M Gardiner gave further details on the videos created as part of Black History Month. These were of practicing vets from ethnic minority backgrounds and explored their journey into the profession. The committee were informed that they were in the process of being edited and will be shared on the blackhistorymonth.org site as well as YouTube, which can be signposted on the RCVS Diversity and inclusion webpages.

Fellowship

9. It was proposed that the Fellowship Board would like to create a new voluntary group to look at developing a greater understanding behind the motivations of applying for Fellowship and barriers that might prevent people, especially from less represented groups such as general practitioners. The Development of the Fellowship Working Party will be self-funded and will not incur any additional budgetary requirements. It was suggested that to

ensure diversity is increased within the Fellowship, that input is drawn from as diverse a range of interest within the Fellowship as possible. It was noted that FRC need to be informed of this group as part of the overall governance process, even though there are no costs involved.

10. The Fellowship Application Review Working Party will require some support and the extent of this will be discussed with the Advancement of the Professions team to determine if further support from FRC is required.

Innovation

11. Mrs B Andrews-Jones updated the committee on the Student Innovation Competition which is open to vets and vet nurses. It was noted that there is increased support to assist with the process in the form of podcasts and an accessible webpage guide.
12. Alterations to the process this year will be that all student applicants have the option to also be presented as a poster campaign which can be used at the Innovation Symposium later in the year. A venue had not yet been confirmed for the symposium.
13. Student outreach would happen through Student Unions and by connecting with people within colleges and universities as well as the usual marketing.
14. It was noted that the team overseeing EMS should be contacted for advice regarding if the competition could be allocated as EMS.
15. Mrs B Andrews-Jones informed the committee that herself, Mrs A Belcher and Ms S Rogers will be attending the Animal Nutrition and Technology Innovation Europe conference in March to learn about new innovations and trends in the veterinary health sector.

Leadership

16. It was noted that communication with the NHS Academy was still proving difficult, with no responses to emails and voicemails. It was suggested that alternative ideas should be considered.
17. The ownership of the content of the Edward Jenner course was discussed.

RCVS Knowledge (Cont)

18. The Chair congratulated RCVSK on recent awards and invited further comment. Mr C Gush explained that one award from the Commonwealth Pharmacist Association and the International Pharmaceutical Federation was in relation to the work undertaken on Antimicrobial Stewardship with farming and livestock vets – Farm Vet Champions.
19. It was noted that 30% of UK farm vets had completed the Farm Vets Champions Program since its launch.

20. It was noted that RCVSK had been shortlisted for an Antibiotic Guardian and Shared Learning award from the UK Health Security Agency (Department of Health).
21. It was noted that the new RCVSK course on Managing Veterinary Medicines had been very popular and that a collaboration with Practice Standards could be beneficial.

VN Futures

22. It was noted that there were over 100 respondents to the survey sent out to newly registered VNs and post PSP RVNs and this data will be used to develop the course.

Mind Matters Initiative

23. It was noted that the applications for the Sarah Brown Grant were now open.
24. MMI have supported the creation of a Neurodiversity Stream at BSAVA Congress this year, and the new MMI strategy and evaluation will be launched at BSAVA.
25. It was noted that the application process for the Sarah Brown Grant had been altered to ensure that ethics and participant safety were mandatory requirements, as well as encouraging those at different stages of their career to apply.
26. Dr K Richards reflected on the Campfire sessions, noting that the sign-up numbers were higher than attended, and the committee discussed how often reminders for events should be sent and the time of sessions.

Oral Update: Global

27. The committee were reminded about the World Organisation for Animal Health (WOAH) requesting a twinning program with Botswana, pre-Covid. It was noted that during the pandemic, activities were paused and that David Sherman of WOAH had been in contact to resume the program.
28. It was noted that a meeting was being scheduled to discuss the details of the proposal and plan achievable, measurable outputs.

Oral Update: The Disability and Chronic Illness Survey

29. The committee was informed on the purpose of the survey, led by RCVS in collaboration with BVCIS, explaining that there currently is no rich data on this topic to inform actions. The Institute of Employment Studies have been commissioned to design, administer, and analyse the data for the survey, proposed to commence in March. It was explained that the raw data will not be accessible by RCVS or BVCIS and that participant confidentiality was of utmost importance to the research.

30. It was noted that the findings from the survey will inform the work of the LLWP.
31. The committee were asked to assist with sharing the survey with students, as there were no available distribution lists for students. The importance of communicating to participants that the survey was confidential was noted.
32. A discussion took place around the proposals to allow students to sign up to a 'My Account' area within the Academy, which could be a useful portal for sharing information such as a survey.

Oral Update: UK HACC Case Study

33. It was noted that monthly meetings are held as part of the UK HACC membership, who are now inviting guest speakers to attend these sessions. It was suggested that a speaker from the veterinary professions should be invited to speak at a session and the committee were asked to suggest some candidates.
34. The committee were informed that UK HACC are building a network of members who, after media and communications training, could be called upon for comment by media outlets on current affairs relating to sustainability issues.
35. It was also noted that a bank of case studies was being created to add to their website, and it had been suggested that the College could note their work with the Green Team regarding the move to the new building and fossil fuel divestment.
36. The Chair informed the committee that Ms R Greaves was leaving the College and thanked her for her hard work as Policy and Public Affairs Officer.

Oral Update: Planned Workforce webinar series and further activities

37. It was noted that the Workforce Action and Ambitions Explored sessions were now live on Eventbrite, with the ability to sign up for all sessions if desired.
38. APC members who had agreed to Chair the sessions were thanked and it was noted that Shirley Gibbins, RCVS Qualifications Manager, will be chairing Ambition 3 and Dr Chris Tufnell will be Chairing Ambition 5.
39. It was noted that BVA, BSAVA, BVNA, SPVS and VMG were some of organisations who had confirmed representation on the panels already, and that the promotion of the events was planned to use a variety of communication outlets.
40. The committee were informed that different ways of presenting the Workforce Action Plan were being planned, as well as looking at ways of increasing engagement with the Ambitions Explored series noting that recordings of insight sessions will be available to view online.

41. The committee were asked to share the sessions on social media, and it was noted that the sessions will be brought to the attention of the VN Council.

Discussion: How can we promote Fellowship to General Practitioners?

42. The Fellowship are keen to encourage more GP vets to apply, and the Fellowship Chair explained that the Application Review Working Party would be looking at this as part of their remit.
43. The committee discussed the possible reasons for a reduced number of GP vets applying for Fellowship and noted that as well as a difficulty in defining a 'General Practitioner', there was the view that the Fellowship is for academics, with many vets not knowing that the routes to Fellowship had been changed.
44. It was agreed that case studies would be beneficial in helping to explain how a General Practitioners could positively impact the Fellowship and what the criteria they need to fulfil in order to achieve Fellowship. Also noted was a need to increase the engagement of the Fellowship, in terms of promoting activities and being more publicly visible.
45. It was noted that during Fellowship Day 2022, interviews of a selection of Fellows from the last three years were filmed. The videos included comments around the increase in diversity within the Fellowship and the opportunities to reach out to more people as a Fellow, which could be used to highlight how GP vets are awarded Fellowship.
46. It was noted that there were a few activities planned for Fellowship that will increase public visibility, referencing the Quality-of-Life discussion at Fellowship Day that highlighted the eagerness for discussion and would be continued.

AOB

47. The Chair noted that the next meeting will be held remotely on 09 May 2023.

Summary	
Meeting	RCVS Council
Date	16 March 2023
Title	Audit and Risk Committee (ARC) Meeting Minutes – 9 February 2023
Summary	Minutes of the Audit and Risk Committee meeting held on Thursday, 9 February 2023.
Decisions required	None
Attachments	Classified appendix
Author	Huda Haid Governance Officer & Secretary h.haid@rcvs.org.uk 0207 2020 797

Classifications		
Document	Classification ¹	Rationales ²
Paper	Unclassified	n/a
Classified appendix	Confidential	1, 2, 3 and 4

¹Classifications explained	
Unclassified	Papers will be published on the internet and recipients may share them and discuss them freely with anyone. This may include papers marked 'Draft'.
Confidential	Temporarily available only to Council Members, non-Council members of the relevant committee, sub-committee, working party or Board and not for dissemination outside that group unless and until the relevant committee or Council has given approval for public discussion, consultation, or publication.
Private	The paper includes personal data which should not be disclosed at any time or for any reason, unless the data subject has agreed otherwise. The Chair may, however, indicate after discussion that there are general issues which can be disclosed, for example in reports to committees and Council.

²Classification rationales

Confidential	<p>To allow the Committee or Council to come to a view itself, before presenting to and/or consulting with others</p> <p>To maintain the confidence of another organisation</p> <p>To protect commercially sensitive information</p> <p>To maintain public confidence in and/or uphold the reputation of the veterinary professions and/or the RCVS</p>
Private	<p>To protect information which may contain personal data, special category data, and/or criminal offence data, as listed under the General Data Protection Regulation</p>

Minutes of the Audit and Risk Committee (ARC) meeting held in person at the Royal College of Nursing and online via Microsoft Teams on 9 February 2023

Members:

Prof D Bray [^]	Lay member of RCVS Council
Dr M M S Gardiner [^]	RCVS Council Member
Mr V Olowe [^]	Lay member and Vice Chair
Ms J Shardlow	Lay member and Chair

In attendance:

Dr N T Connell	Treasurer
Ms H Haid	Governance Officer
Ms E Hawkins	Facilities Coordinator
Ms L Hall	People Director
Ms L Lockett	CEO
Ms C L McCann	Director of Operations
Mr A Quinn Byrne	Secretary to ARC / Governance Manager
Ms K Williams [^]	Education Quality Improvement Manager
Mr M Webster	Facilities Manager

*Denotes absence

[^]Denotes online attendance

Apologies for absence

1. Mr Olowe left the meeting early and later re-joined.
2. The CEO advised the Committee that lay member Mr K Gill had resigned from the committee. A plan would be put in place to co-opt an accountant for the remainder of this presidential year, with the gap being filled via the usual process in time for the new presidential year.
3. Further confidential information is contained in paragraphs 1-3 of the classified appendix.

Minutes of the last meeting

4. The Committee approved the minutes of the last meeting held on 17 November 2022.

5. A review of the actions was also undertaken by the Committee, and it was confirmed that most of the actions were completed except the agreed updates to the MMI Risk Register - which were being actioned - and the circulation of the ARC Self-Assessment Questionnaire.
6. It was agreed that the Self-Assessment Questionnaire would be circulated to the Committee at the beginning of March 2023.

Action(s): ARC Self-Assessment Questionnaire to be circulated to the Committee via email at the beginning of March 2023.

Declarations of Interest

7. There were no declarations of interest to record.

CEO Update

8. Alongside a written update on RCVS's activities against the Strategic Plan, the CEO provided an oral update on the following additional activities:
 - The work of the Council Culture Working Group was ongoing with support from Council Member Tim Walker and People Director Lisa Hall. The Group was looking at the complaints process for Council members as well as holding review conversations with members on a one-to-one basis, amongst other things.
 - RCVS Council had approved the Under Care and Out of Hours Guidance at its meeting in January 2023. The timing of the implementation of the new guidance was dependent on the progress of the Veterinary Medicines Directorate's consultation on new Veterinary Medicines Regulations. The issue of timing would be discussed at the March meeting of Council. In the meantime, case studies were being drawn up to help explain the parameters of the guidance.
 - There had been a 25% increase in applications for the Statutory Membership Exam (SME). The Examinations Manager had left the College and a new staff member was due to start soon and take over the work relating to the SME. The growth of the exam was highlighted as a potential risk to the Committee.
 - Proposals for new veterinary legislation were still being promoted to relevant parliamentary stakeholders but given recent political upheaval, and also departmental cuts, it was challenging to see when this might reach the top of the agenda for government.

- In line with the RCVS's announced plans to launch a new Extra-Mural Studies Policy and following the Education Committee's agreement to the proposals for this policy, work was being done to develop a database of EMS placements and this project was ongoing.
- The RCVS was working with Defra to secure funding to support the direct accreditation of overseas veterinary programmes at EU vet schools.

8. Further confidential information is contained in paragraphs 4-6 of the classified appendix.

Update on Hardwick Street Estate Strategy

9. Confidential information is contained in paragraphs 7-8 of the classified appendix.

Corporate Risk Register and Assurance Map Update

9. The Governance Manager outlined the key updates to the corporate risk register since the last ARC meeting in November 2022.

10. Confidential information is contained in paragraphs 9-12 of the classified appendix.

Facilities Risk Register

11. The Facilities Manager and Facilities Co-ordinator presented the Facilities Risk Register to the Committee and provided an introduction into the team and its activities.

12. Further confidential information is contained in paragraphs 13-18 of the classified appendix.

People Team Risk Register

13. The People Director provided a verbal introduction into the People Team and its activities. This was also accompanied by an oral commentary on the key risks outlined in the People Team Risk Register.

14. Further confidential information is contained in paragraphs 19- 28 of the classified appendix.

RCVS Governance Manual Update

15. It was confirmed that work on this was still ongoing as the document was being reviewed by the CEO.

ENQA Update

16. The Education Quality Improvement Manager updated the Committee on activities relating to the European Association for Quality Assurance in Higher Education (ENQA) and the risk register.
17. It was confirmed that the ENQA review would be taking place on the 5th to the 7th of June 2023. The visiting panel was likely to meet with the Audit and Risk Committee during the visit.
18. Confidential information regarding the risk register is contained in paragraph 29 of the classified appendix.
19. The ENQA update also included a summary of changes to the IQA procedure. This was accompanied by a report on the IQA checks that took place for accreditation events in 2022 and a workplan for RCVS accreditation activities for 2023.
20. The Committee was satisfied with the work being done by the Education Department.

Deep Dive: RCVS Data Retention and Deletion Policy

21. Confidential information is contained in paragraphs 30-35 of the classified appendix.

Any Other Business (AOB)

22. A suggestion to review one departmental risk register at ARC meetings in the future, instead of two, was put forward by the Committee.
23. It was agreed that one departmental risk register would be reviewed at meetings moving forward. However, if a risk register became urgent, this would also be escalated to the Committee for review as part of the agenda.
24. Furthermore, a departmental risk register would be circulated via email to the Committee outside of ARC meetings, to give the assurance that the organisation is remaining risk conscious and to ensure that risk registers are still reviewed regularly.
25. Further confidential information is contained in paragraph 36 of classified appendix.

Action(s):

Only one departmental risk register to be included in the agenda for ARC meetings moving forward. Secondary risk registers to be included in future meeting agendas if they are urgent.

Additional departmental risk register to be circulated to ARC outside of meetings for comments via email.

Date of the next meeting

26. The next meeting will be held on Thursday, 11 May 2023 at 10:00 am, online. A joint ARC and Finance and Resources Committee (FRC) meeting will also be held on the same date at 12:30pm, online.

Summary	
Meeting	Council
Date	16 March 2023
Title	Education Committee Minutes 7 February 2023
Summary	Education Committee Minutes 7 February 2023
Decisions required	To note
Attachments	Classified appendix
Author	Britta Crawford b.crawford@rcvs.org.uk/ 020 7202 0777

Classifications		
Document	Classification¹	Rationales²
Paper	Unclassified	n/a
Classified appendix	Confidential	1

Education Committee

Minutes of the meeting held on 7 February 2023

Members:	Dr Abbie Calow	
	Dr Niall Connell	
	Ms Linda Ford	- Lay member
	Professor Tim Parkin	
	Mrs Susan Howarth	
	Professor Chris Proudman	
	Professor Stuart Reid	
	Professor Susan Rhind	
	Dr Kate Richards	- Chair
	*Ms Anna Bradbury	- Student representative
	Ms Kate Dakin	- Student representative
By invitation:	Dr Melissa Donald	- CertAVP Subcommittee Chair
	Professor Stephen May	- Advanced Practitioner Panel Chair
	Dr Joanne Dyer	- PQSC Chair
	Dr Susan (Sue) Paterson	- VetGDP subcommittee Chair and Observer
	*Professor Nigel Gibbens	- Chair of Accreditation Review Working Party
In attendance:	Mr Duncan Ash	- Senior Education Officer
	Dr Linda Prescott-Clements	- Director of Education
	Mrs Britta Crawford	- Senior Education Officer
	Ms Claire Holliday	- Senior Education Officer
	Mr Jordan Nicholls	- Lead for Undergraduate Education
	Ms Beckie Smith	- Senior Education Officer
	Ms Jenny Soreskog-Turp	- Lead for Postgraduate Education
	Mrs Kirsty Williams	- Quality Assurance Manager
	Ms Lizzie Lockett	- CEO

Apologies for absence and welcome

1. Apologies were sent from Anna Bradbury and Nigel Gibbens.

Declarations of interest

2. Dr Paterson, Dr Richards, Dr Connell, Professor Rhind and Professor Parkin declared that they were on the panel lists for accreditation visits. Dr Paterson also declared a conflict of interest over the AP Telemedicine paper and Dr Richards declared that she is a member of the Food Standards Scotland board.
3. The Committee were informed at this point that Dr Anderson, on the specialist list, had recently passed away.

Minutes

4. The minutes of the meeting held on 15 November 2022 were agreed and noted.

Matters arising

5. The Committee noted that all actions had been completed or were in progress. The VetGDP subcommittee would be meeting in March and discuss the matter relating to EPAs. Further information about awards will be provided at the next meeting.
6. Education Committee further discussed the commercialisation of VetGDP and 1CPD and the need for specialist legal advice. Education Committee would be kept informed of its progress and FRC would discuss any resourcing for the project.

Education Department update

7. The Director of Education, Dr Prescott-Clements, gave an oral update on the work of the Education Department. The ENQA visit has been confirmed as the 5th – 7th June. The schedule is not yet in place, but members were asked, as stakeholders, to make themselves available to speak to ENQA.
8. The Committee heard that the panel member training for the new accreditation standards had now been fully launched with good initial feedback. There are approximately 50 people undertaking the course.

Primary Qualifications Sub-Committee (PQSC)

Report of the sub-committee meetings held on the 6 January 2023

9. The minutes of the PQSC meeting held in January were received. Members heard that the sub-committee had discussed the requirements regarding which teaching staff at veterinary schools are required to be MRCVS and on the practising register, and that after advice from the Registrar, a further paper would be going to PQSC in March for consideration.

10. Members heard that the school annual monitoring reports had been considered, and the new form had demonstrated that making data comparisons between years would be much easier moving forward. It was noted that the feedback from PQSC on the new process indicated some areas where further guidance on completing the forms would be helpful to maintain consistency between schools. The schools have been contacted with PQSC's requests for further clarifications, and these will be considered at the next PQSC meeting in March.
11. The committee was informed of the proposal by SRUC to include taught content suitable to meet the requirements for OV training into their new degree programme. It was noted that regular updates were being provided to PQSC for comments and questions.
12. An update was provided on the status of the Glasgow verification visit report, which had been received by PQSC and had now been returned to the School for a period of formal consultation.
13. Members were informed that there had been discussions around Utrecht's request to send two RCVS members on the AVMA visit on a consultative basis, AVMA had been contacted regarding this.
14. Finally, the committee was informed of Massey University's plans to increase their student numbers.

Ratify panel members for accreditation events in 2023

15. The committee was presented with a paper providing the names of the proposed panel members for the 2023 accreditation events and were asked to ratify the lists. Any committee members whose names were on the lists left the meeting for the duration of the discussion.
16. A question was raised regarding the involvement of officers in visitations, it was noted that this had not been allowed in previous years due to their involvement in the committee and appeals processes. Some members felt that it would be good practice if committee members were not directly involved in accreditation visits.
17. It was noted that currently, the RCVS President cannot be on a visiting panel, the EC and PQSC Chairs cannot chair a visit panel, however, they can sit on a panel. It was suggested that now there is a more extensive list of potential panel members, RCVS should work towards moving back to the original format once new panel members have completed the training.
18. Some members questioned the slightly different number of panel members appointed to certain Australasian school visits. It was explained that the MRA stated the RCVS would send 'no more than two' panel members, and the number was agreed by committees depending on the specific requirements of the accreditation. It was requested that the issue of the number of panel members sent to schools be revisited by PQSC to ensure consistency and this be made clear in the guidance.
19. Members voted unanimously to ratify the panel member lists.

Action: PQSC to revisit future panel member numbers for overseas schools to ensure consistency.

Statutory Membership Exam (SME)

SME Update

20. The Committee heard that the closing date for entry to the SME had been moved forward to January to allow for sufficient time for appeals to the written paper results to be completed before the OSCE section in July. 126 candidates including 3 from the Veterinary Council of Ireland will take the written exam this year, which is a 25% increase in candidates from last year. The team were thanked for covering the work of the exam's manager during this busy time while this post was temporarily vacant, particularly Ms. Smith, Ms. Soreskog-Turp and Mr. Ash. The written exams will take place in the week beginning the 6th of March.
21. The OSCE tender has closed, and bids are currently being considered by the exam board.
22. There has been a round of recruitment for examiners due to the increasing number of candidates. Six new companion animal examiners, four equine and four production animal/veterinary public health have been appointed which will enable us to run parallel circuits on the OSCE which is required as a result of the increasing numbers of candidates.

Mitigating Circumstances Form

23. The Committee approved the form but asked that the timescales for completion of the form be added so that we are clear on the time window to avoid confusion and disappointment. The Committee also asked that it be made explicit what wouldn't be done under mitigating circumstances and be clear that marks will not be adjusted.

Action: Education Department to update the Mitigation Circumstances Form

EMS Database

24. In November 2022, Education Committee reconsidered the draft specification for the planned EMS Database following feedback obtained from the Vet Schools Council (VSC) and the VSC EMS Coordinators Group. Upon consideration of the feedback, amendments to the specification to include an extra step for schools to give overall signoff on placements was added, allowing for checking of appropriate health and safety and insurance arrangements put in place by providers, along with the ability for students to add in details of placements that were not listed on the database. The updated specification was received by the committee, and comments were invited.
25. There was a question around the search functionality for students, and whether they would be able to search for placements using a number of criteria, for example, an equine placement in a certain location that has specific on-site facilities, or whether each criterion could only be filtered

separately. It was clarified that the aim was to be to search for as many or as few criteria as the student wished, so their search results would be able to be completely tailored.

26. Further to this point, it was suggested that search results should be randomised rather than alphabetised or other to avoid situations where students would always be clicking on the first or first few options, and it was agreed that this suggestion would be carried forward to the IT team.
27. There was also a question around if any measures could be put into place to avoid unconscious bias from providers. It was explained that this also came up in one of the recent focus groups, and the working way forward was that providers would receive “anonymous” requests for booking which only had relevant information such as what year the student was in, and their intended learning aims. Only upon confirmation of the placement would the student’s name become visible, as this would be needed to make the logistical arrangements of the placement.
28. Education Committee agreed to approve the specification as final. The specification would then be passed on to the RCVS IT team and building of the database would commence.

Action: Education Team to ensure these features including search functionality clear in the specification and communicated to the development team

Advanced Practitioner Status

Advanced practitioners working in telemedicine

29. Education committee was asked to consider whether telemedicine cases could be counted towards the case allowance for those applying for Advanced Practitioner (AP) status. APs are currently required to self-certify they have seen an average of 100 cases a year. As telemedicine is becoming increasingly used in practice, it could mean that some of these cases might be seen virtually and if so, should there be a limit on the number of cases that could count towards meeting this requirement.
30. The committee discussed the public perspective of an AP and if there were an expectation that cases were seen in person. Telemedicine helps to provide flexibility to clients who live in remote areas and may not be able to see an AP in person. In comparison, specialists can count virtual cases towards the case log but there is difference in the role and responsibilities of the AP and the Specialist. The committee felt that it is important that the standard for being an AP is met and there may be different ways to meet that standard.
31. The Committee discussed if the requirement needs to be reviewed according to specific designations as some cases or disciplines may not be suitable for telemedicine. There were suggestions that the AP assessment panel members should decide on the number of telemedicine cases that could be seen in their designation areas.

32. There was discussion around the current process and the training of AP panel members in assessing the applications. Currently, a number of applications are referred onto the Chair for a second opinion, and it was felt that the reviewers would need guidance and training if there were a change to assessing case logs.
33. The Committee did not feel they could reach a decision based on the information provided and agreed that a more detailed report was needed. As part of this work, guidelines and training for assessors may also need to be reviewed in order to ensure that the AP panel can properly assess if the standards for achieving AP status have been met.

Action: Education Department to review case criteria and bring a more detailed report to a future EC meeting.

Report from the Clinical Careers Stakeholders Event

34. The committee received and noted the paper and report of the Clinical careers stakeholder event that was held on the 7th of December last year at the Royal College of Surgeons. Many members of the committee attended the event and agreed that it had been a successful day and that it is important that we keep momentum with this work.
35. As part of the review and the next steps, it is important that we are clear about what we are trying to achieve, either to improve career opportunities or to better inform the public, or both. It may be useful to develop a career ladder and identify each step on this ladder. This should be considered carefully as several levels may be useful for the profession but could cause confusion for public unless introduced alongside clear information.
36. The committee was pleased to see suggestions for how veterinary surgeons working in primary care might progress their career through a potential workplace-based programme and felt that could have a positive impact on retention within the profession.
37. At the stakeholder event, there had been a lot of discussions about the introduction of a modular approach to training for specialisation and the committee felt that this would provide more flexibility and career opportunities for many veterinary surgeons working in clinical practice. The committee felt that the RCVS should use its influence to encourage the EBVS to and European Colleges to promote this route.
38. The committee felt it important that we publish the report to the profession in a timely manner and they were reassured that that was part of the plan. It is essential that the information in the final report about the different roles within the practice is clear as that can help educate the profession.
39. The committee discussed the possibility of linking AP status to the Practice Standards Scheme but was concerned about being too prescriptive and it was therefore suggested that we should explore positive encouragements such as PSS awards for practices with a number of APs.

Action: Education Department to discuss awards with PSS team

40. The committee agreed that the next step should be to clarify the current roles within the career ladder, explore future options and how a modular pathway for career progression to Specialist status could work and start to explore details for a workplace-based programme for GPs.

Action: Present future plans for career pathways to EC in May

41. It was felt that the other points raised in the report such as changing the name of CertAVP, establish a GP network, explore different kinds of mentorships and portfolio careers were important but should be explored in the next phase of the project.

CPD: Outcomes of the CPD Audit 2022

42. The committee received and noted the paper about the outcomes of the CPD Audit 2022.

43. The committee was disappointed about the low response rate to the audit and the low level of CPD compliance.

44. Many veterinary surgeons still do not seem understand the wide range of activities that can count as CPD or how to reflect on their learning. It was suggested that members aged 31-40 may have a high rate of non-compliance due to balancing work and family life, and that RCVS should create targeted communications to help this group.

Action: Update the CPD comms plan with targeted information to members with family commitments.

45. The committee recommended that we review the wording on emails and letters sent to members to highlight that a majority of members are using 1CPD and complying with the CPD requirement.

Action: JST to review CPD communication

46. The committee discussed if the RCVS could revoke accreditation for PSS practices that have vets who are non-compliant. It was also suggested that RCVS could display when a member is CPD compliant on 'find a vet' entry so that it is visible to the public. The CPD Policy and Compliance subcommittee will review the non-compliance data at their next meeting and explore options for further actions in order to increase CPD compliance.

Action: CPD Committee to report back on follow up actions for non-compliant members.

47. There was a question about whether the 1CPD app reminder system would be implemented to encourage regular recording of CPD. The committee were assured that this is on the 1CPD development list, however there is a slight delay due to other priorities within the IT team.

Specialist Subcommittee (SSC) Minutes

48. The minutes from the meeting held on 5th January 2023 were received and noted.

49. Education Committee approved the additions and re-additions to the List of Specialists, as recommended by SSC.

Specialist Sub-Committee – References

50. The Specialist Sub-Committee had put forward a recommendation to remove the requirement for references as part of new and reapplications for Specialist status. Whilst it was acknowledged that references may have held more weight towards applications in the past, the way both types of applications worked now was that they were pass or fail based on the content of the detail supplied by the applicant themselves as part of the application, with references merely adding subjective approval or endorsement.

51. It was therefore agreed that references should be taken out of the requirements for applications.

Action: DA to update Specialist Guidance to remove the requirement for references.

Specialist Sub-Committee – Self Assessment points

52. There was also a recommendation to remove the maximum limits to points applicants could claim to individual contributions within sections B and C on the “full” RCVS accreditation application form. Sometimes applicants were just missing out on reaching the required points levels due to the technicality of the weighting of the points able to be awarded, and therefore if they were able to add in further contributions to particular areas, they would be able to meet the minimum points threshold for the larger sections.

53. Education Committee also agreed to remove the maximum point limits to each individual contribution.

Action: DA to update guidance in relation to self-assessment points

Proposal for Direct Accreditation of EU Vet Programmes

54. The committee was presented with a paper outlining a proposal which had been sent to the Department for Environment, Food and Rural Affairs (Defra), requesting funding to support the direct accreditation of veterinary programmes at EU schools whose graduates have traditionally tended to register to work in the UK. In response to RCVS Council requests for a more permanent solution to the recognition of EU graduates for registration purposes following Brexit, whereby graduates from EAEVE accredited schools are automatically recognised, this proposal sought pump-prime funding from Government to cover the costs of accreditation for certain targeted EU vet schools.

55. It was explained that Defra had requested low, medium and high ambition proposals regarding the number of schools to target, which RCVS provided based on the criteria of their programmes being currently (or planned to be) taught in English, their EAEVE approval/accreditation status renewal, and the numbers of graduates likely to register to work in the UK based on historical data.

56. The plans outlined that this funding would cover the relevant accreditation fees charged by RCVS, along with 50% of the costs associated with an accreditation visit, which RCVS would top up, for an initial accreditation visit. It was hoped that this would make direct RCVS accreditation more

attractive for the school, although it would be made clear that once successfully accredited, they would then be responsible for costs of any future accreditation events as normal.

57. It was also pointed out that for the medium and high ambition proposals, the number of schools being targeted would require additional resource within the Education department, and that a 50% contribution towards the additional staff resource required formed part of the proposal to Defra.
58. Members queried whether there was a potential risk with joint visitations involving EAEVE, and whether RCVS would be in a similar position to current joint international visits where it sometimes formed the minority representation on visitation teams. Whilst it was acknowledged that larger teams presented greater challenges on a visit, it was assured that these issues were not insurmountable and that the College would not enter into a joint visitation where it could not be assured of getting the information/evidence required to inform an accreditation decision.
59. Another query raised was whether this proposal, if achieved, would address the workforce shortages caused by the UK leaving the EU and associated removal of the Mutual Recognition of Professional Qualifications (MRPQ) arrangement. It was explained that this was a difficult question to answer with so many unknowns, and that there were no guarantees that the schools being targeted would agree to proposals, especially as there was no immediate need with the temporary Council decision in place. However, the proposal provided incentives for EU schools to get RCVS accreditation and it was felt that if successful, it would help fill the gaps left in the workforce. Moreover, it was anticipated that the benefits to the schools in being able to attract UK students (and their associated international student fees) would make it more likely that direct accreditation would be taken up.
60. It was asked whether RCVS would be seeking to accredit individual veterinary programmes or the veterinary schools themselves, which would include all programmes on offer at an institution, and it was clarified that RCVS would be seeking to accredit only the individual programmes taught in English. It was also explained that, further down the line, it may be possible to look into accrediting non-English taught programmes. However, in-line with the approach taken by EAEVE, the schools would need to translate all materials and evidence required by the accreditation panels.
61. Education Committee was asked whether it agreed with the proposals in principle, and whether there was anything to add which would be shared with Defra. There were no further comments and the committee looked forward to hearing about progress with the negotiations at the next meeting.

Action: Update Education Committee on the Defra proposals at the next meeting.

Action: Education Department to update Risk register

Any other business

62. It was noted that minor updates to competences 11 and 12 of the Day One Competences had been made to remove references to PDP and replace them with VetGDP.

63. The Committee were informed that veterinary schools had responded to the Veterinary Times regarding its article reporting that the schools are enrolling fewer students than previous years. The article has been mis reported and was looking at the wrong data.

Date of Next Meeting

64. The date of the next meeting is 9th May and will be held remotely.

Britta Crawford

Summary	
Meeting	RCVS Council
Date	16 March 2023
Title	Finance and Resources Committee (FRC) Meeting Minutes – 9 February 2023
Summary	Minutes of the hybrid FRC meeting held on Thursday, 9 February 2023.
Decisions required	None
Attachments	Classified appendix
Author	Alan Quinn-Byrne Governance Manager & Secretary a.quinn-byrne@rcvs.org.uk 020 7227 3505

Classifications		
Document	Classification¹	Rationales²
Paper	Unclassified	n/a
Classified appendix	Confidential	1, 2, 3 and 4

¹Classifications explained

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²Classification rationales

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Private	<ol style="list-style-type: none"> 5. To protect information which may contain personal data, special category data, and/or criminal offence data, as listed under the General Data Protection Regulation

Minutes of the Finance and Resources Committee (FRC) meeting held online via Microsoft Teams and in person at the Royal College of Nursing on 9 February 2023

Members:

Ms B Andrews-Jones	Representative from Veterinary Nurses' Council
Dr N T Connell	Chair / RCVS Treasurer
Ms L Ford	Lay Member of RCVS Council
Ms S Howarth	Representative from Education Committee
Ms C-L McLaughlan	Representative from Standards Committee
Professor S A May	Elected member of RCVS Council
Dr S Paterson	Representative from Advancement of Professions Committee
Mr M E Rendle*	RCVS Council / Veterinary Nurses Council Chair
Dr K Richards	Representative from PIC/DC Liaison Committee
Ms J S M Worthington	Lay Member of RCVS Council
Mr T J Walker	Lay Member of RCVS Council

*Denotes absence

In attendance:

Ms J Delaloye	Head of Finance
Ms E Ferguson	Registrar / Director of Legal Services
Ms L Hall	People Director
Ms L Lockett	CEO
Ms C McCann	Director of Operations (DoO)
Mr A Quinn-Byrne	Secretary / Governance Manager
Dr L Prescott Clements	Dir of Education (DoE)

Apologies for absence

1. Apologies were received from Mr Rendle.

Declarations of Interest

2. There were no new declarations of interest to record.

Minutes of the meeting held on 17 November 2022

3. Minutes of the November meeting were held as a true reflection of the meeting.

Update from the Director of Operations

4. It was confirmed that the RCVS Audit was underway, and a broad range of information had been sought under new audit requirements. It was noted that a revised auditing standard ISA 315 (Revised) applied to the RCVS 2022 audit. The changes to the standard were fairly fundamental and changed the way audit firms approached identification of audit risk and how they responded to these risks. This had increased the workload of the Finance team.
5. It was confirmed that the fee increase of 4% that had been agreed at RCVS Council in June 2022 had gone to Privy Council for approval and to be made into a Statutory Instrument.
6. In 2022, there had been an average number of 144 staff employed by RCVS. There had been 34 new joiners in the year and 20 leavers, and currently three staff are on maternity leave.
7. There were no fraud or data protection issues to report to the Committee.

Update on Tender Contract for Statutory Membership Exam Centre

8. The Director of Education (DoE) provided a brief update on the tender contract for the Statutory Membership Exam centre that was discussed by this Committee at the last meeting in November.
9. It was reiterated that the successful bid would be recommended to FRC for a decision, given the length of the contract.
10. The Committee was content with the process and would be updated as to progress at the next FRC meeting, in May 2023.

Action: update on process from the Director of Education May 2023.

Corporate Risk Register

11. The Committee was provided with an update on the corporate risk register. The Governance Manager provided a paper that highlighted changes to the register since the last FRC meeting in November. The Committee praised the report, which provided updates, however noted that the presentation of the register needed some work as it was not readable for some in the current format. The Governance team would review the presentation format for the next meeting.
12. Further confidential information is contained in paragraphs 1-2 of the classified appendix.

Action: Governance team to work on document for presentation of register

Investment Update

13. A full written update was provided to the Committee on the RCVS Investment Portfolio by Investec. The Committee was content with the information provided on investments.
14. It was confirmed that a presentation would be provided by the Investment Portfolio Manager at the next FRC meeting, in May 2023.

Action: presentation to be arranged by Governance Manager with Investec for May 2023.

Management Accounts

15. Confidential information is contained in paragraphs 3-6 of the classified appendix.

RCVS Loss of Earnings Policy

16. Confidential information is contained in paragraphs 7-11 of the classified appendix.

Specialist Sub-Committee Honoraria

17. Confidential information is contained in paragraphs 12-14 of the classified appendix.

EU Vet Schools Accreditation Proposal

18. Confidential information is contained in paragraphs 15- 17 of the classified appendix.

WeWork Contract Renewal

19. Confidential information is contained in paragraphs 18-20 of the classified appendix.

VMD API Update

20. Confidential information is contained in paragraphs 21-23 of the classified appendix.

Resources Mapping Discussion

21. The DoO and Governance Manager informed the Committee of a mapping exercise that was being planned for 2023. This would enable Senior Team and Senior Management to chart what resources were being utilised and what, if any, resources would need to be applied or relocated on various projects.

Action: Update FRC in May on progress of resource mapping work.

Any other business

22. There was no further business to note.

Date of the next meeting

23. The next meeting would be held on Thursday, 11 May 2023 at 14:00pm via Microsoft Teams. There would also be a joint Audit and Risk Committee (ARC) / FRC meeting at 12:30pm.

Summary	
Meeting	RCVS Council
Date	16 March 2023
Title	Registration Committee Meeting Minutes – 6 February 2023
Summary	Minutes of the Registration Committee meeting held on Monday, 6 February 2023.
Decisions required	None
Attachments	Classified Appendix
Author	Huda Haid Governance Officer & Secretary h.haid@rcvs.org.uk 0207 202 0797

Classifications		
Document	Classification¹	Rationales²
Paper	Unclassified	n/a
Classified appendix	Confidential	1, 2, 3 and 4

¹Classifications explained	
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²Classification rationales

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Minutes of the Registration Committee meeting held in person at the Royal College of Nursing and online via Microsoft Teams on 6 February 2023

Members:

Mrs B S Andrews-Jones	
Dr N T Connell	Treasurer
Dr D S Chambers	
Dr A Calow^	
Dr M A Donald	Chair / President
Ms L Ford^	
Professor C J Proudman^	
Dr S Paterson	Junior Vice-President
Dr K A Richards^	Senior Vice-President

In attendance:

Ms N Bance	Registration Administrator
Ms E C Ferguson	Registrar
Ms H Haid	Secretary to Registration Committee / Governance Officer
Ms J Harris^	Statutory and Eligibility Specialist Manager
Ms L Lockett	CEO
Ms C L McCann	Director of Operations
Mr A Quinn-Byrne^	Secretary to Registration Committee / Governance Manager
Ms N South^	Head of Registration

*Denotes absence

^Denotes online attendance

Apologies for absence

1. No apologies were received. All Committee Members were present.

Declarations of Interest

2. There were no declarations of interest to record.

Minutes of the last meeting

3. The Committee approved the minutes of the last meeting held in November 2022.

Registration Statistics Report

4. The Head of Registration presented the Registration Statistics Report to the Committee. The following trends were highlighted:
 - The number of new overseas vet registrations had increased from 502 in 2021 to 713 in 2022. Quarter 3 and 4 in 2022 saw an increase of 182 new overseas registrants.
 - Confidential information is contained in paragraph 1-2 of the classified appendix.
 - There had been a considerable drop in the number of nursing applications from 2244 in 2021 to 1669 in 2022. This was due to Covid as the number in 2019 (pre-covid) was 1645 with only 968 new applications received in 2020, during the height of the pandemic. However, the figures in 2022 still showed that numbers are slowly returning to how they were pre-covid, so it was not of concern.
 - An exit survey to identify reasons why nurses were leaving the profession was planned for the 2-4 weeks following the meeting, as removals had taken place in January. This was why the data was not included in the report. However, it was confirmed that the data would be available for next Registration Committee meeting in May 2023.
 - In relation to vet removals, those would be carried in June with an exit survey planned for June/July. Data on reasons why vets were leaving the profession would be presented to the Committee in September 2023.
 - Continuing with the subject of removals, data had shown that the RCVS had retained 300 existing vets in 2022. Retention figures would be continually monitored alongside removals figures.
5. It was queried whether the 16 Official Veterinarians who had successfully applied for full registration following the measures in place which granted them temporary registrations to assist with the shortage of vets in the meat hygiene, had stayed in public health or gone into primary care practice. It was confirmed that 50% of those vets had stayed in public health within the UK veterinary sector.

Temporary Registration Applications

6. Confidential information is contained in paragraphs 3-8 of the classified appendix.

Any Other Business (AOB)

7. The Committee considered the Chair's suggestion to hold meetings on a Monday moving forward, as opposed to the usual Wednesday.
8. The Committee expressed a preference to hold future meetings on Mondays.
9. Further confidential information is contained in paragraphs 9-13 of classified appendix.

Date of the next meeting

10. The next meeting will be held on Monday, 15 May 2023 at 15:00pm, online.

Summary	
Meeting	RCVS Council
Date	16 March 2023
Title	Standards Committee Minutes
Summary	<p>Minutes of Standards Committee held in-person on Monday, 6 February 2023, at 10am</p> <p>The Committee's attention is drawn to paragraphs 1-32 in the classified appendix.</p>
Attachments	Classified appendix
Author	<p>Beth Jinks</p> <p>Standards and Advice Lead</p> <p>b.jinks@rcvs.org.uk</p>

Classifications		
Document	Classification¹	Rationales²
Paper	Unclassified	n/a
Classified appendix	Confidential	1, 2, 3

1 Classifications explained

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2 Classification rationales

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Private	<ol style="list-style-type: none"> 5. To protect information which may contain personal data, special category data, and/or criminal offence data, as listed under the General Data Protection Regulation

Minutes of the Standards Committee held remotely on Monday, 6 February 2023, at 10 am

Members: Linda Belton (Chair)
Louise Allum
Belinda Andrews-Jones
Mark Castle
Danny Chambers
Olivia Cook
Matshidiso Gardiner
Claire-Louise McLaughlan
Claire Roberts
Will Wilkinson

In attendance:

RCVS

Melissa Donald	President
Eleanor Ferguson	Registrar
Lizzie Lockett	CEO
Gemma Kingswell	Head of Legal Services (Standards)
Beth Jinks	Standards and Advisory Lead
Ky Richardson	Senior Standards and Advice Officer/Solicitor
Victoria Price	Senior Standards and Advice Officer

DEFRA

Gordon Hickman
Caroline Conradi
Anthony Ridge
Keira Benefer

British Poultry Veterinary Association (BPVA)

Richard Jackson

Food Standards Scotland (FSS)

Elena Gafenco

AI 1 Apologies for absence and declarations of interest

1. Apologies were received from Will Wilkinson and Claire McLaughlan.

Matters for decision

AI 2(a) Food Standards Scotland – TRNOVs – Confidential

2. See paragraphs 1-6 of the classified appendix.

AI 2(b) Avian Influenza – Remote certification – Confidential

3. See paragraphs 7-19 of the classified appendix.

AI 2(c) Welsh language translations – Confidential

4. See paragraphs 15-20 of the classified appendix.

AI 2(d) UCOOH next steps – Confidential

5. See paragraphs 21-32 of the classified appendix.

Matters for report

AI 3(a) DC report

6. The report was noted.

AI 3(b) RESC report

7. The report was noted.

Confidential matters for report

AI 4(a) RVP Subcommittee report – Confidential

8. The report was noted

AI 4(b) ERP report – Confidential

9. The report was noted.

AI 4(c) Certification subcommittee report – Confidential

10. The report was noted.

AI 5 Risk and equality

11. Nothing added.

AI 6 Any other business and date of next meeting

12. The Committee were informed that minor amendments to both the conscious objection guidance in Chapter 2, and the endorsements guidance in Chapter 23 would be sent via email for the Committee's thoughts.

13. The Committee were reminded to submit their comments regarding the financial document from the FSA.

Table of actions – Confidential

14. Please see confidential appendix.

Summary	
Meeting	Council
Date	16 March 2023
Title	Veterinary Nurses Council Report to Council
Summary	To note the minutes of the meeting of Veterinary Nurses Council (VNC) held on 8 February 2023
Decisions required	None
Attachments	Classified appendix (Confidential)
Author	Annette Amato Committee Secretary a.amato@rcvs.org.uk / 020 7202 0713

Classifications		
Document	Classification¹	Rationales²
Paper	Unclassified	n/a
Classified appendix	Confidential	1,2,3,4

¹Classifications explained

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²Classification rationales

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Private	<ol style="list-style-type: none"> 5. To protect information which may contain personal data, special category data, and/or criminal offence data, as listed under the General Data Protection Regulation



Veterinary Nurses Council

Minutes of the meeting held at the Royal College of Nursing, 20 Cavendish Square, London W1G 0RN, on Wednesday 8 February 2023

Members:	Mrs Belinda Andrews-Jones	-	Vice-Chair
	Miss Jessica Beckett		
	Miss Alison Carr		
	Dr Niall Connell	-	Officer Team observer (non-voting)
	Mr Dominic Dyer		
	Ms Sarah Fox		
	Mrs Susan Howarth		
	Mrs Katherine Kissick		
	Mrs Donna Lewis		
	Dr Susan Paterson		
	Mr Matthew Rendle	-	Chair
	Dr Katherine Richards		
	* Ms Stephanie Richardson		
	Mrs Claire Roberts		
	Miss Holly Witchell		

*Denotes absent

In attendance:	Mrs Annette Amato	-	Committee Secretary
	Mrs Julie Dugmore	-	Director of Veterinary Nursing
	Ms Eleanor Ferguson	-	Registrar
	Miss Shirley Gibbins	-	Qualifications Manager
	Mrs Victoria Hedges [^]	-	Examinations Manager
	Mr Ian Holloway	-	Director of Communications
	Ms Lizzie Lockett	-	Chief Executive
	Mr Ben Myring	-	Policy and Public Affairs Manager
	Mrs Jenny Soreskog-Turp	-	Lead for Postgraduate Education

[^]Denotes remote

Guests:	Ms Rachael Buzzel [^]	-	VN Times
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Apologies for absence

1. Apologies for absence had been received from Stephanie Richardson.

Declarations of interest

2. There were no new declarations of interest.

Obituaries

3. The Vice-Chair presented this item, and expressed condolences to the family and friends of Catriona Lishman RVN who had recently passed away. The Vice-Chair then paid tribute to the mothers of three members of the Council who had passed away since the last meeting, all of whom had been sources of unfailing support to them throughout their careers, and through that support to the veterinary nursing profession.
4. Council observed a minute's silence in their memory, and for all members of the professions who had passed away since the last meeting.

Minutes of the meeting held on 16 November 2022

5. The Minutes of the meeting held on 16 November 2022 were approved as a correct record, subject to the inclusion of Jessica Beckett and Holly Witchell in the list of attendees.

Matters arising

5. There were no matters arising on the previous Minutes.

CEO update

6. Council noted the CEO update, providing a summary of activity against the 2020 – 2024 Strategic Plan, as submitted to RCVS Council in January 2023. The format of the paper had been updated following feedback from the September meeting of RCVS Council, with removal of some of the historical background information, and the inclusion of a Red/Amber/Green (RAG) rating against each item.

Veterinary Nurse Education Committee (VNEC)

7. Susan Howarth, Chair of the VNEC, presented the minutes of the meeting of the VNEC held on 13 December 2022 and highlighted a few key points.
8.
 - A new employer representative had joined the Committee.
 - The Committee had approved an additional member to the visitor panel for Further Education (FE) accreditations.
 - The pre-accreditation support programme for all Accredited Education Institutions (AEIs) continued to progress well, with very positive feedback.

- The quality assurance team had reported on the many quality monitoring activities undertaken for the AElS and their delivery centres.
- The actions for the post-registration qualifications were progressing and on target or had already been met.
- The Committee had been provided with an overview of the pre-registration examinations delivered in 2022. A total of 113 candidates had sat the examination during the year, with an overall pass rate of 78% over the year.
- Measures had been taken to reduce waste in the examinations, and a report would be provided to the RCVS Green Team, which it was hoped would be used as evidence towards the Investors in the Environment accreditation scheme, and possibly general pointers which could be shared with educators for their examinations.
- It was hoped that the enrolment process for the Certificate in Advanced Veterinary Nursing could be streamlined by the development of an online system for the future.

Continuing Professional Development (CPD)

9. The Lead for Postgraduate Education presented the report and analysis from the 2022 Audit of CPD for Veterinary Nurses. This was the first audit that had been targeted at specific groups, including samples from those who were not using 1CPD and those who were non-compliant 1CPD users, as well as those non-responders and non-compliant nurses from the previous audit or at annual renewal. The main reasons for non-compliance had been family commitments and illness.
10. It was reported that as the use of 1CPD has been mandatory since 2022, in future it would no longer be necessary to carry out random audit samples to check compliance, instead 1CPD would be continually monitored. It was noted that the number of non-responders and non-compliant had increased with the targeted group, and hopefully going forward the focus on these groups, rather than random audits, would be helpful in identifying problem areas and providing more targeted help and guidance.
11. It was suggested that there may be a lack of knowledge among some VNs about how they could pause their CPD in certain circumstances, and that maybe further targeted communications and guidance might be helpful.

Reports from RCVS Committees

Registered Veterinary Nurse Preliminary Investigation Committee (RVN PIC)

12. Council noted the report of the work of the RVN PIC since the last report in November 2022.

Standards Committee

13. Claire Roberts provided a brief update on items discussed by the Standards Committee meeting held on 6 February 2023.

Advancement of the Professions Committee (APC)

14. Belinda Andrews-Jones reported on matters covered at the APC meeting on 7 February 2023.
15. Work had been carried out on the workforce action plan, which had set out seven ambitions. These would be covered in a series of webinars, the first of which would take place on 16 February, on leadership. The webinars would be recorded. It was also commented that the workforce action webinars were very relevant for veterinary nurses and they should be encouraged to attend.
16. A ViVet student innovation competition, open to all student veterinary nurses and veterinary students, would be launched shortly. There would be a winner and runner up, but all entrants would be eligible to be included in a poster campaign for the innovation symposium, which would take place in the autumn.
17. Work was being carried out on the development of an innovation assessment tool for use in practice.
18. On diversity and inclusion, a survey would shortly be sent out to veterinary surgeons, veterinary nurses and students, on disability and chronic illness. The RCVS had also contributed to the Federation of Veterinarians in Europe (FVE) campaign on diversity, equality and inclusion. Three further interviews with Black, Asian and minority ethnic (BAME) veterinary professionals had been produced, related to Black History Month.
19. The group had been looking into ways to encourage GP veterinary surgeons to become involved in the Fellowship.
20. The Mind Matters Initiative (MMI) had completed the campfire series, and was working on Mental Health First Aider courses and also courses for managers on mental health in the workplace.
21. VN Futures had collaborated with MMI to run a series of in-person workshops in Manchester, Guildford and Wolverhampton, and with BSAVA (British Small Animal Veterinary Association) to run a neurodiversity stream at the BSAVA Congress in April.
22. A short leadership and management course had been developed on the RCVS Academy, and RCVS Knowledge had produced a 16-hour free CPD course on the management of medicines.
23. There was some discussion on engaging veterinary care assistants, and why some veterinary care and animal nursing assistants do not transition to training for the VN profession. The comments would be fed back to the VN Futures Board.

Policy and Public Affairs update

24. The Policy and Public Affairs Manager provided a brief update.
25. An exit survey for veterinary nurses had been launched in February 2023, following the annual fee renewal process. It was hoped to build a more formal picture of the reasons for leaving the Register, rather than relying on anecdotal impressions. Questions covered demographics including socio-economic background, qualification route to becoming a veterinary nurse, disability and dependants. It would also cover the type of work carried out as a veterinary nurse, their intentions for the future and any plans to return.
26. A workforce modelling study was due to be launched shortly, in collaboration with the Institute of Employment Studies, to obtain useful data on shortages of vets and veterinary nurses, vacancy rates in different parts of the country and to track the impact of the shortages. This study was reliant on data from outside sources, and any suggestions from Council members as to good sources of data that might be helpful for the model would be appreciated.
27. In regard to the exit survey, a question was asked as to when the first round of data might be expected. It was accepted that it was likely that it would take some years to build up sufficient data, and that it was not possible to chase for information once a veterinary nurse was no longer registered.
28. It was suggested that anonymised data from exit surveys from members of the major employers group would be helpful. It was also suggested some universities might be able to share data from alumni groups.

Communications report

29. The Director of Communications reported on recent veterinary nursing related activities.
30. A very successful Veterinary Nurses Day had been held in Oxford on 4 February, with two ceremonies during the day, welcoming newly qualified VNs to the Register as well as celebrating the first group of VNs who had achieved the Certificate in Advanced Veterinary Nursing. He reported that VN days were the biggest event carried out by the RCVS and always very well received. A total of over 500 people had attended the ceremonies.
31. The Chair added his thanks to all those who had organised the event, which had included a very well received guest speaker, Amy Martin RVN, who talked about mental health. Two further events were being planned for later in the year.
32. The next edition of the *VN Education* e-newsletter would be published in due course, and any items for inclusion should be passed to the VN team.
33. A newsletter was being prepared for VN Futures School Ambassadors, to provide support and guidance. The newsletter would include a survey to help gauge what further support might be needed.

34. Promotion of the Certificate in Advanced Veterinary Nursing had been identified as an area of focus for the next weeks and months, including the preparation of a number of case studies.
35. Work was ongoing around student engagement, to develop more direct lines of communication with VN and veterinary students from year one. The Chair added that the talks that he and the President had carried out to first-year students had been very positive. The Director of Veterinary Nursing confirmed that she was working with Emma Lockley, who was organising the student engagement, on development of this area to more universities and also to include Further Education (FE) students in future.

VN Register report

36. Council noted a report showing statistics on the total number of registered veterinary nurses, including the number of new registrations annually for the calendar years 2017 – 2022, and removals in January 2023 for non-payment of the annual fee. Data was also provided for the number of student enrolments for the past six academic years, and the number of those enrolling for a Period of Supervised Practice, having been unregistered for a period of five years or more.

Any other business (unclassified)

37. Dominic Dyer updated Council on developments in regard to the issues around the import of rescue dogs and the safeguarding measures which had been put in place. Further updates would be provided at future meetings.

Date of next meeting

38. Wednesday 10 May 2023. This would be a remote meeting starting at 10.00am.

Summary	
Meeting	Council
Date	16 March 2023
Title	February 2023 PIC / DC Liaison Committee minutes
Summary	Minutes of the meeting held on Thursday, 16 February 2023
Decisions required	To note the minutes
Attachments	Classified appendix
Author	Hannah Alderton Committee Liaison Officer h.alderton@rcvs.org.uk / 020 7856 1033

Classifications		
Document	Classification¹	Rationales²
Paper	Unclassified	n/a
Classified appendix	Confidential	1, 2, 3

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²Classification rationales

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Preliminary Investigation Committee and Disciplinary Committee Liaison Committee

Minutes of the remote meeting held by MS Teams on Thursday, 16 February 2023 at 10:00 am

Members:

Dr K A Richards (Chair)	Senior Vice-President
Dr L Belton	Chair, Standards Committee
Dr N T Connell	Treasurer
Mrs O Cook	Council member
Mrs S K Edwards	Chair, RVN Preliminary Investigation Committee (RVN PIC)
Dr B P Viner	Chair, Preliminary Investigation Committee (PIC)
Mrs J Way	Chair, Disciplinary Committee (DC)
*Mr W Wilkinson	Council member
Ms J S M Worthington	Council member

In attendance:

Miss H Alderton	Committee Liaison Officer
Ms G Crossley	Head of Professional Conduct (HoPC)
Ms E C Ferguson	Registrar
Ms L Lockett	CEO
*Ms Y Yusuph	DC Clerk

*Denotes absent

Apologies for absence

1. Apologies for absence were received from Mr W Wilkinson.

Declarations of interest

2. There were no new declarations of interest to record.

Minutes of the meeting held on Thursday, 24 November 2022

3. There were no comments, and the minutes were agreed.

Updates – general

4. The Registrar updated the Committee on the following matters:
 - Recruitment for VN members of the statutory committees: following the information evening, it had been reported back that both the amount and the quality of the applicants had been greatly increased from the previous time. The preferred candidates had been selected and were going through background checks.
 - The recruitment for lay and veterinary surgeons of the statutory committees would commence in the middle of March. This would cover the requirements for 2023, 2024 and the necessary reserves.
 - An information evening similar to that which had been previously held for VNs was being organised for veterinary surgeons. It was suggested that a female, practising vet would be a suitable individual to attend the evening as a PIC representative- (given previous comments from the recruitment panel over lower numbers of female applicants). It was agreed that the Registrar would finalise with the Chair of PIC.
 - A number of DC hearings had recently gone part-heard, which was both stressful for the individual and expensive for the College. To combat this, a pre-meeting was being set up and trialled. The aim was for the time estimate to be agreed with both parties and for the number of witness and experts involved to be decided at an earlier point, to feed into a realistic time listing.
 - A paper would be going to Council around whether they would wish to pursue private prosecution, which may be going to the committee to oversee if it was agreed.
5. The success of the RVN recruitment turn-out was commended and that it was positive the same information evening was being held for the veterinary surgeons.

Monitoring / performance / working methods / outcomes / dashboard / KPIs

6. The Head of Professional Conduct reported that the number of enquiries had been low for the last few months but that the stage 1 KPIs had stayed consistently high.
7. This was the final month of reporting cases under the old system but cases under the new system would continue to be reported with the old KPIs as well as a median figure until new KPIs were agreed by the Committee.
8. It was reported that the new system was going well and that no major issues or challenges had been raised.
9. It was noted that some cases had taken a long time because it had been difficult to obtain a timely response from the Registrant. It was asked how the College combatted this and whether they

would continue with a case if they had no contact. It was confirmed that these cases were approached with caution and individuals were allowed to respond in a time that was both compassionate and reasonable, but that in the public interest, cases could not be delayed indefinitely and would eventually get to a stage where they would proceed without the respondents' responses and that could be a charge against them at DC for not engaging with their regulator.

ProfCon Survey

10. The Head of Professional Conduct outlined the results of the survey that was now sent to both respondents and complainants when a case was closed, in order to assess their views on the process. She reported that overall she was generally pleased with the results. Communication was the only area that was highlighted as needing to be addressed, but it was also noted that many of the complaints themselves were in relation to communication from vets and practices, and that this can be subjective.
11. It was asked whether this information could be used in communications with the profession. A previous piece of work around the impact of the complaints process on mental health had led to several changes in the way the department worked, including its communications, and it was suggested that this data could be used in a report showing the outcome of that work in the round.
12. One of the survey-respondents' comments highlighted was around how a complaint could be made without repercussion or cost – it was question whether this could be changed. The triaging process was explained, which prevented a lot of enquiries from reaching the complaints stage, but as a statutory regulator it would not be suitable to enforce any kind of fee for complaints.
13. It was commented that the data might usefully form the basis of a CPD exercise to demystify the complaints process, including other data around how many complaints completed each stage. It was reported that the department had worked with the RCVS Academy team on the 'Resolving complaints in practice' course, and that part two was being developed.
14. The Committee was asked if it wished to comment on or amend the questions in the survey – they did not. It was agreed that results from this survey would be brought to the Committee every six months.

Disciplinary Committee report

15. The report was noted and there were no comments.

Veterinary Client Mediation Service (VCMS) feedback

16. The Registrar presented the report and informed the Committee that a meeting had taken place to review the draft annual report, which would be coming to the Committee once it was completed, but that compared with the previous year there had been a reduction in the numbers, - albeit they

were not back down to pre-Covid levels. They had a 27% increase in enquiries relating to fees, which reflected the current economic climate.

17. This information can be found at paragraph 1 of the confidential appendix.

Annual statistics report

18. The Registrar presented the paper and clarified that no area had been highlighted that was of particular concern.

19. The Committee agreed that this was a worthwhile exercise to show that the College was keeping its eye on this area and so that when the questions were raised, they had data to show there was currently no concern.

20. The small sample size and the fact that some people did not provide this information was commented on, but it was again agreed that this was necessary to continue on an annual basis.

21. The Committee had previously asked for information on those who were recruited for the Statutory Committees. It was confirmed that the College did not hold this information but that the recruitment agency had sent over the information from the most recent recruitment rounds. The numbers were reported as follows:

- This information can be found at paragraph two of the confidential appendix.

22. It was confirmed to the Committee that this information would be reported back from the recruitment agency after every recruitment process and would be reported in the annual statistics report.

Feedback to Standards Committee v.v. PIC / DC Liaison Committee

23. The Committee had nothing to raise.

Risk Register, equality and diversity

24. The Committee had nothing to raise.

Date of next meeting

25. The date of the next meeting would be Thursday, 18 May 2023, at 10:00 am. It was agreed that the meetings continue to be virtual.

26. The Chair brought the meeting to a close.

Summary	
Meeting	Council
Date	16 March 2023
Title	Preliminary Investigation Committee Report to Council
Summary	This report describes the work of the Preliminary Investigation Committee since RCVS Council's last meeting, including by reference to key stage indicators, and provides information about the nature of concerns being considered by the RCVS.
Decisions required	None
Attachments	None
Authors	<p>Chris Murdoch Senior Case Manager c.murdoch@rcvs.org.uk</p> <p>Gemma Crossley Head of Professional Conduct g.crossley@rcvs.org.uk</p>

Classifications		
Document	Classification¹	Rationales²
Paper	Unclassified	n/a

¹Classifications explained

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²Classification rationales

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Private	<ol style="list-style-type: none"> 5. To protect information which may contain personal data, special category data, and/or criminal offence data, as listed under the General Data Protection Regulation

Preliminary Investigation Committee

Report to Council March 2023

Introduction

1. This report provides information about the activities of the Preliminary Investigation Committee in January and February 2023 (3 March 2023 being the date of writing the report).
2. Since the last Report to Council (which gave information to 6 January 2023), there have been 2 Preliminary Investigation Committee (PIC) meetings (8 February and 22 February 2023).

New cases considered by the PIC

3. The total number of new cases considered by the Committee at the 2 meetings referred to above is 5. Of the 5 new cases considered:
 - 3 were concluded at first consideration by the Committee. Of these:
 - 1 case was closed with no further action, and
 - 2 cases were closed with advice issued to the veterinary surgeon.
 - 2 cases were referred for further investigation, that is, further enquiries, visits and/or preliminary expert reports.
4. No cases have been referred to the RCVS Health or Performance Protocols in the reporting period.

Ongoing Investigations

5. The PI Committee is currently investigating 57 ongoing cases where the Committee has requested statements, visits or preliminary expert reports (for example). This figure does not include cases on the Health and Performance Protocols.

Health Protocol

6. There are two veterinary surgeons either under assessment or currently on the RCVS Health Protocol.

Performance Protocol

7. There are no veterinary surgeons currently on the RCVS Performance Protocol.

Professional Conduct Department - Enquiries and concerns

8. Before registering a concern with the RCVS, potential complainants must make an Enquiry (either in writing or by telephone), so that Case Managers can consider with the enquirer whether they should raise a formal concern or whether the matter would be more appropriately dealt with through the Veterinary Client Mediation Service.
9. In the period 6 January to 3 March 2023,

- the number of matters registered as Enquiries was 488, and
- the number of formal Concerns registered in the same period was 79.

10. The table below shows the categories of matters registered as Concerns between 6 January 2023 and 3 March 2023.

*This case relates to a potential judicial review of a PIC decision, rather than a DC decision.

Concerns registered between 6 January and 3 March 2023

Description of Category	Number of Cases
- Advertising and publicity	1
- Appeal against DC decision	1*
- Certification	0
- Client confidentiality	1
- Clinical and client records	2
- Clinical governance	0
- Communication and consent	0
- Communication between professional colleagues	0
- Conviction	6
- CPD compliance	0
- Delegation to veterinary nurses	0
- Equine pre-purchase examinations	0
- Euthanasia of animals	0
- Giving evidence for court	0
- Health case (<i>potential</i>)	0
- Microchipping	1
- Miscellaneous	0
- Practice information, fees & animal insurance	0
- Performance case (<i>potential</i>)	0
- Recognised veterinary practice	0
- Referrals and second opinions	0
- Registration investigation	0
- Restoration application	0
- Social media and networking forums	0
- Treatment of animals by unqualified persons	0
- Use of samples, images, post-mortems and disposal	0
- Veterinary care	62
- Veterinary medicines	1
- Veterinary teams and leaders	0
- Whistle-blowing	0

- 24-hour emergency first aid and pain relief	4
- Unassigned	0
Total	79

Data source – Profcon computer system concerns data.

Referral to Disciplinary Committee

11. In the period 6 January to 3 March 2023, the Committee has referred 2 cases involving 1 veterinary surgeon to the Disciplinary Committee.

Veterinary Investigators

12. The Chief Investigator and veterinary investigators have undertaken two visits since the last report. One was an announced visit to a veterinary surgeon to view a cross section of their clinical records, at the request of the PIC. The other was at the request of police to assist with searching the premises of an arrestee.

Concerns procedure

13. As Council is aware, the process for the consideration of concerns changed at the beginning of October 2022. Previously, Stage 1 of the process, involved a Case Examiner Group (CEG), which aimed to decide 90% of cases within four months of registration of the complaint (the Stage 1 KPI). In January 2023, that KPI was met in 92% of the cases considered. Since October when the process changed, concerns cases have been considered by a Stage 1 PIC, which is larger than a CEG and considers matters to the realistic prospect test. We do not yet know quite how this will affect the average time taken for cases to be concluded, but are working currently to the previous KPI of four months. In February 2023, the first set of cases under the new process was considered and 81% of those cases closed within four months. We will provide a detailed report of the time taken for cases to conclude to Liaison Committee in May, in order that appropriate KPI targets can be agreed.
14. The Stage 2 KPI is now for the PIC to reach a decision on simple cases before it within seven months, and on complex cases within 12 months. A case is deemed to be complex where the PIC requests that witness statements and/or expert evidence be obtained.
15. In the period 6 January 2023 to 3 March 2023, the PIC reached a decision (to close, hold open or refer to DC) within the relevant KPI in 3 out of 3 simple cases.
16. 2 linked complex cases were decided, of which neither met the 12-month KPI. In accordance with normal practice, these cases (and KPI's in general) are reported and discussed in detail at the PIC/DC Liaison Committee meeting.

Operational matters

17. The new process commenced on 1 October 2022 and is progressing smoothly, with all participants working well and cooperating to address matters thoroughly and without delay.

18. Stage two PIC meetings continue to be held alternately in person or online, an arrangement that seems to suit participants well. Training for the impending Charter Case Committee has been planned for April and we are in the process of organising further more general training for members in the next few months.

Summary	
Meeting	Council
Date	16 March 2023
Title	RVN Preliminary Investigation Committee Report to Council
Summary	This report sets out the work of the Registered Veterinary Nurse (RVN) Preliminary Investigation Committee (PIC)
Decisions required	None
Attachments	None
Authors	<p>Sandra Neary Secretary to the RVN Preliminary Investigation Committee s.neary@rcvs.org.uk / 020 7202 0730</p> <p>Gemma Crossley Head of Professional Conduct g.crossley@rcvs.org.uk / 020 7202 0740</p>

Classifications		
Document	Classification¹	Rationales²
Paper	Unclassified	n/a

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Registered Veterinary Nurses Preliminary Investigation Committee

Report to Council

Introduction

1. Since the last Report to Council, there has been one meeting of the RVN Preliminary Investigation Committee, which took place on 21 February 2023.

RVN Concerns received / registered

2. In the period 6 January to 3 March 2023, there were 6 new Concerns relating to RVNs. Of these 6 new Concerns:
 - All are currently under investigation by a Case Manager, Veterinary Nurse, Veterinary surgeon, and a lay member (Stage 1 Preliminary Investigation Committee)

RVN Preliminary Investigation Committee

3. No new cases have been considered by the RVN PIC between 6 January and 3 March 2023. At the meeting on 21 February, the Committee considered an ongoing case and decided to refer it to the RVN Disciplinary Committee for a formal hearing.

Ongoing Investigations

4. Four concerns are currently under investigation and will be returned to the RVN PIC for a decision in due course.

Health Concerns

5. One RVN is currently being managed in the context of the RCVS Health Protocol.

Performance Concerns

6. There are currently no RVNs being managed in the context of the RCVS Performance Protocol.

Referral to Disciplinary Committee

7. Since the last report, one case has been referred to the RVN Disciplinary Committee. This will be listed for a hearing in due course.

Disciplinary Hearings

8. No Disciplinary hearings relating to RVNs have taken place since the last report.

Operational matters

9. Training for the impending Charter Case Committee has been planned for April and we are in the process of organising further more general training for members in the next few months.

Summary	
Meeting	Council
Date	16 March 2023
Title	Disciplinary Committee Report
Summary	Update of Disciplinary Committee since the last Council meeting on 19 January 2023
Decisions required	None
Attachments	None
Author	Yemisi Yusuph Disciplinary Committee Clerk Tel: 020 7202 0729 Email: y.yusuph@rcvs.org.uk

Classifications		
Document	Classification¹	Rationales²
Paper	Unclassified	n/a

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Report of Disciplinary Committee hearings since the last Council meeting on 19 January 2023

Background

1. Since the last update to Council, the Disciplinary Committee ('the Committee') have met on one occasion.
2. The recruitment process for new Lay and Vet members of the Disciplinary Committee is underway.

Hearings

Simon Hutton

3. The Committee met between Monday 20 February – Friday 24 February 2023, to hear the Inquiry into Simon Hutton.
4. The Inquiry was in relation to the charges against him, namely that, on 12 February 2021, Mr Hutton had attended to Angel the horse at a livery yard in Sheffield. During the course of the examination of the horse, it was alleged that Angel had kicked Mr Hutton with her left hind leg, whereupon, in response, Mr Hutton had kicked Angel in her abdomen.
5. From the outset of the hearing Mr Hutton admitted the facts of the allegation against him. The Committee noted the admission to the facts and noted that there was a dispute between parties as to the exact manner in which the kick had been administered and whether the conduct amounted to disgraceful conduct in a professional respect. Mr Hutton and Angel's owner, Ms A, had both obtained the opinion of experts, which were not in agreement as to whether his conduct amounted to serious professional misconduct.
6. The Committee heard from Mr Gliddon (the College expert) who provided a written report. Mr Gliddon believed if, as Mr Hutton and his counsel stated, the kick was delivered instantaneously and instinctively in response to Angel's kick then Mr Hutton's conduct would fall below, but not far below, the standard expected for veterinary surgeons. Mr Gliddon said in his report that if the Committee preferred Ms A's account, that the kick was not instinctive and instantaneous, then the matter was more serious. He stated that, if Mr Hutton had sufficient opportunity to decide on his course of action, then it was deliberate and would fall far below the standard of conduct expected of a reasonably competent veterinary surgeon.
7. The Committee was provided with written submissions on serious professional misconduct by Ms Greany, counsel for the College. Ms Greany stated that principles 1.1 (*Veterinary surgeons must make animal health and welfare their first consideration when attending to animals*) and 6.5 (*Veterinary surgeons must not engage in any activity or behaviour that would be likely to bring the profession into disrepute or under-mine public confidence in the profession*) of the *Code of Professional Conduct* had been breached. It was submitted that, on the basis that there had been a deliberate decision by Mr Hutton to kick Angel in the abdomen, he had time to consider his actions. The College submitted that deliberately kicking Angel, either as punishment or by way of teaching or training a horse, fell far below the standard expected of veterinary surgeons.

8. In establishing whether there was in fact serious misconduct, the Committee took into account all circumstances and its findings. It determined that this conduct was a single, but serious failure on the part of Mr Hutton and found the facts proved amounted to disgraceful conduct in a professional respect.
9. The full decision on findings of facts and disgraceful conduct can be found here: <https://www.rcvs.org.uk/document-library/hutton-simon-february-2023-rcvs-dc-decision-disgraceful-conduct/>
10. The Committee went to determine what sanction to impose on Mr Hutton. In doing so, the Committee considered the aggravating and mitigating factors of the case, based on findings at the earlier stages of the hearing. The Committee found that there had been a risk of physical and/or mental injury to Angel from Mr Hutton's conduct but accepted that there were a number of mitigating factors.
11. The Committee found that the incident had occurred over a very brief period and that Mr Hutton had not taken proper time to consider his response to Angel's unexpected kick. This was found to be a single isolated incident and the character evidence indicated that otherwise, Mr Hutton was a competent and well-regarded veterinary surgeon. Mr Hutton admitted the kick early on in the proceeding and had issued an early apology, albeit seeking initially to raise some justification for his actions.
12. In light of Mr Hutton's admissions, heartfelt apologies, developing insight and the testimonial evidence, that he is very unlikely to repeat his past misconduct. Furthermore, despite the low risk of repetition, the Committee considered that the nature of the kick, delivered without the consent of the owner, could undermine public confidence in the profession. In conclusion, the Committee considered that it was proportionate to issue a reprimand together with a warning as to Mr Hutton's future conduct. It was determined that this would be proportionate and sufficient to provide adequate protection for animals and maintain public confidence in the profession.
13. The full decision on sanction can be found here: <https://www.rcvs.org.uk/document-library/hutton-simon-february-2023-rcvs-dc-decision-sanction/>

Upcoming DC cases

14. The DC currently have four hearings listed, one of which is a restoration hearing and another a resumed hearing:
 - 9-10 March 2023
 - 20-23 March 2023
 - 27-31 March 2023
 - 24-28 April 2023
15. There are currently two referred hearings, which will be listed shortly.