Science Advisory Panel

Agenda for meeting to be held on Thursday 2 July 2015 at 2.00pm

1.	**Apologies for absence**	
2.	**Declarations of interest**	
3.	**Minutes of meeting held on 3 February 2015**	Paper attached
4.	**Matters arising**	
	a. Safety of commercial pet foods	
	b. Establishment of an ethical review panel	
	c. Microchipping of Puppies	
	d. Operational Board member	
5.	**Feline renal transplants**	Paper attached
6.	**Telemedicine**	Paper attached
7.	**Any other business**	
8.	**Date of next meeting**	
	Tuesday 20 October 2015 at 4.00pm	

Annette Amato
Deputy Head of Veterinary Nursing
June 2015
a.amato@rcvs.org.uk
0207 202 0713

Meeting	Science Advisory Panel meeting
Date	27th January 2015
Title	Minutes of the meeting held on January 2015
Classification	
Summary	Minutes of the Science Advisory Panel Meeting
Decisions required	By the Science Advisory Panel: Approval of minutes By Operational Board: None
Attachments	None
Author	P Dean PA to CEO and President

Science Advisory Panel

Minutes of the meeting held on January 2015

Members:	Professor The Lord Trees	Chairperson
	Professor Elizabeth Simpson	
	Dr. Michael Francis	
	Professor Ewan Cameron	
	Dr. Tim Nuttall (by telephone)	
	Ms. Jacqui Molyneux	
	Ms Andrea Jeffrey (by telephone)	
In attendance:	Dr. Rita Jorge Mrs Peris Dean	

Apologies

1. Apologies were received from Professor Dirk Pfeiffer and Mr. Nick Royle.

Declarations of interest – as per previous meeting

2. Professor The Lord Trees is now a member of the House of Lords' EU Agriculture, Fisheries, Environment and Energy Sub-committee.
3. Dr. Rita Jorge is an employee of RCVS Knowledge, which is due to publish the Journal of Evidence-based Veterinary Practice (JEVP) in 2015, with Elsevier.

Minutes of the last meeting

4. The minutes of the previous meeting were accepted as a true record.

Matters arising

Administrative Support for the Science Advisory Panel

5. Lord Trees welcomed Mrs Peris Dean to the meeting. Mrs Dean will be assisting the Panel with agenda writing and minute taking at meetings.

ACTION: Chair to discuss further support with the CEO

Feline Renal Transplants

6. Any outstanding contact details and questions should be forwarded so that dates can be set for expert witness interviews – a date for the evidence gathering session via Doodle poll still needs to be set.

    a. Dr. David Morton, previously commissioned with the work;
    b. Dr. James Yeates, author of the newly published ethical review
    c. Dr. Natalie Finch, an MRCVS clinician with clinical and research interest in feline kidney disease (currently at Bristol);
    d. Human paediatric transplant surgeons with clinical experience and an academic interest in ethics (contacts to be given to RJ by Prof. Simpson and Prof, Lord Trees);
    e. Dr. Tracy Hill, an American DVM with extensive experience transplanting feline kidneys.

It was agreed that a sub group would be formed of at least 3 people but would invite questions from the whole panel. It was proposed that the sub group be comprised:

a. Lord Trees
b. Liz Simpson
c. Tim Nuttal
d. Michael Francis (possibly)
e. JM also suggested Davina Anderson might be approached

Action The Chair will approach Davina Anderson to ask for her involvement

Safety of Commercial Pet Foods

7. The Chair apologised to the Panel as unfortunately there has not been much progress on this project and letters to international organisations still need to be written.

8. The Chair asked The Panel to continue gathering information on systems monitoring adverse reactions.

ACTION: Chair to write to international organisations

Ethical Review Body for Practitioners

9. The Chair reported that since the panel's previous meeting further developments have become apparent that reinforce the case for the ethical review body proposal:

    - The momentum of the work by RCVS Knowledge to promote evidence based veterinary medicine which needs to be underpinned by well conducted clinical research and hence access to ethical review
    - Prof J Hunter of the BBSRC has suggested that one impediment to the translation of fundamental discoveries in animal health research to field application and deployment is the

difficulty of doing on farm/in clinic research and part of this is the lack of access to ethical review

10. The panel agreed that it was appropriate that the Chair write to the President of RCVS requesting that Ops Board consider establishing an ER panel.

ACTION: Chair to write to RCVS President

Microchipping of Puppies

11. Final minor revisions were needed by Mr Chris Laurence. The Chair/RJ would seek clarification electronically on these points.

ACTION: RJ to contact Chris Laurence

12. The confidential report will be submitted to the Operational Board and to the Standards Committee **When this is approved** the report will be available online as part of SAP meeting papers bundle, which must be public. The author is free to seek publication of the work in peer-reviewed journals once this is done. The RCVS Science Advisory Panel should be acknowledged in the paper.

13. The Chair updated the Panel on the recent changes to the microchipping legislation passed by Parliament.

Grids in Digital Radiography

14. During the last meeting the Panel decided that a recommendation should be forwarded to the Operational Board and to the Practice Standards Group, stating that the report justifies the current PSS requirement for Small Animal GP surgeries to have X-Ray grids available and that PSS to consider extending the requirement for grids to equine practices, unless equine practices are performing exclusively distal limbs radiographs. The letter was sent to Ops Board and the item was placed on the agenda for Practice Standards.

Operational Board Member

15. The invitation to Ops Board still needs to be written.

Action: Chair to write to Ops Board inviting one of its members to attend SAP meetings as an observer

AOB

16. There was discussion about future subjects for investigation.

17. JM communicated to the Panel that the Practice Standards Group is considering reviewing the current requirement that small animal GP practices must provide "a range of intravenous fluids which must include blood volume expanders and crystalloids." (5.5 in the PSS Manual). The inclusion of crystalloids might be an issue to be critically reviewed.

18. The Panel agreed that RJ would perform an exploratory search of the literature to find out if there are any studies on the safety of crystalloids.

Action: RJ to perform exploratory literature search

19. There was a wide ranging discussion about potential new projects and how the panel might solicit them. Members of the panel are invited to submit projects and be encouraged to publicise the panel's work. Other new projects might include homeopathy, low level temperature lasers, bandaging, nutraceuticals

Date of next meeting/s:

Tuesday 2nd June 2015 at 4:00 pm (Note this is a change from the date discussed at the meeting because the 26th May is the day after bank Holiday – please confirm that this is ok)
Tuesday 20th October 2015 at 4:00pm

Author:
P Dean

Meeting	Science Advisory Panel
Date	2 July 2015
Title	Telemedicine
Classification	Unclassified
Summary	Telemedicine is generally understood as the use of electronic communication and information technologies to provide clinical health care remotely or at a distance. In the human healthcare field, some examples include applications and services using video link, smart phones, wireless tools and other forms of telecommunications technology. At its meeting in April, Standards Committee considered the issue of telemedicine. To assist with ongoing discussions, the Committee has asked the Science Advisory Panel to carry out some research on the evidence base on this issue.
Decision required	To provide evidence-based information about telemedicine, to include an assessment of what is currently happening in telemedicine in the veterinary world and in other professions, both in the United Kingdom and worldwide, and what might be possible in the future.
Attachments	Letter from Chairman, RCVS Standards Committee Annex A: • Supporting Guidance chapter 2 – Veterinary Care; • Supporting Guidance Chapter 4 – Veterinary Medicines; • Excerpt from Supporting Guidance Chapter 27 on new technology tests
Authors	Laura McClintock Kate James Professional Conduct Department

Professor The Lord Trees
Chairman
RCVS Science Advisory Panel

Ref: KJ SC Sept 15/Telemedicine
Email: dfcatlow@btconnect.com

10 December 2015

Dear Lord Trees

Telemedicine

The issue of telemedicine was recently considered by the RCVS Standards Committee at its meeting on 29 April 2015.

The background to the consideration of this issue is an increasing number of enquiries to the RCVS from veterinary surgeons wishing to explore the possibility of offering telemedicine services to their clients and how this might be viewed by the RCVS, particularly in terms of professional conduct. This is not an issue explicitly dealt with in the current *Code of Professional Conduct* or the supporting guidance.

In terms of the existing RCVS guidance, on information and advice services the guidance is that specific advice should only be given to the extent appropriate without a physical examination and should not compromise welfare as the animal has not been examined and cannot be monitored. In the context of prescribing the guidance is that veterinary surgeons cannot usually have an animal under their care if there has been no physical examination and consequently an animal should not be treated or prescribed POM-V medicines via the Internet alone (www.rcvs.org.uk/vetmeds).

While the RCVS has previously advised that remote consultations between veterinary professionals are acceptable (e.g. interpretation of radiographs, lab tests etc), the question of whether this should be extended to the public is one that needs careful consideration.

In light of the above, I am writing to you on behalf of the Committee with a request that the Science Advisory Panel look into this issue in order to assist the Committee in its further consideration of the RCVS position on telemedicine and guidance for the profession.

The Committee would like evidence-based information about telemedicine, to include an assessment of what is currently happening in telemedicine in the veterinary world and in other professions, both in the United Kingdom and worldwide, and what might be possible in the future. The Committee noted that genomic testing is an issue emerging from the Vet Futures project and that while the existing guidance on new technology tests does refer to genomic technology, this issue should be considered as part of the ongoing work in relation to telemedicine.

To assist the Panel in its consideration of this request, I enclose the following:

- Supporting Guidance chapter 2 – Veterinary Care;
- Supporting Guidance Chapter 4 – Veterinary Medicines;
- Excerpt from Supporting Guidance Chapter 27 on new technology tests

If the Panel requires any additional information or clarification, please do not hesitate to contact me.

Yours sincerely,

David Catlow
Chairman, RCVS Standards Committee

2. Veterinary care

Updated 25 July 2014

Introduction

2.1 Clients are entitled to have their animals housed in a comfortable environment, monitored and treated by day and night, as appropriate to the animal's condition, by persons with the requisite knowledge and expertise.

2.2 Inevitably, caring for an in-patient is expensive and clients should be made aware of the cost of providing such care. It may be appropriate for an experienced owner to provide nursing care at home.

Treatment

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

2.4 If the owner cannot afford private treatment and may be eligible for charitable assistance, veterinary surgeons should re-direct the animal for further treatment to a charity, where possible, supplying full details of the case in the proper manner.

In-patient care

2.5 Before leaving an animal at a practice, the owner, keeper or carer should be made aware of the level of supervision that will be provided to the animal, particularly the level of supervision during an overnight stay. Different levels of care required arise in differing circumstances.

Continuity of care

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

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

a. the transmission of relevant clinical information

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

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

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

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

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

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

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

Information and advice services

2.12 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.

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

2.14 Specific advice should only be given to the extent appropriate without a physical examination of the animal. The more specific the advice, the more likely that the animal's owner should be advised to consult their own veterinary surgeon, in which case the animal owner should be asked to provide their veterinary surgeon with a copy of that advice.

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

4. Veterinary medicines

Updated 6 March 2015

Introduction

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

Classification of veterinary medicines

4.2 The main authorised veterinary medicines are

a. Prescription-only Medicine – Veterinarian; abbreviated to POM-V;
b. Prescription-only Medicine – Veterinarian, Pharmacist, Suitably Qualified Person (SQP); abbreviated to POM-VPS;
c. Non-Food Animal – Veterinarian, Pharmacist, Suitably Qualified Person; abbreviated to NFA-VPS; and,
d. Authorised Veterinary Medicine – General Sales List; abbreviated to AVM-GSL.

Prescription of veterinary medicines

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

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

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

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

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

4.8 There are five schedules of controlled drugs under the Misuse of Drugs Regulations 2001, each subject to a variety of different controls, including, for example: schedule 1 - possession requires a Home Office licence; schedule 2 - drugs obtained and supplied must be recorded in a register for each drug; schedule 2 and 3 - prescriptions are subject to additional requirements; and, schedule 4 and 5 - drugs are subject to fewer controls. Veterinary surgeons should take extra care when prescribing controlled drugs, to ensure that the medicines are used only for the animals under treatment.

Under his care

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

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

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

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

Clinical assessment

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

Diagnosis

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

Choice of medicinal products

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

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

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

a. a veterinary medicine authorised in the UK for use in another animal species or for a different condition in the same species; or, if there is no such product:
b. either:
   i. a medicine authorised in the UK for human use; or
   ii. in accordance with an import certificate (see the guidance note issued by the Veterinary Medicines Directorate [VMD]), a medicine authorised for veterinary use in another Member State; or, if there is no such product:

c. a medicine prepared extemporaneously by a veterinary surgeon, a pharmacist or a person holding an appropriate manufacturer's authorisation, as prescribed by the veterinary surgeon responsible for treating the animal.

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

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

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

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

The prescribing cascade – food-producing animals

4.21 If there is no medicine authorised in the UK for a condition affecting a food-producing species, the veterinary surgeon responsible for treating the animal(s) may use the cascade options as set out in paragraphs 4.16 above, except that the following additional conditions apply:

a. the treatment in any particular case is restricted to animals on a single holding;
b. any medicine imported from another Member State (option b(ii)) must be authorised for use in a food-producing species in the other Member State;
c. the pharmacologically active substances contained in the medicine must be listed in the table in the Annex to Regulation (EU) No. 37/2010 (this table replaces Annexes I, II or III of Council Regulation (EEC) 2377/90);
d. the veterinary surgeon responsible for prescribing the medicine must specify an appropriate withdrawal period;
e. the veterinary surgeon responsible for prescribing the medicine must keep specified records.

Antimicrobial and anthelmintic resistance

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

Responsibilities associated with the prescription and supply of medicines

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

a. before s/he does so, be satisfied that the person who will use the product is competent to use it safely and intends to use it for a use for which it is authorised;
b. when s/he does so, advise on the safe administration of the veterinary medicinal product;
c. when s/he does so, advise as necessary on any warnings or contra-indications on the label or package leaflet; and
d. not prescribe (or in the case of a NFA-VPS product, supply) more than the minimum quantity required for the treatment.

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

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

Administration

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

Registration of practice premises

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

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

a. from which the veterinary surgeons of a practice provide veterinary services; and/or,
b. advertised or promoted as premises of a veterinary practice; and/or,
c. open to members of the public to bring animals for veterinary treatment and care; and/or,
d. not open to the public, but which are the base from which a veterinary surgeon practises or provides veterinary services to more than one client; and/or,
e. to which medicines are delivered wholesale, on the authority of one or more veterinary surgeons in practice.

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

Storage of medicines

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

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

4.32 Veterinary surgeons should keep a record of premises and other places where they store or keep medicinal products, for example, practice vehicles and homes where medicinal products are

kept for on-call purposes The record should be held at the practice's main 'veterinary practice premises' in accessible form.

Associations with other suppliers of medicines

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

a. the name and qualification (veterinary surgeon, pharmacist or SQP) of any prescriber;
b. the name and qualification (veterinary surgeon, pharmacist or SQP) of the supplier; and,
c. the nature of the duty of care for the animals.

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

Ketamine

4.35 Ketamine may be the subject of misuse and, therefore, should be stored in the controlled drugs cabinet and its use recorded in an informal register.

Suspected adverse events following use of veterinary medicines

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

Obtaining medicines

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

RCVS Practice Standards Scheme and additional information

4.38 The RCVS Practice Standards Scheme manual and the Veterinary Medicines Guidance Notes issued by the VMD (www.vmd.defra.gov.uk) provide additional information on medicines, as well as the British Veterinary Association's *Good Practice Guide on Veterinary Medicines* on responsible use of medicines, and the British Small Animal Veterinary Association's *Guide to the Use of Veterinary Medicines*.

Cytotoxic drugs and COSSH Regulations

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

4.40 Therapies involving cytotoxic drugs are high-risk areas of veterinary practice and it is important for veterinary surgeons to comply fully and properly with the associated health and safety legislation.

This may be difficult in some small animal practices which do not have the resources necessary and veterinary surgeons should consider their resources and abilities before committing to providing therapies using cytotoxic drugs. For some veterinary surgeons and practices, it may be advisable to refer a case to a specialist centre.

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

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

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

4.43 The HSE advise that employers must appoint a 'competent person' to help them meet their health and safety duties (see http://www.hse.gov.uk/competence/what-is-competence.htm.) A competent person is someone who has the necessary skills, experience and knowledge to manage health and safety. Even senior and experienced veterinary surgeons should consider whether they are suitably competent in respect of health and safety and the performance of risk assessments.

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

4.45 Veterinary surgeons should also assess any risk to clients from their pets undergoing therapies which use cytotoxic drugs – both the risk from handling and administering medicines, and the risk from animal excreta/body fluids. All owners of patients undergoing such therapies should be informed of the risks and educated in safe handling of the drugs and in matters relating to hazardous waste management. It is advisable for this information to be provided in writing. (See also paragraph 4.17 regarding written consent for off-licence use and responsibilities associated with the supply of medicines.)

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

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

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

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

New technology tests

27.21 Veterinary surgeons or veterinary nurses involved with the use of tests using genomic or other similar new technology (including proteomic and metabolite technology) within the context of 'recognised veterinary practice', are subject to the same restrictions, safeguards and guidance as those involved with tests using biochemical or other technology, such as:

a. compliance with the Veterinary Surgeons Act 1966, to ensure that , subject to the specified exemptions in the Act and subordinate legislation, only veterinary surgeons practise veterinary surgery;
b. consideration of the RCVS Code of Conduct the interface between the Veterinary Surgeons Act and the Animals (Scientific Procedures) Act 1986;
c. consideration of the published information on the clinical benefits of the test, particularly if the test is new;
d. consideration of the test as predictive or diagnostic;
e. consideration of the specificity and sensitivity of the test;
f. consideration of positive and negative predictive values;
g. consideration of the environmental or other factors when the test relates to a complex condition;
h. publicity is legal, decent, honest and truthful and therefore with no misleading claims;
i. publicity is of a professional nature;
j. consideration of responsibilities to patients and clients, such as informed consent from the client and, if appropriate, informed consent for the use of any excess collected with a sample and not used in the test;
k. appropriate professional guidance and advice when test results are communicated to clients; and,
l. consideration of responsibilities to the general public, including the use of professional status to provide only factual information to the general public about veterinary products and services and the need for cooperation with colleagues and other health care professionals when appropriate.

27.22 The usual safeguards should be applied, as appropriate, even if the genomic or other test provides no diagnosis of disease. For example, such information may be used for breeding purposes or by insurance companies and may have a significant effect on the welfare of the animal or animals tested. Client confidentiality will apply to the results of such tests.