

Summary	
Meeting	Standards Committee
Date	13 November 2023
Title	Standards Committee Minutes
Summary	Minutes of Standards Committee meeting held remotely on Monday 13 November 2023, at 10am.
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Classifications		
Document	Classification¹	Rationales²
Minutes	Unclassified	n/a

1 Classifications 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.

2 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 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

Minutes of the Standards Committee meeting held remotely on Monday 13 November 2023, at 10am

Members:

Linda Belton (Chair)
Claire McLaughlan
Louise Allum
Danny Chambers
Olivia Cook
Will Wilkinson
Derek Bray
Alice McLeish
Tim Walker
Melissa Donald
Matthew Rendle
Sue Paterson

In attendance:

RCVS

Lizzie Lockett	CEO
Eleanor Ferguson	Registrar
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
Lawrence Amadi	Standards and Advice Officer

AI 1 Apologies for absence and declarations of interest

1. No apologies were received.
2. Sue Paterson declared a conflict of interest in relation to AI 2(d) given that she is a listed RCVS Specialist. The Committee noted the conflict of interest and invited Sue Paterson to participate in the decision.

Matters for decision

AI 2 (a) Chapter 23 – cold calling

3. The paper was introduced, and the Committee was invited to discuss and decide whether to re-introduce former guidance in relation to cold calling unamended, or whether to introduce an amended version that better reflects this Committee's aims, specifically in relation to whether to set a standard that considers cold calling unprofessional across the board, as opposed to just when done to individual members of the public.

4. The Committee discussed situations where cold calling occurred on behalf of a veterinary practice, for example, by a pet shop with a business relationship with a veterinary practice in the same building and whether these situations would be covered by the former guidance. It was noted that they would not be as the RCVS' regulatory remit is in relation to the individual veterinary surgeons and veterinary nurses although it was noted that individuals could be held responsible under the guidance for allowing/permitting/encouraging others to cold call on their behalf.
5. The Committee discussed the reference to data protection and asked how this and GDPR more specifically, impacted cold calling. A distinction was drawn between protecting the data of a client (GDPR) and leafleting/making unsolicited approaches to the public which was direct marketing and acceptable under relevant marketing codes, so long as data was sourced lawfully and opt outs complied with.
6. The Committee agreed that because it is lawful to directly market by way of cold calling to a business, including to a farmer, it would be difficult to regulate this and it would also prevent some situations that are common and valuable, for example, a product rep who is also a veterinary surgeon; they would be prevented from making unsolicited approaches to practices to market new products.
7. The Committee agreed that cold calling should be discouraged, and veterinary surgeons and veterinary nurses should be held to a higher standard, however, this should be done using broad language that provides for the necessary flexibility. The Committee agreed to reintroduce the former guidance which it felt met this aim as it provided the necessary flexibility to draw a distinction between a genuine effort to directly and lawfully market to a farmer, and bombarding a farmer, the latter of which would be unprofessional. The Committee asked that the former guidance be reintroduced with reference to data protection being replaced by GDPR (if accurate) and relevant cross-referencing to other areas of the guidance relating to GDPR being added, for reinforcement (if applicable).

Action: Head of Legal Services (Standards)

AI 2 (b) Chapter 28 – social media

8. The paper was introduced, and the Committee was invited to discuss and approve the proposed amendments to Chapter 28 of the supporting guidance.
9. Considering recent online abuse levelled at the RCVS Council and Executive, it was proposed that Chapter 28 of the supporting guidance make specific reference to expectations around comments made about individuals at the RCVS. The impact of the abuse was noted and the sensitivity of being explicit in this respect in Chapter 28 was explored. It was agreed that whilst the RCVS can expect veterinary surgeons and veterinary nurses to engage with and share information with the regulator, the RCVS should have broad shoulders when it comes to online criticism and if any criticism is of a serious and unprofessional nature directed towards individuals, or reaches the threshold of abuse, Chapter 28 is drafted broadly enough for it to be applicable in any event. The Committee agreed not to specifically reference the RCVS in Chapter 28.

10. The Committee explored whether Chapter 28 and Chapter 23 went far enough to empower veterinary surgeons to maintain their clinical freedom if faced with pressure to prescribe certain products by their employer. The Committee agreed that this goes further than Chapter 28 and so should be discussed in further detail at the next meeting.

Action: Standards and Advisory Lead

11. The Committee noted that other healthcare regulators include standards prohibiting personal relationships with clients/patients and observed that neither Chapter 28 nor the remainder of the supporting guidance sets a related standard. The Committee made the following observations:

- a) The line between client and friend in the veterinary profession is often blurred as veterinary surgeons/nurses are typically immersed within their own communities and it is common for clients to add them on social media. The vet/client relationship is also often developed in social settings.
- b) The relationship dynamic between veterinary surgeon/nurse and client is different to the relationship dynamic between doctor and patient, not least because human patients are often treated in various stages of undress but also there is no dynamic within the veterinary profession where chaperones are mandated or required although it was acknowledged that some clients may indeed be vulnerable and at risk of exploitation in other ways.
- c) Relationships in all walks of life can and do occur in professional settings and a balance should be struck between reminding the profession of what is appropriate and the importance of consent, and not restricting the freedom to develop fulfilling personal relationships in ones' own community.

12. The Committee agreed that a complete prohibition on personal relationships, including romantic relationships, between veterinary surgeons/nurses and clients would go too far but agreed that guidance should be introduced to safeguard vulnerable clients including against possible financial exploitation, with any new guidance also exploring conflicts of interest as far as they relate to treating patients of family and friends.

13. The Committee agreed that this matter was broader than Chapter 28 of the supporting guidance and so it should be discussed in detail, including where in the supporting guidance it is best placed, at the next meeting of this Committee.

Action: Standards and Advisory Lead

14. The Committee agreed to the proposed amendments subject to the following:

- a) Reference to "Twitter" being replaced with the new name of the platform, which is X.
- b) Reconsideration of the word "offensive" given how subjective this is.
- c) References to marketing being made broad enough to include marketing via WhatsApp (which is now common) and not just e-mail marketing.

Action: Head of Legal Services (Standards)

AI 2 (c) Diagnosis case studies

15. The Committee made the following comments:

- a) There is an inconsistency between case study one, and case study four in that one of them provides for an RVN to confirm an infection and in the other, no such provision is made. The Committee noted that it was difficult to determine whether the line was that confirmation of an infection is not a diagnosis or whether it is in fact a diagnosis and the line is that an RVN can only confirm an abnormality, which is not equal to an infection.
- b) The Committee agreed that in any event, RVNs should not be indicating either to clients because that may result in complaints being raised by clients who rely on confirmation from the RVN and go ahead and attempt to treat the issue themselves before receiving a formal diagnosis and treatment recommendation from a veterinary surgeon. The Committee also acknowledged that an abnormality could be an infection, but it could also be something else, and that will not be known without a formal diagnosis by a veterinary surgeon.
- c) The Committee agreed that case study two was ambiguous and would benefit from being restructured to start with the legal position, then what can be done in an emergency, and then what can be done in a non-emergency.
- d) The Committee agreed that case study three would benefit from more follow through, i.e., to cover what an RVN can do after triaging and in relation to emergency care, and what the discussions with the directing veterinary surgeon over the telephone might cover.
- e) The Committee agreed that reference to “Nurse-only consultations” should be removed given that RVNs are always working under the direction of a veterinary surgeon.

16. It was noted that the Veterinary Nursing Council’s aim in relation to these case studies, which was whether RVNs could offer thoughts on potential diagnosis to aid a veterinary surgeon in reaching their own diagnosis, had not been met. The Committee agreed as a result to consider whether the aim could instead be met in a more general way.

17. The Committee requested to see amended versions of the case studies at the next meeting at which point it will decide whether publishing them would confuse more than clarify.

Action: Standards and Advice Team

AI 2 (d) Use of Specialist title

18. The Committee was asked for input into three areas, as follows:

- a) *How do we ensure that clients know what options are available to them in terms of the qualifications of veterinary surgeons they are being referred to and the distinctions between the qualifications?*
 - i) The Committee noted that more clarity for the public around the types of qualification would be useful, together with encouraging more of a contextual discussion at the point of referral, to reduce the likelihood of clients making assumptions as to the level of qualification. The Committee proposed that a practice infographic might assist in this respect as even members of the professional do not always know the difference, together with relevant updates to Chapter 1 of the supporting guidance.
- b) *How do we ensure that titles such as 'consultant' or 'referral surgeon' are not used in a misleading way, i.e., various levels of qualifications (MRCVS, specialist, and advanced practitioner) all being called consultants and thus implying they are the same?*
 - i) The Committee agreed that relevant updates to Chapter 1 of the supporting guidance to make clear that this is misleading and should be avoided, would be helpful, especially in relation to 'consultant'.
- c) *Does the Committee wish to take a hard line on the use of the term specialist by those with specialist status overseas?*
 - i) The Committee would like to take a hard line in this respect to protect the RCVS Specialist List given that more specialists are needed and the ones that are on the list are really valued. If overseas specialists can refer to themselves as such when practising in the UK, there would be no incentive to join the RCVS Specialist List and it would be at risk of becoming obsolete. The Committee asked for legal advice to be obtained to check the legality of this position and to find out whether it would include reference to the term 'specialist' only, or whether it would include the use of overseas specialist post nominals.

Action: Head of Legal Services (Standards)

Will Wilkinson left the meeting.

19. The Committee noted two additional matters:

- a) The query that instigated this discussion suggested that there is always a better outcome with a specialist than other certificate holders which the Committee agreed is not always the case. The Committee also acknowledged that there are many reasons why clients may choose not to use a specialist, including convenience, cost and pragmatism. The Committee requested that this is acknowledged in the response to the enquirer.

Action: Head of Legal Services (Standards)

- b) To refer to a practice as a specialist hospital, or specialist service, there must be a specialist in each discipline and if everyone is not a specialist, language such as 'specialist led' should be used. It should also be made clear who is not a specialist. It was agreed that such advice will be provided in this respect by the Standards and Advice Team when letters of non-objection are applied for that include 'specialist' in the company name.

Action: Standards and Advice Team

20. The CEO confirmed that work in this area was being conducted in the Education Team and proposed that a conversation be had with them to join up the work before moving forwards.

Action: Head of Legal Services (Standards)

Matters for discussion

AI 3 (a) FSS update re TROVs

21. The Committee agreed that updates from FSS should be requested in-line with updates from FSA.

Action: Head of Legal Services (Standards)

22. The Committee noted that the English language level 5 requirement has been confirmed to not be working well and proposed that consideration be given to whether at the next update, FSS should be asked to start at level 6.

AI 3 (b) Isle of Man exemption order

23. The Committee noted that the summary of the paper introducing this matter reads, "*This legislation, if passed, would allow non-veterinarians to perform artificial insemination (AI) of mares and cows under certain conditions, aligning the Isle of Man with **the rest of the United Kingdom***" and requested before publication that the text in bold be removed as the IOM is not part of the UK.

24. The Committee noted the paper and did not have any further comments.

Action: Standards and Advisory Lead

AI 3 (c) CD update

25. The Committee was provided with an update about RCVS discussions with the VMD in relation to multiple dispensations/instalment prescriptions for Controlled Drugs. The VMD will share agreed positions shortly and joint communications will be published to offer clarity to the profession.

26. The Committee was informed that the VMD has raised concerns about the requirement of a physical examination when prescribing antiparasitics and an update about the detail of these concerns and a proposed resolution will be provided to this Committee at the next meeting.

27. The Committee asked, once matters are resolved, for a prescribing course to be drafted for the RCVS Academy. It was agreed that this will be added to the Standards and Advice Team's list of courses to be developed.

Action: Standards and Advice Team

AI 3 (d) Under care review

28. The Committee agreed that for sufficient relevant data to be collected and analysed, the review should begin after the guidance has been in place for 12 months as opposed to the review being completed by the end of the 12-month period.

29. The Committee agreed to the following review areas:

- a) The lack of compliance with the 24/7 expectation;
- b) Prescribing controlled drugs and antibiotics routinely without a physical examination and the circumstances not being exceptional;
- c) Overlooking or not carefully considering the factors set out to aid in the decision of whether to include a physical examination in the clinical assessment, when the guidance does not otherwise require one;
- d) The lack of compliance with mutual client expectations, although not an under-care issue, it has become a hot topic and potential area of non-compliance since it was highlighted as an expectation in Chapter 4 of the supporting guidance.

30. The Committee was invited to email any further review areas to focus on and was informed of SAVSNET's new platform, FAVSNET, for farm animals, which can be used alongside VetCompass once the review begins.

31. The Committee asked whether the YouGov system can be used again to track trends and it was agreed that this is likely to be used.

Matters for report

AI 4 (a) Disciplinary Committee Report

32. The report was noted.

AI 4 (b) Riding Establishments Subcommittee Report

33. The report was noted.

AI 4 (c) PSS update

34. The report was noted.

Confidential matters for report

AI 5 (a) Routine Veterinary Practice Subcommittee Report

35. The report was noted.

AI 5 (b) Ethics Review Panel Report

36. The report was noted.

37. The Committee was invited, if interested, to apply for the open position of chair to the Ethics Review Panel, or to recommend the position to colleagues who might be interested. The closing date for applications will be the end of this week.

38. The Committee acknowledged and thanked David Morton for his hard work and dedication to the Ethics Review Panel, ahead of his departure as chair.

AI 5 (c) Certification Subcommittee Report

39. The report was noted.

AI 6 Risk and equality

40. Nothing added.

AI 7 Any other business and date of next meeting

41. It was noted that Thérèse Coffey has resigned from Defra and notification of her replacement is awaited.

42. It was agreed that the next meeting will be on 14 February 2024, will be remote, and will be scheduled for a start time of 9.30am instead of 10am.

Table of actions

Paragraph	Task	Responsibility
7	Update Chapter 23 of the supporting guidance in relation to cold calling.	Head of Legal Services (Standards)
10	Include an AI for the next Committee meeting to discuss how best to maintain clinical freedom in relation to prescribing.	Standards and Advisory Lead

13	Include an AI for the next Committee meeting to discuss how best to safeguard vulnerable clients at risk of exploitation in terms of the freedom to develop personal relationships with clients.	Standards and Advisory Lead
14	Update Chapter 28 of the supporting guidance subject to comments made at paragraph 14 above.	Head of Legal Services (Standards)
17	Amend diagnosis case studies as per comments made at paragraph 15 above and present to Committee at the next meeting.	Standards and Advice Team
18	Obtain legal advice in relation to prohibiting the use of the term specialist.	Head of Legal Services (Standards)
19a)	To acknowledge in response to enquirer that there is no evidence to support that there is a better outcome with a specialist than other certificate holders.	Head of Legal Services (Standards)
19b)	Include instructions in the internal guidance for LONOs on advice to be provided when requests made that include the word 'specialist' in a company name.	Standards and Advice Team
20	Discuss how best to join the recommendations at paragraph 20 with the work being conducted by the Education Team.	Head of Legal Services (Standards)
21	Inform FSS of when the next update is expected.	Action: Head of Legal Services (Standards)
23	Amend summary of paper as per paragraph 23.	Standards and Advisory Lead
27	Prepare an RCVS Academy Course on prescribing.	Standards and Advice Team