

## Standards Committee

### Agenda for the meeting to be held on 11 February 2026 at 09:30

<b>1.</b>	Apologies for absence, declarations of interest. Minutes from the meeting of 03 December 2025	
<b>2.</b>	Matters for decision	
	a. Artificial intelligence guidance – confidential	Paper attached
	b. Chapter 13	Paper attached
<b>3.</b>	Matters for report	
	a. Disciplinary Committee Report	Paper in library
	b. PSS update	Paper attached
<b>4.</b>	Risk and equality	Verbal update
<b>5.</b>	Any other business and date of next meeting on 22 April 2026	Verbal update

## **Standards Committee 2025/2026**

### **Chair**

Dr Olivia Cook MRCVS

### **Vice Chair**

Dr Sinéad Bennett MRCVS

### **Members**

Miss Linda Belton MRCVS (Officer Observer)

Dr Sam Bescoby MRCVS

Dr David Black FRCVS

Professor Derek Bray

Dr Abbie Calow MRCVS

Ms Linda Ford

Professor Christopher Loughrey FRCVS

Mr Matthew Rendle RVN

Mr Tim Walker

### **Terms of reference**

The Standards Committee shall provide advice and guidance on the professional conduct of veterinary surgeons and veterinary nurses, including, but not limited to:

- a. Publishing a Code or Codes of Professional Conduct, subject to the approval of the Council;
- b. Publishing as necessary advice on professional conduct;
- c. Responding to professional conduct issues raised by the RCVS Council, Veterinary Nurses' Council or any committee of the RCVS;
- d. Responding to requests for advice from members of the profession and the public, as agreed by the chair; and,
- e. Overseeing the development of the RCVS Practice Standards Scheme by the Practice Standards Group, making recommendations to Council as appropriate, and considering appeals from the Practice Standards Scheme Review Group.

## Summary

Meeting	Standards Committee
Date	3 December 2025
Title	Standards Committee Minutes
Summary	<p>Minutes of the Standards Committee meeting held in-person and remotely on Wednesday 3 December 2025, at 10am.</p> <p>The Committee's attention is drawn to paragraphs 1-19 of the classified appendix.</p>
Attachments	Classified appendix
Author	<p>Ky Richardson</p> <p>Senior Standards and Advice Officer/Solicitor</p> <p>k.richardson@rcvs.org.uk / 0207 202 0757</p>

## Classifications

Document	Classification <sup>1</sup>	Rationales <sup>2</sup>
Minutes	Unclassified	n/a
Classified appendix	<b>Confidential</b>	1

### **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"> <li>1. To allow the Committee or Council to come to a view itself, before presenting to and/or consulting with others</li> <li>2. To maintain the confidence of another organisation</li> <li>3. To protect commercially sensitive information</li> <li>4. To maintain public confidence in and/or uphold the reputation of the veterinary professions and/or the RCVS</li> </ol>
Private	<ol style="list-style-type: none"> <li>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</li> </ol>

## Minutes of the Standards Committee meeting held in-person on 3 December 2025, at 10am

**Members:**

- Olivia Cook (Chair)
- Sinéad Bennett (Vice Chair)
- Derek Bray
- Linda Ford
- Christopher Loughrey
- Matthew Rendle
- Tim Walker
- David Black
- Sam Bescoby
- Abbie Calow
- Linda Belton (Officer Observer)

**In attendance:**

<b>RCVS</b>	Gemma Kingswell	Head of Legal Services (Standards)
	Beth Jinks	Standards and Advisory Lead
	Ky Richardson	Senior Standards and Advice Officer/Solicitor
	Annelise Samuels	Senior Standards and Advice Officer
	Bri McLachlan	Standards and Advice Administrator

**VetCompass**    Stuart Becker

### AI 1 Apologies for absence, declarations of interest, minutes of the meeting of 22 October 2025

1. Apologies were received from Derek Bray and Matthew Rendle.
2. The minutes of the meeting of 22 October 2025 were agreed by the Committee.

### Matters for discussion

#### AI 2 (a) UCOOH - discussion and Vet Compass presentation – confidential

3. The minutes of this agenda item can be found in the classified appendix at paragraphs 1 – 8.

#### AI 2 (b) Artificial intelligence – confidential

4. The minutes of this agenda item can be found in the classified appendix at paragraphs 9 - 13.

### **AI 2 (c) Revision of Chapter 13**

5. The Committee was thanked for its comments on the proposed changes to Chapter 13 of the supporting guidance provided at its last meeting. A full re-draft of the chapter is now in progress and to inform that work, the Committee was referred to the relevant paper setting out key elements to be included and asked whether anything was missing.
6. The Committee made the following comments:
  - a. Paragraph 2. d., of the paper references retention periods and the use of AI. AI is a wider issue but the guidance on retention periods should be put back in as it is important.
  - b. The current language in the *Code of Professional Conduct*, i.e., clear, detailed, and accurate, may encourage the professions to write more than is required. Outcomes-focused language that empowers the professions to judge what is relevant in each case may be more helpful.
  - c. Guidance on amending clinical and client records and the requirement for an audit trail should be maintained in the new chapter.

### **AI 2 (d) CMA provisional remedies – confidential**

7. The minutes of this agenda item can be found in the classified appendix at paragraphs 14 – 19.

## **Matters for decision**

### **AI 3 (a) Certification Subcommittee – annual review**

8. The Chair of the Certification Subcommittee, Kate Richards, summarised the paper, providing an overview of the work and the proposed structure of the Subcommittee moving forwards. The Committee was asked to approve the proposed structure, with or without comment.
9. The Committee approved the proposed structure and invited consideration of how industry might feed into policy making with the RCVS in the future. The Secretary to the Subcommittee confirmed that due consideration will be given to this.

## **Matters for report**

### **AI 4(a) Disciplinary Committee Report**

10. The report was noted.

### **AI (5) Risk and equality**

11. No new risks were reported.

### **AI 6 Any other business and date of next meeting**

12. The next meeting will be on 11 February 2026 and will be a remote meeting.

Summary	
Meeting	Standards Committee
Date	11 February 2026
Title	Review of Chapter 13 Clinical and client records
Summary	This paper follows on from that submitted in October and December 2025 and seeks approval from the Standards Committee (the 'Committee') on the revised Chapter 13 of the supporting guidance.
Decision required	<p>The Committee is asked to:</p> <ul style="list-style-type: none"><li>a. Consider and approve the proposed amendments to Chapter 13 of the supporting guidance.</li><li>b. Confirm that paragraph 5.8 of Chapter 5 be amended for consistency with the revised paragraph 13.7.</li></ul>
Attachments	<b>Annex A</b> – Revised Chapter 13 of the supporting guidance
Author	<p>Annelise Samuels Senior Standards and Advice Officer <a href="mailto:a.samuels@rcvs.org.uk">a.samuels@rcvs.org.uk</a> / 020 7856 1032</p>



## Classifications

Document	Classification <sup>1</sup>	Rationales <sup>2</sup>
Paper	Unclassified	NA
<b>Annex A</b>	Unclassified	NA

### <sup>1</sup>Classifications explained

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### <sup>2</sup>Classification rationales

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## Background

1. At its meetings in October and December 2025, the Standards Committee ('Committee') considered papers proposing several revisions to [Chapter 13](#) of the supporting guidance to the Code of Professional Conduct ('the Chapter').
2. Following its initial review of the proposed amendments, the Committee advised that a full re-draft of the Chapter was preferable and identified the following key areas that should be considered for the new draft:
  - a. **Definition and scope of the clinical record:** What information forms part of the record.
  - b. **Rules applying to different categories of information:** The difference between client information and personal data held under GDPR, and clinical information relating to the animal and how rules differ for management, access and disclosure of each.
  - c. **Amending the clinical record:** How the amendments should be recorded, the circumstances in which they are appropriate, and the standards of transparency and auditability expected.
  - d. **Professionalism in recorded comments about clients:** A reminder that client records are disclosable. Accordingly, entries must remain factual and professional.
  - e. **Outcomes focused language:** to empower the professions to judge what is appropriate in each scenario instead of a tick-box of what may be required to be recorded.
3. **Annex A** sets out the proposed revised version of Chapter 13. The Committee is invited to give particular consideration to the following matters:
  - a. **Paragraph 13.7:** This paragraph clarifies the position set out in [paragraph 5.8](#) of Chapter 5 ("Communication between professional colleagues"), as it relates to the application of RCVS guidance on providing copies of relevant clinical and client records to a client upon request, and therefore is appropriately included in Chapter 13. If approved, paragraph 5.8 will also require amendment to ensure consistency. Paragraph 5.8 is reproduced below for ease of reference:

*5.8 Historically, veterinary surgeons and veterinary nurses may have acted in good faith in passing on a clinical history to another practice in response to a request without verifying the request with the client directly. The provisions of the GDPR now place significant emphasis on clear and specific statements of consent for the processing of personal data. This would extend to the transfer of personal data from one practice to*

*another. As such, to the extent that the provision of the relevant clinical history will include provision of some of the client's personal data, veterinary surgeons and veterinary nurses should seek the client's express consent to pass on a clinical history to another practice. There is no specific format in which the consent must be obtained but evidence should be kept to show that the client has consented to the sharing of their personal data, when consent was obtained and what information the client was provided with when such consent was obtained. Ideally this evidence would be a signed consent form which states what personal data will be transferred, who it will be transferred to and for what purpose. If consent is given verbally, a note should be made recording that the client was informed as above, and that they gave their consent. If the clinical information is passed on with no personal data, or if the personal data is truly anonymised, the transfer would be outside the scope of the GDPR and therefore no consent would be necessary.*

- b. **Paragraph 13.13:** This paragraph provides guidance to veterinary professionals on what constitutes appropriate client information to be recorded. Examples have been included to illustrate circumstances in which observations may be recorded in the client record, and the Committee is invited to advise whether these examples are sufficient or whether additional examples should be included.

## For decision

- 4. The Committee is asked to:
  - a. Consider and approve the proposed amendments to Chapter 13 of the supporting guidance.
  - b. Confirm that paragraph 5.8 of Chapter 5 be amended for consistency with the revised paragraph 13.7.

## 13 Clinical and client records

13.1 Veterinary surgeons and veterinary nurses must keep clear, accurate and appropriately detailed records.

13.2 **Clinical** records include any information about an animal's health and medical care. This may include details of examination, treatments given, test results and advice given to the client.

13.3 **Client records** include any information that relates to the person or entity engaging the services of the veterinary surgeon.

### *General principles*

13.4 **Clinical** and **client** records should be:

- a. Objective and factual.
- b. Entered contemporaneously, or as soon as reasonably practicable after the event being recorded.
- c. Legible and must be kept secure and confidential, either electronically or in hard copy.
- d. Destroyed in a manner which protects client confidentiality and safeguards against accidental loss or disclosure of content.

13.5 Where a practice intends to cease trading, veterinary surgeons and veterinary nurses should where possible, ensure clients are notified so they have an opportunity to obtain a copy of relevant **clinical** and / or **client** records.

### *Clinical records*

13.6 **Clinical** records should provide a complete and relevant account of the animal's clinical history, sufficient to support continuity of care, including any proposed or ongoing plans for investigation, treatment, or review.

13.7 Veterinary surgeons and veterinary nurses must provide copies of any relevant **clinical** records at the request of a client. They should obtain the client's consent before sharing clinical histories that include personal data with another practice, unless the information is fully anonymised. Where **clinical** records include personal information of previous owners, the records should be anonymised before being provided to the client.

13.8 Relevant **clinical** information should be provided promptly to colleagues taking over responsibility for a case and appropriate documentation should be provided for all referral or re-directed cases.

13.9 **Clinical** records may be amended to correct errors or factual inaccuracies, but there is no obligation to amend matters of clinical judgment or professional opinion solely at

the request of the client. Amendments should not remove or obscure the original entry. Amendments should also be dated, clearly show who made them, and, where possible, be recorded alongside the original entry.

13.10 **Clinical** records should be retained for as long as is necessary, considering:

- a. The terms of professional indemnity insurance policy conditions, which may specify minimum retention periods.
- b. The record keeping obligations for veterinary medicinal products set out in the Veterinary Medicines Regulations. Records relating to the retail receipt or supply (which includes prescribing and administration) of POM-V, POM-VPS and medicines prescribed under the cascade must be kept for 5 years. The Veterinary Medicines Directorate provides [specific guidance on record-keeping requirements for veterinary medicines](#).

#### *Client records*

13.11 **Client records** will likely include personal data that is subject to regulation under the General Data Protection Regulations and the Data Protection Act. Under these data protection laws, clients have the right to:

- a. Provide explicit consent to their [special category data](#) being recorded, such as health information.
- b. Access their personal data contained within **clinical** or **client** records via a [subject access request](#). Note that animal records fall outside the scope of subject access requests.
- c. Request the [rectification of personal data](#) if it is inaccurate or incomplete. For information about rectification of an animal's **clinical** records see paragraph 13.9.
- d. Only have their personal data [stored](#) for as long as is necessary, which generally means for the length of the client relationship, subject to exception.
- e. Request that their personal data be [deleted](#).

13.12 Veterinary surgeons and veterinary nurses should refer to the [Information Commissioner's Office \(ICO\)](#) for detailed information on their responsibilities under these pieces of legislation and be aware that the client has the right to access any personal data recorded about them by the practice.

13.13 Veterinary surgeons and veterinary nurses should avoid recording assumptions or subjective comments about a client. Relevant factual observations may be recorded to inform colleagues for appropriate management of the client relationship, for example, concerns relating to racial discrimination or physical violence against staff.

Summary	
Meeting	Standards Committee
Date	11 Feb 2026
Title	PSS report
Summary	For report only: The attached annex provides information about the discussion and activities discussed at the most recent meetings of the Practice Standards Group.
Decisions required	None
Attachments	Annex A
Author	Sarah Iddon Head of Legal Services - PSS s.iddon@rcvs.org.uk / T +442081485561

Classifications		
Document	Classification <sup>1</sup>	Rationales <sup>2</sup>
Paper	Unclassified	
Annex A	<b>Confidential</b>	1, 2, 4

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