

## Standards Committee

### Agenda for the meeting to be held on 12 February 2025 at 09:30

1.	Apologies for absence, declarations of interest. Minutes from the meeting of 3 December 2024	
2.	Matters for decision	
	a. GEFS – <b>confidential</b>	Paper attached
	b. Reducing CD misuse (trigger warning: suicide) – <b>confidential annexes</b>	Paper attached
	c. RVN Schedule 3 exemption review – <b>confidential</b>	Paper attached
3.	Matters to note	
	a. RVP subcommittee update - <b>confidential</b>	Paper attached
	b. Certification logistics module pilot update (near miss register) – <b>confidential</b>	Paper attached
4.	Matters for report	
	a. Disciplinary Committee Report	Paper in library
	b. PSS report – <b>confidential annexes</b>	Paper attached
5.	Risk and equality	Oral update
6.	Any other business and date of next meeting on 9 April 2025 <ul style="list-style-type: none"> <li>Scheduled guidance updates</li> <li>Update on discussions re AI regulation (LL)</li> </ul>	Oral update

**Standards Committee 2024/2025****Chair:**

Miss Linda Belton BVSc MRCVS

**Vice Chair:**

Dr Olivia Cook MRCVS

**Members:**

Dr Sinéad Bennett MRCVS

Professor Derek Bray

Ms Linda Ford

Professor Christopher Loughrey FRCVS

Dr Alice McLeish MRCVS

Dr Sue Paterson FRCVS

Mr Matthew Rendle RVN

Mr Tim Walker

Dr Will Wilkinson MRCVS

Summary	
Meeting	Standards Committee
Date	3 December 2024
Title	Standards Committee Minutes
Summary	<p>Minutes of Standards Committee meeting held in person and remotely on Tuesday 3 December 2024, at 10:00am</p> <p>The Committee's attention is drawn to paragraphs 1 - 33 of the classified appendix.</p>
Attachments	Classified appendix
Author	<p>Ky Richardson</p> <p>Senior Standards and Advice Officer/Solicitor</p> <p>Secretary to the Certification Sub-Committee</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, 2 and 3

**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 and remotely on Tuesday 3 December 2024

**Members:**

- Linda Belton (Chair)
- Sinéad Bennett
- Derek Bray
- Olivia Cook (Vice Chair)
- Linda Ford
- Alice McLeish
- Christopher Loughrey
- Sue Paterson
- Matthew Rendle
- Tim Walker
- Will Wilkinson

### In attendance:

<b>RCVS</b>	Lizzie Lockett	CEO
	Gemma Kingswell	Head of Legal Services (Standards)
	Beth Jinks	Standards and Advisory Lead
	Stephanie Bruce-Smith	Senior Standards and Advice Officer
	Ky Richardson	Senior Standards and Advice Officer/Solicitor
	Bri McLachlan	Standards and Advice Administrator
	Nicola Menzies Gow	Chair of the Ethics Review Panel
	David Black	Certification Sub-Committee Member and OV

### Defra

Laurentiu Patea	Veterinary Adviser
Joseph De Vere	Defra Aquatic Animal Health Policy Team
Birgit Oidtmann	Defra Aquatic Animal Health Policy Team
Natalie Rodriguez	Head of EU Exports and Trade Facilitation
Anja Parezanin	Veterinary Adviser
Taiba Shaukat	Lead Policy Advisor
Stacy Cannon	Project Manager

### Cefas

Richard Gardiner	Cefas Fish Health Inspectorate
Debbie Murphy	Cefas Fish Health Inspectorate

## AI 1 Apologies for absence, declarations of interest, minutes of the meeting of 23 October 2024

1. This meeting was chaired by Vice-Chair, Olivia Cook, who will be referred to as Chair throughout the remainder of these minutes.
2. Apologies were received from Will Wilkinson.
3. No new declarations of interest were made.
4. The minutes of the meeting of 23 October 2024 were agreed.

### Matters for decision

#### AI 2 (a) Fish Health Inspectors update – confidential

5. The minutes of this agenda item can be found in the classified appendix at paragraphs 1 - 11.

#### AI 2 (b) GEFS – confidential

6. The minutes of this agenda item can be found in the classified appendix at paragraphs 12 - 24.

#### AI 2 (c) Chapter 8 review

7. The Committee was asked to approve the proposed final amendments to Chapter 8 of the supporting guidance relating to euthanasia.
8. The Committee asked if the guidance might be strengthened to help support veterinary surgeons and veterinary nurses who are unfairly criticised or subjected to protest by the public for agreeing to euthanise an animal as per the client's wishes. The Committee sympathised with how challenging this is to members of the profession, however, concluded that the guidance as drafted already sufficiently covers these situations.
9. The Committee therefore unanimously approved the proposed final guidance without any amendments.

*Derek Bray left the meeting*

**Action: Senior Standards and Advice Officer**

#### AI 2 (d) Under care review – confidential

10. The minutes of this agenda item can be found in the classified appendix at paragraphs 25 - 29.

## AI 2 (e) ERP update

11. The secretary to the Ethics Review Panel (ERP) provided the Committee with an overview of the Panel's remit. The Committee was informed that the Panel receives applications from practice based veterinary surgeons and veterinary nurses who would like to conduct research projects and do not have access to an ethics review process. Confirmation that the treatment amounts to routine veterinary practice is sought from the RVP sub-committee in the first instance, after which the Panel conducts its ethics review.
12. The aim of the Panel is to improve the quality of research and evidence-based veterinary medicine. The Committee was informed that in 2024, there has been 133 applications and queries of which 39 resulted in ethics approval. Detailed feedback was provided in relation to the remainder of the applications with a view to assisting with an improved application which can be resubmitted for approval. It has taken the Panel on average 28 days to provide a response for each application.

### *Chair of the ERP joined the meeting*

13. The Chair of ERP was invited to provide further information to the Committee and began by thanking two members of the Standards and Advice team who manage the day-to-day work of the Panel, Victoria Price and Nyero Abboh. The Chair went on to inform the Committee that the Panel is made up of a mixture of veterinary surgeons, veterinary nurses, and lay people to offer a range of opinions. Typically, 3-5 panel members conduct each review depending on complexity of it.
14. The Chair of ERP noted that there is a significant difference in the quality of applications from practice-based members of the profession compared to those who work within research institutions, which may be indicative of the previous experience of research/academic applicants in seeking ethics approval. This highlights how important it is for the ERP to support and assist the profession with the application process itself and in developing robust studies.
15. The Committee thanked the Chair of ERP for her valued contribution and agreed that it is a positive and important facility provided by the College.
16. The Committee asked how many applicants withdraw mid application and when this happens, do applicants explain why? The Chair of ERP confirmed that there has been one withdrawal in 2024, and this was a result of it becoming apparent that the same study had already been conducted. Some are informed quickly that the work does not amount to routine veterinary practice and so therefore cannot continue without modification and two thirds usually re-apply having made improvements.
17. The Chair of ERP did confirm that feedback had been provided suggesting that the application process is onerous, however, it is no different to the application process of

research institutions and so this feedback may be influenced by the applicant's lack of experience in this area.

18. The Committee thanked the Chair and Secretary of ERP for the presentation and for their continued hard work and support of the professions.

*Chair of the ERP left the meeting*

## Matters to note

### AI 3 (a) Certification logistics module pilot update – confidential

19. The minutes of this agenda item can be found in the classified appendix at paragraph 30.

## Matters to discuss

### AI 4 (a) Industrial action – confidential

20. The minutes of this agenda item can be found in the classified appendix at paragraphs 31 - 33.

## Matters for report

### AI 5 (a) Disciplinary Committee Report

21. The report was noted.

### AI 6 Risk and equality

22. The Committee was informed of recent police patrols outside an Essex veterinary practice following reports of death threats and a protest towards staff over the treatment of a dog and a dispute between the dog's owner and a rescue charity.
23. It was acknowledged that the risk is twofold, to the safety of the profession including the mental health of veterinary surgeons and veterinary nurses, and to the College in that advice must be provided but it should be limited to explaining the professional obligations and expectations only.
24. It was agreed that the risk register will be checked to see if a relevant entry covers this risk.

**Action: Head of Legal Services (Standards)**



## AI 7 Any other business and date of next meeting

25. The Committee was informed that the review into what RVNs can do when working independently is currently underway and will hopefully be presented to the Committee at its February 2025 meeting.

26. The Committee was also informed that the Head of Legal Services (Standards) now meets with the VMD and Defra, separately, every month with the aim of improving communication, including being provided with advance notice of matters that might be brought to the Committee in the coming months.

27. The next meeting of this Committee will be 12 February 2025.

## Table of actions

Paragraph	Task	Responsibility
9	Publish amended Chapter 8 of the supporting guidance.	Senior Standards and Advice Office
24	Check the risk register.	Head of Legal Services (Standards)

Summary	
Meeting	Standards Committee
Date	12 February 2024
Title	Reducing misuse of lethal medicines
Summary	<p><b>**Trigger warning – suicide**</b></p> <p>The RCVS has recently responded to two separate ‘prevention of future death’ reports issued following coroner’s inquests in respect of individuals who had taken their own lives using pentobarbital.</p> <p>This paper outlines the relevant issues and aims to open a discussion on what, if anything, more the RCVS can do to reduce misuse of controlled drugs, and in particular lethal medicines.</p>
Decisions required	
Attachments	<p>Annex A – Report to prevent future deaths – Dr J Ellis</p> <p>Annex B – RCVS response in respect of Dr Ellis</p> <p>Annex C - Report to prevent future deaths – Mr E J Y Barnard</p> <p>Annex D – RCVS response in respect of Mr Barnard</p> <p>Annex E – Guidance on maintaining CD registers</p> <p>Annex F – Letter (<b>confidential</b>)</p>
Author	<p>Gemma Kingswell</p> <p>Head of Legal Services (Standards)</p> <p><a href="mailto:g.kingswell@rcvs.org.uk">g.kingswell@rcvs.org.uk</a> / 020 7965 1100</p>

Classifications		
Document	Classification <sup>1</sup>	Rationales <sup>2</sup>
Paper	Unclassified	
Annex A	Unclassified	
Annex B	Unclassified	

Annex C	Unclassified	
Annex D	Unclassified	
Annex E	Unclassified	
Annex F	<b>Confidential</b>	2

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**\*\*Trigger warning – suicide\*\*****Introduction and background**

1. In January 2025, the RCVS responded to two separate 'prevention of future deaths' reports (the reports). This kind of report is issued following a coroner's inquest into a person's death and are addressed to organisations the coroner believes have the power to take action that may prevent further deaths. Organisations issued with these reports must respond within a specific timeframe, setting out the action they will take or explaining why they intend to take no action.
2. Both reports related to people who had tragically taken their own lives using pentobarbital; one individual was a veterinary surgeon and one was a lay person. As such, reports in both matters were sent to RCVS and the Veterinary Medicines Directorate (VMD). The reports together with the RCVS' responses, are attached at **Annexes A-D**. Please note that due to the subject matter, readers may find content of these documents upsetting.
3. As can be seen from **Annexes B and D**, the RCVS suggested a number of areas that it could explore to identify whether additional measures or amendments to guidance could be implemented. The areas are set out in more detail below. The Committee is therefore asked to consider these and decide what, if any, action should be taken.

**Area 1 - Relevant RCVS committees to consider additional Core requirement(s) in the Practice Standards Scheme (PSS) requiring practice-specific suicide prevention plans. The aim being to reduce incidents, and protect staff and the wider public**

4. As the Committee is aware, in line with paragraph 4.3 of the Code of Professional Conduct, veterinary surgeons and veterinary nurses are required to maintain their practices to the equivalent of PSS Core Standards whether or not the practice is part of PSS. At present, PSS Core contains the following requirement:

*16.1.12 The practice takes reasonable care to prevent issues surrounding mental health in the workplace from occurring, and to deal with them appropriately when they do.*

5. As identified in the response at **Annex B**, it is not possible for a 'one size fits all' approach to be taken in respect of suicide prevention. All practices are different and what works for a small animal veterinary hospital may not work for an equine ambulatory practice. As such, it is suggested that the above requirement could be amended as follows, to apply across all species:

*16.1.12 The practice takes reasonable care to prevent issues surrounding mental health in the workplace from occurring, and to deal with them appropriately when they do. **In particular, a practice-specific suicide prevention plan should be implemented to reduce incidents, protect staff and protect the wider public.***

6. In order for this requirement to be meaningful and have the greatest impact, the accompanying guidance notes should give further detail about what is required and signpost to supporting resources. As a starting point, things to consider when devising a suicide prevention plan include:
  - a. Who can access lethal medicines?
  - b. What checks are in place to identify discrepancies?

- c. Are there additional prevention measures that could be implemented? E.g. a 'two-person' access rule, requirement to return CDs to the practice overnight, additional safeguards for euthanasia away from the practice.
  - d. Displaying details of support services in staff areas and wherever CDs are stored.
  - e. Training mental health first aiders. This may not be appropriate for all practices, and the potential effect on the mental health of the first aiders themselves will need to be weighed against the benefit of having them. Where mental health first aiders are trained, practices will need to ensure they are given adequate and ongoing support.
7. In the context of a requirement for veterinary practices and professionals, protection of the wider public may simply translate as controlling access to lethal medicines. It is not suggested, for example, that there should be a requirement for practices to actively support the mental health of their clients. The Committee is of course welcome to explore further ideas in respect of how RCVS guidance could directly and indirectly protect clients of veterinary practices, and the wider public
8. If the Committee is minded to agree to introducing a requirement for a prevention plan, it is further invited to discuss what should be included in the accompanying guidance note. It is also asked to consider whether the prevention plan should be specific to suicide or be extended more widely to self-harm, including drug and alcohol misuse.

**Area 2 - RCVS Standards Committee to review the legislative requirements for schedule 2 CDs and decide what (if any) provisions may be extended to Schedule 3 CDs via RCVS guidance, for example, requirement to record use in the CD register**

9. As the Committee will be aware, the veterinary medicines commonly used in suicides are barbiturates. These are mostly Schedule 3 controlled drugs (CDs) and as such, subject to less restriction than those in Schedule 2. By way of summary, Schedule 2 CDs are generally subject to the following requirements:
- a. Safe custody, i.e. they must be locked away within receptacles meeting specified standards
  - b. Must maintain a CD register (see **Annex E** for details of the requirements)
  - c. Must be destroyed in the presence of, and as directed by, either:
    - i. an inspector appointed under the VMR
    - ii. a vet, independent of the practice where the destruction takes place, or
    - iii. a person legally authorised to witness the destruction of CDs such as a Police CD Liaison Officer (CDLO) <sup>1</sup>
10. The RCVS already goes beyond the legislation and requires that Schedule 3 CDs are locked securely away.
11. The Committee is asked to discuss the impact and practicality of requiring practices to have a register for Schedule 3 barbiturates (note quinalbarbitone, aka Somulose, is Schedule 2 and so must be entered into the CD register in any event). As outlined in the VMD's guidance (see

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<sup>1</sup> Please note slightly different rules apply in Northern Ireland.

**Annex E**, the purpose of a register with a running total is to ensure that irregularities are identified as soon as possible.

12. As regards a requirement for destruction to be witnessed, we understand that practices find it hard to comply with this in respect of their Schedule 2 CDs due difficulty finding willing and able witnesses to assist. As such, extending this requirement to Schedule 3 barbiturates may not be appropriate. However, the Committee is invited to discuss the possibility in any event.

### **Area 3 - RCVS Standards Committee to review the guidance on returning CDs to the practice when off duty**

13. Around the time the two reports were received, the RCVS had sight of a letter in respect of veterinary surgeons storing CDs in vehicles, particularly overnight (see **Confidential Annex F**).
14. The Committee may recall previous discussions regarding quinalbarbitone (a Schedule 2 CD that is expressly excluded from the safe custody provisions that extend to other drugs in this category). These discussions resulted in guidance being introduced in February 2023 requiring that quinalbarbitone be locked away in a manner equivalent to safe custody. This requirement is also reflected in PSS Core standards.
15. During these discussions, the Committee explored the storage of CDs in vehicles overnight. It agreed that the following should be included within the relevant PSS guidance notes (emphasis added):

*Quinalbarbitone is not legally subject to safe custody, but it is a Core requirement that all Schedule 2 drugs are locked away equivalent to safe custody. Drugs may not be destroyed except in the presence of a person authorised by the Secretary of State. Failure to comply with this Act can lead to prosecution.*

*Veterinary surgeons should ensure that Schedule 2 controlled drugs under safe custody in practice vehicles are kept in a locked receptacle which is fixed within the car. If the car cannot be modified in such a way, it may be reasonable to secure the receptacle to a structure in the car, for example, using a metal cable tethered to an anchor point, such as the seat runners or seatbelt post, or bolting the lockable receptacle to the floor of the car. In any case, the receptacle should be kept out of sight. The secure container would ideally be fixed to the frame of the vehicle, but using a secure, lockable glove compartment or a secure container chained to the inside of the vehicle (e.g. passenger seat) would also be acceptable. Examples of secure containers include car safes, laptop safes and lockable cash tins.*

*When transporting Schedule 2 controlled drugs, veterinary surgeons should avoid leaving the secure container unattended. Where this is unavoidable, the vehicle and container should remain locked and the time unattended kept to a minimum. **Wherever possible, controlled drugs should be returned to the controlled drugs cabinet at the practice for storage overnight. Where this is not possible, controlled drugs may be stored in locked vehicle, but they should be inside a locked receptacle secured to the structure of the vehicle and kept out of sight.** For more information, see VMD Guidance Controlled drugs: Veterinary medicines and RCVS guidance on Controlled Drugs.*

16. This guidance therefore makes clear that the default should be that CDs are returned to the practice overnight. When developing this guidance, the Committee's view at the time was that veterinary surgeons may not always be able to return the CDs to the practice and where this was

the case, keeping the CDs locked in the car was preferable to bringing them into the home for a number of reasons.

17. The Committee is therefore asked to review the above guidance note and decide whether any amendments should be made.

**Area 4 - Explore methods of communicating the legal and regulatory requirements relating to lethal medicines to the profession (e.g. via RCVS Academy), including signposting to advisory/support services**

18. Work is underway in this area. Planning has begun in respect of an Academy course outlining the obligations in respect of prescribing, dispensing and storing CDs. The Committee will be kept updated as to its progress.
19. We are also considering a wider communications piece on the health protocol, professional conduct information support service and other protective actions taken by the RCVS to reduce stress on veterinary surgeons and veterinary nurses going through the concerns process. This is in addition to the planned work to reflect and build on our [2016 review of the impact of the RCVS process on the mental health of practitioners](#).

**Area 5 - Continue to engage with the Home Office in respect of implementing additional safeguards for controlled drugs used for euthanasia in veterinary medicine**

20. Due to changes in staffing, the RCVS' regular tripartite meetings with the HO and VMD have been suspended. However, we understand that a new representative from the HO has been appointed, and we expect the meetings to resume in the coming months. We will prioritise the inclusion of this matter in the agenda for any upcoming meetings.

**Decisions required**

21. The Committee is therefore asked to consider this paper together with the Annexes and decide:
  - a. Whether to add a requirement to PSS Core standards for practices to implement suicide prevention plans (see paragraphs 4-8, above), and if so,
    - i. What the relevant guidance notes should cover (see paragraph 6, above)
    - ii. What 'protection of the wider public' means in this context (see para 7, above)
    - iii. Whether the prevention plan should extend more widely to self-harm prevention, including drug and alcohol misuse (see paragraph 8, above)
  - b. Whether any of the additional measures required for Schedule 2 CDs should be extended to Schedule 3 barbiturates (see paragraphs 9-12, above)
  - c. Whether the current guidance note in respect of storing CDs in vehicles overnight should be amended (see paragraphs 13-17, above).
  - d. Whether there are any other measures that could be implemented into the supporting guidance or PSS Core standards that might reduce misuse of lethal medicines.



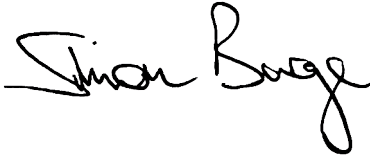
## Regulation 28: REPORT TO PREVENT FUTURE DEATHS

NOTE: This form is to be used **after** an inquest.

	<b>REGULATION 28 REPORT TO PREVENT DEATHS</b>  <b>THIS REPORT IS BEING SENT TO:</b>  <b>1</b> Royal College of Veterinary Surgeons <b>2</b> Veterinary Medicines Directorate
<b>1</b>	<b>CORONER</b>  I am Simon BURGE, Assistant Coroner for the coroner area of Hampshire, Portsmouth and Southampton
<b>2</b>	<b>CORONER'S LEGAL POWERS</b>  I make this report under paragraph 7, Schedule 5, of the Coroners and Justice Act 2009 and regulations 28 and 29 of the Coroners (Investigations) Regulations 2013.
<b>3</b>	<b>INVESTIGATION and INQUEST</b>  On 11 November 2022 I commenced an investigation into the death of John Robert ELLIS aged 35. The investigation concluded at the end of the inquest on 13 November 2024. The conclusion of the inquest was that:  The deceased was a highly regarded young veterinary surgeon, who was experiencing difficulties in some of his personal relationships, as well as financial worries and considerable stress as a result of having recently changed jobs. On Sunday 06/11/22, he used an intravenous line to self-administer a toxic quantity of pentobarbital, which he had procured by falsely representing to his former employers that he needed it in order to euthanise a large dog. He was able to access the drug, which he knew to be dangerous, without being challenged as to its purpose. He intended to take his own life and was found deceased in the shower cubicle at 51, Willis Way, Kingsworthy, Winchester, SO23 7QT shortly before midnight.
<b>4</b>	<b>CIRCUMSTANCES OF THE DEATH</b>  The deceased was a highly regarded young veterinary surgeon, who was experiencing difficulties in some of his personal relationships, as well as financial worries and considerable stress as a result of having recently changed jobs. On Sunday 06/11/22, he used an intravenous line to self-administer a toxic quantity of pentobarbital, which he had procured by falsely representing to his former employers that he needed it in order to euthanise a large dog. He was able to access the drug, which he knew to be dangerous, without being challenged as to its purpose. He intended to take his own life and was found deceased in the shower cubicle at 51, Willis Way, Kingsworthy, Winchester, SO23 7QT shortly before midnight.
<b>5</b>	<b>CORONER'S CONCERNS</b>  During the course of the investigation my inquiries revealed matters giving rise to concern. In my opinion there is a risk that future deaths could occur unless action is taken. In the circumstances it is my statutory duty to report to you.  The <b>MATTERS OF CONCERN</b> are as follows: (brief summary of matters of concern)





	<p>Veterinary surgeons, such as the deceased, are able to easily access potentially lethal drugs, such as pentobarbital (which is a Schedule 3 Controlled Drug) without any adequate controls being put in place to prevent their mis-use. The deceased in this case was able to invent a story to the effect that he needed the drug in order to carry out a home visit, the purported purpose of which was to euthanise a large dog. He was given 50ml of pentobarbital by his former employers, without any checks having first been made to verify his account of why it was needed and without scrutiny by another veterinary surgeon. He was allowed to walk out of the veterinary surgery unaccompanied, with the drug, which he then used to take his own life by means of an intravenous drip.</p>
<b>6</b>	<p><b>ACTION SHOULD BE TAKEN</b></p> <p>In my opinion action should be taken to prevent future deaths and I believe you (and/or your organisation) have the power to take such action.</p>
<b>7</b>	<p><b>YOUR RESPONSE</b></p> <p>You are under a duty to respond to this report within 56 days of the date of this report, namely by January 09, 2025. I, the coroner, may extend the period.</p> <p>Your response must contain details of action taken or proposed to be taken, setting out the timetable for action. Otherwise you must explain why no action is proposed.</p>
<b>8</b>	<p><b>COPIES and PUBLICATION</b></p> <p>I have sent a copy of my report to the Chief Coroner and to the following Interested Persons</p> <p><b>Tina ELLIS</b> <b>David ELLIS</b> <b>Sarah ELLIS</b> <b>Ashley ANDREWS</b> <b>Alex MACDONALD</b></p> <p>I am also under a duty to send a copy of your response to the Chief Coroner and all interested persons who in my opinion should receive it.</p> <p>I may also send a copy of your response to any person who I believe may find it useful or of interest.</p> <p>The Chief Coroner may publish either or both in a complete or redacted or summary form. He may send a copy of this report to any person who he believes may find it useful or of interest.</p> <p>You may make representations to me, the coroner, at the time of your response about the release or the publication of your response by the Chief Coroner.</p>
<b>9</b>	<p><b>Dated: 14/11/2024</b></p> <p></p> <p><b>Simon BURGE</b> <b>Assistant Coroner for</b> <b>Hampshire, Portsmouth and Southampton</b></p>



## RCVS response to Coroner's Regulation 28 report in respect of John Robert Ellis

### Introduction

1. Firstly, we wish to express our deep sadness having read the tragic circumstances of Dr Ellis' death. In addition to the great personal loss to his family and friends who held him in such high regard, it is clear from the evidence given at the inquest that Dr Ellis was a talented vet who had a bright future and a great deal to contribute to animal health and welfare.
2. Whilst the RCVS had been informed of Dr Ellis' death, we were unaware of the circumstances until the Regulation 28 report ('the report') was received. As you know, the RCVS was not called to give evidence at the inquiry nor were we invited to attend. As such, we base our below response on the report and the recording of the inquiry that has been provided to us.
3. We wish to thank the Assistant Coroner for highlighting the issues in this case relevant to the veterinary profession and for the opportunity to provide the following comments and information.

### Background

4. Before moving on to the specific issues raised regarding veterinary medicines, it may be of assistance to set out some background. Research suggests that suicidal ideation is not higher in the veterinary profession as compared to the general population, however, we recognise that the likelihood of completion is increased due to knowledge of, and access to, lethal means. As such, reducing instances of suicide in the veterinary profession has been an area of focus in many aspects of our work in recent years.
5. The RCVS takes supporting mental health within the profession very seriously, and, as well as taking steps to be a compassionate regulator and minimise the impact of our complaints process on veterinary practitioners, we have also run the Mind Matters Initiative (MMI) for the last ten years. MMI aims to support the mental health and wellbeing of all members of the veterinary team, by supporting systemic change, and the research needed to underpin it, as well as providing training and resources to protect mental health and help veterinary team members to thrive.
6. We also financially support the independent organisations Vetlife and Vet Support, who offer confidential support to individuals in need. In addition, we provide free or heavily subsidised training in Mental Health First Aid and civility, and more is planned for the coming year. Furthermore, we spend a significant amount of time at universities, colleges and veterinary conferences to help normalise and destigmatise accessing mental health and wellbeing support. At an international level, senior leaders engage with overseas bodies and regulators on an ongoing basis to share best practice and latest insights, and to further promote accessing of mental health support.
7. Our RCVS Academy, in conjunction with our MMI and Leadership & Inclusion workstreams, has a variety of free-to-access training. Many of these courses promote a healthy and positive culture within practice, especially looking at leadership and management and unconscious bias, as these skills generate psychological safety within the workplace.
8. In the last year we have undertaken a survey of veterinary students and qualified veterinary professionals to look at disability, chronic illness, neurodiversity and mental health. This is a groundbreaking study that will inform future policies and activities, as well as serving as a learning opportunity for leaders to consider the needs of their employees given the prevalence of these conditions within the professions.

## RCVS Practice Standards Scheme

9. Our Practice Standards Scheme (PSS) is a voluntary initiative to promote and maintain the highest standards of veterinary care. Whilst membership of the PSS is voluntary, around 66% of eligible UK practices are part of it. There are three different levels of accreditation a practice premises can apply for, depending on the type of premises, services offered, and species treated. Core level (the most basic level) covers RCVS Code of Professional Conduct requirements and legislation, and is applicable to all practices whether or not they are part of PSS. The following requirement is included at Core, and practices are required to evidence this as part of their PSS assessment:

*16.1.12 The practice takes reasonable care to prevent issues surrounding mental health in the workplace from occurring, and to deal with them appropriately when they do.*

10. At General practice level we have a further two requirements, however, please note that only practices at GP level (the middle tier of PSS) and above are required to comply:

*16.2.7 Line managers should have clear guidance on how to deal with mental health issues in the workplace.*

*16.2.10 The practice displays information and resources on mental health and wellbeing e.g. Samaritans, Mind Matters, Vetlife.*

## Veterinary medicines

10. Regarding veterinary medicines, it should be noted that many of the requirements around controlled drugs are set out in the Misuse of Drugs Act 1971, the Misuse of Drugs Regulations 2001 and the Misuse of Drugs (Safe Custody) Regulations 1973. As you will know, the Home Office is the relevant government department with responsibility for this legislation.
11. In light of the known risk factors, the RCVS consistently goes beyond what is required by legislation with the aim of reducing misuse of drugs, including controlled drugs. For example, although quinalbarbitone (aka Somulose) is a schedule 2 controlled drug (CD), it is exempted from the safe custody in the legislation. In February 2023, we issued guidance requiring that veterinary surgeons and veterinary nurses lock quinalbarbitone away in a manner equivalent to 'safe custody', i.e. specific requirements for safe storage of certain CDs as set out in the regulations cited above. Similarly, the barbiturates (including pentobarbital) are schedule 3 CDs and as such, not subject to safe custody under the relevant legislation. Again, in 2021 we issued guidance requiring veterinary surgeons and veterinary nurses to securely lock them away.
12. In addition, we advise that, wherever possible, controlled drugs should be returned to the controlled drugs cabinet at the practice for storage overnight. (See [Practice Standards Scheme standards](#), 10.1.12 (small animal), 8.1.12 (farm animal), 9.1.12 (equine)).
13. As well as the ongoing work by the RCVS, the profession itself is also working to reduce instances of suicide. Innovations such as Euthasafe, a storage box requiring two-factor authentication and additional information to be provided before allowing access to the lethal medicines inside, is one such example.
14. As you will appreciate, access to and knowledge of how to use lethal medicines is a necessary part of a veterinary surgeon's role. As such, in terms of barriers to access, there is a balance to be struck between keeping the veterinary team safe and ensuring animal health and welfare is protected. For example, one suggestion has been that the RCVS should

require two veterinary surgeons to be involved whenever euthanasia drugs are accessed. We recognise that this may work for some practices and species areas, and we note it is one of the measures put in place by Animed following Dr Ellis' death. However, for ambulatory practitioners and those on call overnight in rural areas, a two-person rule is largely impractical and would likely be detrimental to animal welfare. In light of this, we believe an individualised approach that works for each specific practice is key, as opposed to a single set of guidance with general application.

### This inquiry

15. Moving to this specific case, whilst recognising the unique personal and professional relationships involved, it is commendable that Animed has recognised that its processes fell short and has taken steps to remedy this. As you may be aware, supply of veterinary medicines is tightly controlled under the [Veterinary Medicines Regulations 2013 \(as amended\)](#) (VMR) and the Veterinary Medicines Directorate (VMD) gives guidance on how those regulations should be applied. The following points are relevant in this case:
  - a. Only a holder of a manufacturing authorisation or a wholesale dealer's authorisation granted by the Secretary of State may supply veterinary medicinal products wholesale, or be in possession of it for that purpose
  - b. Wholesalers may only deliver veterinary medicinal products to registered premises
  - c. Prescription-only veterinary medicines (POM-Vs) – which includes controlled drugs of all schedules – may only be supplied by a veterinary practice (or a pharmacist) in accordance with a prescription from a veterinary surgeon (although the VMR does allow *practices* to supply other *practices* with medicines 'for the purpose of alleviating a temporary supply shortage that could be detrimental to animal welfare').
  - d. Veterinary prescriptions can be oral or written, however the [VMD advises](#) that:
 

*'A written prescription is required when a prescription product is supplied by an RQP [Registered Qualified Person, e.g. a veterinary surgeon] working from a different business or premises from where the product was initially prescribed.'*
  - e. According to the VMR, a written prescription must contain specific information including the animal the medicine has been prescribed for and the owner's details.
16. In view of the above, and as has already been acknowledged by Animed, in this case the medicine should not have been supplied to Dr Ellis (as a non-employee) without a written prescription.

### Proposed actions and timetable

17. As required by the report, we have reviewed the existing measures in place to prevent future deaths and assessed what more could be done. Following this review, the actions set out in the table below have been agreed.

	Action	Date
1	Relevant RCVS committees to consider additional Core requirement(s) in PSS requiring practices to have individualised suicide prevention plans. The aim being to reduce incidents, and protect staff and the wider public.	February 2025

2	RCVS Standards Committee to review the legislative requirements for schedule 2 CDs and decide what (if any) provisions may be extended to schedule 3 CDs via RCVS guidance, for example, requirement to record use in the CD register.	February 2025
3	RCVS Standards Committee to review the guidance on returning CDs to the practice when off duty.	February 2025
4	Explore methods of communicating the legal and regulatory requirements relating to lethal medicines to the profession (e.g. via RCVS Academy), including signposting to advisory/support services.	Spring 2025
5	Continue to engage with the Home Office in respect of implementing additional safeguards for controlled drugs used for euthanasia in veterinary medicine.	Ongoing


## REGULATION 28: REPORT TO PREVENT FUTURE DEATHS (1)

NOTE: This form is to be used **after** an inquest.

	<b>REGULATION 28 REPORT TO PREVENT FUTURE DEATHS</b>  <b>THIS REPORT IS BEING SENT TO:</b>  <ol style="list-style-type: none"><li>1. The Chief Medical Officer VMD, The Veterinary Medicines Directorate, Veterinary Medicines Directorate, Woodham Lane, New Haw, Addlestone, Surrey, KT15 3LS</li><li>2. The Chief Executive Officer, Royal College of Veterinary Surgeons, Royal College of Veterinary Surgeons, 3 Waterhouse Square, 138-142 Holborn, London EC1N 2SW</li><li>3. The Chief Coroner for England and Wales, Chief Coroner's Office, Room C09, Royal Courts of Justice, Strand, London, WC2A 2LL</li></ol>
1	<b>CORONER</b>  I am Christopher Williams an Assistant Coroner, for the Coroner Area of Inner London South (Southwark Coroners Court).
2	<b>CORONER'S LEGAL POWERS</b>  I make this report under paragraph 7, Schedule 5, of the Coroners and Justice Act 2009 and Regulations 28 and 29 of the Coroners (Investigations) Regulations 2013.
3	<b>INVESTIGATION and INQUEST</b>  On the 22/1/2024 an investigation commenced into the death of <b>Edward John Youde Barnard</b> born 23/3/1994 and died on 9/1/2024  The investigation concluded at the end of the inquest on 15 November 2024. The medical cause of death was:  <i>1(a) Fatal pentobarbital overdose</i>  <i>II</i>  My Conclusion as to the death, section 4 Record of Inquest, was " <i>Suicide</i> "
4	<b>CIRCUMSTANCES OF THE DEATH</b>  On the 8/1/2024 Edward checked into a hotel and on the following morning he was found deceased in his room by a staff member. The ambulance and police services attended, and it was determined that there were no suspicious circumstances. A note was found in the room from Edward to the hotel staff, which stated:  <i>"Please call 999 and report as suicide. I'm sorry I ruined your day."</i>  A postmortem examination and toxicological analysis concluded that the death was caused by a 'Fatal pentobarbital overdose'.  Edward had a history of anxiety and depression and had attended Cognitive Behaviour Therapy counselling in 2018 he also had a heart defect which was operated in 2021 which had a detrimental effect on his mental well-being.

	<p>I concluded that he took the pentobarbital, with the clear intention of ending his life, after he checked into the hotel room.</p> <p>The toxicology report recorded a pentobarbital blood level of 70.3 ug/ml and noted the fatal level was 10.0 ug/ml.</p> <p>The toxicology report went on to state that pentobarbital was a short acting barbiturate used in the UK only as an anaesthetic agent in <i>Veterinary Medicine</i>.</p>
5	<p><b><u>CORONER'S CONCERNS</u></b></p> <p>From the evidence I received, at the inquest, there are matters giving rise to concern. In my opinion there is a risk that future deaths could occur unless action is taken. In the circumstances it is my statutory duty to report to you.</p> <p>The <b>MATTERS OF CONCERN</b> are as follows. –</p> <p>On completion of the inquest, I was concerned that Edward, a vulnerable young adult, managed to come into possession of pentobarbital, a substance which I understand from the Toxicology report, is only licensed for use on animals by qualified veterinary professionals. I infer from the Toxicology evidence and the fact that Edward was not a veterinary professional that he must have obtained the substance from an illicit source. I am concerned that if I do not make a report a potential emerging risk to life may slip past public attention unnoticed.</p> <p>I therefore make this report to the <b>Veterinary Medicines Directorate</b>, whom I understand is the organisation responsible for licensing pentobarbital, so that the Directorate is aware that the drug has been used for a suicidal purpose and to enable the organisation to examine any available preventive measures to reduce the risk of this suicide method occurring in future.</p> <p>I am also reporting this fatal incident to the <b>Royal Society of Veterinary Surgeons</b> to share the information with its members and to ensure that those to whom the drug is licensed are made fully aware of its potential to be used in the completion of suicide by humans. I also make the report to the Royal Society to take any available preventive measures to reduce the risk of this suicide method in future.</p>
6	<p><b>ACTION SHOULD BE TAKEN</b></p> <p>In my opinion action should be taken to prevent future deaths and I believe your organisations have the power to take such action.</p>
7	<p><b>YOUR RESPONSE</b></p> <p>You are under a duty to respond to this report within 56 days of the date of this report, namely by the <b>16<sup>th</sup> January 2025</b>. I, the coroner, may extend the period on request.</p> <p>Your responses must contain details of action taken, or proposed to be taken, setting out the timetable for action. Otherwise, you must explain why no action is proposed.</p>
8	<p><b>COPIES and PUBLICATION</b></p> <p>I have sent a copy of my report to the Chief Coroner and to the following Interested Persons who may find it useful or of interest:</p> <ul style="list-style-type: none"> <li>- The family of Edward John Youde Barnard</li> </ul> <p>I am also under a duty to send the Chief Coroner a copy of your response.</p>



	<p>The Chief Coroner may publish either or both in a complete or redacted or summary form. She may send a copy of this report to any person who she believes may find it useful or of interest. You may make representations to me, the coroner, at the time of your response, about the release or the publication of your response by the Chief Coroner.</p>	
9	<p><b>Dated:</b></p> <p><b>21st November 2024</b></p>	<p><b>Signed:</b></p>  <p><b>Christopher Williams</b></p>

# RCVS response to Coroner's Regulation 28 report in respect of Edward John Youde Barnard

## Introduction

1. Firstly, having read about the tragic circumstances of his death, we wish to express our deep condolences to Mr Barnard's family and friends at what must be a very difficult time.
2. Prior to receiving the Regulation 28 report ('the report'), we were unaware of Mr Barnard's death or his use of pentobarbital. As you know, the RCVS was not called to give evidence at the inquiry nor were we invited to attend. Furthermore, we have not had access to a transcript or recording of the proceedings. As such, our below response is based solely on the report.
3. We wish to thank the Assistant Coroner for highlighting the issues in this case relevant to the veterinary profession and for the opportunity to provide the following comments and information.

## Background

4. Before moving on to the specific issues raised regarding veterinary medicines, it may be of assistance to set out some background. Whilst research suggests that suicidal ideation is not higher in the veterinary profession as compared to the general population, the likelihood of completion is higher due to knowledge of, and access to, lethal means. Prevention and reduction of suicide in the veterinary professions has therefore been an area of focus in many aspects of our work in recent years, and naturally increased safeguards around veterinary medicines used for euthanasia have been a key part of this work. As such, whilst Mr Barnard was not a veterinary surgeon or veterinary nurse himself, we believe our ongoing work is relevant to the issues raised in this inquiry.

## Veterinary medicines

5. It should be noted that many of the requirements around controlled drugs (CDs), regardless of whether they are licensed for human or veterinary use, are set out in the Misuse of Drugs Act 1971, the Misuse of Drugs Regulations 2001 and the Misuse of Drugs (Safe Custody) Regulations 1973. As you will know, the Home Office is the relevant government department with responsibility for this legislation.
6. From the information we have, it is unclear how Mr Barnard obtained the pentobarbital used to end his life and so we are unable to comment on the specifics of this case. However, the following information outlines some of the relevant guidance in respect of veterinary medicines, and specifically in relation to CDs.
7. In light of the known risk factors, the RCVS consistently goes beyond what is required by legislation with the aim of reducing misuse of drugs, including CDs. For example, although quinalbarbitone (aka Somulose) is a schedule 2 controlled drug (CD), it is exempted from 'safe custody' (specific requirements for safe storage of certain CDs) in the legislation despite the risk it poses to human life if misused. In February 2023, we therefore issued guidance requiring that veterinary surgeons and veterinary nurses lock quinalbarbitone away in a manner equivalent to 'safe custody'. Similarly, the barbiturates (including pentobarbital) are schedule 3 CDs and as such, not subject to safe custody under the relevant legislation. Again, in 2021 we issued guidance requiring veterinary surgeons and veterinary nurses to securely lock them away.

8. In addition, we advise that, wherever possible, CDs should be returned to the CD cabinet at the practice for storage overnight. (See [Practice Standards Scheme standards](#), 10.1.12 (small animal), 8.1.12 (farm animal), 9.1.12 (equine)). As well as restricting access by veterinary surgeons when they are not on duty, this guidance aims to reduce the risk of drugs being stolen from vehicles and entering the illegal market.
9. As you may be aware, sale and supply of veterinary medicines is tightly controlled under the Veterinary Medicines Regulations 2013 (as amended) (VMR), and the Veterinary Medicines Directorate (VMD) gives guidance on how those regulations should be applied. The following non-exhaustive list is demonstrative of the restrictions in place:
  - a. Only a holder of a manufacturing authorisation or a wholesale dealer's authorisation granted by the Secretary of State may supply veterinary medicinal products wholesale, or be in possession of it for that purpose.
  - b. Wholesalers may only deliver veterinary medicinal products to registered premises.
  - c. Prescription-only veterinary medicines (POM-Vs) – which includes CDs of all schedules - may only be supplied by a veterinary practice (or a pharmacist) in accordance with a prescription from a veterinary surgeon (although the VMR does allow *practices* to supply other *practices* with medicines 'for the purpose of alleviating a temporary supply shortage that could be detrimental to animal welfare').
10. In addition to the requirements set out by the RCVS and VMD, the veterinary profession itself is also working to reduce use of veterinary medicines in suicide. Innovations such as Euthasafe, a storage box requiring two-factor authentication and additional information to be provided before allowing access to the lethal medicines inside, is one such example.

#### **Proposed actions and timetable**

11. As required by the report, we have reviewed the existing measures in place to prevent future deaths and assessed what more could be done. We also note the Assistant Coroner's comment as follows:

*'I am also reporting this fatal incident to the Royal Society of Veterinary Surgeons [sic] to share the information with its members and to ensure that those to whom the drug is licensed are made fully aware of its potential to be used in the completion of suicide by humans. I also make the report to the Royal Society [sic] to take any available preventive measures to reduce the risk of this suicide method in future.'*

12. In light of the above, the actions set out in the table below have been agreed.

	<b>Action</b>	<b>Date</b>
1	Relevant RCVS committees to consider additional Core requirement(s) in the RCVS Practice Standards Scheme for practices to have individualised suicide prevention plans. The aim being to prevent incidents and protect staff and the wider public.	February 2025
2	RCVS Standards Committee to review the legislative requirements for schedule 2 CDs and decide what (if any) provisions may be extended to schedule 3 CDs via RCVS guidance, for example, requirement to record use in the CD register.	February 2025

	<b>Action</b>	<b>Date</b>
3	RCVS Standards Committee to review the guidance on returning CDs to the practice when off duty.	February 2025
4	Explore methods of communicating the legal and regulatory requirements relating to lethal medicines to the profession (e.g. via RCVS Academy, the RCVS online continuing professional development portal), including signposting to advisory/support services.	Spring 2025
5	Continue to engage with the Home Office in respect of implementing additional safeguards for controlled drugs used for euthanasia in veterinary medicine.	Ongoing

## Extract from RCVS Controlled Drugs Guidance – A-Z

### *Registers and record keeping*

*Any person who purchases or supplies any product containing a Schedule 2 CD must maintain a controlled drugs register (CDR).*

*CDRs must:*

- *Be a computerised system (not including a practice management system) or a bound book (which do not include any form of loose-leaf register or card index).*
- *Be separated into each class of drug.*
- *Have a separate page for each strength and form of drug, with this information included at the head of each page.*
- *Have the entries in chronological order and made on the day of the transaction or, if not reasonably practical, the next day.*
- *Have the entries made in ink or in a computerised form in which every entry can be audited.*
- *Not have cancellations, obliterations, or alterations.*
- *Corrections must be made by a signed and dated entry in the margin or at the bottom of the page. This author should bracket the mistake and make a footnote detailing the mistake. The running balance should then be corrected as necessary.*
- *Be kept at the premises to which they relate and be available for inspection at any time. A separate register must be kept for each set of premises, and for each cabinet within those premises.*
- *Not be used for any other purpose.*
- *Be kept for a minimum of two years after the date of the last entry.*

*A computerised register must not be alterable, must be auditable, printable, and an appropriate back-up must be kept. A practice management system is not considered a sufficient computerised CDR unless it complies with the characteristics of a computerised CD register.*

*A separate register should be kept for CDs kept in cars for any length of time. If CDs are moved back to the practice after each visit, then it may be acceptable to have just one register in which the CD is signed out on departure and signed back in again on return.*

*It is recognised that there are currently no suitable electronic registers for veterinary practices, however, CDLOs may be able to advise further on possible options.*

*CDs in Schedules 3, 4, and 5 do not need to be recorded in the CDR but invoices and usage records must be retained for 5 years.*

*The CDR must record the following information for all Schedule 2 CDs purchased and supplied:*

- *date supply received;*
- *name and address of supplier (e.g., wholesaler, pharmacy); and*
- *quantity received.*

*The CDR must also record the following information for all Schedule 2 CDs supplied (including by way of administration):*

- *date supplied;*

- *name and address of person or firm supplied;*
- *details of the authority to possess (prescriber or licence holder's details);*
- *quantity supplied;*
- *the person collecting a Schedule 2 CD (animal owner or animal owner's representative, or healthcare professional) and if a healthcare professional, their name and address;*
- *whether proof of identity was requested of the animal owner or animal owner's representative (yes or no); and*
- *whether proof of identity of the person collecting was provided (yes or no).*

*The Register can be 'maintained' by a suitably trained person (e.g., a veterinary nurse), but ultimate responsibility lies with the veterinary surgeon.*

*The VMD has produced an [Example CD Register](#) to show how the use of CDs may be recorded.*

### **Additional guidance from Veterinary Medicines Directorate**

*In addition to the above, we recommend keeping a running balance of stock in the register.*

*The aim of maintaining a running balance in the register is to ensure irregularities are identified as quickly as possible. The running balance of drugs remaining should be calculated and recorded after each transaction and balances should be checked with the physical amount of stock at regular intervals.*

*Pharmaceutical companies try to ensure that every bottle of medicine is precisely filled but some small variability may occur. This may result in discrepancies regarding the amount of CD used when taking into consideration the volume remaining in the container.*

*You should consider recording the total use of the product, even if the reconciliation of the quantity used exceeds the nominal volume on the product stated on the label. This will help to ensure accurate record keeping of the use of the CD.*

## Summary

Meeting	Standards Committee
Date	12 February 2025
Title	Practice Standards Scheme Update
Summary	An update on the Practice Standards Scheme (PSS)
Decisions required	No decisions required – For information only.
Attachments	Annex A PSG Minutes 9 October 2024 Annex B PSG Minutes 9 October 2024 (Classified) Annex C Five-yearly review of PSS Standards and Awards (Classified)
Authors	Sarah Iddon Head of Legal Services- PSS <a href="mailto:s.iddon@rcvs.org.uk">s.iddon@rcvs.org.uk</a>

## Classifications

Document	Classification <sup>1</sup>	Rationales <sup>2</sup>
Paper	Unclassified	n/a
Annex A	Unclassified	n/a
Annex B	Confidential	1,3,4
Annex C	Confidential	1,3,4

## <sup>1</sup>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.
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## **<sup>2</sup>Classification 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>



## An Update on the Practice Standards Scheme

### Practice Standards Group (PSG) meetings

1. PSG last met on 29 January 2025. The minutes from this meeting are yet to be ratified. The minutes relating to the previous PSG meeting, held on 9 October 2025, are attached at **Annex A and B**.

### PSS update

2. Carol Westrop has been recruited as a lay person to join PSG with effect from January 2025.
3. The five-yearly review of the Standards is progressing well. Final comments are being added to the 'one Core' with final input expected from HSE, Standards and Advice, Pig and Poultry, and the Association of Veterinary Anaesthetists (AVA) in the coming weeks. The Working Groups and PSG will provide their final comments in March and will present recommendations to Standards Committee on 9 April 2025.
4. A paper is attached at **Annex C** to update Standards Committee on the progress of the Review since its last meeting, and the Head of Legal Services – PSS will be in attendance at the meeting to delivery the paper.
5. The five Assessors recruited into the team in July 2024 have completed their training and are now assessing solo. The further two Assessors recruited in December to the South Region to replace two Assessors that departed, have commenced their training with a view to assessing solo in Q2 2025. A PSS Officer has been recruited to support the South Region and 'back-fill' this position as the Officer was successfully recruited into the role of Lead Officer in September 2024.
6. Assessors will receive Mental Health First Aid training in February and Veterinary Defence Society (VDS) training later this year.
7. Shadowing of PSS Assessors and VMD Inspectors will continue throughout 2025.
8. PSS continues to ensure that we can optimise preparation times for practices that are due their assessments by arranging assessments well in advance. Q3 practices will be notified around March time and Q4 in June 2025.
9. PSS has not received any enquires regarding the Veterinary Medicines Regulations (VMR) changes that were implemented into PSS in October.

### Scheme figures

10. Scheme membership – the number of practices that are members of the Practice Standards Scheme has remained steady at 66% (as at 2 January 2025), with an increase of nine members since October 2024.

11. New joiners - the number of total new joiners to the Scheme in 2024 was 124, a slight increase on the previous two years (116 and 114 respectively).
12. Closures - the number of PSS premises closures in 2024 was 158. Of those who moved or were acquired, 47 premises have re-joined the Scheme and 16 have not. 95 premises closed due to staffing issues and have remained permanently closed. In January 2025 to date, there have been 10 permanent closures and no other types of closures.
13. Performance – the number of assessments has reduced slightly over the last two years, from an average of 250 assessments per quarter to a new average of 242 assessments per quarter. The explanation in the reduction in Q2 of 2024, to 92 assessments, was the operational restructure of the internal team, which impacted on the number of assessments in Q2. Q4 assessment figures have increased again in line with targets, with 284 assessments undertaken, providing a total for the year of 979 assessments undertaken.
14. Accreditations - the number of accreditations held decreased slightly from 4,204 at the end of July 2024 and from 4,169 the end of October 2023, to 4,160 by the end of 2024. This is to be expected when viewed alongside the number of closures to date in 2024 (158).
15. Awards have also decreased again, from 386 in January 2023 to 348 at the beginning of January 2025. This is mainly due to less demand as practices continue to focus on their routine accreditations. The top three awards remain as:
  - a. Client Services - Small Animal,
  - b. Team & Professional Responsibility - Small Animal
  - c. In Patient Service - Small Animal.
16. Candidates – are practice premises either waiting for the first assessment (as they are a brand-new practice that has joined the Scheme or are an acquisition that requires a new assessment) or that have had their first assessment and are not yet compliant within PSS. The current number of 'candidates' as at 2 January 2025 is 215, a reduction since October 2024, when 254 were reported. This number fluctuates as new practices join as candidates and candidates are assessed and move to their routine (four-yearly cycle) timeframe. This figure is relevant as it has an impact on the Accreditations figures and non-compliance figures. Candidates do not pay annual fees until they are accredited/ compliant. PSS Rules set out that that new practices are to be assessed within six months, and within 12 months for an acquisition.
17. Non-compliance - there was a total of 106 non-compliant practices in 2024 that required a re-start assessment because of not meeting core requirements 12 months from the date of their assessment. This represented 2.5% of the total PSS membership in 2024, and a great achievement for the team in a short period, when non-compliance was at 20% of membership prior to 2024.
18. Top 10 deficiencies – medicines and non-medicines: for Q4 2024 based on 284 assessments.

For non-VMR deficiencies, it appears that there are issues with PAT testing across all species. Farm Animal have issues with consent and Equine have issues with PPE. Small

Animal and Equine still have RPA and related issues, which are all areas for us to target improvements.

For VMR-related deficiencies, there is quite a lot of commonalities across all species and the areas to target here might be monitoring / recording of temperatures, anything related to Controlled Drugs and protocols for handling cytotoxics / hormones and drugs used under cascade.

19. Feedback survey - after each PSS assessment, a survey is sent to the practice premises to gain feedback on the process, to identify any areas that require improvement. Overall, the feedback is very positive and continues to improve. From 1,016 responses provided it shows practices are very satisfied with the Scheme and service provided. The following are average scores:
  - the relevance of the PSS Standards: 4.5 out of 5,
  - the level of difficulty of the online system: 3 out of 5,
  - how helpful was the PSS team: 4.5 out of 5, and
  - general satisfaction with the PSS experience I: 4.5 out of 5
20. The notable areas for improvement are primarily aimed at the online system and the amount of preparation work required for practices, both of which are being addressed as part of the five-yearly review of the Standards.

End of paper

Summary	
Meeting	Practice Standards Group
Date	9 October 2024
Title	Minutes of meeting
Summary	Minutes of the Practice Standards Group meeting held on 9 October 2024
Attachments	Annex A – PSG Actions updated <b>Confidential appendix</b>
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Classifications		
Document	Classification <sup>1</sup>	Rationales <sup>2</sup>
Minutes	Unclassified	n/a
Classified appendix	<b>Confidential</b>	<b>1, 3</b>
Annex A	Unclassified	n/a

**<sup>1</sup>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'.
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**<sup>2</sup>Classification 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>
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## Practice Standards Group

Minutes of the meeting held on Wednesday, 9 October 2024

### Members:

Belinda Andrews-Jones	Chair & VN Council
Adam Mugford	BAVECC
*Andrew Parker	SPVS
*Lyndsay Hughes	BVNA
Tim Mair	BEVA
Jim Hughes	BSAVA
*Anna Judson	BVA
Stuart Saunders	VMG
James Adams	BCVA
Holly Witchell	VN Council
*Bob Partridge	BVHA

*\*Denotes absence*

### In attendance

Sarah Iddon	RCVS Head of Legal Services – Practice Standards Scheme (HoLS – PSS)
Alice Duvernois	PSS Lead Assessor (PSS LA)

## Welcome and introductions

1. The Chair welcomed everyone, and members introduced themselves.

### Apologies for absence

2. Apologies for absence were received from Bob Partridge, Anna Judson and Lyndsay Hughes.

### Declarations of interest

3. Adam Mugford (BAVECC) confirmed that he is now the Chief Medical Officer of BSA Animal Blood Bank for Europe, including the UK.
4. HoLS - PSS reminded the Group to complete and return the declarations of interest form previously circulated.

## Minutes and actions of previous meeting

5. The minutes and actions of the meeting from April 2024 were approved including the confidential minutes.
6. The Group was reminded that actions to date could be found in Annex A.

## Practice Standards Scheme (PSS) Update

### Scheme Update

7. There were no specific questions on the update paper that was circulated.

### Scheme figures update

8. HoLS-PSS presented the Scheme figures. The number of practices that were members of the Practice Standards Scheme had reduced slightly overall to 66% of all UK eligible practices. HoLS-PSS explained that despite this, the integrity of the Scheme was improving as the compliance level of practices meeting Core accreditation within 12 months following assessment continued to increase.
9. The HoLS-PSS explained that practice 'closures' are a mix of closures where the practice ceases trading, of which there were very few; 'Temporary closures,' where we know that staff issues and typically building works force the practice to close for a short period, and 'acquisitions'. All of these three categories were required to leave the Scheme and rejoin. The acquisitions appeared to happen in bulk. For example, we saw a drop that was largely caused by a couple of the large organisations that were forced to dispose of some of their practices. These practices did all rejoin PSS but there was of course a time lag that was reflected in the data. This was why a fluctuation in membership figures was seen throughout the year, meaning figures typically displayed between 65%-70%.
10. The exact number of practices that ceased trading or decided to leave the Scheme and did not re-join was unknown, although it was estimated to be less than twelve. The Group asked if we carried out a specific analysis of the ones that left for specific reasons. The Group asked for some clarity if the outcome was that generally the overall impact of closures and joiners was small and therefore the effect in membership numbers was minimal. This position was confirmed by HoLS-PSS and the example of an acquisition was used pointing out that the time delay between a practice leaving the Scheme and rejoining under different ownership could be as much as six months in some cases.
11. It was noted by the HoLS-PSS that more could be done to accurately collect detailed data on the breakdown of categories and numbers of closures.

**Action:** HoLS-PSSs to investigate and report on the reason for the closures.

12. It was clarified that the introduction of the 12-month Rule in January 2024 had contributed to a higher number of closures this year due to chronic non-compliance forcing a decision to close

practices. It was again reiterated that this has resulted in greater compliance as we are now seeing only 20 practices for Q1 and nine for Q2 that will be re-started for not achieving Core within 12 months of the date of their assessment. When compared with the original figures before introduction of the new rule, back in November 2023, that figure was nearly 400 practices that were non-compliant at that time. This is a tremendous achievement for the team and PSS.

13. It was explained that practices working towards their accreditation, whether as part of their routine assessment or a re-start following non-compliance, were accurately reflected on Find-a-Vet showing the status as 'in progress'.
14. The HoLS-PSS highlighted the decrease in the uptake of Awards and those that hold Awards since the last reported figures in Q2 2024. HoLS-PSS asked the Group to be mindful of this decline when considering the five-yearly review of the Standards and Awards and the recommendation to review the Awards after the review of the Standards work had been concluded.
15. When considering the performance figures, the HoLS-PSS confirmed that there had been a significant decrease in the number of assessments carried out in Q2, only 93 assessments were undertaken. The reason for the sudden decline was due to the re-structure of the Assessor team and move to a regional delivery model that was launched in April 2024. There was a gap in our resources available and the continuity of delivery caused by a culture change as some Assessors changed their working patterns. It was asked by the Group if this had now improved. It was confirmed that PSS had recruited an additional five Assessors, and they would be assessing solo from Q4, so the assessment figures would increase again. We also allowed some overtime for Assessors to ensure that Q3 was not impacted as significantly as Q2.
16. The HoLS-PSS confirmed that the average number of assessments to date had been 1,000 assessments per year or 250 assessments per quarter. Each assessment could take longer than one day to assess. Since April 2024, we put in place a different way to deliver assessments. Previously all Assessors worked two days per month assessing, which resulted in issues of engagement and flexibility to meet the demands of the Scheme. Assessors were also assessing for very long hours on site, which was not conducive to the Scheme, the Assessor or costs that were charged back to practices. From April 2024, we implemented a three-tier structure, which meant some Assessors were working three days per week, some were working three days per month and some assessors were called upon as and when needed. This enabled PSS to assess within a four-hour window. This structure had been developed regionally, with four regions and one manager in place to manage each of the four regions. This module change moved us closer to a more supportive structure that could be proactive rather than re-active to the needs and queries of practices throughout the process, allowing us to deliver more in the future but crucially having the right assessors in the right parts of the country, which would minimise travel time and cost to practices.
17. The HoLS-PSS reminded the Group of the meeting where heat maps had been presented showing the need and concentration of practices as part of the restructure work to ensure, as far as possible, that we were remodelling our resource to match the need over the next four years. It was confirmed that a review of this structure would take place immediately following the five-yearly review of the Standards.



18. The deficiency figures had remained stable compared to the last two reports with the same top three deficiencies across species. We were considering ways to address these as part of the five-yearly review to ensure that the outputs provided some level of transparency to practices as to what elements were being considered to meet the Standard. For example, for monitoring of temperatures, the current Standard states:

*10.1.6 Monitoring and recording of environmental temperatures wherever medicines are stored must be undertaken (including consulting rooms, prep rooms, refrigerators and vehicles).*

It was recognised that the issue or deficiency was not that practices were not monitoring temperatures, it was that they were not acting upon the variances. We needed to be clearer with practices about what Assessors were looking for, the measures and outputs, so that practices could better understand how they could target their deficiencies and meet the standards expected.

19. The HoLS-PSS confirmed that we continued to collect feedback from PSS practices and the sample provided in the paper showed that, generally, practices were satisfied with the service being provided and found it helpful. The main areas to address might be the 'Stanley' system as this was considered 'clunky' and the time and resource required to prepare and upload documents. These 'free text' comments were being considered as part of the five-yearly review of the Standards and Awards. The Group asked if more information and detail could be provided at the next meeting as to how some of the 'Stanley' issues might be addressed in the near future.

**ACTION:** HoLS-PSS had a meeting scheduled with the IT department to discuss possible changes to the 'Stanley' system to meet the changes being discussed as part of the five-yearly review of the Standards. HoLS-PSS to report back to the Group at the next PSG meeting.

## Matters for Discussion and Decision

### Five-yearly review of the Standards – update

20. This information was available in the classified appendix.
21. The Chair acknowledged and thanked the Group for their participation and effort in the work undertaken on the Review.

### Matter Arising

22. There were no matters arising.

### Risk and Equality

23. There were no new items to add to the Risk Register

### Dates of the next meetings

29 January 2025 – 10-12pm  
March – date to be confirmed  
30<sup>h</sup> April – 10-12pm  
17 July – 10 -12pm  
[8 September – if needed re five-yearly review of Standards] – 10-12pm  
8 October – 10-12pm

[Any other business](#)

24. There were no items.

[Close.](#)