Standards Committee

Agenda for the meeting to be held on 22 October 2025 at 09:30 remotely

1.	Apologies for absence, declarations of interest. Minutes from the meeting of 16 September 2025	
2.	Matters for decision	
	a. Anaesthesia free dentals – confidential	Paper attached
	b. Chapter 13 review	Paper attached
3.	Matters for discussion	
	a. Under care review - update and next steps	Verbal update
	b. Competition and Markets Authority – provisional findings	Paper attached
4.	Matters for report	
	a. Disciplinary Committee Report	Paper in library
5.	Risk and equality	Verbal update
6.	Any other business and date of next meeting on 3 December 2025 • Vice chair vote • Meeting attendance	Verbal update

Standards Committee 2025/2026

Chair

Dr Olivia Cook MRCVS

Vice Chair

TBD

Members

Miss Linda Belton MRCVS (Officer Observer)

Dr Sinéad Bennett MRCVS

Dr Sam Bescoby MRCVS

Dr David Black FRCVS

Professor Derek Bray

Dr Abbie Calow MRCVS

Ms Linda Ford

Professor Christoper 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	16 September 2025
Title	Standards Committee Minutes
Summary	Minutes of the Standards Committee meeting held in person and remotely on Tuesday 16 September 2025, at 10:00am The Committee's attention is drawn to paragraphs 1 – 13 of the classified appendix.
Attachments	Classified appendix
Author	Ky Richardson Senior Standards and Advice Officer/Solicitor k.richardson@rcvs.org.uk / 0207 202 0757

Classifications

Document	**Classification**[1]	**Rationales**[2]
Minutes	Unclassified	n/a
Classified appendix	**Confidential**	1, 2 and 3

1 Classifications explained

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

2 Classification rationales

Confidential	1. To allow the Committee or Council to come to a view itself, before presenting to and/or consulting with others 2. To maintain the confidence of another organisation 3. To protect commercially sensitive information 4. To maintain public confidence in and/or uphold the reputation of the veterinary professions and/or the RCVS
Private	5. To protect information which may contain personal data, special category data, and/or criminal offence data, as listed under the General Data Protection Regulation

Minutes of the Standards Committee meeting held in-person and remotely on 16 September 2025 at 10am

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

In attendance:

RCVS	Lizzie Lockett	CEO
	Clare Paget	Registrar/Director of Legal Services
	Gemma Kingswell	Head of Legal Services (Standards)
	Sarah Iddon	Head of Legal Services (PSS)
	Beth Jinks	Standards and Advisory Lead
	Ky Richardson	Senior Standards and Advice Officer/Solicitor
	Nyero Abboh	Standards and Advice Officer
	Bri McLachlan	Standards and Advice Administrator

AI 1 Apologies for absence, declarations of interest, minutes of the meeting of 11 June 2025

1. Apologies were noted from Tim Walker, Sinéad Bennett, David Black, and Abbie Calow. Derek Bray did not attend.

2. It was noted that the meeting was unfortunately not quorate which limited those present to discussing matters and making recommendations only. Matters that required a vote would be put to the full Committee by email after the meeting.

3. There were no new declarations of interest or comments on the minutes of the meeting of 11 June 2025.

Matters for decision/discussion

AI 2 (a) Definition of 'veterinary surgery' - diagnostic tests

4. The Head of Policy, Insight, and Public Affairs explained that the definition of 'veterinary surgery' in the Veterinary Surgeons Act 1966 expressly includes, "…*tests performed on animals for diagnostic purposes*". The Committee is asked whether this should carry through to future legislation given that current RCVS advice is that diagnostic tests may be performed by non-veterinary surgeons, e.g., in laboratories (with the linked but separate exercise of diagnosis being reserved to veterinary surgeons).

5. The Committee was also asked, if it considered that diagnostic tests themselves should be considered an act of 'veterinary surgery', whether any are capable of an exemption order which would allow them to be performed by competent lay people.

6. As the meeting was not quorate, the Committee provided a steer only, which included the following comments:

    a. The current definition of 'veterinary surgery' is broad, which is useful and allows the RCVS to interpret it flexibly over time.

    a. It would be preferable to retain "…*tests performed on animals for diagnostic purposes*" but provide relevant exemptions. If a decision were made to remove it however, the remainder of the definition would need to ensure it includes the act of taking invasive samples, so lay people are not inadvertently permitted to take intravenous or other invasive samples.

    b. In relation to tests that might be suitable for an exemption order, the Committee noted that some already exist in relation to cattle but if new ones were introduced for small animals, it would be useful to limit what owners can do to simple/non-invasive testing, similar to the current animal owner exemption that allows for only minor medical treatment.

    c. It is useful from a broader animal welfare perspective, for owners to be able to send off non-invasive samples, e.g., swabs, to laboratories of their own volition for interpretation. This already happens frequently and is routine practice for snakes and birds, for example. That said, consideration should be given to the fact that the quality of the service provided by these laboratories is questionable given that the quality of the swabs/samples cannot be guaranteed.

    d. As the quality of swabs/samples cannot be guaranteed, any veterinary surgeon relying on test results obtained by clients from swabs taken by clients should consider how much weight to give to them as part of their obligation to provide veterinary care that is appropriate and adequate.

    e. More generally, the Committee noted that there is a difference between interpretation of test results, confirmation of test results, and diagnosis, the former two being information to inform the diagnosis.

f. The term ‘veterinary surgery’ itself is often interpreted literally by the public, i.e., scalpel in hand, so a different term might offer the public more clarity, ‘veterinary acts’, for example.

AI 2 (b) Canine Fertility Clinics - Scotland - confidential

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

AI 2 (c) The prescribing cascade in Northern Ireland – confidential

8. The minutes of this agenda item can be found in the classified appendix at paragraphs 4-7.

AI 2 (d) Practice Standards Scheme – new consumer standards – confidential

9. The minutes of this agenda item can be found in the classified appendix at paragraphs 8 - 13.

AI 2 (e) Review - Chapter 13: Clinical and client records

10. This item will be discussed at the next meeting.

Matters for report

AI 3 (a) Disciplinary Committee Report

11. The report was noted.

AI 3 (b) Practice Standards Scheme Report

12. The report was briefly summarised. It was noted that this year’s assessments were the most assessments ever done in one year and the PSS Team was commended for its hard work. The Lead Assessor was acknowledged in particular for her collaboration with the VMD to align guidance, which has proved to be a great success.

13. The number of accredited practices is towards the lower end of the usual scale due to a tougher approach from PSS in relation to compliance, as well as the Competition and Markets Authority (CMA) process. The majority of new accreditation applications are from independent practices.

14. There continues to be a gradual decline in Awards uptake and whether or not to continue with Awards will form part of the substantive review referred to at agenda item AI 2 (d) above.

15. The reminder of the report was noted.

AI 4 Risk and equality

16. No new risks were reported.

AI 5 Any other business and date of next meeting

17. It was agreed that the election of a Vice-Chair would happen by email, and all Committee members will have an opportunity to nominate themselves alongside Sinéad Bennett before a vote is taken.

Action: Head of Legal Services (Standards)

18. The Committee was provided with a brief update from the Food Standards Agency (FSA) in relation to the use of Temporary Registered Novice Official Veterinarians (TRNOVs). Only 3% of the relevant workforce are now TRVNOVs, which is a substantial improvement as it was once 40%.

19. The next meeting with be 22 October 2025.

Table of actions

Paragraph	Action	Responsibility
17	**Arrange a vote for a Vice-Chair of this Committee by email.**	**Head of Legal Services (Standards)**

Summary	
Meeting	Standards Committee
Date	22 October 2025
Title	Review of Chapter 13 Clinical and client records
Summary	This paper explores the RCVS' current position and identifies the challenges in applying the current guidance. It also sets out the approach of other regulators and highlights the key considerations for the Standards Committee ('Committee') deciding what amendments, if any, might be appropriate.
Decisions required	The Committee is asked to discuss the current Chapter 13 guidance on clinical and client records and decide whether it should be amended in line with the proposal attached at Annex A.
Attachments	**Annex A** – Proposed revised Chapter 13 guidance **Annex B** – General Data Protection Regulations, RCVS information and Q&As
Author	Annelise Samuels Senior Standards and Advice Officer a.samuels@rcvs.org.uk / 020 7856 1032

Classifications		
Document	Classification[1]	Rationales[2]
Paper	Unclassified	NA
Annex A	Unclassified	NA
Annex B	Unclassified	NA

[1]Classifications explained	
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[2]Classification rationales	
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Introduction

1. As part of its general duties, the Standards Committee keeps the Supporting Guidance to the Code of Professional Conduct (the Guidance) under constant review to ensure it remains fit for purpose and reflects current practice. Additionally, the Guidance may be reviewed to address current issues affecting the profession, for example, following increased calls from the profession or others on a particular topic.
2. This paper explores the current Chapter 13 of the Guidance and proposes multiple revisions to ensure the Chapter remains helpful and fit for purpose focusing on three areas:
    a. The structure and content of the Chapter.
    b. The content as it relates to the General Data Protection Regulations (GDPR) – full discussion can be found at paragraph 19 onwards.
    c. Suggestions from the PIC/DC Liaison Committee (discussion below at 17).
3. In developing the draft amendments, we focused on paring back the Guidance where possible to ensure clarity of message as well as considering the approach of other regulators, as detailed at paragraph 9.
4. The Committee is asked to review the information in this paper and approve the amendments set out in **Annex A**.

Previous amendments

5. In September 2016, the Committee agreed several amendments to Chapter 13 following a Preliminary Investigation Committee (PIC) report that raised amending clinical records as an issue commonly arising from concerns cases. Prior to this, Chapter 13 did not provide guidance on the specific issue of altering or amending records.
6. In addition, amendments were agreed addressing several common themes and queries raised with the Advice Team at the time, including access to and transfer of clinical records, information to be included as part of the clinical record, dealing with alterations and amendments, and retention, storage and destruction of clinical records.
7. From January 2018 to April 2019, the Committee further approved a number of amendments to the Guidance to provide for the incoming GDPR legislation. The guidance was expanded in several areas to provide further information to the profession, particularly on the following matters:
    a. explicit consent may be required for processing of special category information;
    b. how best to flag violent / aggressive clients on record for staff wellbeing;
    c. clients right to rectification of data;
    d. additions regarding subject access requests from clients;
    e. practices must ensure that retention periods comply with the GDPR and personal information is not retained for longer than necessary;
    f. clients rights of erasure; and
    g. where vaccination reminders can be sent under the GDPR.

Approach by other regulators

8. In order to assist the Committee and provide some further context, the approaches taken by the General Dental Council (GDC), General Medical Council (GMC) and the Nursing & Midwifery Council (NMC) are considered below. We have also considered to what extent these regulatory bodies advise on the GDPR or incorporate its principles into the professional conduct standards.

General Dental Council

9. The GDC regulates dentists and dental care professionals (including dental nurses and hygienists) and has published guidance on maintaining and protecting patients' information, specifically at standard 4.1:

> ***4.1 You must make and keep contemporaneous, complete and accurate patient records***
>
> *Guidance*
>
> *4.1.1 You must make and keep complete and accurate patient records, including an up-to-date medical history, each time that you treat patients. Radiographs, consent forms, photographs, models, audio or visual recordings of consultations, laboratory prescriptions, statements of conformity and referral letters all form part of patients records where they are available.*
>
> *4.1.2 You should record as much detail as possible about the discussions you have with your patients, including evidence that valid consent has been obtained. You should also include details of any particular patient's treatment needs where appropriate.*
>
> *4.1.3 You must understand and meet your responsibilities in relation to patient information in line with current legislation. You must follow appropriate national advice on retaining, storing and disposing of patient records.*
>
> *4.1.4 You must ensure that all documentation that records your work, including patient records, is clear, legible, accurate, and can be readily understood by others. You must also record the name or initials of the treating clinician.*
>
> *4.1.5 If you need to make any amendments to a patient's records you must make sure that the changes are clearly marked up and dated.*
>
> *4.1.6 If you refer a patient to another dental professional or other health professional, you must make an accurate record of this referral in the patient's notes and include a written prescription when necessary.*

10. The GDC therefore covers off the same fundamental principles as those set out in Chapter 13, however at a much higher level than the RCVS guidance (link provided above). The guidance provided by the GDC also takes a much lighter approach to the GDPR, and where it is referenced, this is also consistent with the RCVS approach, as detailed below:

> ***4.4 You must ensure that patients can have access to their records***
>
> *4.4.1 Although patients do not own their dental records, they have the right to access them under Data Protection legislation. If patients ask for access to their records, you must arrange for this promptly, in accordance with the law.*
>
> *4.4.2 In some circumstances you can charge patients a fee for accessing their records. The maximum you can charge depends on whether the records are paper copies or*

held electronically. You should check the latest guidance issued by your national Information Commissioner's Office.

General Medical Council

11. The GMC regulates doctors, physician associates and anaesthesia associates. The GMC's guidance on clinical and client records is as follows:

> ***Recording your work clearly, accurately, and legibly***
>
> *69 You must make sure that formal records of your work (including patients' records) are clear, accurate, contemporaneous and legible.*
>
> *70 You should take a proportionate approach to the level of detail but patients' records should usually include:*
>
> *a. relevant clinical findings*
>
> *b. drugs, investigations or treatments proposed, provided or prescribed*
>
> *c. the information shared with patients*
>
> *d. concerns or preferences expressed by the patient that might be relevant to their ongoing care, and whether these were addressed*
>
> *e. information about any reasonable adjustments and communication support preferences*
>
> *f. decisions made, actions agreed (including decisions to take no action) and when / whether decisions should be reviewed*
>
> *g. who is creating the record and when.*
>
> *71 You must keep records that contain personal information about patients, colleagues or others securely, and in line with any data protection law requirements and you must follow our guidance on Confidentiality: good practice in handling patient information.*

12. The GMC references a further document which sets out comprehensive guidance on confidentiality and further information on the GDPR as well as other relevant legislation (i.e. Human Rights Act 1998), separate to the professional standards guidance on good medical practice referenced above.

Nursing & Midwifery Council

13. Taking a similar approach to the GMC and GDC, the NMC professional standards of practice and behaviour for nurses, midwives and nursing associates ('The Code') sets out various requirements on clinical / client records at a high level as follows:

> ***Practise effectively***
>
> *…*
>
> ***10 Keep clear and accurate records relevant to your practice***
>
> *This applies to the records that are relevant to your scope of practice. It includes but is not limited to patient records.*
>
> *To achieve this, you must:*

10.1 *complete all records at the time or as soon as possible after an event, recording if the notes are written some time after the event*

10.2 *identify any risks or problems that have arisen and the steps taken to deal with them, so that colleagues who use the records have all the information they need*

10.3 *complete all records accurately and without any falsification, taking immediate and appropriate action if you become aware that someone has not kept to these requirements*

10.4 *attribute any entries you make in any paper or electronic records to yourself, making sure they are clearly written, dated and timed, and do not include unnecessary abbreviations, jargon or speculation*

10.5 *take all steps to make sure that all records are kept securely*

10.6 *collect, treat and store all data and research findings appropriately*

14. The Code does not explicitly reference the GDPR or data protection legislation.

The rationale behind the proposed amendments

Structure and content

15. In developing the draft amendments, we have considered the primary purpose of RCVS guidance on clinical and client records and identified the following key principles:

    a. to 'future proof' the Guidance and set out best practice standards for clinical and client record keeping;

    b. to signpost key obligations imposed by the GDPR; and

    c. to ensure that professionals are maintaining comprehensive, transparent and accurate clinical and client records.

16. Considering these principles, the proposed amendments set out in **Annex A** are largely changes refining and restructuring Chapter 13. This approach is in line with views previously expressed by this Committee in respect of streamlining the Guidance where possible. Please note that specific comments relating to the changes can be found within **Annex A**.

PIC/DC Liaison

17. The draft amendments at **Annex A** also take into account a request from PIC / DC Liaison Committee (Liaison Committee) that the Standards Committee consider introducing a requirement that clinical and client records should be kept electronically to address concerns with poor quality paper and handwritten records. It was further suggested that the guidance could include a requirement that electronic records (where they are kept) must be capable of being audited for retrospective changes.

18. The Committee may feel that the current guidance is already sufficient to address the concerns raised by Liaison Committee, and that requiring electronic records may be unduly onerous for some veterinary surgeons. However, the Committee will note that an amendment has been made at 13.1 (see **Annex A**) to further clarify the Code obligation and specify the Guidance applies to both electronic and hard copy written records.

The GDPR

19. While exploring this subject, the *GDPR RCVS information and Q&As* document has also been considered (**Annex B**). Incoming updates to the RCVS website will likely result in this standalone document being removed, and so we have considered whether any of the content could usefully be integrated into the Guidance.

20. The following points from the document have been absorbed in the revised chapter at paragraph 13.15:

    a. Data must not be kept for longer than is necessary (storage limitation). Data must also not be kept in a form which permits identification of the data subject for any longer than is necessary, for the purpose for which the personal data is processed.

    b. *If a client moves to another practice does that mean that they have automatically asked to be forgotten?* No, but you should consider whether you still have a lawful basis for retaining data such as a legitimate interest, eg. A potential fee dispute.

Key aspects of the revised guidance

21. In summary, we consider that the purpose of the revised guidance is to provide clarity on what are RCVS Standards, GDPR obligations and pare back additional information or guidance that is not necessarily setting a relevant standard for the profession.

22. To assist the Committee with its discussions, a marked-up version of Chapter 13 is appended at **Annex A** setting out the proposed changes.

Decisions required

23. The Committee is asked to consider and approve the proposed amendments set out at **Annex A.**

24. Should the Committee decline to approve the amendments at this stage, the Committee is asked to consider the following questions and give an indication of how it wishes to proceed in relation to each of these areas:

    a. What is the overall aim of this guidance?

    b. Should the guidance also include further information on obligations under the GDPR, or should this be stripped back to key principles?

    c. Should the structure of Chapter 23 be revised to foundational principles only?

13. Clinical and client records

Updated 9 July 2024

General principles

13.1 Veterinary surgeons must keep clear, accurate and detailed clinical and client records. Clinical and client records may be either electronic or hard copy, and should include details of:

a) examination,
b) treatment administered,
c) procedures undertaken,
d) medication prescribed and/or supplied (and if supplied against a verbal prescription, the reason for prescribing it),
e) the results of any diagnostic or laboratory tests ~~(including, for example, radiograph, ultrasound or electrocardiogram images or scans)~~,
f) provisional or confirmed diagnoses, ~~and~~
g) advice given to the client ~~(whether over the telephone or in person)~~. ~~They should also include~~
h) ~~outline~~ plans for future treatment or investigations,
i) details of proposed follow-up care or advice,
j) notes of telephone conversations,
k) fee estimates or quotations,
l) consents given or withheld,
m) contact details, and
n) any recommendations or discussion about referral or re-direction.

Note: this is not an exhaustive list

13.2 The utmost care is essential in writing records or recording a client's personal details to ensure that they are clear, legible, accurate and appropriately detailed. Clinical and client records should be objective and factual, and veterinary surgeons and veterinary nurses should avoid making personal observations or assumptions about a client's motivation, financial circumstances or other matters.

13.3 Ideally, client financial information and any other personal or sensitive information should be recorded separately from clinical records. This is because ***only*** relevant clinical information / information in the interests of the treatment of the animal should be provided to colleagues taking over responsibility for a case. It is however acceptable to include a statement in the clinical records that treatment has been limited or declined by the client for financial or other reasons.

13.4 The GDPR also imposes further obligations in relation to the processing of special category data (i.e. data about an individual's race, ethnicity, health information or religious beliefs for example). Explicit consent may be required for processing (e.g. collecting or recording) of this information.

~~13.4 Explicit consent may be required in order to record and use certain personal or special category data (previously known as sensitive personal data) about a client, such as any access needs of the client or other health information.~~

Commented [AS1]: Inserted to reiterate code obligation and address PIC / DIC Liaison Committee concerns.

Commented [AS2]: Paragraph expanded to list format for ease of reference.

Commented [AS3]: The first sentence is added to provide further context around sensitive personal data. 13.4 reworded for clarity.

Commented [AS4]: 13.4 Further reworded for clarity / refinement purposes.

~~13.5 It may be permissible to mark the client record to indicate that the client is aggressive, violent etc, without client consent, on the basis that an employer has a legitimate interest to record such information so as to afford protection to their employees. If practicable, veterinary surgeons and veterinary nurses should inform the client that the flag has been put on their record and why, and the flag should be reviewed periodically. Likewise, it may be permissible to mark the client record to indicate that a client is a bad debtor without client consent, on the basis that there is a legitimate interest for the business to get paid for the services it provides. Ideally, the practice's privacy policy would state that the practice may flag client records for these reasons, in which case it would not be necessary to notify individual clients if and when it occurs.~~

Amendments, ~~and~~ additions and inaccuracies

13.~~5~~6 Clinical and client records should be made at the time of the events being recorded or as soon as possible afterwards. There may however be justifiable reasons to retrospectively amend clinical records, for example, in order to correct an inaccurate entry or to include additional information. In such cases, the amendment, the details of the person making the amendment and the date on which it is made should be clearly marked.

13.6 Any correction should, where possible, be noted alongside the relevant entry. Care should be taken not to obliterate the original entry. ~~This is to avoid giving rise to allegations that the amendments have been made unprofessionally or dishonestly.~~ If multiple team members are involved in updating the same clinical record, it is important to make sure that the identity of the person making the entry is clear

~~13.7 Veterinary surgeons and veterinary nurses should take extra care when using older electronic records systems, which allow for the deletion or over-writing of the previous records. This is to ensure that mistakes and inadvertent amendments are not made.~~

~~13.8 If multiple team members are involved in updating the same clinical record, it is important to make sure that the identity of the person making the entry is clear~~.

~~**Dealing with factual inaccuracies**~~

~~13.9 Clients have the right under the GDPR to request the rectification of personal data if it is inaccurate or incomplete.~~

13.~~8~~10 In some cases, clients may consider that information contained within their animal's records~~, that is not their personal data,~~ is inaccurate or incorrect and may request that the information be corrected. Where this is the case~~If a client objects to or complains about an entry in their records~~, veterinary surgeons and veterinary nurses should discuss the client's concerns with them and make a record of the discussion. Note that matters of clinical judgement should not be amended solely at the request of the client. ~~It should be noted, however, that diagnosis and clinical opinion is a matter of clinical judgement and should not be changed solely at the client's request. There is no obligation to amend professional opinion.~~ If ~~, however,~~ the veterinary surgeon or veterinary nurse agrees that the records should be amended due to errors or factual inaccuracies, the ~~advice above~~above process should be followed.

13.7 Clients have the right under the GDPR to request the rectification of personal data if it is inaccurate or incomplete.

Commented [AS5]: Removed as determined unnecessary guidance.

Commented [AS6]: Removed as determined unnecessary guidance.

Commented [AS7]: Consolidated into paragraph 13.6

Commented [AS8]: Consolidated sections for efficiency.

Commented [AS9]: Refined with unnecessary guidance removed.

~~13.11 If, after discussion and following the steps above, the client remains dissatisfied, the most appropriate course of action may be to insert the client's opinion alongside that of the veterinary professional, making it clear that the additions were inserted at the client's request. It is helpful to remind the client that an alteration to an electronic record is always preserved (together with the original entry) as part of the audit trail.~~

Commented [AS10]: Removed as the guidance reads more like problem solving suggestions as opposed to setting a professional standard. To consider moving to the internal guidance.

Access to clinical and client records

13.9~~12~~ Clinical and client records including diagnostic images and similar records, are the property of, and should be retained by, veterinary surgeons in the interests of animal welfare and for their own protection. Although clients do not own their ~~clinical~~ records, they have the right to access information about themselves under data protection legislation as well as under professional guidelines set by the RCVS.

~~13.13 The GDPR gives individuals the right to access their personal data. To clarify, the GDPR relates to personal data – data about an individual person. Information about an animal is not personal data and is outside the scope of the GDPR. Unless the subject access request is excessive or repetitive, a copy of the information must be provided free of charge, and the information should generally be provided without delay and no later than one month after receipt of the request. This is subject to certain exceptions. Care must be taken where the disclosure would involve disclosing another individual's personal data or confidential information. In such cases, consider seeking legal advice or read the Information Commissioner's Office's (ICO's) guidance on subject access requests. Veterinary surgeons and veterinary nurses may need to seek the consent of other people to the disclosure of their personal data, or consider redacting it where appropriate.~~

Commented [AS11]: Summarised and refined above.

13.8~~14~~ Under RCVS guidelines, at the request of a client, veterinary surgeons and veterinary nurses must provide copies of any relevant clinical and client records. This includes relevant records which have come from other practices, if they relate to the same animal and the same client, but does not include records which relate to the same animal but a different client. Where images are held digitally, clients are also entitled to a copy.

Commented [AS12]: Shifted from paragraph 13.15.

~~13.15 In many cases it will be made clear to clients that they are not being charged for radiographs or laboratory reports, but for diagnosis or advice only. In situations where images are held on film, the film remains the property of the practice, with the client being charged for diagnosis or advice. In this situation, copies should still be provided in response to a request, wherever possible. Where images are held digitally, clients are also entitled to a copy.~~

Commented [AS13]: Removed as unnecessary guidance.

13.9~~16~~ Relevant clinical information should be provided promptly to colleagues taking over responsibility for a case and proper documentation should be provided for all referral or re-directed cases. ~~Cases should be referred responsibly (Referrals and second opinions).~~ Additional requests for information should also be dealt with promptly. ~~?~~(See Communication between professional colleagues for further direction on treating mutual clients)

13.10 The GDPR ~~also~~ gives individuals the right to access their personal data (i.e. client records), and therefore information about an animal (i.e. clinical records) is out of scope.

Practices must ensure that requests to access personal data (also known as subject access requests) are dealt with in accordance with GDPR requirements.

Retention, storage and destruction of clinical records

13.107 Records should always be ~~always~~ kept secure and confidential ~~at all times~~ and there should be adequate back-up in place if records are stored electronically.

13.118 The RCVS does not specify for how long clinical and client records should be retained and practices are free to set their own policies. Practices should however comply with any professional indemnity policy conditions relating to retention of records.

~~13.19 The record keeping requirements for Veterinary Medicinal Products (VMPs) are set out in the Veterinary Medicines Regulations (VMRs). Records of 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.~~

13.1220 Records should be destroyed in a manner which safeguards against accidental loss or disclosure of content and protects client confidentiality. (See for further information Client confidentiality)

13.1321 Where a practice intends to cease trading, clients should, where possible, be notified so they have an opportunity to obtain a copy of relevant clinical and client records if they choose to do so. Likewise, provision should be made to respond to requests for other veterinary surgeons to take over the case.

13.14 The record keeping requirements for Veterinary Medicinal Products (VMPs) are set out in the Veterinary Medicines Regulations (VMRs). Records of 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.

13.15 Practices should also ensure that retention periods comply with the GDPR, and personal information is not retained for longer than necessary. For example, if a client moves to another practice, professionals should consider whether they still have a lawful basis for retaining the data. The GDPR also gives individuals a right of erasure (known as the right to be forgotten), and in some cases an individual can request the deletion or removal of their personal data (practices should refer to the ICO for further information on when this is required).

~~13.22 In some circumstances, the GDPR gives individuals a right of erasure (also known as the right to be forgotten). An individual is therefore able to request the deletion or removal of their personal data where, for example, (i) it is no longer necessary to retain the data for the purpose for which it was collected; (ii) the individual withdraws consent on which the processing was based and there are no other legal grounds for processing; (iii) the individual objects to the processing and there are no overriding legitimate grounds for the processing; or (iv) the data has been processed unlawfully. However the practice does not have to delete the data if it needs to keep it to comply with a legal obligation or to defend a legal claim.~~

Commented [AS14]: Moved to end of section but wording retained to keep other legal requirements together in one place.

Commented [AS15]: New addition from standalone GDPR guidance document.

Commented [AS16]: Summarised at 13.18.

Vaccination record cards

13.1623 A vaccination record card held by the animal owner may be considered part of the clinical record and may be signed by a veterinary surgeon or a veterinary nurse (see supporting guidance 18.10 – 18.12). If a veterinary nurse signs the record, it is good practice to add the words 'under the direction of ...' and name the directing veterinary surgeon. Blank vaccination record cards should not be signed.

13.1724 The animal should be identified on the vaccination record card and the principles set out in RCVS advice on identification of animals (see supporting guidance 21.3220 – 21.3353) should be followed. These state:

- 21.30 If an alleged identification mark is not legible at the time of inspection, no certificate should be issued until the animal has been re-marked or otherwise adequately identified.
- 21.31 When there is no identification mark, the use of the animal's name alone is inadequate. If possible, the identification should be made more certain by the owner inserting a declaration identifying the animal, so that the veterinary surgeon can refer to it as 'as described'. Age, colour, sex, marking and breed may also be used.
- 21.32 The owner's name must always be inserted. (In the case, for example, of litters of unsold puppies this will be the name of the breeder or the seller.)
- 21.33 Where microchipping, tattooing or any other form of permanent identification has been applied it should be referred to in any certificate of identification.

13.1825 The animal may be presented to a different veterinary surgeon for a subsequent vaccination. To be useful, the vaccination record should be such as to allow the veterinary surgeon to identify the animal, if necessary, following any additional reasonable enquiries. Veterinary surgeons should not sign blank vaccination record cards.

Vaccination reminders

13.26 In order to comply with the provisions of the GDPR, veterinary surgeons and veterinary nurses should only send vaccination reminders to clients where (a) clear and specific consent has been freely given, or (b) the client has provided a "soft-opt in". Please see Chapter 23 for detail on this. This is because these reminders are likely to be considered to be marketing material. If the client withdraws their consent or opts out, further reminders should not be sent.

Commented [AS17]: Removed as unnecessary guidance / cross-referencing provided.

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General Data Protection Regulations

RCVS information and Q&As

March 2018

RCVS SETTING VETERINARY STANDARDS

Introduction

1. The General Data Protection Regulations (GDPR), will be implemented in the UK on 25 May 2018 and will replace existing data protection legislation, the Data Protection Act 1998 (DPA).

2. The GDPR is important because it increases the regulatory burden and obligations on organisations and strengthens the rights of individuals.

3. The potential fines for a data protection breach have also been increased substantially. Non-compliance with the GDPR could lead to sizeable financial penalties amounting to a small percentage of annual turnover for the most serious infringements such as insufficient consent to process data. GDPR sanctions are appealable.

4. The Information Commissioner's Office (ICO) is not trying to put organisations out of business, but highlighting how important compliance with the GDPR is. The ICO will usually work with organisations to achieve compliance. It issues fines only in the most serious cases.

5. This information and Q&As are provided for general information only. They are a brief summary of the law as we understand it at the date of publication. You should obtain legal advice or consult the ICO if you are uncertain about any aspect, or if you need more detail. More guidance will be issued by the ICO in the coming months, and more legislation will be implemented, so you should check the ICO website for updates.

6. This guidance note contains links to other websites not owned or operated by us. We are not responsible for the information contained on those websites.

Key information

Terminology

7. The GDPR applies to **personal data**. These are data from which you can identify a living individual. The GDPR does not apply to data from which you can identify an animal. Examples may include: Human Resources (HR) records, customer lists, contact details, CCTV recordings and computer records. Opinion, for example, about an individual employee's performance, if held as data, can also amount to personal data (potentially of the person who stated the opinion, as well as the employee's), as can online identifiers such as IP addresses.

8. The GDPR also covers a further category of data, called 'special category' or **sensitive personal data**, which receives greater protection. Further information can be found at: https://ico.org.uk/for-organisations/guide-to-the-general-data-protection-regulation-gdpr/lawful-basis-for-processing/special-category-data/. This category includes data about an individual's race, ethnicity ,religious beliefs, health, trade union membership, sex life or sexual orientation and now also includes genetic data such as DNA. The processing of data relating to criminal convictions is also restricted and further information can be found at https://ico.org.uk/for-organisations/guide-to-the-general-data-protection-regulation-gdpr/lawful-basis-for-processing/criminal-offence-data/

9. Data processing is everything you do with personal or sensitive personal data from the moment you obtain it to the moment you destroy it.

10. Personal or sensitive personal data that has been processed will relate to a data subject (an individual) such as a staff member or client of the practice.

11. In processing data, the GDPR therefore affects the following people:

    a. **data controllers** such as a practice partner or director who says what data is processed and why; and,
    b. **data processors** such as a contractor, eg a laboratory that receives samples incorporating personal data, or text and email reminder services, who therefore processes data on the controller's behalf.

12. **Consent** must be freely given, specific, informed and unambiguous, and it must be given by some affirmative action, ie an 'opt in'. Pre-completed tick boxes and 'opt outs' will no longer be effective. Consent needs to be requested in plain language and to be capable of being withdrawn at any time. Separate consent should be obtained for each proposed use of personal data. Records must be kept of the consents that have been obtained.

13. **Personal data breach** means a breach of security leading to the accidental or unlawful destruction, loss, alteration, unauthorised disclosure of or access to personal data.

Principles of GDPR

14. The principles of the GDPR are:

    a. Data must be processed **lawfully, fairly and in a transparent manner.**

    b. Data must be collected for a specified, explicit and legitimate purpose (**purpose limitation**). You need to think about why you need the data and what you are going to do with it.

    c. Data processed must be adequate, relevant and limited to what is necessary (**data minimisation**).

    d. Data processed must be **accurate** and, where necessary, kept up to date.

    e. Reasonable steps must be taken to rectify data that is inaccurate. Check that your systems are in place to make sure you keep data up to date.

    f. Data must not be kept for longer than is necessary (**storage limitation**). Have you thought about how long you need to keep different types of data and how and when do you destroy it? Data must also be kept in a form which permits identification of the data subject for no longer than is necessary for the purpose for which the personal data is processed.

    g. Organisations must take appropriate technical and organisational measures against

unauthorised/unlawful processing, loss, damage or destruction (**integrity and confidentiality**).

15. To process **data lawfully**, practices will have to satisfy one of the following conditions that relate to how that data is held: (**NB** there are additional requirements for **special category data (paragraph 8)** – primarily, obtaining explicit consent.)

    a. You must have the **consent** of the data subject, eg client;

    b. Processing the data must be necessary for performance of a **contract** or necessary in order to enter into a contract;

    c. The processing is necessary for compliance with a **legal obligation**, eg tax/pensions records, controlled drugs records; and,

    d. Processing is necessary for the purposes of **legitimate interests**, eg a business interest such as updating a client's contact details or engaging a debt collection agency to seek repayment of a debt, except where such interest is overridden by the interests, rights or freedoms of the data subject.

16. In dealing with day-to-day clients, a., b. and c. are likely to be the most common basis for processing personal data.

17. If you are relying on condition b. above (necessary for the performance of a contract), and a client moves to another practice, you would have to rely on another basis to process the data, eg compliance with a legal obligation such as retaining to satisfy regulations, or legitimate interests, such as the defence of potential claims, legal proceedings, fee disputes etc.

18. Data needs to be processed **fairly**, which includes a balance of fairness to the data subject and the data controller.

19. There needs to be **transparency**, which is about providing information to the data subject that is concise, easily accessible and easy to understand. This is commonly done through a privacy policy (see paragraph 19).

20. One of the key requirements of the GDPR is increased **accountability**. Practices will now be expected to show how they are compliant with the GDPR through their internal policies and procedures. Practices will also be required to show how such policies have been implemented and that they use data protection impact assessments where appropriate. Further information can be found at: https://ico.org.uk/for-organisations/guide-to-the-general-data-protection-regulation-gdpr/accountability-and-governance/data-protection-impact-assessments/.

21. The GDPR also requires practices to have detailed **privacy notices** explaining how they process data, which are concise, transparent, clear and easily accessible. Further information on this can be found at: https://ico.org.uk/for-organisations/guide-to-data-protection/privacy-notices-transparency-and-control/privacy-notices-under-the-eu-general-data-protection-regulation/

What rights do people have to information held about them?

22. Data subjects have the **right to be informed** and provided with information in clear and plain language as to how their data is processed, as set out above (paragraph 21).

23. Data controllers should, on request, confirm if they process an individual's data, provide a copy of the data and provide detailed information about how that data is processed (**right of access**). Organisations should meet such requests within one month and without charging a fee. However, they should first consider whether the information requested constitutes personal data, and if disclosing it would breach any obligation of confidentiality or involve disclosing another individual's personal data. If so, further consideration is required. Data controllers may withhold disclosure where a request is excessive. The following link to guidance on the ICO's website will assist practices' considerations on receipt of a subject access request and includes a helpful checklist: https://ico.org.uk/for-organisations/guide-to-data-protection/principle-6-rights/subject-access-request/ (There are certain exemptions, for example, regulatory bodies where the body's function has been conferred by legislation or is of a public nature and exercised in the public interest).

24. Data subjects are also entitled to have their personal data rectified if it is inaccurate or incomplete (**right of rectification**), and in some cases to have it deleted (**right of erasure** or "right to be forgotten"). If the data has been disclosed to a third party, an organisation must inform the third party of the rectification (or erasure) where possible. The individual must also be informed about the third party to whom their data has been disclosed.

25. In certain circumstances practices may encounter further rights that data subjects have, such as:

    a. the **right to object** to their data being processed on the basis of the practice's legitimate interests;

    b. the **right to restrict** their data being processed due to inaccuracy or an objection being raised; or,

    c. **the right to data portability**.

26. Further information can be found at: https://ico.org.uk/for-organisations/guide-to-the-general-data-protection-regulation-gdpr/individual-rights/

What does my practice need to do?

27. Firstly, ask yourself what data your practice holds/processes and why you have it/process it. Make a register of where it is, how it is stored and who is responsible for it.

28. Once completed you will be able to draft your privacy policy in accordance with the guidance from the ICO (paragraph 21).

29. If the personal data you hold is no longer necessary for the purposes you collected it for, then you should either delete it altogether or anonymise the information that would identify the person in question.

30. Where your practice uses data processors such as laboratories, or outsourced HR and payroll functions, the GDPR also requires written contracts between data controllers and processors and does not allow for a transitional period. Therefore, from 25 May 2018 existing agreements need to be amended to include processor and controller obligations such as: subject matter, duration, nature and the purpose of processing. The processor is required to maintain records of personal data and processing activities. Further information can be found at: https://ico.org.uk/for-organisations/guide-to-the-general-data-protection-regulation-gdpr/accountability-and-governance/contracts/

31. Educate your workforce; roll out clear policies and procedures, including what to do if there is a data breach. Instil these policies from the top of an organisation down. Ensure employees are aware that non-compliance on their behalf will mean employer liability.

What to do if there is a data breach

32. The GDPR **requires mandatory notification** of a data security breach to the ICO, upon organisations, without undue delay and no later than 72 hours of becoming aware of it, unless it is unlikely to result in a risk to the relevant individuals' rights and freedoms. Late notification requires justification.

33. **Where the breach is likely to result in a high risk to a person's rights and freedoms**, eg physical harm, discrimination, identity theft or fraud, reputational damage, financial loss, loss of confidentiality and any other significant economic or social disadvantage, you must also inform the individual(s) concerned, without undue delay.

34. All breaches must be documented and actions taken should also be noted. Further information can be found at: https://ico.org.uk/for-organisations/guide-to-the-general-data-protection-regulation-gdpr/data-breaches/

35. Non-compliance with the GDPR could lead to sizeable financial penalties. The maximum penalty is up to 4% of worldwide annual turnover or 20 million Euros for the most serious infringements such as insufficient consent to process data.

Where can I go to help me prepare for GDPR?

Summary of sources of assistance from the ICO

36. The Information Commissioner's Office (ICO) is committed to assisting businesses to prepare to meet the requirements of the GDPR. The ICO website (https://ico.org.uk) also has several online articles and checklists to help organisations prepare:

    a. Overview – https://ico.org.uk/for-organisations/guide-to-the-general-data-protection-regulation-gdpr

    b. Guide on preparing for the GDPR – https://ico.org.uk/media/1624219/preparing-for-the-gdpr-12-steps.pdf

    c. GDPR readiness quiz – https://ico.org.uk/for-organisations/resources-and-support/data-protection-self-assessment/getting-ready-for-the-gdpr/

    d. ICO's retention policy advice - https://ico.org.uk/for-organisations/guide-to-data-protection/principle-5-retention/

Q&As

1. Will the GDPR still apply when the UK leaves the EU?

Yes, the UK Government has confirmed that the UK's decision to leave the EU will not affect the commencement of the GDPR.

2. Do I need to register with the ICO?

Under current data protection law, organisations that process personal information are required to notify the ICO, as data controllers (unless exempt **https://ico.org.uk/for-organisations/guide-to-data-protection/exemptions/**), and explain what personal data is collected and what is done with it. They are also required to pay a notification fee, based on their size which is currently £35 to £500. When the GDPR comes into effect there will no longer be a requirement to notify the ICO in this way, however there will still be a legal requirement for data controllers to pay the ICO the data protection fee outlined above.

3. Does the GDPR apply to data about animals?

No, the GDPR applies to data that can identify a living individual. This does not include animals.

4. How can my practice inform individuals how we process their personal data?

By ensuring that your practice's privacy notices are clear, concise, transparent and easily accessible (see paragraph 1 above). The ICO website has helpful guidance which will assist in the preparation of such a notice **https://ico.org.uk/for-organisations/guide-to-data-protection/privacy-notices-transparency-and-control/privacy-notices-under-the-eu-general-data-protection-regulation/**

5. What does my practice do if a client makes a subject access request?

First check the request is in writing (a requirement) and then ensure you respond, ordinarily within a month. A request would most commonly be made where a person wants to see a copy of the information a practice holds about them. Paragraph 23 above contains further information on how to respond to subject access requests and a useful link to guidance from the ICO which includes a checklist of what should be considered upon receipt of a request.

6. Do I have to erase a client's data if they ask me to?

If the lawful basis for processing the data is consent, and consent is withdrawn, then you must comply with the request unless you have another legal ground for processing the data. If, however, you are processing the data on another lawful basis, you need to weigh up whether you are justified in retaining the information, or some of it (see paragraph 15 above). If in doubt, check with the ICO.

7. If a client moves to another practice does that mean that they have automatically asked to be forgotten?

No, but you should consider whether you still have a lawful basis for retaining the data such a legitimate interest, eg a potential fee dispute. (See paragraph 15 above)

8. What is a data breach?

The loss, damage or destruction of data, or the unauthorised disclosure, access or alteration of personal data, eg typing the wrong email address and sending personal data regarding Mr X to Mrs Y.

9. If there is a data breach, should I inform the individual concerned?

Yes, if the breach is likely to result in a high risk to that individual's rights and freedoms. **https://ico.org.uk/for-organisations/guide-to-pecr/communications-networks-and-services/security-breaches/**

10. My practice is small, is there a specific advice line for businesses like mine?

Yes the ICO has a dedicated telephone line for small and medium-sized businesses: 0303 123 1113.

11. What impact does the GDPR have on sharing of patient history when referring?

Information relating to the animals is not affected by the GDPR (see question 3 and paragraph 5 above). You will need a lawful basis for transferring a client's data, such as consent. You should be clear about what client data on file you have consent to transfer to the new practice; a client may not want you to transfer personal data relating to bills/invoices.

12. My practice is familiar with data protection law and its requirements. What is the biggest change brought about by the GDPR?

Arguably accountability. Having a lawful basis for processing data is not a new concept, but the GDPR will expect practices to show how they are compliant via their policies and procedures and how they have been implemented.

13. My practice has a Practice Management System (PMS), what should I consider to ensure it is GDPR compliant?

As with all data held, review what data is stored, why, and who has access to it. Consider how long the data is stored for. Once you have formulated your internal policy speak to your PMS provider regarding what options are available for removing or archiving data that is no longer necessary.

14. How long should my practice retain client/ clinical records for?

We do not specify a period for retention but would highlight that the indemnity insurers have historically advised such records are retained for seven years (six years is the maximum limitation period for most civil claims, plus one year). Practices will be aware that record-keeping requirements for veterinary medical products are set out within the Veterinary Medicines Regulations. Furthermore,records for the retail supply (incl administration) of POM-V and POM-VPS medicines must be kept for five years. As set out in paragraph 29 above, if the personal data you hold is no longer necessary for the specified purpose, then you should either delete it altogether or anonymise the information that would identify the person in question. If in doubt speak to the ICO and your professional indemnity insurer.

15. Do I need a Data Protection Officer (DPO)?

DPOs need only be appointed if you have over 250 employees, are a public authority, carry out large-scale systematic monitoring of individuals (online tracking etc) or carry out large-scale processing of special categories of data or data relating to criminal convictions and offences. Whilst a DPO is most likely not going to be required under the GDPR for many practices, for some it will be necessary and even when it is not, it is sensible to have somebody within the practice in charge of GDPR.

16. A client disagrees with an entry in their pet's clinical records and insists you rectify it, what do you do?

Does the entry relate to the client's animal? If the entry relates to the client's animal there is no right to rectification because data must relate to a living individual not an animal.

If the data relates to a dispute over what has been said to a client then you may wish to record the differing views or raise the matter with your professional indemnity insurer.

If, however, the data relates to your client and is inaccurate or incomplete the client is entitled to have the error rectified. You must ordinarily respond within a month (two months if a complex request).

If you are not taking action to rectify you must inform the individual concerned as to why and advise that they may complain to the supervising authority, the ICO.

17. When a client signs up for the practice can I ask them to consent to receiving reminders and special offers?

Yes, but remember, consent must now be freely given, specific, informed and an unambiguous indication of an individual's wishes in order to comply with the GDPR. Consent requires a positive opt-in. You cannot use pre-ticked boxes or other methods of default consent. Consent also cannot be implied and must also be separate from other terms and conditions. Practices should make it simple for consent to be withdrawn. Keep consent under review and refresh it if anything changes.

18. Are there different rules if I send leaflets in the post to sending text messages and emails?

Yes, specific consent must have been obtained from the individual concerned in order to direct market via phone calls, text messages and emails. However, if you do not have consent, the solution is not to email all your clients to ask for consent to email/text marketing, as this in itself is likely to constitute email marketing, and therefore breach the GDPR and the current Privacy and Electronic Communications Regulations 2003 (PECR) - https://ico.org.uk/for-organisations/guide-to-pecr/. Instead, you could ask clients to 'opt in' by ticking a box on a form when they next come to the practice, or on a leaflet that you send by post. You should keep records of such consents, including when they were given and exactly what they covered.

19. A client caused trouble at the practice and I want to make a note to 'warn' colleagues – am I allowed to do this?

Yes, however personal data from which a client is identifiable may be the subject of a subject access request and could be disclosed to the client on receipt of such a request.

20. What about if a client has health difficulties that impact on their caring for their pet and I want to record this so that all members of staff are aware even if I am not there. Can I do it?

Yes, but as this falls into special category data (see paragraph 8 above) you should first obtain the explicit consent of the client (see paragraph 12 above).

21. I've asked my clients to opt-in to consent to vaccine reminders. I know that consent does not last forever, but how often do I need to ask?

You are not required to refresh all existing DPA consents in preparation for the GDPR. If you rely on an individual's consent to process their data, make sure it meets the GDPR standard on being; specific, clear, opt-in, properly documented and easily withdrawn.

If the consents you previously obtained do not comply with these standards, or you have not heard from the client for some time, you should consider refreshing consent. There are no hard and fast rules about how often this should be done, however an annual refresher would not be disproportionate. All communications and the vaccine reminders themselves should include an opt-out.

If you do not already have consent to send vaccine reminders, such consent will need to be obtained. However, do not email or text all your clients asking for consent, as this may be considered as unsolicited email marketing (see question 18). If in doubt, contact the ICO.

22. We have a number of contracts that have been running for years where we pass data to other third parties, eg outsource payroll or reminder services. Can I assume that these contractors/data processors are doing everything ok? And who is responsible if something goes wrong?

No, you cannot assume everything is ok. The GDPR requires written contracts between data controllers and processors and does not allow for a transitional period. Therefore, from 25 May 2018, existing agreements need to be amended to include processor and controller obligations, such as: subject matter, duration, nature and purpose of processing, as well as confidentiality and security etc.

The processor is required to maintain records of personal data and processing activities. The ICO has provided a helpful checklist to help in the drafting of such contracts - **https://ico.org.uk/for-organisations/guide-to-the-general-data-protection-regulation-gdpr/accountability-and-governance/contracts/**

Whilst data processor obligations have been increased, this does not decrease the obligations on data controllers. Small and medium sized practices may want to consider asking processors to provide a contract for review and then consider it against the checklist set out within the link above on the ICO's website.

23. Can I ask a client to agree to give consent up front in the event that they want to change practice and I can then transfer contact details, so that I do not have to do it at the time when they have gone to visit another vet?

Yes, provided the GDPR standards on consent are met, namely the consent is specific, clear, transparent, opt-in, properly documented and easily withdrawn. If you do not have such consent and your client wants you to transfer their records to another vet, it is likely you will obtain consent at this stage. If in doubt, obtain such consent before transferring such personal details.

24. When someone 'opts in' and consents, does this always have to be in writing?

No, however, for consent to be GDPR-compliant, there must be some form of clear affirmative action, namely a positive opt-in. Consent cannot be inferred from silence, pre-ticked boxes or inactivity. Clear, concise and properly documented consent will remove ambiguity and ensure compliance.

As the GDPR makes consent more difficult to obtain, verbal consent should be recorded clearly, concisely and properly to remove ambiguity and ensure compliance. A record should be kept of what information was given to the individual, so that you can demonstrate that the consent was specific and informed (as required by the GDPR).

25. What if I want to transfer data to debt recovery agents?

The sharing of client data with a debt recovery agent will not require the client's consent as the practice will have a legitimate interest in sharing the data and therefore will have a lawful basis for, doing so.

26. I like to circulate electronic client surveys to get feedback on how we are doing as a business. Can I do this?

It could be argued that practice feedback forms do not constitute marketing material, and that you have a legitimate interest in collecting feedback. However, to avoid criticism, practices could obtain consent to obtain feedback yearly or after appointments. Ideally, obtain consent in person when the client visits the practice, not by email (which could be considered as unsolicited marketing in itself). Practices should be mindful of electronic marketing requirements (see question 18), which can be avoided by sending feedback forms by post.

27. I am involved in the data management and storage of data for research purposes. What should I be aware of?

If you are storing or managing personal data which has undergone 'pseudonymisation', and which could be attributed to an individual by the use of additional information, the principles of the GDPR set out in the above statement apply to that information. In helping you to determine whether a person is identifiable, you should take account of the means likely to be used to identify the person directly/indirectly, for example cost and technology.

The principles of data protection do not apply to truly anonymous information, namely information which does not relate to an identified or identifiable person, or to personal data rendered anonymous in such a manner that the data subject is not or is no longer identifiable.

28. Under existing employment legislation, I am required, for example, to retain accident reports for three years and salary records for six years. Is this still applicable?

The GDPR does not specify particular retention periods for personal data, but states that it should be kept, in a form that permits identification of an individual, for no longer than is necessary for the purpose for which it was processed.

Practices may be guided by statutory retention periods, limitation periods and business needs. Therefore, when formulating practice policies and procedures, have regard to current legislation which sets out retention periods for Human Resources data.

29. Does my practice need an information asset register? If so, what are the minimum requirements?

In conducting your data audit in which you set out: the type of personal data held, how and why it is processed, where it is stored, who has access to it, where it is transferred (if applicable) and when it is deleted, you will compile the basis for your asset register. In doing so, your practice will also be helping to demonstrate how it complies with the GDPR, and identifying any issues which need to be addressed to ensure compliance.

30. What impact will the GDPR have on consent in terms of the client relationship, when the owner and client are not the same person?

Practices should have regard to chapter 11 of the supporting guidance to the RCVS Code of Professional Conduct on communication and consent – **www.rcvs.org.uk/consent** – which states that care should be taken in situations where the client presenting the animal is not the owner.

With regards to processing personal details, practices should remember that they require consent or another lawful condition in order to process personal data (see paragraph 14 above).

Clear, concise, transparent and well documented consent will assist in ensuring compliance with the GDPR, but in situations where you may have to process Mr X's personal details when Mr Y is presenting Mr X's animal and you are uncertain as to whether you have Mr X's consent, do check. Remember, consent cannot be implied. If you are taking Mr Y's personal details as well, you will probably need his consent because you will not be performing a contract with him.