

Standards Committee

Agenda for the meeting to be held on 9 April 2025 at 10:00

1.	Apologies for absence, declarations of interest. Minutes from the meeting of 12 February 2025	
2.	Matters for decision	
	a. Reducing misuse of lethal medicines - confidential	Paper attached
	b. Maintaining professional boundaries	Paper attached
	c. Specialist guidance	Paper attached
3.	Matters for discussion	
	a. GEFS audit metrics report – confidential	Paper attached
	b. Guidance on RVNs and anaesthesia	Cover sheet attached
	c. Strategy plan – confidential	Slides attached
4.	Matters to note	
	a. RESC subcommittee update	Paper attached
5.	Matters for report	
	a. Disciplinary Committee Report	Paper in library
6.	Risk and equality	Oral update
7.	Any other business and date of next meeting on 11 June 2025	Oral update
	<ul style="list-style-type: none"> Certification subcommittee 	

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	12 February 2025
Title	Standards Committee Minutes
Summary	<p>Minutes of Standards Committee meeting held in person and remotely on Wednesday 12 February 2025, at 9:30am</p> <p>The Committee's attention is drawn to paragraphs 1 - 23 of the classified appendix.</p>
Attachments	Classified appendix
Author	<p>Vicki Price</p> <p>Senior Standards and Advice Officer</p> <p>Secretary to the Ethics Review Panel</p> <p>v.price@rcvs.org.uk</p>

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

1Classifications explained

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2Classification rationales

Confidential	<ol style="list-style-type: none"> 1. To allow the Committee or Council to come to a view itself, before presenting to and/or consulting with others 2. To maintain the confidence of another organisation 3. To protect commercially sensitive information 4. To maintain public confidence in and/or uphold the reputation of the veterinary professions and/or the RCVS
Private	<ol style="list-style-type: none"> 5. To protect information which may contain personal data, special category data, and/or criminal offence data, as listed under the General Data Protection Regulation

Minutes of the Standards Committee meeting held remotely on Wednesday 12 February 2025

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:

RCVS	Lizzie Lockett	CEO
	Gemma Kingswell	Head of Legal Services (Standards)
	Beth Jinks	Standards and Advisory Lead
	Vicki Price	Senior Standards and Advice Officer
	Ky Richardson	Senior Standards and Advice Officer/Solicitor
	Nyero Abboh	Standards and Advice Officer
	Bri McLachlan	Standards and Advice Administrator
	Mike Herrtage	Chair of the RVP Subcommittee
	David Black	Certification Subcommittee Member and OV
	Angharad Belcher	Director for Advancement of the Professions
	Sarah Iddon	Head of Legal Services (PSS)

Defra

Natalie Rodriguez	Head of EU Exports and Trade Facilitation
Ioana Dobre	OV, Eville and Jones
Laurentiu Patea	Veterinary Advisor
Anja Parezanin	Veterinary Adviser
Stacy Cannon	Project Manager
Taiba Shaukat	Lead Policy Adviser

AI 1 Apologies for absence, declarations of interest, minutes of the meeting of 4 December 2024

1. Apologies were received from Christopher Loughrey and Alice McLeish.
2. SB noted as a new declaration of interest that she has acquired shares in a Pet Euthanasia company.
3. The minutes of the meeting of 4 December 2024 were agreed.

Matters for decision

AI 2 (a) GEFS – confidential

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

AI 2 (b) Reducing misuse of lethal medicines (trigger warning: suicide)

5. The Committee was advised that this item relates to two Prevention of Future Deaths reports issued following two separate coroners' inquiries. It was noted that the RCVS had no prior knowledge of the details of the cases discussed in the reports and had not been present at the inquiries. In both cases, the coroners' reports required the RCVS to consider preventative measures that could be taken to reduce the risk of suicide resulting from access to lethal veterinary drugs such as pentobarbital. The College's written responses outlined the extensive existing requirements for controlled drugs, in particular for Schedule 2 controlled drugs, and highlighted that the College's guidance often goes above and beyond the legal safe custody requirements.
6. The responses also outlined a set of actions that the RCVS would take, which included exploring with this Committee whether any extra requirements could be added into PSS Core standards or the supporting guidance. It was suggested that possible areas to consider were making it a requirement for practices to have bespoke suicide prevention plans and whether any of the existing requirements relating to Schedule 2 CDs could or should be extended to Schedule 3 CDs. The Committee was also invited to discuss any other measures that might reduce the misuse of lethal medicines.
7. The Committee agreed with the content of the letters sent in response to the coroner's reports, and noted that its 2024 advice to the RSPCA regarding access to euthanasia drugs by lay people in rescue centres was consistent with the overall aim of limiting unauthorised access to lethal medicines.

Angharad Belcher joined the meeting.

8. The Director for Advancement of the Professions joined the meeting and summarised some of the resources and tools available to practices in relation to suicide prevention. These include, for example, the 'five at five' checklist which involves staff taking time to process difficult events that may have happened that day. It was explained that this is a low input and low-cost device and can be adapted by each practice. It was noted that it would be helpful to have PSS weight behind it to encourage take-up.
9. It was raised whether the use of Schwartz rounds, as are used in the NHS to discuss difficult issues, could be encouraged. The Director for Advancement of the Professions noted that this was investigated a few years ago, however, the training required is expensive and more work is needed as some practices may not be ready.
10. The Committee raised a concern about tools being used without appropriate direction and training. For example, some mental health first aiders may not be equipped to deal with the situations that arise beyond signposting to other sources of help and could potentially worsen the situation for the at-risk person and themselves. It was agreed that whilst standardisation is useful, it is more important that any suggested tools are used appropriately and do not amount to tokenism in the context of each practice.
11. The Committee was informed that work was planned to do more myth-busting regarding mental health to create greater understanding and develop evidence-based support. A new Academy module on mental health aimed at management will launch soon. Practices will be encouraged to develop their own tailored plans, and a trained mental health staff member would be just one part of this. Specific proposals could also be taken to the Mind Matters group.
12. The Committee asked whether other safeguarding mechanisms could be adopted, e.g. establishing a reporting chain with nominated people and mandatory training for all required by PSS. The Director of Advancement of the Professions advised that one size does not fit all and that support from senior leadership and a top-down bottom-up approach is key to keep improving awareness. The Committee noted they would like to see the RCVS leading on this issue.

Angharad Belcher left the meeting

13. The Committee discussed the following issues in relation to the proposals raised in the paper:
 - a. Pentobarbital probably should be in safe storage when not in use and a two-person access rule should be considered. It was noted that one of the practices referenced in a coroner's report had now implemented a two-person access rule and requirement that two people should attend if the drugs are being taken away from practice.
 - b. It was raised that two-person sign off to access controlled drugs would not be practical for ambulatory vets and sole practice euthanasia providers. Restricted

access would also mean vets would not be able to alleviate pain in some emergencies, such as unexpected road traffic accidents, which could result in moral injury for the vet involved.

- c. As regards storage of medicines in vehicles when of duty, there were mixed views about whether the wording of the current guidance went far enough to achieve the aims – the current wording states ‘where possible’ drugs should be returned to the practice each night. There was discussion about moving the current guidance to a place of prominence in the supporting guidance instead of within the guidance notes of PSS.
 - d. It was noted that if it became apparent that a practice was not storing drugs correctly this should be reported to the VMD.
 - e. With regards to a PSS Core standard relating to practice-specific suicide prevention plans, although discussion of templates was had, it was agreed that it is more useful for practices to interrogate their own processes and apply a context and practice-specific suicide prevention plan instead of following a template.
 - f. It was acknowledged that practices that have already implemented measures are less likely to need them as they are already engaged with the issue.
 - g. The Committee agreed that human health must come first and acknowledged that those in the tragic situation of considering taking their own life with controlled drugs should have access to ‘offramps’ and ways to challenge their decision. One such measure is Euthasafe, a storage box requiring two-factor authentication and additional information to be provided before allowing access to the lethal medicines inside.
14. The Committee pointed out that the RCVS guidance should be amended to reflect that a suitable electronic controlled drugs register has now become available in the UK.
- Action: Lead for Standards and Advice**
15. The Committee agreed to the proposal to add a requirement to the PSS Core standards for practices to implement suicide prevention plans, and agreed to discuss the detail of the guidance note at a future meeting with the help of the Director, Advancement of the Professions.
- Action: Head of Legal Services (PSS)/
Director Advancement of the Professions**
16. In relation to the RCVS guidance on storage of CDs in vehicles, it was noted that there was a difference of opinion within the Committee, and that the Committee had last considered this

issue in 2021. Therefore, it was agreed that further discussion should be had at the next meeting.

Action: Head of Legal Services (Standards)

AI 2 (c) - RVN Schedule 3 exemption review - confidential

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

Matters to note

AI 3 (a) RVP sub-committee update

18. The Chair reminded the Committee about the recent introduction of live sub-committee reports from each of the sub-committees that report to the Standards Committee, which is intended to provide the ability to look at the work of each sub-committee in more depth and bring their work to life. This meeting is the turn of the Routine Veterinary Practice sub-committee, chaired by Professor Mike Herrtage. It was noted that two members of the Committee also sit on the RVP sub-committee (SP and CL).

Mike Herrtage joined the meeting

19. The RVP sub-committee Chair introduced himself and provided a summary of the role of the RVP sub-committee and the focus of its work. He noted that the sub-committee considers and gives advice to the profession on whether specific proposed procedures or techniques amount to routine veterinary practice or not. In addition to considering stand-alone RVP queries from the profession, the majority proportion of the sub-committee's work is to provide a view in relation to RVP to the Ethics Review Panel, as the first stage of the College's ethics review process for applicants seeking to undertake practice-based clinical veterinary research projects. To amount to routine veterinary practice the procedure must be for the health and welfare of the animal, and if it is not, a Home Office licence is required.
20. The Chair of the RVP sub-committee noted that there had been a recent update to Chapter 25 of the guidance. This included tightening up the definition of clinical veterinary research (CVR), including to specify that a good outcome for the patient should be intended. This wording was added to provide clarity for those writing research requests rather than to address any particular concerns with research being carried that isn't for the benefit of a patient. The guidance was also updated to clarify that for blood transfusions, blood collected in advance to donate to an unknown patient would not be considered routine veterinary practice. There needs to be a known/dedicated patient at the time of collection. Collected blood could, however, then be used for other purposes if it was not, in fact, used for the intended identified patient in the end.

21. The Committee thanked the Chair of the RVP sub-committee for the update and for the sub-committee's ongoing work.

Mike Herrtage left the meeting

AI 3 (b) Certification logistics module pilot update (near miss register) – confidential

22. The minutes of this agenda item can be found in the classified appendix at paragraphs 14-15.

Matters for report

AI 4 (a) Disciplinary Committee Report

23. The report was noted.

AI 4 (b) PSS Report – confidential

24. The minutes of this agenda item can be found in the classified appendix at paragraphs 16-22.

AI 5 Risk and equality

25. The minutes of this agenda item can be found in the classified appendix at paragraph 23.

AI 6 Any other business and date of next meeting

26. The Head of Legal Services (Standards) asked for the Committee's view on updating the supporting guidance on a scheduled, bi-annual basis (as opposed to on an ad-hoc basis as and when decisions are made). It was noted that the RCVS Communications team supported this idea and had suggested that the best timing would be a spring and an autumn update. The Committee supported this way forward and noted that it would be positive for the profession as the changes would be more accessible and less overwhelming.
27. The RCVS CEO noted ongoing work concerning regulating veterinary professionals' use of Artificial Intelligence (AI) technology. Ideally, professionals should be able to use their own judgement about using AI. The RCVS does not have the capability to regulate AI devices; it can only provide guidance. One option may be to ask technology developers in the veterinary space to create their own regulatory framework. A first exploratory meeting was held recently, which included discussion with the Standards and Advice team and the IT team amongst

others. Discussions are now needed with a broader range of stakeholders, including technology developers and technology users.

28. The Committee specifically commended Senior Standards and Advice Officer Ky Richardson for their work on a recent advice query.

29. The next meeting of the Committee will be held on 9 April 2025 and will be in person for committee members.

Table of actions

Paragraph	Task	Responsibility
14	Amend guidance relating to digital CD registers	Lead for Standards and Advice
15	Consider the content of a guidance note for a practice-specific suicide prevention plan.	Head of Legal Services (PSS)/ Director Advancement of the Professions
16	Prepare a longer paper for the Committee on suicide in the profession, including statistics/trends.	Head of Legal Services (Standards)

Summary	
Meeting	Standards Committee
Date	9 April 2025
Title	Maintaining professional boundaries
Summary	Following a request by the Committee to explore this area and consideration of the matter in February 2024, this paper proposes paragraphs to be added to the supporting guidance to clarify the position on maintaining boundaries with clients, and treating animals of family and friends.
Decisions required	The Committee is asked to discuss whether the proposed guidance in paragraph 4 achieves the Committee's desired aims.
Attachments	Annex A – Feb 24 Standards Committee paper
Author	Beth Jinks Standards and Advice Lead b.jinks@rcvs.org.uk

Classifications		
Document	Classification ¹	Rationales ²
Paper	Unclassified	
Annex A	Unclassified	

¹Classifications explained

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²Classification rationales

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Background

1. In early 2024 the Committee considered adding information to the supporting guidance around maintaining professional boundaries. This idea stemmed from wanting to highlight the existence of a power disparity between vets and clients and provide advice on safeguarding clients against potential financial exploitation, as well as codifying existing advice around prescribing for animals belonging to family or friends, and providing official certification in these circumstances.

2. The paper from February 2024 can be found at **Annex A**. The minutes of the discussion at this meeting are as follows:

The Committee was reminded of the discussion at the previous meeting which explored whether guidance on maintaining professional boundaries could be added to the supporting guidance to the Code of Professional Conduct. The Committee discussed that, while relationship dynamics between vets/nurses and clients are different to that in human medicine, there is still a potential power disparity.

The Committee was directed to consider the proposed guidance in the paper at paragraph 7, which is presented as one potential option. The Committee discussed the following:

- a. Vets and nurses are important parts of the community, and it can be hard to separate their social and professional lives. However, vets and nurses do need to be aware of situations where one of the parties could potentially be exploited – this goes for the client as well as for the professional.*
- b. The current wording addresses clients ‘who could be considered vulnerable’, however the nature of the vet-client relationship and emotive work involved means that any client could be vulnerable due to the imbalance of power.*
- c. Regarding certification services at 3.0, it could be made clearer that this refers to certification which will be relied upon in an official capacity (e.g. equine passports) as opposed to small animal vaccination cards which are not considered certification and instead form part of the clinical record.*
- d. It was raised that the Disciplinary Committee has not heard any recent cases with regards to crossing professional boundaries. The most similar issues have related to conflicts of interest when providing false certification for own animals in an official capacity.*

The Committee requested that the proposed guidance be redrafted from a different angle of the inherent power imbalance in professional/client relationships and mutual protection for all involved.

3. The Committee should also be mindful that issue of imbalance of power between vets and clients has also been raised by the CMA through the market investigation, and therefore the Committee’s exploration of this issue is timely.

Proposed guidance

4. The proposed guidance has been redrafted following the comments from the last meeting (amendments highlighted in red):

Maintaining professional boundaries

1.0 Veterinary surgeons and registered veterinary nurses should maintain appropriate boundaries with clients. *The nature of the professional relationship with clients inherently carries a power imbalance, and while* ~~Whilst~~ personal or social relationships with clients are not prohibited, veterinary surgeons and veterinary nurses should *prioritise mutual protection for all parties involved.* ~~refrain from engaging in relationships with clients who could be considered vulnerable, or where any relationship may raise a real or perceived conflict of interest.~~

2.0 Veterinary surgeons and registered veterinary nurses are permitted to provide veterinary services to family members and friends; however, the animals' interests must remain the priority, and obligations such as maintaining clinical records and obtaining informed consent apply.

3.0 Veterinary surgeons should avoid prescribing or dispensing controlled drugs or providing *official* certification services for animals of friends or relatives where this may raise a real or perceived conflict of interest. (See RCVS [Controlled Drugs Guidance - A to Z for further guidance on controlled drugs](#)).

Decision

5. The Committee is asked to discuss whether the proposed guidance in paragraph 4 achieves the Committee's desired aims.

Summary	
Meeting	Standards Committee
Date	14 February 2024
Title	Maintaining appropriate boundaries
Summary	Following a request by the Committee to explore this area, this paper proposes paragraphs to be added to the supporting guidance to clarify the position on maintaining appropriate boundaries, personal/social relationships with clients, and treating animals of family and friends.
Decisions required	<p>The Committee is asked to:</p> <ol style="list-style-type: none"> Discuss whether the proposed guidance in paragraph 7 above achieves the Committee's desired aims. If not, advise on further amendments/additions to the guidance.
Attachments	None
Author	<p>Beth Jinks</p> <p>Standards and Advice Lead</p> <p>b.jinks@rcvs.org.uk</p>

Classifications		
Document	Classification ¹	Rationales ²
Paper	Unclassified	

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Background

1. At its meeting in November 2023, the Committee raised that it wanted to explore whether guidance on maintaining professional boundaries could be added to the supporting guidance to the Code of Professional Conduct. The Committee discussed that while relationship dynamics between vets/nurses and clients are different to that in human medicine, there is still a potential power disparity, especially with vulnerable clients.
2. The minutes of the discussion are as follows:
 1. *The Committee noted that other healthcare regulators include standards prohibiting personal relationships with clients/patients and observed that neither Chapter 28 nor the remainder of the supporting guidance sets a related standard. The Committee made the following observations:*
 - a) *The line between client and friend in the veterinary profession is often blurred as veterinary surgeons/nurses are typically immersed within their own communities and it is common for clients to add them on social media. The vet/client relationship is also often developed in social settings.*
 - b) *The relationship dynamic between veterinary surgeon/nurse and client is different to the relationship dynamic between doctor and patient, not least because human patients are often treated in various stages of undress but also there is no dynamic within the veterinary profession where chaperones are mandated or required although it was acknowledged that some clients may indeed be vulnerable and at risk of exploitation in other ways.*
 - c) *Relationships in all walks of life can and do occur in professional settings and a balance should be struck between reminding the profession of what is appropriate and the importance of consent, and not restricting the freedom to develop fulfilling personal relationships in ones' own community.*
 2. *The Committee agreed that a complete prohibition on personal relationships, including romantic relationships, between veterinary surgeons/nurses and clients would go too far but agreed that guidance should be introduced to safeguard vulnerable clients including against possible financial exploitation, with any new guidance also exploring conflicts of interest as far as they relate to treating patients of family and friends.*
 3. *The Committee agreed that this matter was broader than Chapter 28 of the supporting guidance and so it should be discussed in detail, including where in the supporting guidance it is best placed, at the next meeting of this Committee.*
4. To aid the Committee's discussion and provide context, the following are extracts from the standards of healthcare regulators in the UK:
 - a) General Optical Council: [Chapter 15](#) of the Standards of practice for optometrists and dispensing opticians states that registrants should:

'Maintain proper professional boundaries with your patients, students and others that you come into contact with during the course of your professional practice and take special care when dealing with vulnerable people.'

'Never abuse your professional position to exploit or unduly influence your patients or the public, whether politically, financially, sexually or by other means which serve your own interest.'

- b) Health & Care Professions Council: [Standard 1.7](#) of the standards of conduct, performance and ethics states simply that 'You must keep your relationships with service users and carers professional.'

Guidance

3. The proposed guidance below covers the issues discussed by the Committee, and references guidance from elsewhere in the 'Setting Standards' section of the RCVS website.
4. Paragraph 2.0 has been included as the issue of providing care to animals of family and friends is related to maintaining appropriate boundaries and is a common query received by the Standards and Advice Team. The amendment below reflects the advice given in response to such enquiries.
5. The guidance in 3.0 below is extrapolated from the [controlled drugs guidance](#) in relation to veterinary surgeons prescribing CDs for their own animals, which states:

Whilst the Veterinary Medicines Regulations 2013, do not prohibit veterinary surgeons from prescribing to their own animals, veterinary surgeons should not prescribe or dispense CDs to their own animals due to the increased risk of a real or perceived conflict of interest, and the possibility that their integrity could be questioned.

The proposed guidance in relation to prescribing controlled drugs for family and friends below, however, is less strict as it does not prohibit the prescribing and dispensing of controlled drugs to family and friends, but advises vets to consider whether doing so would raise a real or perceived conflict of interest.

6. The reference to potential conflicts of interest in relation to certification services has also been included in 3.0 as this is a common query received by the team.
7. The proposed guidance is as follows:

Maintaining professional boundaries

- 1.0 *Veterinary surgeons and registered veterinary nurses should maintain appropriate boundaries with clients. Whilst personal or social relationships with clients are not prohibited, veterinary surgeons and veterinary nurses should refrain from engaging in relationships with clients who could be considered vulnerable, or where any relationship may raise a real or perceived conflict of interest.*
- 2.0 *Veterinary surgeons and registered veterinary nurses are permitted to provide veterinary services to family members and friends; however, the animals interests must remain the priority, and obligations such as maintaining clinical records and obtaining informed consent apply.*

3.0 *Veterinary surgeons should avoid prescribing or dispensing controlled drugs or providing certification services for animals of friends or relatives where this may raise a real or perceived conflict of interest. ([See RCVS Controlled Drugs Guidance - A to Z](#) for further guidance on controlled drugs).*

8. It is suggested that any new guidance be added to the supporting guidance at [Chapter 2: Veterinary Care](#). This chapter already covers a range of conduct issues such as conscientious objection (para 2.29-32) and general factors relating to personal accountability (para 2.2).

Decision

9. The Committee is asked to:
 - a. Discuss whether the proposed guidance in paragraph 7 above achieves the Committee's desired aims.
 - b. If not, advise on further amendments/additions to the guidance.

Summary	
Meeting	Standards Committee
Date	9 April 2025
Title	Specialist guidance
Summary	<p>This paper provides a brief overview of a request of this Committee to agree to the removal of “<i>having a special interest in...</i>” from Chapter 23 of the supporting guidance to the Code of Conduct.</p> <p>This language is currently used as a recommended alternative way of promoting a service when a veterinary surgeon is not an RCVS recognised specialist and is reported to be causing some confusion within the professions.</p>
Decisions required	The Committee is asked to agree to remove the language referred to in paragraph 1.
Author	<p>Ky Richardson</p> <p>Senior Standards and Advice Officer/Solicitor</p> <p>k.richardson@rcvs.org.uk / 0207 202 0757</p>

Classifications

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Specialist guidance

Introduction

1. The Committee is asked to consider removal of the text in red in the following excerpt from [Chapter 23](#) of the supporting guidance to the Code of Conduct:

23.26 Veterinary surgeons who are not on the specialist list should not use the title 'specialist' or imply they are a specialist, for example, they should not use such terms as 'specialising in'. They may however use terms such as 'having a special interest in...', 'experienced in...', or 'practice limited to...', when promoting their services.

2. This proposal is made because the Standards and Advice Team, when contacting veterinary surgeons in an advisory capacity and asking for '*specialising in*' to be removed from websites and social media (where appropriate), has received feedback that there is very little difference between 'specialising in' and 'a special interest in' and so, if one implies specialist status, so does the other.
3. Whilst slightly different, the two phrases may be interpreted by the professions and the public to imply RCVS specialist status and so it is proposed that they are treated in the same way, i.e., they should be avoided if a veterinary surgeon is not an RCVS recognised specialist.

Decisions required

4. In light of the above, and to offer further clarity to the professions and the public, the Committee is asked to agree to remove the language in red cited at paragraph 23.26 (above).
5. The Committee will note that paragraph 23.26 (above) will continue to provide the professions with two alternative terms that cannot alone be mistakenly interpreted to imply specialist status by the professions or the public.

Summary	
Meeting	Standards Committee
Date	9 April 2025
Title	RVN anaesthesia guidance
Summary	<p>The guidance within Chapter 18 of the supporting guidance currently states that RVNs and SVN's may be directed to assist in the maintenance and monitoring of patients under anaesthesia, with the following additional information:</p> <ul style="list-style-type: none"> a. Inducing anaesthesia by administration of a specific quantity of medicine directed by a veterinary surgeon may be carried out by a veterinary nurse or, with supervision, a student veterinary nurse, but not any other person. b. Administering medicine incrementally or to effect, to induce and maintain anaesthesia may be carried out only by a veterinary surgeon. <p>Not only does the wording not accurately reflect the position as it has developed over time, it is also unusual for the RCVS to provide such detailed information about administration of POM-Vs by RVNs.</p> <p>Recent discussions within the RCVS and with the BVNA have highlighted some difficulties with interpretation of the guidance.</p> <p>Internal discussions, as well as those with BEVA and BVNA, have led to agreement on the intention around RVNs and anaesthesia and how this may be applied in practice, i.e., <i>prescribing medicine to induce and maintain anaesthesia may be carried out only by a veterinary surgeon. The administration can then be carried out by a veterinary nurse, or with supervision, a student veterinary nurse, under the condition that there are predetermined patient-specific protocols in place for the administration setting out specific quantities to be administered over a set time period. Where any situation has not been provided for in the protocol, a further prescribing decision may need to be made by a veterinary surgeon before any further administration by a veterinary nurse, or with supervision, a student veterinary nurse.</i></p> <p>It is therefore proposed that the existing guidance be paired back significantly. We will bring draft amendments to the next meeting, however we welcome the Committee's advice on direction of travel.</p>
Decisions required	None – for discussion only. The Committee is asked to discuss the existing guidance on induction, maintenance and monitoring of anaesthesia by RVNs and provide advice on next steps.
Attachments	None
Author	Beth Jinks Standards and Advice Lead

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Classifications

Document	Classification ¹	Rationales ²
Paper	Unclassified	

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"> 1. To allow the Committee or Council to come to a view itself, before presenting to and/or consulting with others 2. To maintain the confidence of another organisation 3. To protect commercially sensitive information 4. To maintain public confidence in and/or uphold the reputation of the veterinary professions and/or the RCVS
Private	<ol style="list-style-type: none"> 5. To protect information which may contain personal data, special category data, and/or criminal offence data, as listed under the General Data Protection Regulation

Summary	
Meeting	Standards Committee
Date	9 April 2025
Title	The Riding Establishments Subcommittee (the “RESC”) update
Summary	<p>This paper provides an update in relation to the work of the RESC, including a broad overview, a summary of current activities (Spring 2025 edition of <i>REIN</i> and the 2025 Training and Induction Course), and routine matters to report.</p> <p>This paper also notes several topical matters which the Chair of the RESC will summarise at the meeting.</p>
Author(s)	<p>Ky Richardson Senior Standards and Advice Officer/Solicitor k.richardson@rcvs.org.uk</p> <p>Stephanie Bruce-Smith Senior Standards and Advice Officer s.bruce-smith@rcvs.org.uk</p>

Classifications		
Document	Classification¹	Rationales²
Paper	Unclassified	N/A

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’.
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	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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2Classification rationales

Confidential	<ol style="list-style-type: none"> 1. To allow the Committee or Council to come to a view itself, before presenting to and/or consulting with others 2. To maintain the confidence of another organisation 3. To protect commercially sensitive information 4. To maintain public confidence in and/or uphold the reputation of the veterinary professions and/or the RCVS
Private	<ol style="list-style-type: none"> 5. To protect information which may contain personal data, special category data, and/or criminal offence data, as listed under the General Data Protection Regulation

Introduction

Broad overview of the RESC

1. The Animal Welfare (Licensing of Activities Involving Animals) (England) Regulations 2018 and Riding Establishments Acts 1964 and 1970 (the “REAs”) require that all riding establishments in England, Scotland, and Wales are licensed by the relevant local authority. To be granted a licence, a riding establishment must first be satisfactorily inspected by a veterinary surgeon who is on the RCVS list of riding establishment inspectors (“inspector”). The inspector considers a range of matters concerning animal welfare as well as public safety¹. The local authority considers the inspection report provided by the inspector to determine whether to issue a licence or reject the application.
2. The RESC is consequently responsible for keeping and maintaining the list of riding establishment inspectors and all related activities, including the following:
 - a. recruiting new inspectors;
 - b. training new inspectors and those subjected to mandatory refresher training (every 5 years);
 - c. drafting, publishing, and updating relevant guidelines, inspection forms, and other associated resources;
 - d. auditing inspectors to ensure that reports and inspections are up to standard;
 - e. producing a yearly informative newsletter for inspectors called REIN;
 - f. the provision of day-to-day advice to inspectors, local authority officers, and other interested stakeholders;
 - g. communicating with the Competent Authority relating to legislation concerns and updates; and
 - h. attending relevant industry conferences as well as hosting an Annual Meeting open to stakeholders, to encourage industry-wide collaboration.
3. The RESC reports to the Standards Committee.

Current activities

Spring 2025 edition of *REIN*

4. The various articles for the Spring 2025 edition of the *REIN* newsletter are currently being collated for publication and circulation to the inspectorate, relevant stakeholders, and local authorities.
5. The topics covered in the Spring 2025 edition of *REIN* are as follows:

¹ In England only, a local authority inspection must also take place.

- a. Introduction from the Chair;
- b. Introduction of RESC member Mark Tabachnik;
- c. Feedback from the 2024 audit;
- d. FAQs;
- e. 2025 Training and Induction Course update;
- f. Information on what it takes to be an inspector;
- g. Perils and pitfalls;
- h. Inspectorate survey;
- i. Annual Q&A sessions;
- j. Passports;
- k. National Equine Forum update;
- l. Schedule of Horses Inspected form; and
- m. Body condition score.

2025 Training and Induction Course (which also incorporates refresher training)

- 6. The Riding Establishment Training and Induction Course runs annually for both veterinary surgeons looking to become a riding establishment inspector and for existing riding establishment inspectors who need to complete their 5-year refresher training.
- 7. This year, new applicants will complete an online webinar series before attending an in-person training day. Refreshers will complete the same online webinar series as new applicants before then attending either a remote Q&A session or the in-person training day, with attendance at the in-person training day encouraged by the RESC. The Course dates have been set and communicated to the profession.
- 8. The webinar series will be published via the RCVS Academy platform on Monday 12 May 2025 and must be completed by 23:59 on Sunday 8 June 2025. The webinar series from 2024 has been updated where relevant and an additional webinar on equine welfare has been included this year.
- 9. The in-person training day will be held on Tuesday 24 June 2025 at the Horse Trust, Home of Rest for Horses, Speen, Princes Risborough, Buckinghamshire, HP27 0PP. The training will consist of power point presentations, together with practical sessions aimed at replicating some of the practical aspects of an inspection. There will also be ample opportunities for questions throughout the day.
- 10. Online Q&A sessions for refreshers only, are then scheduled for Monday 16 June 2025 and Tuesday 8 July 2024. These sessions will be interactive and will involve discussing pre-set questions with fellow delegates in breakout rooms before presenting them to the wider group.

Topical matters

11. The Chair of the RESC will provide a summary at the meeting of topical matters to note, including the following:
- a. Social licence, i.e., society's approval or acceptance of involving horses in certain activities, e.g., sports.
 - b. Equine welfare and an increased focus in inspector training.
 - c. How local authorities are structured and connections with local authority inspectors.
 - d. The Suitably Mounted Group (the "SMG") - The SMG is a working group founded by show organisers, researchers, and experts in veterinary and equine welfare, as well as human mental health specialists to tackle the lack of industry resources and support for determining a suitable horse-rider combination.

Routine matters for report

Video regarding the purpose of inspection for riding establishment owners

12. The RESC has recently filmed a video directed at riding establishment owners to explain the purpose of inspections and what they involve. The video emphasises the importance of riding establishment inspections and how inspectors can help owners to improve their establishment as a business as well as in terms of welfare. This video can be viewed [by clicking here](#) under the heading, *Information for riding establishment owners on what inspections involve*.

Bite-size webinar collaboration with BEVA for vet students and graduates

13. The RESC is organising a set of bite-size webinars in collaboration with BEVA aimed at vet students and graduates. The webinars will provide information on what the RESC does and will encourage new inspector applications as soon as they meet the criteria of having 5 years' postgraduate experience. This is designed to spread awareness of this specific career opportunity as it's not as widely known as it might be. It is anticipated that these webinars will be finalised by the end of the year.

Updates to Guidelines and Inspector's Form (England)

14. The Animal Welfare (Licensing of Activities Involving Animal) (England) Regulations 2018 were due for a full review in 2023. Major amendments, such as a re-examination of minimum standards, were to be considered at this stage. Defra had begun planning the project management of this review, and the RESC had the opportunity to feed into the activity specific consultation.
15. Unfortunately, due to the change in government, the 2023 full review did not take place and Defra confirmed at the 2024 Annual Meeting that it was unlikely to happen soon. On this basis, the RESC has committed to redrafting the Guidelines (England) and Inspector's Form (England) by the end of 2025.

Advice queries

16. The Standards and Advice Team continue to receive a steady number of enquiries from local authorities, veterinary surgeon inspectors, and owners of riding establishments.
17. Recent queries have related to the following topics:
 - a. Stirrups;
 - b. Riding for the Disabled Association (RDA);
 - c. Welfare of horses;
 - d. Inspector requirements;
 - e. Weight guidelines; and
 - f. Horses with ringworm.