

Summary	
Meeting	Standards Committee
Date	9 November 2020
Title	Standards Committee Minutes
Summary	Minutes of Standards Committee held remotely on Monday, 9 November 2020, at 10am
Decisions required	n/a
Attachments	Classified appendix
Author	Beth Jinks Senior Standards and Advisory Officer b.jinks@rcvs.org.uk

Classifications		
Document	Classification¹	Rationales²
Paper	Unclassified	n/a
Classified appendix	Confidential	1, 2 and 3

1 Classifications explained

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2 Classification rationales

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Minutes of the Standards Committee held remotely on Monday, 9 November 2020, at 10 am

Members: Mr M Castle
Mrs C Roberts
Dr M A Donald Chair
Mr D Leicester
Ms C-L McLaughlan
Mr M Peaty
Ms B Andrews-Jones
Miss L Belton
Dr C Allen

In attendance: Ms E C Ferguson Registrar
Mrs L Price Head of Standards
Ms B Jinks Senior Standards and Advice Officer
Ms K Richardson Senior Standards and Advice Officer/Solicitor
Mrs S Bruce-Smith Standards and Advice Officer
Present for AI 4(b) only
Ms L Lockett CEO
Dr M Greene President
Ms L Lipman PSS manager
Present for AI 3(b) only
Mr B Myring Policy and Public Affairs manager
Present for AI 3(c) only

AI 1 Apologies for absence and declarations of interest

1. The Chair welcomed the President and CEO to the meeting as observers. Apologies were received from Dr Allen and Nick Oldham.
2. There were no new declarations of interest.

AI 1 Minutes of last meeting held on 7 September 2020

3. It was agreed that the minutes of the last meeting are accurate.

4. It was reported that every action item has either been actioned or appears on the agenda for this meeting.

AI 2 Standards and Advice Update

5. The Senior Standards and Advice Officer provided an update to the Committee on the Standard and Advice team's work since September's meeting:
 - a) There have been 194 further advice cases, including emails and phone calls, relating to the Covid-19 Guidance since September. This brings the total to 2,323 Covid-19 cases in 2020 – which accounts for about half of the total number of Advice cases for 2020 (5,482).
 - b) The RVP Framework project is progressing, with feedback received from external stakeholders such as the Home Office and the VMD. The feedback has been sent to the RVP Small Group (the 'Group'), as well as a new version of the Framework presented in an FAQ format instead of a flowchart, which the Group will consider for readability and applicability for vets in practice who are not involved in research. The team is arranging meetings with the VMD and the Home Office to discuss the definition of 'immediate peer group' which is pertinent to the whole RVP Framework project.
6. Confidential information is available in the classified appendix at paragraphs 1 and 2.

Matters for decision

AI 3(a) Covid-19 temporary guidance on remote prescribing – Confidential

7. Confidential information is available in the classified appendix at paragraphs 3-5.

AI 3(b) PSS recommendations from PSG – Confidential

8. Confidential information is available in the classified appendix at paragraphs 6-13.

AI 3(c) MSK practitioners– Confidential

9. Confidential information is available in the classified appendix at paragraphs 14 and 15.

AI 3(d) Equine ID

10. The Committee were asked to review and approve the proposed guidance in Chapter 29 and the new Chapter 30 of the supporting guidance to the Code of Conduct.

11. The following slight amendments were requested:
- a) Chapter 29: 29.38 a full stop is required after 'disclosure' and before 'under';
 - b) Chapter 30: 30.2 'will become' should be changed to 'became';
 - c) Chapter 30: 30.10 - The word 'be' is to be added; and
 - d) Chapter 30: 30.11 it should be added that a practical way of fulfilling this obligation is for the microchips to be checked in the practice before they are taken for implantation.
12. It was clarified that the "Ownership dispute" section of Chapter 30 is for review and will be presented in its final form for decision at a later date, after it has been reviewed and contributed to by BEVA.
13. The Committee approved the guidance in Chapter 29 (save for the amendment noted above).

Action: Standards and Advice Team

AI 4(a) DC report

14. The report was noted.

AI 4(b) Riding Establishments Subcommittee report

Stephanie Bruce-Smith joined the meeting.

15. The report was noted and the Committee were advised that the RESC AGM is taking place on 16 November 2020. A number of matters will be discussed including the scoring system and guidelines for England, plus 2021 training.

Stephanie Bruce-Smith left the meeting.

AI 4(c) PSS report

16. The report was noted, and an oral update was provided regarding PSS assessments. The Committee were advised that PSS face to face assessments have been suspended in light of new covid restrictions and remote assessments commenced in October. The feedback from VMD and practices has so far overall been positive. The VMD will review its approval of remote assessments at the end of February 2021.
17. The Committee were advised that PSS awards are currently suspended for a period of 6 months and the decision is to be reviewed at PSG in January 2021. There has been a 12 month extension to all practices that currently hold PSS awards. In addition, a virtual awards ceremony will take place on 3 December.

18. PSG has agreed to the suspension of the new PSS edits rollout in light of social distancing measures which will be reviewed at the next PSG in January.

AI 5(a) RVP Subcommittee report – Confidential

19. Confidential information is available in the classified appendix at paragraph 16.

AI 5(b) ERP report – Confidential

20. Confidential information is available in the classified appendix at paragraph 17.

AI 5(c) Certification subcommittee report – Confidential

21. Confidential information is available in the classified appendix at paragraph 18.

Risk and equality

22. Nothing noted. It was agreed that at the next meeting of this Committee there will be 'top 5' risks listed for discussion.

Action: Head of Standards

Any other business and date of next meeting

Recognised Veterinary Practice Subcommittee advice on standalone gastropexy:

23. Confidential information is available in the classified appendix at paragraphs 19 and 20.

Date of next meeting

24. The date of the next meeting is 8 February 2021.

Table of actions

Paragraph(s)	Action	Assigned to
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10-13	Publish Chapter 29 (with amendment) and send Chapter 30 (with amendments) for review to BEVA	Standards and Advice Team
22	List of 'top 5' risks	Head of Standards

Summary	
Meeting	Standards Committee
Date	15 December 2020
Title	Standards Committee Minutes
Summary	Minutes of Standards Committee held remotely on Tuesday, 15 December 2020, at 13:30
Decisions required	n/a
Attachments	Classified appendix
Author	Beth Jinks Senior Standards and Advisory Officer b.jinks@rcvs.org.uk

Classifications		
Document	Classification¹	Rationales²
Paper	Unclassified	n/a
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Minutes of the Standards Committee held remotely on Tuesday, 15 December 2020, at 13:30

Members: Mr M Castle
Mrs C Roberts
Dr M A Donald Chair
Mr D Leicester
Ms C-L McLaughlan
Mr M Peaty
Ms B Andrews-Jones
Miss L Belton
Dr C Allen

In attendance: Ms E C Ferguson Registrar
Mrs L Price Head of Standards
Ms B Jinks Senior Standards and Advice Officer
Ms L Lockett CEO
Dr M Greene President

Apologies for absence and declarations of interest

1. The Chair welcomed the President and CEO to the meeting as observers. Apologies were received from Professor James Wood.
2. There were no new declarations of interest.

Groupage export facilitation scheme (GEFS)

3. The Committee considered the following proposals from APHA:
 - a) In relation to the current GEFS guidance, this states that only registered vets or Certification Support Officers (CSOs) working under direction of the Certifying Officer can sign GEFS support attestations but does not permit Food Competent Certifying Officer (FCCOs) to do the same. Originally, it was not envisaged that there would be demand for FCCOs to sign GEFS support attestations, as FCCOs are primarily responsible for certification of fishery products – for which GEFS would not be widely used. However, since launching the scheme APHA have been made aware that a number of exporters intend to make use of GEFS to support the export of a range of such products which otherwise comply with GEFS scheme requirements (e.g. canned or smoked fishery products that originate from stable supply chains and are fully packaged for the final consumer). The APHA proposed that the GEFS guidance be updated to allow FCCOs to provide a GEFS support attestation to Certifying Officers provided that they do so in compliance with the principles agreed in the RCVS Code of Professional Conduct, Supporting Guidance chapter 21, para 21.A.5.

- b) The Isle of Man (IoM) is a Crown Dependency of the UK with its own distinct Competent Authority which is separate to the UK Competent Authority. FCCOs and CSOs, under the current guidance, need to have powers designated by the UK Competent Authority. It is therefore proposed that the guidance be amended to include that powers can be designated by the equivalent IoM Competent authority. Further, APHA has suggested that other Crown Dependency Competent Authorities may also be able to designate these powers in the future, if they commit to following the same policy as set out by the APHA and RCVS.
4. The Committee agreed:
- a) The extension of FCCOs to individuals designated by the Isle of Man Competent Authority (and in principle also for other Crown Dependencies subject to assurances from APHA in relation to the systems in place in each).
 - b) The extension of the GEFS to allow FCCOs to sign GEFS support attestations for products the FCCOs could certify in their own right.
 - c) For the wording proposed by APHA to be added to Chapter 21 of the supporting guidance.

Medicines cascade

5. The Committee were informed that in light of the UK's exit from the EU, the prescribing cascade has been amended by the VMD. These changes will come into force on 1 January 2021.
6. There will be two separate sets of guidance – one for those practising in Great Britain, and one for those practising in Northern Ireland.
7. There was discussion about European medicines on Special Import Certificates and potential issues in obtaining commonly used veterinary medicines, however the Committee also commented that it may also make some medicines more accessible as they move further up the cascade, for example antivenom from the EU.
8. The Committee will be sent the amendments to chapter 4 of the supporting guidance to the Code, which relates to the cascade, by email after this meeting, for the Committee's review and agreement.

Under care - Confidential

9. Confidential information is available in the classified appendix at paragraphs 1-4.

AOB - Confidential

10. Confidential information is available in the classified appendix at paragraph 5.

Summary	
Meeting	Standards Committee
Date	12 January 2021
Title	Standards Committee Minutes
Summary	Minutes of Standards Committee held remotely on Tuesday, 12 January 2021, at 10am
Decisions required	n/a
Attachments	Classified appendix
Author	Beth Jinks Senior Standards and Advisory Officer b.jinks@rcvs.org.uk

Classifications		
Document	Classification¹	Rationales²
Paper	Unclassified	n/a
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Minutes of the Standards Committee held remotely on Tuesday, 15 December 2020, at 13:30

Members: Mr M Castle
Mrs C Roberts
Dr M A Donald Chair
Mr D Leicester
Ms C-L McLaughlan
Mr M Peaty
Ms B Andrews-Jones
Miss L Belton
Dr C Allen
Prof J Wood

In attendance: Ms E C Ferguson Registrar
Mrs L Price Head of Standards
Ms B Jinks Senior Standards and Advice Officer
Mrs S Bruce-Smith Standards and Advice Officer
Dr M Greene President (observer)
Dr L Prescott-Clements Director of Education
VetGDP agenda item only
Dr S Paterson Chair RCVS Education Committee
VetGDP agenda item only

Apologies for absence and declarations of interest

1. The Chair welcomed the President to the meeting as an observer. Apologies were received from Mr Mark Castle and Ms Belinda Andrews-Jones. Professor James Wood joined the meeting at 10:25.
2. Mrs Claire Roberts declared that she works for Linnaeus who have a Graduate programme. There were no other new declarations of interest.
3. The minutes of the meeting from 8 December were noted and agreed accurate.

VetGDP (Graduate Development Programme) - Confidential

4. Confidential information is available in the classified appendix at paragraphs 1-3.

Under care - Confidential

5. Confidential information is available in the classified appendix at paragraphs 4-5.

AOB - Confidential

6. Confidential information is available in the classified appendix at paragraph 6-7.

Summary	
Meeting	Standards Committee
Date	8 February 2021
Title	Standards and Advice Annual Report 2021
Summary	Report of the work undertaken by the Standards and Advice team in 2020, including the work carried out on behalf of the Standards Committee
Decisions required	n/a
Attachments	None
Author	Beth Jinks Senior Standards and Advisory Officer b.jinks@rcvs.org.uk

Classifications		
Document	Classification ¹	Rationales ²
Paper	Unclassified	n/a

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Current members of the Standards & Advice Team

- Nick Oldham, Standards & Advisory Manager
- Beth Jinks, Senior Standards & Advisory Officer
- Kimberley Richardson, Senior Standards & Advisory Officer
- Stephanie Bruce-Smith, Standards & Advisory Officer
- Prabhjit Soomal, Standards & Advisory Officer (Tuesday-Thursday)
- Katherine Bowles, Standards & Advisory Officer

Providing advice to the public and the profession

1. The Standards and Advice Team is responsible for responding to enquiries about the standards expected of veterinary surgeons and veterinary nurses. Often, those making enquiries will have read the Codes of Professional Conduct and supporting guidance, but are seeking further advice on how the standards apply in practice or to a particular or difficult set of facts or circumstances. When responding, the aims of the Standards and Advice Team are as follows:
 - a. To provide clear, concise and consistent advice to help veterinary surgeons and veterinary nurses understand their professional responsibilities;
 - b. To provide the advice necessary to support compliance with professional responsibilities and to ensure that the advice can be relied on;
 - c. To offer suggestions about how professional responsibilities can be applied in practice while at the same time recognising the limitations of the advice and the need for individuals to exercise professional judgement at all times;
 - d. To distinguish clearly between professional requirements, legal requirements and suggested good practice;
 - e. To facilitate appropriate veterinary experts to help inform the advice given where necessary and to seek input from others such as Subject Boards, Committees, Sub Committees, VN Council or RCVS Council;
 - f. To consider the impact of any advice or guidance so that it does not impose any unnecessary burdens;
 - g. To create an environment where veterinary surgeons and veterinary nurses have confidence in the advice they receive and feel able to seek advice without fear of triggering enforcement action;
 - h. To provide advice in plain English and without using legal language;
 - i. To help the public understand what they can expect from their veterinary surgeons and veterinary nurses;
 - j. To explain to the public how they can raise concerns if unhappy or unsatisfied or have concerns about a potential fitness to practise or conduct issue;

- k. To explain the areas on which the RCVS is not in a position to offer advice and the reasons for this. For example, purely legal matters such as employment law, maternity rights, or contractual or civil disputes;
 - l. To comply with RCVS service standards and department standards when responding to enquiries; and
 - m. To direct enquirers to other source relevant sources of support and guidance, for example, the BSAVA, the Information Commissioner's Office, other representative organisations and professional indemnity insurers.
2. We also work in accordance with the RCVS' new Risk Management System/Register, which includes risks in the context of the provision of advice and guidance and how these risks are properly managed and controlled.

Advice statistics

3. Below are some statistics relating to the total numbers of written enquiries and telephone calls handled in 2020 (figures for the previous 7 years have been included for comparison reasons).

Table A: Written enquiries (handled by the Standards and Advice team)

Year	Total number of written advice requests handled by the Standards and Advice team
2013	1697
2014	1990
2015	1803
2016	1877
2017	1677
2018	2,190
2019	1,834
2020	3,253

Table B: Telephone enquiries (handled by the Standards and Advice team and the Professional Conduct Department)

Year	Total number of calls (relating to advice and concerns)
2013	6702
2014	7502
2015	7666
2016	9329
2017	7448
2018	7,863
2019	3000 (Standards and Advice only)
2020	2,880 (Standards and Advice only)

Feedback on our advice

4. Generally, the feedback on our advice is positive. We continue to receive a steady stream of unprompted thank you letters and emails.
5. Last year, the Standards and Advice team received **254** unprompted thank you letters and emails. The figure is over 200 for a third year. Below are some examples of the comments received from the public and profession:
 - a. *Thanks so much for responding to my email in such a clear and detailed manner. Although not the answer that some were hoping for, it does at least provide certainty and clarity over an issue that I haven't managed to get anyone to help me with for the past few years.*
 - b. *Thank you so much for your prompt reply! It is exactly what I understood the rules to be! I will speak to my local surgery regarding this.*
 - c. *I would like to wholeheartedly thank you for your immensely valuable guidance on the matter. I have taken steps to address your constructive points below, including remedying the likely explicit or otherwise endorsement of products. I have also updated the website by removing any overt references to my professional status as a veterinary surgeon.*
 - d. *Goodness what a really swift and full response thank you very much indeed. I have heard nothing more from this practice since theirs of 16 January include here below - and remain far from satisfied with the way that this has been handled and the complete lack of any form of apology or acknowledgement that they have done anything wrong so am grateful for the guidance as to how to take this further.*
 - e. *Thank you for your attention this matter. It had been really useful to explore what the act allows and does not allow.*
 - f. *I called with a query earlier that I was very upset about, and the lady I spoke to, Kimberley, was so helpful and reassuring and kind, and dealt with my issue rapidly as well as*

checking with a senior colleague and got back to me as soon as possible. I wanted to let you know that she was great.

- g. At the end of our conversation she said she wanted to pass on her thanks to you for the way you handled her previous enquiry. She said she'd been very upset and overwhelmed and you managed to go through the issues clearly with her. I said I would pass this on to you!*
- h. Thank you very much for taking the time to reply to my email. I appreciate your help and clarification. It is as we suspected, we didnt want to be in breach of our schedule 3 ruling.*

Standards Committee

6. The Standards and Advice team manages the work of the Standards Committee, which is responsible for publishing the Codes of Professional Conduct and Supporting Guidance. This includes identifying areas where new or revised advice may be required and drafting guidance for Committee or Council approval and dealing with policy issues relating to professional standards.
7. There is no doubt that proper regulation through standards and guidance protects the public and helps to maintain public confidence in the veterinary profession. The Standards and Advice team do this by providing a clear framework that professionals should meet when providing veterinary care via the Codes and supporting guidance. The standards and guidance should help professionals to understand their obligations and support compliance. The standards and guidance should also meet the needs of relevant stakeholders and help the public understand what to expect and when to raise concerns when these have not been followed.
8. To further ensure proper regulation through standards and guidance, the team has also sought to comply with the key principles outlined in the [Standards of Good Regulation \(2020\)](#) produced by the Professional Standards Authority for Health and Social Care, which scrutinises and oversees the work of the UK's nine health and social care regulatory bodies. The PSA Standards form the basis of performance reviews and describe the outcomes of good regulation for each of the regulators' functions. Although the RCVS is not scrutinised or reviewed by the PSA, their standards of good regulation are relevant to the work we do under the umbrella of the Standards Committee and as such, we have taken on board the core principles when carrying out our work.
9. Similarly, the team has also taken on board the principles and concepts of good regulation identified in the [Regulators' Code](#), which came into statutory effect on 6 April 2014 under the Legislative and Regulatory Reform Act 2006, replacing the Regulators' Compliance Code. This Code provides a clear, flexible and principles-based framework for how regulators should engage with those they regulate and regulators should have regard to the Code when setting standards or

giving guidance which will guide the regulatory activities. The Code applies to nearly all regulators, including local authorities, who must have regard to it when developing policies and guidance which guide their regulatory activities. Again, the RCVS is not included in the statutory list, but we have chosen to reflect some of the key principles identified in the Code as they are relevant to the work we do.

10. Both the [Standards of Good Regulation \(2020\)](#) and the [Regulators Code \(2014\)](#) highlight key principles and concepts which we have tried to incorporate in to our work over the last few years, for example:
- a. ensuring that standards and guidance reflect up-to-date practice and legislation;
 - b. ensuring clear standards and guidance to assist those we regulate to understand their responsibilities;
 - c. ensuring clear standards and guidance to help the public understand what to expect and when to raise concerns when these have not been followed;
 - d. taking account of stakeholders' views and experiences, external events, developments across the UK, European and international regulation and learning from other areas of regulators' work;
 - e. publishing the standards and guidance in accessible formats and in plain English; and
 - f. creating mechanisms for inviting and receiving customer feedback.

Recap on 2020 supporting guidance matters considered

11. Over the course of the year, members of the Standards and Advice Team have worked on the following areas under the umbrella of the Standards Committee, many of which led to Code or Supporting Guidance updates:
- a. **Covid 19** – throughout 2020 the Standards and Advice team and Head of Standards, have worked at speed to draft, disseminate, and advise on rapidly changing guidance for the profession across the four nations regarding the Covid 19 pandemic. In total the team dealt with **2425** enquiries (990 phone calls, 1431 emails, 4 letters) relating to this guidance.
 - b. **Ownership of wildlife** – following increasing queries about the ownership of wildlife, the team implemented new guidance for veterinary professionals about the ownership of wildlife brought into practice. In essence, the RCVS' position is that wildlife is, by its nature, wild and as such can only be owned in exceptional circumstances, for example where an animal has been tamed and is treated as a pet. However, it should be noted that even in this unusual situation, ownership is only temporary until such time as the animal decides to move on; this is different to the position in relation to domestic animals, which

are subject to permanent ownership. This guidance was added to Chapter 11 of the Supporting Guidance to the Code of Professional Conduct.

- c. **Social media** – clarification was added to Chapter 28 of the Supporting Guidance that veterinary surgeons and nurses' responsibilities in relation to social media/internet use extend to the posting of anonymous comments online: *"This responsibility also applies to private forums as there is no guarantee that comments posted will remain private (for example, someone could take a screenshot and post it on public social media platforms.)"* It was also clarified that posting offensive comments online may amount to a hate crime: *"(comments demonstrating hostility towards an individual's race, disability, sexual orientation, religion or transgender identity may amount to a 'hate crime' and may be reported to the authorities and prosecuted in a criminal court)"*.
- d. **Equine ID** – following the enactment of the Equine Identification Regulations in all four nations, the Committee approved proposed changes to the Supporting Guidance to reflect this legislation, including the addition of a new chapter of the Supporting Guidance which deals exclusively with the microchipping of equines.
- e. **Health protocol** – at its meeting in September 2020, the Standards Committee agreed to amend the Health Protocol to put it into plainer English, reduce 'legalese' and therefore make it easier to navigate. The purpose of the Health Protocol is to recognise that referring a veterinary surgeon or veterinary nurse who is suffering from a health condition that is impairing their fitness to practise to a formal and public Disciplinary Committee, and potentially stopping them from practising, is not always in the public interest, and therefore allows for a more supportive approach. Where concerns have been raised about an individual veterinary surgeon or veterinary nurse that are directly related to their health, the Health Protocol now allows for medical management as an appropriate alternative to disciplinary proceedings.
- f. **Certification (GEFS)** – following the 2019 introduction of the Groupage Export Facilitation Scheme (GEFS) and the subsequent inclusion in the Supporting Guidance Chapter 21, the APHA proposed that the scope of Food Competent Certifying Officers be widened to allow the signing of GEFS support attestations for fishery products. This was agreed by the Committee in December 2020 and Chapter 21 amended appropriately.

Sub-committees

- 12. The Standards and Advice team is responsible for managing the work of the Sub-Committees reporting to the Standards Committee. This includes:
 - a. **Certification Sub-Committee:** The team deals with all enquiries relating to certification. This includes identifying queries for referral to the Sub-Committee, preparing summaries, researching any relevant legislation and guidance, collating Committee views and drafting a final response. The team also ensures liaison with the UK Export Certification

Partnership group, APHA and Defra and prepares regular reports on certification work for the Standards Committee.

- b. **Recognised Veterinary Practice Sub-Committee:** The team manages the work of the RVP Sub-Committee and acts as the point of contact between the enquirer and the Sub-Committee. This includes summarising the request, gathering any documentation such as study outlines and research material, collating views and drafting the final response. Often, these enquiries are complex and the Sub-Committee will ask the Standards and Advice team to liaise with the applicant, the VMD or Home Office to ensure all relevant information is available. This year, the Standards and Advice team has drafted responses to complex applications such as sedating cats for ultrasound, elective gastropexy, and the use of stents in dogs.
- c. **Riding Establishments Sub-Committee:** Since the RCVS' took over responsibility for the administration of the Riding Establishments Inspectorate in 2014, the team has been kept busy with managing the Sub-Committee, reviewing policy, recent legislative changes and organising/delivering the annual courses for inspectors. The team's activities in this area have included:
- I. Responding to queries from veterinary surgeons, riding establishments and local authorities;
 - II. Liaising with equine associations and dealing with issues raised over the course of the year;
 - III. Reviewing implications of the new Animal Welfare (Licensing of Activities Involving Animals) (England) Regulations 2018 and its associated guidance notes issued by Defra;
 - IV. Organising and attending the annual training courses for Riding Establishments Inspectors;
 - V. Assisting with the delivering of sessions at the annual training courses;
 - VI. Assisting the Communications Team with the drafting of the Riding Establishments Newsletter (REIN).
- d. **Ethics Review Panel:** The Panel provides a mechanism of ethics review for those veterinary surgeons and veterinary nurses who would not normally have access to it (i.e. outside the contexts of academia or industry) and who are seeking to undertake research projects of their own. In 2020 the Panel received **63** applications. The team's activities in relation to this area of work have included:
- i. Responding to queries and applications from veterinary surgeons;
 - ii. Recruitment of the Panel;

- iii. Organising and attending the Panel training day;
- iv. Delivering presentations at the training day;
- v. Organising and attending the Ethics Oversight Group meeting;
and
- vi. Drafting terms of reference and guidance documents for applicants.

Inter-departmental advice

13. The Standards and Advice team regularly assists other teams, departments and committees with issues and projects arising during the year. In 2019 some examples included:
- a. Working with the **Communications Team** to draft case studies for RCVS News and assisting in answering queries from the veterinary press. This year we have covered various topics in case studies including prescribing human medicines and the new health protocol.
 - b. The **Veterinary Nursing Department** regularly consults the Standards and Advice team on registrations queries and where they have concerns about bogus practitioners or those practising without proper registration. We also assist colleagues in veterinary nursing with multiple queries about individuals holding out as veterinary nurses without proper qualification or other general enquiries about what veterinary nurses can do under Schedule 3 of Veterinary Surgeons Act.
 - c. We assist the **Education Department** with queries relating to advanced practitioners and specialists, specifically advertising professional titles. This largely relates to contacting veterinary surgeons who are misusing the term 'specialist' – intentionally or accidentally – and ensuring that they cease to do so.
 - d. We also provide advice to the **PSS Team** on matters of professional conduct and general queries about the standards expected of individual veterinary surgeons and veterinary nurses.
 - e. In addition, we assist the **Registration Department** with enquiries about whether an individual requires RCVS registration as well as queries about disclosing convictions, cautions or adverse findings as part of the registration or renewal processes. The Registration Department also assists the team with registering new Riding Establishment Inspector applicants and enrolling inspectors onto the annual course.
 - f. Finally, we provide updates to various groups throughout the year, including **Professional Conduct** staff but also the **Disciplinary and Preliminary Investigation Committees** on the Codes of Professional Conduct and the supporting guidance. This includes giving presentations, as well as discussion sessions, throughout the year.

Summary	
Meeting	Standards Committee
Date	8 February 2021
Title	Common medicines pitfalls
Summary	The Committee is asked to note the following common pitfalls collated by the Standards and Advice team, and to discuss the best way disseminate the information to the profession.
Decisions required	None
Attachments	None
Author	Beth Jinks Senior Standards and Advice Team b.jinks@rcvs.org.uk

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'.
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

Common medicines pitfalls

1. The Standards Committee are asked to note the following common medicines pitfalls that have been collated from the PSS team, the Concerns team, and the Standards and Advice team, and drafted by the latter.
2. The Committee should further note that many of these topics are commonly raised during the bi-annual meeting of the RCVS and VMD, where the common medicines issues identified during PSS assessments and VMD inspections are shared. Previously, the issues of controlled drugs record keeping, broach dates, and storage temperatures were raised during this biannual meeting as it was found that these issues would commonly be identified at assessment/inspection. It was agreed that there be a joint article published to provide clarification on these points. This article was drafted by the Standards and Advice Team and published in February 2020. The feedback from RCVS Communication at the time was the following: *“The article has gone down really well on Facebook with lots of sharing and liking. [This] demonstrates the value of doing these guidance refreshers.”* Since publication, this article has received **4,273** page clicks. The Committee can read the article on the RCVS website here: <https://www.rcvs.org.uk/news-and-views/features/a-reminder-from-the-rcvs-and-vmd-of-the-requirements-for/>
3. The Committee is asked to discuss the best way to present the common medicines pitfall information to the profession, be it using the FAQ format below, or another method, for example case studies. The following information has been checked for accuracy by the former Practice Standards Lead Assessor.

	Topic	
1.	Can I advise that a client use over the counter human medicines for their animal?	<p>This would count as a veterinary prescription, even where the human-licenced medicine is not itself prescription-only.</p> <p>Human-licenced medication could be prescribed under step (c)(i) (in Great Britain) or (b)(i) (in Northern Ireland) of the prescribing cascade, however, the justification in this case would also need to account for why a veterinary medicine (authorised for that species and condition, or for another species or condition) could not be used.</p> <p>For specific information regarding prescribing human-licenced paracetamol, see the RCVS website here.</p> <p>Additionally, the VMD has provided the following guidance on the use of medicines commonly found around the home:</p> <p>In exceptional emergency circumstances, you may judge there is a need to alleviate a pet’s discomfort until a home visit can be made or the animal brought to the surgery. You could recommend that an animal owner use a</p>

		human medicine that they already have in their possession, such as antihistamine tablets. This does not mean a pet owner should be encouraged to go into a pharmacy and ask for a human medicine for their pet.
2.	How long are written prescriptions valid for?	<p>Prescription validity refers to the time in which the medicine must be dispensed, otherwise the prescription will no longer be valid.</p> <p>A written prescription for a POM-V is <u>valid for 6 months</u> (unless a shorter period is stated).</p> <p>A written prescription for a schedule 2 or 3 controlled drug has a <u>validity of 28 days</u> (unless a shorter period is stated) and is not repeatable.</p>
3.	How many different medications you can put on one prescription?	There is nothing to prevent more than one medication (or animal) being included on a written prescription. However, where multiple medicines and animals are noted on one prescription it must be explicit which medicine is for which animal. Veterinary surgeons are free to exercise professional judgement in this regard.
4.	How do I properly dispose of controlled drugs?	<p><u>Out-of-date stock</u></p> <p>Destruction - The legal requirements to witness the destruction of Schedule 2 CDs apply to stock. This refers to CDs that have not been issued or dispensed to a patient.</p> <p>However, any leftover medicines, for example liquids, which are still required for use, are considered as stock. A witness is required if these are to be destroyed on expiry or for other reasons.</p> <p>The following are examples of out-of-date stock:</p> <ul style="list-style-type: none"> • The remains of bottles of Ketamine, Methadone, or Fentanyl 28 days after broaching. • <u>Any other Schedule 2 CDs that have passed their expiry date.</u> <p>There are commercially available denaturing kits, and these can be used to destroy out-of-date stock CDs and returned CDs. Veterinary surgeons should follow the instructions for use and disposal specific to the kit, as these may differ depending on the kit used.</p> <p>Recording - The VMD advise that a record must be made of the date of destruction and the quantity destroyed, which the witness must sign. The witness, if an independent veterinary surgeon, should record their RCVS number and confirm their independence in writing in the CD register. The VMD also say that the following information should be recorded: name of the CD, form, strength and quantity, and the signature of the professional destroying the drug.</p> <p>Expired stock should not be marked out of the running balance in the CDR until it is destroyed.</p> <p><u>Returned drugs</u></p>

		<p>Destruction – Any CDs returned to the practice by clients should not be re-used and should be destroyed as soon as possible. The VMD advises that the CD must be clearly labelled as a return and stored in the CD cabinet – but separated from practice stock CDs to avoid potential dispensing errors or re-use.</p> <p>Recording - The VMD advise that the requirements to witness and record the destruction of CDs do not apply to returned CDs. However, they advise that it would be good practice for veterinary surgeons should consider making a record of any CD that is returned and having the destruction witness by another member of staff and signed against. This can be recorded in a separate book or sheets designed for that purpose.</p> <p>Where an animal has died part way through treatment, the VMD recommends that the prescribing veterinary surgeon should consider making every effort to recover and destroy any remaining product.</p> <p><u>Residual or waste drugs</u></p> <p>Destruction - There is no legal requirement to have the disposal of waste product witnessed. Residual CDs are not usually denatured using kits because, as their destruction is required daily, this would prove too costly. Instead, residual drugs can be rendered irretrievable by collection into cat litter. Periodically, this cat litter is then sent as pharmaceutical waste through the waste contractor.</p> <p>Recording - Any medicine left over in an ampoule, vial, or injected into fluids to make a constant rate infusion, which is considered unusable, is considered waste product (as opposed to practice stock). Both the amount administered, and the amount denatured should be recorded on the same line of the CDR to ensure that the running balance tallies – e.g. if 10mg morphine is dispensed to a patient but only 5mg is administered the record should show that 5mg was given and 5mg was wasted. Doing so ensures that the whole vial or ampoule is accounted for in the CDR. It is good practice for the entry in the CDR to be double signed.</p>
5.	Who is an independent witness?*	<p>In order to be an independent witness, a veterinary surgeon must be independent of a practice where the destruction takes place, and they must not have personal, professional, or a financial interest in the veterinary practice where the drug is being destroyed.</p> <p>*This is under review by the VMD, it will be updated in due course.</p>
6.	Emergency supply of medicines from	<p>One practice may supply to another practice to relieve a temporary supply shortage, without a Wholesale Dealers Authorisation. This exemption from the VMR is intended to prevent shortages of available medicines causing animal welfare problems and should not be a regular occurrence.</p>

	one VP to another	
7.	How should a veterinary practice be storing controlled drugs?	<p>Veterinary surgeons are required to store CDs securely and appropriately in a suitable cabinet to prevent unauthorised access. The following CDs are legally required to be stored in a locked container which is compliant with the Misuse of Drugs (Safe Custody) Regulations 1973:</p> <ul style="list-style-type: none"> • All CDs in Schedule 2 (with the exception of quinalbarbitone) • CDs in Schedule 3 containing buprenorphine, diethylpropion, flunitrazepam and temazepam <p>The RCVS considers it advisable for all CDs in Schedule 3 to be stored in the CD cabinet. The Safe Custody Regulations describe the requirements for CD cabinets, safes and rooms and the standards to which they must be manufactured or built.</p>
8.	What is a T28 exemption certificate?	<p>A T28 exemption certificate is what practices need in order to be able to denature controlled drugs for disposal in compliance with the Misuse of Drugs Regulations 2001. Practices can register for the exemption online through the Environment Agency here. Some corporate bodies will register all their practices, and other practices will need to do so on an individual basis. The registration process is free of charge and lasts for 3 years.</p> <p><u>Having a T28 certificate does not change the requirements for witnessed destruction.</u></p>
9.	Who is allowed to dispense POM-Vs?	<p>Once a veterinary surgeon has met their 'under care' obligations pursuant to the Veterinary Medicines Regulations 2013, and Chapter 4 of the supporting guidance to the Code of Conduct, they may delegate the dispensing/supply of those POM-Vs to a team member. They must be satisfied that the person handing it over to the client, is competent to do so. For the veterinary surgeon to be satisfied the person dispensing must have knowledge of practice protocols (i.e. trained) and there must an SOP in place.</p> <p>The prescribing and delegating veterinary surgeon will remain ultimately responsible, and their responsibilities associated with the prescription and supply of POM-Vs, is set out at paragraphs 4.24-4.26 of Chapter 4, as follows:</p> <p>4.24 A veterinary surgeon or SQP who prescribes POM-VPS veterinary medicinal product, or supplies a NFA-VPS veterinary medicinal product, and</p>

		<p>a veterinary surgeon who prescribes a POM-V veterinary medicinal product must:</p> <ol style="list-style-type: none"> a. before s/he does so, be satisfied that the person who will use the product is competent to use it safely and intends to use it for a use for which it is authorised; b. when s/he does so, advise on the safe administration of the veterinary medicinal product; c. when s/he does so, advise as necessary on any warnings or contraindications on the label or package leaflet; and d. not prescribe (or in the case of a NFA-VPS product, supply) more than the minimum quantity required for the treatment. <p>4.25 The Veterinary Medicines Regulations do not define 'minimum amount' and the RCVS considers this must be a matter for the professional judgement of the veterinary surgeon in the individual case.4.26 Veterinary medicinal products must be supplied in appropriate containers and with appropriate labelling.</p>
10.	How do veterinary surgeons authorise repeat prescriptions of POM-Vs, particularly flea & worming products?	<p>Having prescribed POM-V medicines, if the veterinary surgeon is not present when there is a request for the medicine to be repeated, the veterinary surgeon must:</p> <ul style="list-style-type: none"> - Authorise each transaction individually before the medicine is supplied; and - Be satisfied that the person handing it over is competent to do so. <p>A veterinary surgeon could meet the requirement to authorise each transaction by:</p> <ul style="list-style-type: none"> - Handing over a medicine personally following a consultation, or instructing a fellow team member to dispense/supply the medicine; - Making a note on a client's record that repeat prescriptions could be supplied to the client; - A team member taking a call from a client and putting a medicine aside for the veterinary surgeon to authorise before being supplied; - In the case of a client unexpectedly coming into the practice, by a phone call to the veterinary surgeon, to authorise the supply.

		<p>Whichever method is used there must be an audit trail to show that the medicines has been prescribed by a veterinary surgeon.</p> <p>Note: A Suitably Qualified Person (SQP) under the Veterinary Medicines Regulations 2013, is under similar requirements for the prescription and supply of POM-VPS medicines.</p>
11.	How do we accurately account for wastage of Controlled Drugs, and record 'deadspace'?	<p>As per the RCVS Controlled Drugs Guidance, discrepancies between the amounts recorded as used, the volume of the product left in the vial, and the total stated volume must be avoided. The Veterinary Medicines Directorate ('VMD') advise that pharmaceutical companies try to ensure that every bottle of medicine is precisely filled but some small variability may occur. This may result in discrepancies regarding the amount of Controlled Drugs used when taking into consideration the volume remaining in the container. There may also be some wastage within the needle and hub of the syringe each time the product is withdrawn, known as 'deadspace'. The Home Office has advised the VMD that discrepancies of up to 10% should not cause undue concern. Reconciliation at the end of each bottle is recommended to avoid consolidation of errors. Obviously, a balance of LESS than expected should be treated with greater concern. While efforts should always be made to minimise wastage, the Home Office, the VMD, and RCVS Practice Standards Inspectors are all aware that some wastage due to deadspace will be unavoidable and these small discrepancies should always be recorded.</p> <p>A Standard Operating Procedure ('SOP') should be in place, detailing what to do in the event of a discrepancy. The BSAVA state that one way of accounting for deadspace volume is to add this to each dose dispensed, but the volume is likely to vary, depending on the manufacturer of the needle and syringe, and the size of the syringe used - typically this is 0.05mls.</p> <p>In reconciling, the RCVS recommends estimating by eye, making a scale on an empty bottle (for example), and then measuring a full bottle against it, or for more accuracy, weighing the bottles and recording weights. Physically withdrawing remaining volume from a multi-dose bottle to allow for it to be accurately measured via needle/syringe, before returning the drug to the bottle, is not recommended, due to a health & safety risk of repeatedly drawing out volumes of controlled drugs, increasing the risk of them blowing back into someone's face, and of course, increased wastage.</p>
12.		

13.	What is the maximum amount of a controlled drugs that can be prescribed at one time?	<p>The VMD advise that for all CDs, a veterinary surgeon should consider prescribing only 28 days' worth of treatment unless in situations of long-term ongoing medication (e.g. when treating epilepsy in dogs).</p> <p>If more than 28 days' worth of treatment is prescribed, it must be ensured that the owner is competent to use the medicine safely.</p>
14.	Do I need consent when supplying medicines under the Cascade?	<p>When prescribing under the Cascade, veterinary surgeons should ensure they obtain written consent* for use of that medicine from the client. A consent form template is available from the VDS (which has been reproduced in the RCVS PSS Small Animal module).</p> <p>It should be noted it is generally unacceptable for veterinary surgeons to use an all embracing "general" lifelong consent for any and all products provided under the Cascade that might be given to any animal. Practically, this means specific consent needs to be obtained from a client for each unauthorised medicine used.</p> <p>However, it is acceptable for a lifelong consent form to be used for a specific ongoing condition requiring unauthorised medicine for that particular medicine in that particular animal. It is also acceptable to use lifetime consent in the case of exotics where there are no licenced products available.</p> <p>*Subject to Covid-19 restrictions.</p>
15.	What are the main issues regarding labelling Cascade medicines?	<p>All such medicines supplied by a veterinary practice must be labelled in accordance with the Veterinary Medicines Regulations 'VMRs'. For products supplied under the Cascade, the following information must be always included:</p> <ol style="list-style-type: none"> a. The name and address of the pharmacy, veterinary surgery or approved premises supplying the veterinary medicinal product b. The name of the veterinary surgeon who has prescribed the product c. The name and address of the animal owner d. The identification (including the species) of the animal or group of animals e. The date of supply f. The expiry date of the product, if applicable g. The name or description of the product, which should include at least the name and quantity of active ingredients h. Dosage and administration instructions i. Any special storage precautions j. Any necessary warnings for the user, target species, administration or

		<p>disposal of the product</p> <p>k. The withdrawal period, if relevant</p> <p>l. The words 'Keep out of reach of children' and 'For animal treatment only'.</p>
16.	<p>What written information should be provided with a split pack of a POM V?</p>	<p>For a Veterinary Medicine Product supplied in a container other than that specified in the marketing authorisation (e.g. tablets dispensed into smaller containers) the person supplying the product must ensure that the container is 'suitably labelled' and must supply sufficient written information for the medicine to be used safely. This legal requirement may be met by:</p> <ul style="list-style-type: none"> • Labelling the product in accordance with the PSS's requirements (see below) and providing a copy of the package insert or the SPC to the client. • Providing the NOAH data sheet, or a link to the data sheet online. • Using a dispensing envelope supplied by the drug company, or that includes that practices own written information. <p>RCVS PSS requirements for labelling VMPs:</p> <p>All POM-V medicines supplied by the practice must be legibly and indelibly labelled with:</p> <ul style="list-style-type: none"> • Name and address of the animal owner • Name and address of the veterinary practice supplying the medicine • Date of supply • Name, strength and quantity of product • Dosage and directions for use • 'For animal treatment only' • For topical preparations 'For external use only'.
17.	<p>What are the common issues with temperature monitoring?</p>	<p>In 47% of PSS assessments, assessors found that there was lack of evidence of temperature monitoring for medicines.</p> <p>Medicines need to be stored at the correct temperature in accordance with the Summary of Product Characteristics.</p> <p>Where medicines are to be stored at ambient room temperature, the temperature should be kept between 8°C and 25°C and should be monitored. This is especially important where the outside temperature is particularly high or low.</p> <p>Medicines such as vaccines and insulin need to be refrigerated between 2°C and 8°C. They should only be removed from the refrigerator for immediate use.</p>

		<p>Fridge temperatures should be monitored daily, ideally by the same person, and the results logged, or if monitored by using an electronic data logger these should be alarmed, the alarm checked daily to make sure it has stayed within range and the data downloaded weekly.</p> <p>A written standard operating procedure should be in place, detailing the actions to be taken should the temperatures fluctuate outside the recommended limits.</p>
18.	<p>What are the common issues with broach dates?</p>	<p>It is an offence under the VMR to supply or administer an out of date or expired medicine. This applies to all veterinary medicinal products, including CDs.</p> <p>All multi-dose injectables will have an “in use shelf-life” that tells the user how long the vial can be used for, after it has first been broached. It is an offence under the VMR to use a medicine for longer than this period.</p> <p>Multi-dose vials should be marked with the date of first opening, or the date of expiry, and any medicine left in the vial after the specified time must be discarded/denatured. If the medicine is a Schedule 2 CD, denaturing must be independently witnessed.</p>

Summary		
Meeting	Standards Committee	
Date	8 February 2021	
Title	Draft response to Defra consultation on mandatory microchipping of cats	
Summary	This paper outlines a consultation on proposals to introduce the mandatory microchipping of cats, including the mandatory scanning of microchips by vets, and presents a draft response form the RCVS.	
Decisions required	The Committee is asked to comment on the draft response.	
Attachments	Annex A – RCVS statement on compulsory microchipping of dogs (2010) Annex B – RCVS position statement on mandatory scanning (2010) Annex C – BVA position statement on mandatory scanning	
Author	Rosie Greaves Policy & Public Affairs Officer r.greaves@rcvs.org.uk	
Classifications		
Document	Classification ¹	Rationales ²
Paper	Unclassified	
Annex A	Unclassified	
Annex B	Unclassified	
Annex C	Unclassified	

Cat and Dog Microchipping and Scanning in England – RCVS response

Summary of the consultation:

1. It is not currently a legal requirement in England for owners to microchip their cats unless the cats are travelling under the EU Pet Travel Scheme or have been commercially imported. Defra has received some recommendations by campaign groups that cat microchipping should be made a compulsory requirement of cat ownership, the principle aim behind this is that compulsory microchipping will enable quick reunification of lost cats with their owners.
2. Between 12 October 2019 and 4 January 2020, Defra ran a Call for Evidence on compulsory cat microchipping, the results of which can be found [here](#).
3. The Government is proceeding with a full public consultation on the issue which will explore in more detail some of the questions raised in the Call for Evidence including how to address stray cats, and enforcement and penalties for non-compliance. The consultation also considers the issue of compulsory scanning of pets (dogs and cats) for microchips. This follows calls from recent campaigns to make scanning a legal requirement for vets, local authorities and rescue and rehoming centres in certain circumstances (see [Tuks Law](#), [Gizmos Legacy](#) and [Ferns Law](#)).
4. As animal welfare is a devolved matter any compulsory requirement to microchip cats or reforms to scanning obligations introduced by Defra would only apply to England.
5. For reference, please see the Annexes, which contain RCVS position statements from 2010 on the mandatory microchipping of dogs and mandatory scanning, plus a more recent BVA/BSAVA/SPVS position statement.
6. A draft response to the consultation can be found below. Answers have only been drafted for questions of relevance to the RCVS; other questions are included for completeness. Standards are invited to comment on the proposed answers before the response is finalised.

RCVS draft response

1) Who are we?

7. The Royal College of Veterinary Surgeons (RCVS) is the statutory regulator for veterinary surgeons, responsible for the registration of veterinary surgeons and veterinary nurses in the UK, and sets, upholds and advances their educational, ethical and clinical standards.

8. The role of the RCVS is to safeguard the health and welfare of animals committed to veterinary care through the regulation of the educational, ethical and clinical standards of veterinary surgeons and nurses, thereby protecting the interests of those dependent on animals, and assuring public health. It also acts as an impartial source of informed opinion on relevant veterinary matters. As a regulatory body, the RCVS will limit its comments to those areas where there are clear indications of relevance to the College's role and where the new policy may require the UK government, the veterinary profession or the public to seek assistance from the College.

2) Would you like to see compulsory cat microchipping introduced in England?

9. RCVS recognises that the introduction of compulsory microchipping for cats in England could result in positive animal welfare outcomes as outlined in the Animal Welfare Act.
10. The main aim of introducing this policy is outlined as being able 'to enable quick reunification of lost cats with their owners.' However, microchipping is *only* effective if the owner information on the chip and database is kept up to date.
11. The databases where pet owners register their animal is currently a barrier in reuniting pets and their owners, as there is not a central database where the owner information can be collated and information is not kept up to date. At present there are 15 national databases and checking them can be overly burdensome for members of the vet led team. This is an administrative task which can take away from their important, client facing medical work.
12. A survey of the veterinary profession carried out by the British Veterinary Association in 2019 revealed that the most common reason that stray dogs could not be reunited with their owner was down to incorrect or outdated information on the dogs' microchip. Therefore, it will be essential, if introducing compulsory microchipping for cats, to ensure that:
 - a. Information stored on microchips is kept up to date.
 - b. The databases that currently exist must share information so veterinary professionals can easily search all databases using one web-based portal, therefore lessening the administrative burden.
 - c. An audit of the databases to ensure they meet government standards.

3) Do you agree that a requirement for compulsory cat microchipping should be limited to owned cats?

13. It is important to note that due to the nature of cats and their normal behaviour patterns they may have several 'homes' or 'keepers' and it can be sometimes difficult to establish who is the

owner. For example, some stray or feral cats, may frequent a home or garden if a person makes food regularly available. Thereby temporarily being in that person's 'possession'. This person then may accept some responsibility to provide a certain level of care and comfort for that animal ([Cats and the law, a plain English guide](#)). This must be kept in mind when considering this requirement as it could pose issues in the implementation of compulsory microchipping.

14. We believe that wild-living, feral or stray cats who have no identifiable owner should be excluded from the proposed requirements for compulsory cat microchipping.

4) Do you support the proposal that cats should be microchipped by 16 weeks of age unless there is an animal health reason certified by a vet?

15. An age range within which cats should be microchipped must be outlined within legislation if it becomes compulsory for cats to be microchipped. A range between 8 weeks and 20 weeks would be suitable, however a vet can state otherwise based on an animal health reason. A vet may use their professional judgement to determine the age in which a microchip can be implemented based on an individual kitten's behaviour, size and response to handling. Opportunities to implant a microchip may also occur at the point of first vaccination (this is usually when a kitten is 8 weeks old) or at the point of second vaccination (this is usually when a kitten is 12 weeks old, therefore larger).

16. Another opportunity to microchip could be when a kitten is neutered (usually between 14-18 weeks), during this procedure the kitten will be under general anaesthetic, therefore reducing any stress induced by the implantation.

17. Currently, vets will use their professional judgement when implanting microchips. For example if a kitten is too small, the vet will not use a needle which could injure or harm it. Other factors which may influence the vets decisions may be:

- a. The kitten's response to handling
- b. Biosecurity, for example having unvaccinated litters of kittens in the waiting room should be avoided
- c. Combining a microchip implantation alongside another healthcare interventions such as vaccinations

5) If compulsory cat microchipping was introduced, how long a lead-in period do you suggest for the public, database operators, local authorities, veterinary practices and animal welfare charities to comply?

a) 6 months

- b) 1 year
- c) 2 years
- d) Other

6) Which form of enforcement powers do you support for cat microchipping, and for what reason(s)?

a) Same as currently for dog microchipping – enforcement notice with 21 day notice requirement to chip your cat. Subject to prosecution and a fine only after a failure to comply with the notice (£500)

b) Fixed monetary penalty

If Fixed Monetary Penalty, at what level should this be set? [please indicate appropriate level in free comment box]

18. In order to be effective, any legislation requiring the compulsory microchipping of cats would need to be enforced. The RCVS does not consider that veterinary surgeons should be expected to police any policy of compulsory microchipping as this could have a negative effect on animal health and welfare. If, for example, it were widely known that veterinary surgeons routinely scan all animals coming into their practices to check for the presence of a microchip, it might deter those with something to hide from visiting.

19. Moreover, if an animal is found to be registered with a different owner from the one presenting the animal this would raise the question of whose responsibility it would be to sort out the problem and whether a vet would be required to report this to the authorities - it is not the role of a veterinary surgeon to act as police officer and to do so could adversely affect the relationship between vet and client.

7) Do you think veterinarians and other bodies who legally euthanise should be required to scan cats and dogs prior to euthanasia?

20. We strongly oppose compulsory microchip scanning based on the following:

- a. If a pet is found to be registered with a different owner from the one presenting the animal, this would raise the question of whose responsibility it would be to sort out the problem – it is not the role of a veterinary surgeon to act as police officer and should not be required to play a role in enforcing owners' compliance with microchipping legislation. This is a civil dispute, not an animal health or welfare issue.

- b. If it were widely known that veterinary surgeons routinely scan all dogs and cats coming into the practice, this might deter those with something to hide from visiting. This could have a negative impact on animal health and welfare.
 - c. It may not be practical for a vet to scan every new pet that comes into the practice, and to check this against the relevant database.
 - d. As mentioned previously, the databases of owner records held by microchipping companies might not always be up to date, so embarrassment could be caused to entirely innocent clients if pet ownership could not be proved.
 - e. Campaign groups calling for the compulsory scanning of animals by vets have misunderstood the role of the vet. For example, the potential welfare harms of compulsory scanning to both animals and humans if there is a client fleeing with their pets from domestic abuse.
21. Our guidance to veterinary surgeons recommends that scanning should be carried out on any stray animals brought into the surgery, or those suspected of being stolen, or in cases where the owner is not aware if the animal has been chipped. It is currently best practice and set out in the [Code of Professional Conduct for Veterinary Surgeons supporting guidance](#) that:
- 'A veterinary surgeon or veterinary nurse may scan for a microchip where, for example, the animal has been lost or is a stray, it is suspected that the animal has been stolen, or where a client is unaware that the animal has been microchipped.*
- 29.31 There may be other situations when a veterinary surgeon or veterinary nurse may scan for a microchip, for example, on first presentation at the practice in order to add details to the clinical and client records; at annual boosters and/or prior to travel in order to check that the microchip is working properly; and, prior to implantation to check for an existing microchip.*
- 29.32 There may be some situations when veterinary surgeons are required to scan for a microchip, for example, prior to a rabies vaccination for the purposes of obtaining a pet passport.'*
22. If a vet suspects that the person presenting the animal is not the owner, they will use their professional judgement and follow our [Client Confidentiality microchip flow chart](#) in order to ensure animal welfare and public safety.

8) Do you think veterinarians should be required to scan cats and dogs upon first presentation?

23. We strongly oppose this proposal. As mentioned above, we already recommend that veterinary practices should scan for a microchips on first presentation at the practice in order to add details to the clinical and client records; at annual boosters and/or prior to travel in order to check that the microchip is working properly; and, prior to implantation to check for an existing microchip.

24. If it were a requirement for vets to enforce legislation on microchipping, this could have negative impacts on animal welfare. Vets are viewed as a trusted professional and the introduction of compulsory scanning and vets acting in an 'enforcer' role could damage the client-vet relationship, deterring clients from visiting the practice thus obstructing the vet to carry out their primary duty which is to protect animal health and welfare.

9) Do you think local authorities should be required to scan dead cats and dogs that are brought to them?

If YES, how should this requirement be enforced?

- a) **By strengthening codes of practice**
- b) **Legal obligation**
- c) **Other**

10) What costs would a requirement to scan for microchips in these circumstances generate to groups of organisations referenced above?

11) Are there any impacts of requiring compulsory scanning in circumstances mentioned above that could affect animal health and/or welfare?

25. As previously mentioned, the introduction of compulsory scanning places vets in an 'enforcer' role, which could obstruct vets carrying out their primary duty which is to protect animal health and welfare by deterring clients from attending veterinary appointments.

RCVS POSITION

COMPULSORY MICROCHIPPING OF DOGS

1. The Royal College of Veterinary Surgeons (RCVS) supports the compulsory permanent identification of all dogs, on the grounds that the accurate identification of dogs has a positive impact on animal welfare and may assist in the control of dangerous dogs. Microchipping is the predominant form of permanent identification and as such it provides the focus of this position statement. The RCVS, however, also acknowledges other forms of permanent identification.

REASONS FOR SUPPORTING COMPULSORY MICROCHIPPING

2.
 - a. Microchip identification provides an accurate and efficient means of returning stray dogs to their owners and may also serve to reduce incidents of the abandonment or theft of dogs.
 - b. Microchipping puppies prior to sale could assist in identifying where dogs were bred and help to reduce the poor breeding practices that can lead to inherited defects and diseases. The 'indelible identification' of all puppies by 'microchip or other such equivalent system as may be developed' was one of the recommendations of the Independent Inquiry into Dog Breeding (2010) led by Professor Sir Patrick Bateson.
 - c. Permanent identification, such as microchipping, has an important role to play in the control of potentially dangerous dogs as the accurate identification of animal and owner is crucial to the enforcement of legislation and to achieving successful prosecutions.
 - d. Permanent identification could have a role to play in the control of an exotic disease, such as Rabies, should an outbreak occur. If, for example, all dogs were required to be microchipped, it could assist in the quick identification of vaccinated animals and the enforcement of restrictions on movement.
 - e. As a regulator, the RCVS recognises that the unequivocal identification of dogs is an essential part of correct certification.
 - f. Microchipping can assist veterinary surgeons by helping them to identify the animal being presented, retrieve clinically-relevant details and establish whether it is covered by pet insurance.

CONCERNS

3. Whilst in principle supporting the compulsory microchipping of dogs, the RCVS considers that there are certain issues that should be addressed before the implementation of legislation.
 - a. In order to be effective, any legislation requiring the compulsory microchipping of dogs would need to be enforced. The RCVS does not consider that veterinary surgeons should be expected to police any policy of compulsory microchipping as this could have a negative effect on animal health and welfare. If, for example, it were widely known that veterinary surgeons routinely scan all dogs coming into their practices to check for the presence of a microchip, it might deter those with something to hide from visiting. Moreover, if a dog is found to be registered with a different owner from the one presenting the animal this would raise the question of whose responsibility it would be to sort out the problem and whether a vet would be required to report this to the authorities - it is not the role of a veterinary surgeon to act as police officer and to do so could adversely affect the relationship between vet and client.

- b. Microchips are, as the name suggests, very small (about the size of a large grain of rice) and the procedure of implanting the chip is generally considered to be safe and relatively painless, nevertheless animal welfare concerns have been raised regarding the implantation of the chips in young puppies and especially in small breeds of dog. It is imperative that the veterinary profession is involved in the development of any legislation concerning the compulsory microchipping of dogs, in order to determine protocols for the age at which microchipping is performed.
- c. Poorly implanted chips can lead to severe injuries during implantation, increased risks of microchip migration and may have adverse effects on diagnostic techniques such as MRI scanning. Appropriate standards of training for those charged with implanting microchips must be developed, through a process of thorough consultation with the veterinary profession.

ENDS

For further information please contact:

ANTHONY ROBERTS

RCVS Policy and Public Affairs Officer

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RCVS POSITION

JANUARY 2010

THE ROUTINE SCANNING OF DOGS AND CATS FOR MICROCHIPS

The RCVS Advisory Committee considered the mandatory scanning for microchips in April 2003 and decided that it was not the role of veterinary surgeons to 'police' their clients.

The College's guidance to veterinary surgeons recommends that scanning should be carried out on any stray animals brought into the surgery, or those suspected of being stolen, or in cases where the owner is not aware if the animal has been chipped.

If a pet is found to be registered with a different owner from the one presenting the animal this would raise the question of whose responsibility it would be to sort out the problem – it is not the role of a veterinary surgeon to act as police officer.

The RCVS is also concerned that if it were widely known that veterinary surgeons routinely scan all dogs and cats coming into the practice, this might deter those with something to hide from visiting. This could have a negative impact on animal health and welfare.

Individual vets are free to set their own policies on microchip scanning and some may choose to make routine checks. However, for a vet to scan every new pet that came in to the practice, and to check this against the relevant database, might not be practical.

In addition, the databases of owner records held by microchipping companies might not always be up to date, so embarrassment could be caused to entirely innocent clients if pet ownership could not be proved.

On the rare occasions when such a client arrives with an animal that has a microchip registered in another person's name, both parties, with mutual consent, can be put in touch with each other.

However, if the client declines to consent to the release of his or her name and contact details, the *RCVS Guide to Professional Conduct* states that a veterinary surgeon may pass these details to the Petlog Reunification Service, even if this necessitates a breach in client confidentiality.

See Also Advice Note 6 on Microchipping, at www.rcvs.org.uk.advicenotes

ENDS

For further information please contact:

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RCVS Head of Communications

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Microchip scanning (dogs) and microchip databases

On 6 April 2016 it became law for all dogs in the UK to have a microchip^{1 2 3}- legislation BVA actively campaigned for.

Responsibilities

- It is the keeper's responsibility to ensure their dog is microchipped and registered on one of the authorised commercial databases.
- It is also the keeper's responsibility to keep their contact details up-to-date on the databases.
- Where a dog is transferred to a new keeper, the new keeper must, unless the previous keeper has already done so, record their details and any change in the dog's name with the database on which the dog's details are recorded. Transfer of ownership will require relevant documentation to be completed and, in some cases, the presentation of a transfer code depending on the requirements of the database.
- Veterinary surgeons are obliged to scan a dog for a microchip before rabies vaccination and the issue of a pet passport, or before completing other official documentation that requires identification of the animal (eg official health screening tests).
- Veterinary surgeons should report an adverse reaction to microchipping, or the migration or failure of a microchip to the Veterinary Medicines Directorate (VMD) via their [online form](#)⁴.

Impact of the introduction of compulsory microchipping

Defra figures published one year on from the introduction of compulsory microchipping indicated that 8 million dogs were microchipped, 3 million more than in 2013 when the plans had first been announced. At the time it was estimated that this equated to 95% of the UK dog population⁵.

The role of vets

On admission to membership of the RCVS, and in exchange for the right to practise veterinary surgery in the UK, every veterinary surgeon makes a declaration:

" I PROMISE AND SOLEMNLY DECLARE that I will pursue the work of my profession with integrity and accept my responsibilities to the public, my clients, the profession and the Royal College of Veterinary

¹ <http://www.legislation.gov.uk/uksi/2015/108/contents/made>

² <http://www.legislation.gov.uk/ssi/2016/58/contents/made>

³ <http://www.legislation.gov.uk/wsi/2015/1990/contents/made>

⁴ <https://www.rcvs.org.uk/setting-standards/advice-and-guidance/code-of-professional-conduct-for-veterinary-surgeons/supporting-guidance/29-microchips-microchipping-and-animals-without-microchips/>

⁵ <https://www.gov.uk/government/news/chip-your-dog-and-check-your-chip>

Surgeons, and that, ABOVE ALL, my constant endeavour will be to ensure the health and welfare of animals committed to my care."⁶

With the declaration in mind, vets play a key role in helping to reunite lost, and sometimes stolen, animals with their owner.

Our Voice of the Veterinary Profession survey showed that in 2017 vets were seeing on average 4.1 strays each month, with 97% of practices attempting to reunite lost pets with their owners. Compared with reunification data gathered two years previously, one year before the introduction of compulsory microchipping, vets were seeing improved rates of reunification (68% managing it more than half the time, compared to 51% in 2015).

Where reunification attempts failed, most vets said it was either because there was no identifying microchip or collar/tag (50%) or the information held on the microchip database had not been kept up to date (44%).

However, the circumstances surrounding the individual cases which present themselves in veterinary practices are sometimes not clear cut and there will be a need for the vet to exercise their professional judgement, based on the information available to them. Vets must also operate within their powers, so cannot seize or hold a dog suspected as stolen, nor can they share confidential ownership information as this would breach data protection laws and, in some circumstances, could put the animal, its owner, or its finder, at risk.

There has been some criticism of the profession from campaigners for compulsory scanning. Unfortunately, such campaigns misunderstand the powers of vets and the potential welfare harms of compulsory scanning to both animals and humans (eg those fleeing with their pets from domestic abuse).

Where there is an ownership dispute or an animal is suspected stolen vets should follow the [RCVS 'Client confidentiality and microchipped animals flowchart'](#)

Note: If a member of the public finds a stray dog and cannot contact the owner, they should [report it to their local council](#).

Scanning for microchips

We recommend that veterinary practices should scan for a microchip under the following circumstances:

- **Prior to microchip implantation** – this helps to ensure that there is no other microchip present.
- **On presentation of a lost, stray or apparently unowned animal** – this facilitates reunification with the owner when checked against the national databases, providing the owner has kept their details up-to-date.
- **On first presentation at the practice** – this ensures that the animal is correctly identified when checked against the national databases and serves as a useful reminder to the new client to ensure that they keep their details up-to-date. The microchip details should be recorded on the practice database – often lost pets are local to the practice and a check against the practice's own database can provide a quick solution.
- **Before travelling abroad** – this is to ensure that the microchip is still working and has not migrated significantly and would not normally include a check against the national database(s).
- **Before rabies vaccination or official certification** – vets are obliged to scan for a microchip before administering a rabies vaccination and issuing a pet passport, or before completing other official documentation that requires identification of the animal (eg official health screening tests)
- **Annually as routine** (eg at the time of the annual check-up and/or booster vaccination) – this is also to ensure that the microchip is still working and has not migrated significantly. Although it would not

⁶ <https://www.rcvs.org.uk/setting-standards/advice-and-guidance/code-of-professional-conduct-for-veterinary-surgeons/>

normally include a check against the national databases it should include a check against practice records and provides an opportunity to remind the owner to keep their details up-to-date.

- **On admission for treatment or hospitalisation where appropriate** – this is part of good clinical practice to ensure that the patient is matched to clinical records. This would not normally include a check against the national database(s).
- **Prior to euthanasia if considered appropriate** – this is part of good clinical practice to ensure that the patient is matched to clinical records. This would not normally include a check against the national database(s) and in many cases may not be appropriate.
- **On presentation of wildlife** – this is to identify any wild animals part of a local or national, wildlife rehabilitation or research programme.

NOTE: practices and owners should be aware that occasionally, as a result of chip or scanner failure or incompatibility, efforts to scan may not be successful.

National databases

There is currently a total of 14 national databases with which pet owners can choose to register their animals. These databases do not currently share their data with each other, nor is there a central database. This is a growing issue, which threatens one of the key aims of compulsory microchipping – to help reunite lost dogs with their owners. Although [Check-a-Chip](#) helps to identify which database holds the registration for a particular microchip number, it is not a central database.

For veterinary practice, cross-checking with such a large number of databases is an administrative burden which challenges already stretched vets and vet nurses, whose limited contact time with their clients and patients is better spent providing preventative healthcare advice.

We would like to see one central UK microchip database. However, we recognise that this is increasingly unlikely given the proliferation of commercial databases in recent years. Instead we are calling for:

- All existing and future commercial microchip databases to register with [EuroPetNet](#). Petlog is currently the only UK database to be registered⁷.
- Improved enforcement in relation to those databases which do not meet government standards.
- Exploration of the potential for setting up a single point of entry to query existing multiple real-time databases. The facility to enter a microchip number into a single web-based portal that could check all microchip databases would minimise the need for a manual search, increasing efficiency and protecting commercial interests.

⁷ <https://www.europetnet.com/member-organisations.html>

Summary	
Meeting	Standards Committee
Date	8 February 2021
Title	Microchipping of wild equines
Summary	
Decisions required	
Attachments	Annex A – letter from the Dartmoor Commoner’s Council Annex B – letter from the Verderers of the New Forest
Author	Ben Myring Policy & Public Affairs Manager b.myring@rcvs.org.uk 020 7202 0783

Classifications		
Document	Classification¹	Rationales²
Paper	Unclassified	
Annex A & B	Unclassified	

Microchipping of wild horses

The RCVS has been contacted the Dartmoor Commoner's Council and the Verderers of the New Forest (see Annexes). They have requested that the microchipping of wild equines, an activity currently reserved to veterinary surgeons, should be subject to an exemption order to the Veterinary Surgeons Act 1966 in order to allow a trained layperson to implement microchips.

The Exemption Orders and Associates Working Party (EO&AWP) did not consider this question during the deliberations that led to its report to the Department for Environment, Food and Rural Affairs (Defra) in 2019. It is proper that the EO&AWP's successor, the Legislation Working Party (LWP), consider this question in due course, seeking external evidence as necessary. However, the Standards Committee is invited to comment at this stage so that any views can be passed to the LWP.



Dartmoor Commoners' Council
1 Canal Road, Tavistock,
PL19 8AR

Office Hours: Monday to Friday
9:00 am to 1:00 pm
Tel: 01822 618892

Email: office@dartmoorcommoners.org.uk

Letter by email to:
Royal College of Veterinary Surgeons (RCVS)
info@rcvs.org.uk

17 November 2020

Dear Sirs

Veterinary Surgeons Act (VSA) 'Exemption Orders'

The Dartmoor Commoners' Council is a statutory body established under the Dartmoor Commons Act 1985. Our Council's members are from the farming community on Dartmoor and are elected by the commoners who have common rights on Dartmoor. The Dartmoor Commoners' Council was constituted primarily to maintain and promote the proper standards of livestock husbandry and management of the commons. Council has taken an active role in seeking to secure regulations and best practice that are efficient in their objectives whilst enabling the grazing of cattle within the Dartmoor National Park.

According to current VSA Regulations, only a registered vet may implant a microchip in an equine. It is our understanding that the RCVS has undertaken a review of the VSA's 'Exemption Orders' which allow certain minor acts of veterinary surgery to be undertaken by non-veterinarians. The Dartmoor Commoners' Council respectfully requests that the microchipping of semi-wild equines is added to the proposed new list of 'Exemption Orders'. Furthermore, we have been advised that the RCVS recommendations will be subject to public consultation in the next few months & Dartmoor Commoners' Council would welcome the opportunity to be involved in this consultation process.

The Horse Passport Regulations 2009 exempted horses living semi-wild on Dartmoor from the requirement to be identified with a passport or microchip until such time as they are moved from the designated area. The Equine Identification (England) Regulations 2018 retained this derogation, which has been in place for just over 10 years. It is held & maintained by Dartmoor Commoners' Council who feel that the derogation is due a review, with the current method of identifying the semi-wild ponies requiring modernisation. At present, all ponies must be visibly branded, & then listed on the derogation using paper, hand-drawn pony silhouettes. Microchipping the ponies would be a vast improvement to the accuracy of the records kept. However, the window of opportunity to carry out the procedure is limited. Owners need to be able to react quickly to microchip a semi-wild pony when it is seen close to the farm gate on the edge of the moorland expanse. In the majority of cases, it is not practical or kind to hold a pony in-by while awaiting the arrival of a vet. Furthermore, it is our understanding that the majority of European countries permit well trained lay people to carry out microchipping of semi-wild equines.

In view of this & the fact that permitting this flexible delegation would empower our vets to concentrate on specialist veterinary science/surgery, we request that you give this matter due consideration.

Yours faithfully

A handwritten signature in blue ink that reads "P French".

Mr Philip French,
Chairman, Dartmoor Commoners' Council

cc: Aroon.Korgaonkar@defra.gov.uk; scott.reaney@apha.gov.uk



Official Verderer
Lord Manners

Verderers of the New Forest

THE QUEEN'S HOUSE
LYNDHURST
HAMPSHIRE
SO43 7NH

Telephone: Lyndhurst (023) 8028 2052

15th January 2021

The Royal College of Veterinary Surgeons
(RCVS)
Belgravia House
62-64 Horseferry Rd
LONDON
SW1P 2AF

Letter by email to: info@rcvs.org.uk

Dear Sirs

Veterinary Surgeons Act (VSA) 'Exemption Orders'

The Verderers of the New Forest is a statutory body established under the New Forest Acts of Parliament. The Verderers regulate commoning on the New Forest. To assist them in their duties, the Verderers employ five field staff, known as Agisters.

According to current VSA Regulations, only a registered vet may implant a microchip in an equine. It is our understanding that the RCVS has undertaken a review of the VSA's 'Exemption Orders' which allow certain minor acts of veterinary surgery to be undertaken by non-veterinarians.

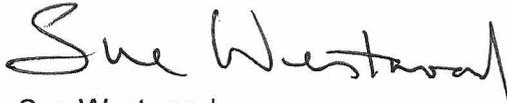
The Verderers request that the microchipping of semi-wild equines is added to the proposed new list of 'Exemption Orders'. We have been advised that the RCVS recommendations will be subject to public consultation in the next few months & we would appreciate the opportunity to be involved in this consultation process.

The Horse Passport Regulations 2009 exempted horses living semi-wild on the New Forest from the requirement to be identified with a passport or microchip until such time as they are moved from the designated area. The Equine Identification (England) Regulations 2018 retained this derogation. The Verderers of the New Forest are permitted to maintain a list of ponies and donkeys which are depastured on the New Forest but are not microchipped and registered or recorded with the New Forest Pony Breeding and Cattle Society or any other Passport Issuing Authority.

At present, all ponies which are entered on the Verderers' Pony List are visibly branded & the owner provides a hand-drawn pony silhouette for each animal. Microchipping the ponies would be a vast improvement to the accuracy of the records kept. It is our understanding that the majority of European countries permit well trained lay people to carry out microchipping of semi-wild equines and in view of this we request that you give your consideration to allowing our Agisters, who are very experienced and knowledgeable livestock handlers to microchip those ponies which are to be recorded on the Verderers' Pony List.

Permitting our Agisters to microchip ponies, subject of course to appropriate training, would reduce the stress on the ponies as it could be carried out at the autumn drifts. At present any commoner wishing to microchip his ponies has to take them home and keep them in for as long as it takes to arrange a vet visit. Arranging for a vet to attend in advance is not practical as there is never any guarantee that the animals which are wanted, will actually be caught. In addition, those commoners who have larger numbers of ponies, may well find they have to request repeated vet visits, or keep ponies which do not always thrive when kept at home, for much longer periods than is ideal. Our Agisters are out and about in the Forest all the time and as an Agister is often passing, he would be able to just pop in.

Yours faithfully

A handwritten signature in black ink that reads "Sue Westwood". The signature is written in a cursive style with a large, prominent 'S' at the beginning.

Sue Westwood
Clerk to the Verderers

Summary	
Meeting	Standards Committee
Date	8 February 2021
Title	Microchipping of equines
Summary	This paper summarises the changes to legislation relating to compulsory microchipping of equines throughout the UK, which came into force in 2019/2020. This paper also raises relevant matters for consideration by the Committee.
Decisions required	<ol style="list-style-type: none"> 1. The Committee is asked to: <ol style="list-style-type: none"> a. Review and approve the amendments to Chapter 30 of the Supporting Guidance to the Code of Professional Conduct
Attachments	Annex A – Chapter 30 of the Supporting Guidance to the Code of Professional Conduct
Author	Beth Jinks Senior Standards and Advice Officer b.jinks@rcvs.org.uk

Classifications		
Document	Classification¹	Rationales²
Paper	Unclassified	
Annex A	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

Microchipping of equines

Introduction

1. The Committee will recall that at its meeting in November 2020, the text of the new Chapter 30 of the Supporting Guidance to the Code of Professional Conduct was approved.
2. After consultation with BEVA it is proposed that text be added to this chapter, within the section on ownership disputes, to explain that where an equine is presented by someone with statutory or other appropriate authority, these situations do not automatically amount to an ownership dispute. Vets should ensure that this person has the authority to provide informed consent as per chapter 11 of the Supporting Guidance (Communication and Consent).
3. The Committee is asked to review paragraph 30.23 in Annex A to this paper.

Decisions required

4. The Committee is asked to:
 - a. Review and approve the amendments to Chapter 30 of the Supporting Guidance to the Code of Professional Conduct

30. Equines and microchips

[...]

Ownership disputes

30.23 An ownership dispute may arise where a client presents an animal with a microchip registered in another person's name, or by someone other than the owner. In equines, this situation is most likely to occur in the following situations:

a. When a new owner has not updated the details on the passport, or when a keeper of an equine horse presents themselves as the owner.

b. Where an equine is presented by someone with statutory or other appropriate authority having previously been removed under the Animal Welfare Acts. In this case veterinary surgeons should satisfy themselves that the equine has been legitimately removed. (See Supporting Guidance Chapter 11 – Communication and Consent)

30.24 Where there is a new owner that has not updated the details on the passport, practices should ask the owner to contact the vendor in order to obtain authorisation to update the equine's passport.

30.25 Veterinary surgeons should consider the following information if faced with an ownership dispute:

Seek prior agreement to disclose

30.26 Practices may wish to request express written agreement from clients on registration that if the practice discovers the animal is registered to another person, the personal data of the client and details of the animal and its location will be passed on to the person in whose name the animal is registered and/or the database provider/Passport Issuing Organisation. An exception to this disclosure would be when the client is the keeper of the equine and has the owner's consent to seek veterinary services on their behalf.

30.27 A written agreement should be obtained through a standalone consent document, not merely included in the practice's standard terms and conditions. The client must be given the opportunity to make a positive indication that they would be happy for their personal data to be passed on in such circumstances. This consent must be freely given, which means it cannot be a condition of registering with the practice. There should be systems and processes in place to keep the consent up to date and veterinary surgeons and veterinary nurses should properly acknowledge and document any withdrawal of consent.

Seek consent to disclose

30.28 If there is no prior agreement for disclosure between the practice and the client, the veterinary surgeon should first try and obtain the current keeper's consent to release their

personal information (i.e. name/address) to the registered owner and/or database provider/Passport Issuing Organisation. However, the name and details of the registered owner should not be provided to the current keeper (unless the registered owner agrees).

30.29 It is likely that consent will be given freely if the registered owner is aware that the animal is in the possession of the current keeper e.g. the current keeper is caring for the animal.

Failure to obtain consent

30.30 If the current keeper refuses to consent to the release of their personal information to the registered owner, the veterinary surgeon should contact the registered owner and/or the database provider/Passport Issuing Organisation and explain that the animal has been presented by someone else. However, the veterinary surgeon should not release the current keeper's personal information to the registered owner (or any other third party including the database provider) at this stage.

30.31 If the veterinary surgeon makes contact with the registered owner and the registered owner is not concerned that the animal has been presented by another person, then the veterinary surgeon should still not release the current keeper's personal information to the registered owner or any other third party as the veterinary surgeon would not have a legal basis for this disclosure under the GDPR. Consent will need to be obtained from the registered owner to change the details on the microchip.

30.32 If the veterinary surgeon makes contact with the registered owner and/or the database provider/Passport Issuing Organisation and from the conversation discovers that (i) the animal has been reported as stolen; (ii) the registered owner was not aware that the animal is in someone else's possession; and/or (iii) the registered owner wants to recover the animal, then the veterinary surgeon may have a legal basis for disclosing the current keeper's personal information i.e. he/she is certain that such disclosure is "necessary" for the purposes of the registered owner to exercise his/her legal rights, and those interests are not overridden by the interests of the current keeper. If there is any doubt as to a legal basis for such disclosure, it may be preferable not to disclose the data to the registered owner, and instead request that they ask the police to contact the veterinary surgeon for the details of the current keeper.

a. Suspected Theft/Stolen Animal

In the event that the registered owner and/or database provider/Passport Issuing Organisation tells the veterinary surgeon that the animal is stolen, the veterinary surgeon should ask the registered owner and/or database provider/Passport Issuing Organisation to report the theft to the police. If the police then contact the veterinary surgeon, he/she should ask for a formal request for disclosure from the police, setting out their legal basis for requesting this information.

b. Civil/Ownership dispute

In some cases, the animal may not have been reported stolen, but the registered owner still wants to recover the animal. This may be the case where there is a civil/domestic dispute. In these circumstances, the veterinary surgeon should not immediately provide the current keeper's details to the registered owner. The registered owner or their legal representative should expressly confirm, in writing, the legal basis on which disclosure is permitted under GDPR. The veterinary surgeon should then assess that request before deciding whether to disclose.

30.30 It is recommended that these steps are set out in a policy document, which is displayed at the practice so that the process is clear to clients.

Summary	
Meeting	Standards Committee
Date	8 February 2021
Title	Disciplinary Committee Report
Summary	Update of Disciplinary Committee since the last Standards Committee meeting held on
Decisions required	None
Attachments	None
Author	Yemisi Yusuph Clerk to the Disciplinary Committee Tel: 020 7202 0729 Email: y.yusuph@rcvs.org.uk

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'.
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

Report of Disciplinary Committee hearings since the last Standards meeting

Background

1. Since the last update to Standards on 9 November 2020, the Disciplinary Committee (‘the Committee’) have met on three occasions. The RVN Disciplinary Committee have met twice.

Hearings

Mr Paul Chaney RVN

1. On Monday 2 November and Tuesday 3 November, the RVN Disciplinary Committee met to hear an Inquiry into Mr Paul Chaney. The Inquiry was in relation to the unlawful administration and possession of veterinary medicines.
2. There was a total of 7 charges against Mr Chaney. The full charges can be found here: <https://www.rcvs.org.uk/document-library/chaney-paul-november-2020-charges/>
3. From the outset of the hearing, Mr Chaney admitted all charges against him.
4. The Committee heard that Mr Chaney’s conduct in relation to the first two charges were discovered when, in July 2018, the Department for the Environment Food & Rural Affairs (Defra), accompanied by police officers, executed a warrant upon the property where Mr Chaney lived with two others for unrelated matters. However, during the course of the search, police officers found Metacam and Trazadone (both prescription-only veterinary medicines) in Mr Chaney’s bedroom which did not seem to have a prescription and so Defra officers launched an investigation. During the course of this investigation, a Defra investigator was also provided with video and messages relating to charges 1 and 2 that indicated Mr Chaney had administered the medication to a dog in frustration with the animal as it was being too noisy.
5. The Committee heard that, in November 2018, Mr Chaney accepted a police caution in relation to the matters subject to charges 1, 3 and 4. Furthermore it also heard the allegation that, in relation to charges 5 and 6, Mr Chaney, following the police attending his property and finding the medicines, went on to create false records at the practice in relation to the examination of his dog in order to justify his unlawful possession of the drugs.
6. In relation to the facts of charges 1 to 6, the Committee took into account the witness statements provided to the College, as well as Mr Chaney’s own admissions made prior to the hearing and so found that these were proven. In relation to charge 7, while Mr Chaney admitted that his actions were misleading, his counsel argued that it was not dishonest because there was no

financial gain from his conduct. The Committee, however, did not accept this argument and found charge 7 proven.

7. The Committee then went on to consider if the charges, taken both individually and in totality, amounted to serious professional misconduct.
8. Judith Way, chairing the Committee and speaking on its behalf, said: *“The Committee had no doubt that administering a sedative to an animal that required prescription by a veterinary surgeon and then failing to record it in the clinical record with the resultant risk to the animal’s welfare due to lack of knowledge of the administration fell far below the expected standard (charges 1 and 2). The Committee also considered that possession of prescription only medicines by a registered veterinary nurse, without the sanction of law, having stolen the same from a practice also fell far below the expected standard (charges 3, 4 and 5). The Committee also considered that tampering with the clinical record for a dog, in order to create a misleading impression and in doing so dishonestly, was conduct which fell far below the expected standard. Taken as a whole, the Committee considered that Mr Chaney’s conduct had fallen far below the expected standard.”*
9. Accordingly, the Committee found him guilty of serious professional misconduct in relation to all seven charges.
10. *The full decision on facts and disgraceful conduct can be found here: <https://www.rcvs.org.uk/document-library/chaney-paul-november-2020-decision-on-facts-and-disgraceful/>*
11. The Committee went on to consider the appropriate sanction to impose on Mr Chaney, taking into account the aggravating and mitigating factors.
12. In considering the aggravating factors, the Committee took into account that Mr Chaney’s conduct had presented a risk of injury to the animal and that the conduct related to charges 1, 3, 4 and 5 was pre-meditated. Furthermore, Mr Chaney’s conduct involved a breach of trust with both the practice where he was employed and the owner of the Husky, abuse of position in gaining access to and stealing medication and that, because the charges related to two separate incidents, there was a common thread in Mr Chaney disregarding rules on veterinary medicines.
13. In mitigation, the Committee considered that Mr Chaney had reflected on and gained some insight on his behaviour and acknowledged he had made admissions at the outset of the hearing, including apologising for and showing regret about aspects of his conduct. However, the Committee did not believe he had addressed his understanding of the effect that this

conduct had on the risk to animals, the standards of the profession, or the maintenance of public confidence in the profession. In mitigation the Committee also considered a number of positive character references and his previous good character.

14. In speaking about the sanction Judith Way added: *“The Committee determined that it would not be sufficient in the circumstances of the case, to satisfy the public interest to suspend the Respondent’s registration. In its view this case involved a serious departure from identified professional standards. The disregard had been deliberate, in relation to ignoring legislation in respect of prescription-only medication and dishonesty in stealing medication. There was evidence of attitudinal issues in relation to that behaviour and insufficient evidence of the development of insight. The dishonesty in relation to the clinical record relating to dog O had been an attempt to conceal earlier dishonesty relating to the theft of the medication. In administering the Butorphanol to dog L, Mr Chaney had been putting his own interests in quieting the dog ahead of the dog’s interests, which would have required checking with a veterinary surgeon as to appropriate steps. The Committee acknowledged that, by directing removal, there would likely be professional reputational damage to Mr Chaney and possible financial loss. However, in the view of the Committee the requirements of the public interest outweighed these factors.”*

15. Accordingly, the Registrar was directed to remove Mr Chaney’s name from the Register of Veterinary Nurses.

16. *The full decision on sanctions can be found here: <https://www.rcvs.org.uk/document-library/chaney-paul-november-2020-decision-on-findings-of-facts/>*

Miss Padron Vega

17. On Tuesday 8 and Wednesday 9 December 2020, the Committee met to hear the restoration application of Miss Padron Vega. This hearing was held virtually (via Zoom). At the outset, Miss Padron Vega fully admitted her guilt and responsibility for the conduct that had seen her removed from the Register and made representations that she appreciated the seriousness of her actions and that there was no chance of her repeating them. She also produced testimonials from former veterinary colleagues, in addition to evidence that she had endeavoured to keep up to date with her continuing professional development while off the Register.

18. In considering her application to restore, the Committee found that Miss Padron Vega had accepted the reasons for her removal from the Register and the seriousness of the findings. They found that she was unlikely to repeat the behaviour and that her conduct had been entirely acceptable since she was removed from the Register. It also considered her financial and personal circumstances as the single mother of a young child, the difficulty she had in securing

well-paid, full-time employment since her removal from the Register, and the impact that this had on being able to keep up-to-date with her continuing professional development (CPD).

19. The Committee addressed its concerns over her efforts to keep up-to-date with the knowledge and skills she would need to return to practice and said she demonstrated “no real appreciation of what she needed to put in place to demonstrate that she can return to work safely”. In particular it found that the CPD she had undertaken was unstructured and insufficient and that therefore she had not done enough to demonstrate that she was fit to be restored to the Register, especially as she signalled that, if restored, she would be working in small animal practice, an area that she had not worked in for some time.
20. The Chair of the Committee stated that; *“Based on the current state of the evidence, the Committee considers that if the applicant properly applies herself to a properly structured and focused Return to Practice Plan and is able to produce evidence of how she has fulfilled the requirements of that plan, then her application could prove successful. The outcome of the plan for a return to practice will need to ensure the continued protection of the welfare of animals as well as the interests of clients whose animals she might be called upon to treat and, most importantly, the public interest which is founded on a belief that the veterinary certification processes are beyond question or doubt.”*
21. The Committee also recommended that Miss Padron Vega seek a veterinary mentor and/or support from a veterinary support organisation to help her develop her return to practice plan and for further advice and assistance.
22. In order to allow Miss Padron Vega sufficient time to develop this plan, the Committee adjourned the restoration hearing for seven months (until July 2021).
23. Please find full decision here: [Padron Vega, Laura, Decision of the Disciplinary Committee - Professionals \(rcvs.org.uk\)](#)

Mr David Chalkley

24. The Disciplinary Committee met on Monday 14 and Wednesday 16 December 2020 to hear an inquiry into Mr Chalkley. The inquiry was in respect of four charges that were brought against him. This hearing took place virtually via Zoom.
25. These charges were broadly in relation to a number of instances that occurred between 2011 and 2018, in which it was alleged that Mr Chalkley had been dishonest, misleading and had risked undermining government animal testing procedures. He claimed to have subjected up to 16 animals to an ICT tuberculosis (TB) test when in fact some of these animals had died

prior to the date he was supposed to have conducted the tests and that, furthermore, he had fabricated skin measurements for animals which had died before the date of the supposed test.

26. *The full charges can be found here: [Chalkey, David, Charges - Professionals \(rcvs.org.uk\)](#)*
27. Prior to the hearing, Mr Chalkley had made an application for an adjournment based on undertakings to remove himself from the Register and never to seek restoration.
28. From the outset, Mr Chalkley denied all charges of dishonesty. His Counsel addressed the Committee and stated that there was no evidence of harm to animals as a result of the alleged conduct, that there had been no complaint from the client and that he had repaid all the sums he had received for tuberculin testing on the farm in question.
29. Counsel on behalf of Mr Chalkley also submitted that a full hearing would be time consuming, expensive and will serve no useful purpose, as animal welfare would be served through Mr Chalkley's proposed undertakings, should the Committee accept.
30. Counsel on behalf of the College submitted that the College did not oppose to Mr Chalkley's application and confirmed that the Animal Plant and Health Agency did not object.
31. After careful deliberation of the application and the submissions provided to them by Mr Chalkley's Counsel, the Committee concluded that there was indeed a need to hold a full public hearing into Mr Chalkley's alleged conduct because the case concerned issues of alleged dishonesty in veterinary certification over a prolonged period of time. The Committee also recognised the importance of public trust in the accuracy and reliability of the process.
32. The Committee therefore rejected Mr Chalkley's application and directed that arrangements should be made for listing of a full hearing.
33. As directed, the case has now been listed to take place in May 2021. The Clerk will update Standards once the full hearing has concluded.
34. *The full decision on the application to adjourn can be found here: [Chalkey, David, Decision of the Disciplinary Committee on the Respondent's Application to Dispose of the Case by Adjournment of The Inquiry and Undertakings - Professionals \(rcvs.org.uk\)](#)*

Karen Tracey Hancock RVN

35. Between Monday 18 January 2021 and Thursday 21 January 2021, the RVN Disciplinary Committee met to hear the inquiry into Mrs Karen Hancock. This hearing was held remotely via Zoom.
36. The first two charges against Mrs Hancock were in relation to an injury she falsely claimed she sustained to her knee while moving a euthanised dog on 13 August 2015, that was then exacerbated while moving another dog on 29 August.
37. The third charge was in relation to the proceedings which were brought against Mrs Hancock in the County Court for damages in respect of the alleged injury referred to in charge 1:
 - (a) issued a claim notification form dated 22 January 2016 stating that you had sustained a knee injury caused by your work at the practice in August 2015;
 - (b) signed a statement dated 30 June 2017 stating that you had sustained a knee injury at work on 13 August 2015 which had then been aggravated at work on the 29 August 2015
 - (c) issued Particulars of Claim dated 13 July 2018 stating that you had sustained a knee injury caused by your work at the Practice on 13 August 2015
38. *The full charges can be found here: [Hancock, Karen Tracey, Charges - Professionals \(rcvs.org.uk\)](https://www.rcvs.org.uk)*
39. Mrs Hancock was not legally represented in this matter, nor was she present for the for the proceedings. Prior to the hearing, she had indicated via email, that she would not be attending and was content for the inquiry to be conducted in her absence. She maintained communication with the Clerk throughout, and submitted some evidence that she requested that the Committee considered.

40. The Committee first had to establish whether the facts of the charges could be proved. In determining this, the Committee took into account the fact that the County Court claim which had been made by Mrs Hancock was listed for a trial and concluded with a consent order dated 21 June 2019 which stated that the claim had been dismissed.
41. The Committee heard evidence from two eyewitnesses regarding the two alleged events that led to and exacerbated her knee injury in August 2015. After hearing from both eyewitnesses, the Committee determined that although Mrs Hancock did have an injury to her right knee, this was due to a horse-riding incident a number of years earlier and that her account of the incidents on 13 and 29 August 2015, and therefore her claims to have been caused injury by them, were false and that her conduct had been dishonest.
42. The Committee therefore found all charges against Mrs Hancock proven.
43. *The decision on the finding of facts can be found here: [Hancock, Karen Tracey, Decision on Findings of Fact - Professionals \(rcvs.org.uk\)](#)*
44. The Committee then went on to determine whether the charges proven amounted to serious professional misconduct. The Committee listened to submissions by Counsel for the RCVS, which suggested that there were a number of aggravating factors in Mrs Hancock's conduct. This included the fact that the misconduct was sustained over a long period of time, was premeditated, and involved lying for financial gain.
45. *"The Committee found all of the aggravating factors set out... in this case applied to its decision on whether or not the conduct amounted to disgraceful conduct in a professional respect. Such conduct would bring the profession of veterinary nurses into disrepute and would undermine public confidence in the profession because the dishonesty was directly concerned with the respondent's work as a veterinary nurse in the veterinary practice."*
46. *"The Committee concluded that the dishonest behaviour was serious misconduct, particularly so because it took place at the respondent's workplace. It considered that honesty and trust between veterinary nurses and their employers is essential to the profession and that such conduct as set out in the charges would be considered deplorable by other members of the profession."*
47. The Committee was therefore satisfied that all four charges individually and cumulatively amounted to serious professional misconduct.

48. *The full decision on disgraceful conduct can be found here: [Hancock, Karen Tracey, Decision on Disgraceful Conduct in a Professional Respect - Professionals \(rcvs.org.uk\)](#)*
49. After finding that Mrs Hancock's actions amounted to serious professional misconduct, the Committee went on to consider the appropriate sanction to impose. They took into account the aggravating factors, including a lack of insight in that, in correspondence before the hearing, she continued to deny the charges. In mitigation, the Committee noted that there had been a significant lapse of time and that she had a long and hitherto unblemished career.
50. In conclusion, the Committee decided that removal from the Register was the appropriate and proportionate sanction and requested Mrs Hancock be removed from the Register, particularly as dishonesty is considered 'in the top spectrum of gravity' for misconduct.
51. *The full decision on sanction can be found here: [Hancock, Karen Tracey, Decision on Sanction - Professionals \(rcvs.org.uk\)](#)*

Upcoming DC's

52. The hearing into Dr Sue Dyson commenced on 11 November 2020. On the second day of the hearing, proceedings had to be adjourned. This case has now been relisted and will take place in summer 2021. The Clerk will report the outcome to Council once the case has been concluded.
53. As it stands, six inquires that have been listed:
- Thursday 25 February 2021
 - Monday 1 – Tuesday 2 March 2021
 - Wednesday 3 – Thursday 4 March 2021
 - Monday 10- Friday 21 May 2021
 - Wednesday 26 – Thursday 27 May 2021
 - Monday 28 June – Friday 9 July 2021
54. There are currently two cases that have been referred by PIC that are to be listed. The Clerk is currently working on listing these cases.

Summary	
Meeting	Standards Committee
Date	8 th February 2021
Title	Practice Standards Scheme Update
Summary	A summary of the changes to the Practice Standards Scheme ("PSS")
Decisions required	None
Attachments	Annex A – PSG Minutes
Author	Lily Lipman Senior Manager Practice Standards Scheme l.lipman@rcvs.org.uk / 020 7202 0756

Document	Classification¹
Paper	Unclassified
Annex A	Unclassified

PSS assessments

1. Remote assessments have been undertaken since October 2020 and are well underway with PSS assessors working through the backlog following the initial suspension in March. The VMD was recently contacted by the Senior Manager and has confirmed, in writing, an extension to the remote assessment model, approved 'for the foreseeable future'. The VMD has also concurred that the assessments for any high-risk practices (requiring face to face assessments) will now be suspended until such a time that social distancing measures are lifted. This situation is to be reviewed via video conference with the RCVS in mid-March 2021.
2. At its meeting on 9th November, Standards Committee requested the number of remote practice assessments. Below is a table summarising the number of remote assessments carried out until end December 2020:

Total remote assessments carried out	292
Routine assessments	229
Initial assessments	63

3. Initial and upgraded assessments: The Group was also asked to consider the appropriateness of initial assessment and upgraded assessment completion via the remote model, given that remote assessments have taken place over the last three-month period, as requested via the assessor team. It was agreed by the Group that the Lead Assessor and PSS team will devise a suitable quality assurance regimen for remotely assessed initial and upgraded assessments.

Awards

4. At its meeting in January 2021, PSG agreed to continue the suspension of Awards assessments until May 2021 in line with the timeframes for continuing remote assessments, and PSG will re-visit this discussion at its meeting in April 2021.
5. At the same meeting, it was noted that the virtual awards ceremony scheduled to be held in December 2020 was cancelled due to lack of interest.

Changes to PSS requirements

6. As the Committee will be aware, Chapter 4 of the Code of Professional Conduct Supporting Guidance has been updated in line with relevant communications from the VMD regarding the changes to cascade prescribing in December 2020. PSG has therefore approved the following wording amendments, to be published at the same time as the rest of the Core edits, for requirements 10.1.25 / 9.1.25 / 8.1.25 (Small Animal, Equine and Farm Animal, respectively):

Requirement

Medicines must be used in accordance with the legislation commonly referred to as the Cascade.

Guidance notes

Assessors will wish to see evidence that Cascade medicines are clearly identified to owners who give informed consent for their use. Written forms for signature are expected.

*Human generic preparations must not be used other than under Veterinary Medicines Guidance Note The Cascade: Prescribing unauthorised medicines, which allows for the welfare of animals to be a primary consideration in the choice of treatment:
<http://bit.ly/1M7S8qy>*

In the first instance a veterinary surgeon should prescribe a medicine authorised in the jurisdiction where they are practising, for use in the target species, for the condition being treated, and used at the manufacturer's recommended dosage. Where there is no such medicine available, the veterinary surgeon responsible for treating the animal(s) may, in particular to avoid unacceptable suffering, treat the animal(s) in accordance with the Cascade.

*See paragraphs 4.14 to 4.22 of the supporting guidance for the Code of Professional Conduct for further guidance on prescribing under the cascade
<https://www.rcvs.org.uk/setting-standards/advice-and-guidance/code-of-professional-conduct-for-veterinary-surgeons/supporting-guidance/veterinary-medicines/>*

PSS Rules Change

7. As the committee will be aware, the RCVS and VMD have a memorandum of understanding which states the VMD may attend any PSS assessment at any time.
8. There is a section of the Rules that lays out the requirements for veterinary practices to be registered under the VMRs. It was agreed by PSG that the following paragraphs regarding the attendance of PSS assessments by VMD inspectors and data sharing with the VMD are added to this section:

Under the agreement with the Veterinary Medicines Directorate (VMD) for the RCVS to assess the Veterinary Medicines Regulations (VMRs) on its behalf, the VMD will arrange for its inspectors to observe a selection of PSS assessments to maintain consistency in assessing the VMRs. Practices will be notified in advance by the RCVS if a VMD inspector is due to attend their PSS assessment. NB: the VMD maintains its right to enter any veterinary practice at any time under its own powers of enforcement.

The RCVS is also required to share information with the VMD in order that it can fulfil its statutory functions.

Edits Project

9. At its meeting in January 2021 and subsequent discussion with the Chair of PSG, the Group decided to release the new version of the Core Standards as soon as possible, in order for the Scheme to reflect the latest legislative and Code changes. The Group also provisionally agreed the release for

the remainder of the edits in May 2021, with a view to the complete new version to be assessed from November 2021.

Previous PSG Meetings

10. PSG met on 14th September 2020 and 14th January 2021. Minutes for the September meeting may be found at Annex A, with the minutes for the January meeting to be ratified at PSG's next meeting on 15th April 2021.

Summary	
Meeting	Practice Standards Group
Date	14 September 2020
Title	Minutes of meeting
Summary	Minutes of the Practice Standards Group meeting held on Monday 14 th September 2020
Decisions required	None
Attachments	None
Author	Devon Drew PSS Officer d.drew@rcvs.org.uk / 0207 202 0744

Classifications		
Document	Classification ¹	Rationales ²
Minutes	Unclassified	N/A



PRACTICE STANDARDS GROUP

Minutes of the meeting held 14th September 2020.

Members

Mandisa Greene	Chair & RCVS Council
Adam Mugford	BAVECC
Anna Judson	SPVS
Louise Northway*	BVNA
Tim Mair	BEVA
Rita Dingwall	VMG
Caroline Freedman	Lay member
Krista Arnold	BSAVA
Daniella Dos Santos*	BVA
Sally Wilson	BCVA
Martin Smith	BVHA
Andrea Jeffery	RCVS VN Council
Stuart Saunders	VMG
Mark McLaren	Lay member

In attendance

Eleanor Ferguson	RCVS Registrar and Director of Legal Services
Lisa Price	RCVS Head of Standards
Lily Lipman	RCVS Senior PSS Manager
Pam Mosedale	RCVS Lead Assessor
Laurence Clegg	RCVS Senior PSS Officer
Devon Drew	RCVS PSS Officer
Stephianne Black	RCVS PSS Officer
Alexandra Taylor	BVNA

*Denotes absence

AI 2 Apologies for absence

1. Apologies were received from the BVA representative.

AI 3 Declarations of interest

2. The Group was advised by the VN Council representative that they had taken on the position as Senior Lecturer in Nursing at the Royal Agricultural University.
3. The Group was advised by the stand-in BVNA representative that they are now working for Vets4Pets.

AI 4 Minutes and actions of previous meeting

4. The minutes of the last meeting were approved by the Group.
5. With regards to the action of the Lead Assessor sending medicines guidance to VMG, the Lead Assessor advised the Group that the VMG will need to contact BVA for permission to refer to the guidance on the RCVS website as the guidance belongs to them.
6. The Group was advised that the action for the self-certification of awards is to be carried over as it is dependent on the decision about remote assessments of accreditations and awards (as per this meeting).
7. With regards to the action for Standards Committee to approve a change in the PSS Rules regarding new acquisition timeframes, the Group was advised that RCVS is currently in discussion with the VMD regarding updating the Memorandum of Understanding (MOU). Therefore updating of the PSS Rules will be completed once the MOU revision is complete.

AI5 PSS Update

a. Membership and Awards

8. The Group was advised that the overall membership had decreased slightly – most likely due to premises closing as a result of Covid-19 (this is supported by the fact that corporates have informed the PSS team that they have closed premises).

9. The Group was advised that there have been no withdrawal requests, and the PSS team have not withdrawn any practices since the last PSG meeting.

10. The Group was advised that accreditation totals have continued to increase because the PSS assessor team have been able to complete accreditations of initial assessments during this period (therefore candidates become accredited) and this was the same with a number of premises with Awards.

11. It was discussed by the Group that RCVS should keep records on why premises close, in order to identify any themes or trends. It was explained that reasons for practice closure is not usually held by RCVS. It was discussed that any practices that should temporarily close and then reopen within a short space of time would be able to re-activate its accreditation. The Chair requested that we keep a note of whether practices leave the Scheme due to closure of the premises or other reasons.

12. It was discussed by the Group that the majority of the new practices in 2020 joined before lockdown, however, some new applications have been processed, and new acquisitions to a PSS group/corporate have been automatically made candidates as usual.

Action: Senior Officer to maintain a review of reasons for practices leaving the Scheme to be commented upon in the PSS update paper.

Lead assessor update

13. The Group was advised by the Lead Assessor that 19 assessors had been furloughed since May 2020 due to Covid-19 and that two remaining assessors (including Lead Assessor) had been reviewing evidence submissions, while one assessor was brought back from furlough recently to work on the plan for remote assessments. All assessors were due to return from furlough in October.

14. The Group was advised by the Lead Assessor that RCVS has been in close communication with the VMD regarding remote assessments, having completed three trial assessments with the VMD present, resulting in a written agreement for the implementation of remote assessments.

15. The Group was advised that the Lead Assessor is stepping down as from the end of October 2020 and that recruiting of the new Lead Assessor was underway.

b. Top 10 deficient requirements

16. No PSS assessments had been held since the May 2020 meeting of PSG, so there were no new top ten deficiencies to present.

c. International Practice Standards (Oral report)

17. The Group was advised that part of the RCVS' ambition/strategy to have a greater global impact may be achieved via the Scheme. A paper has been presented to the Advancement of the Professions Committee (APC) to ascertain a direction of travel for this concept. APC decided that further exploratory work should be performed and the current appetite from APC is to explore a franchising model. Further updates will be provided to the Group in due course.

AI 6 Covid-19 impact and plan

18. The Group was informed that the VMD had granted approval for RCVS to perform remote assessments for the medicine's elements (the elements upholding the Veterinary Medicines Regulations (VMRs)) for a period of six months beginning 1st September 2020. This agreement is to be reviewed at the end of February 2021. The VMD agreed to grant the usual four year interim period for these assessments, with the caveat that any practices that had not met the requirements of 7 or more of the VMRs at its previous inspection be visited face to face. As a result of this approval, PSG were asked to consider approval of the remaining elements of PSS accreditation to be remotely assessed at the same time as the medicines, with the usual four year interim period, to be reviewed in line with the VMD in February. Quality assurance was discussed, and the Group was informed that in order to maintain standards, practices that were deemed as high risk be referred to PSS Review Group, for consideration on whether to shorten the accreditation interim period, or to perform future spot checks. Both new and routine (re-accreditations) were discussed.

19. The Group discussed the remote assessment process and the benefits for those practices who are still under pressure due to Covid. The practices are given a minimum of one month and a maximum of three months' notice to prepare to allow some flexibility. There were 3 trial remote assessments that had been carried out on practices who were already overdue, from 3 different corporates. Those practices reported finding the remote assessment to be less arduous and easier to handle. The remote assessments will involve a practice downloading Microsoft Teams onto a device in order to perform a live video call to show assessors around the practice. The estimated durations for these assessments are 1 - 1.5 hours for document review, with an additional 1-1.5 hours to look around the practices. This makes it feasible to

complete two or even three different assessments in a day. It was explained that the assessor would need to be assertive about what they want/need to see on the day in order to maximise efficiency.

20. The Group was advised there would be a Review Group (RG) process for practices that assessors have concerns about plus the RCVS will be strict on practices sending in evidence on time. The remote RG will be similar to the RCVS's current system. These measures will provide an extra layer of quality assurances for remote assessments.

21. Additional RCVS elements that will be assessed at remote assessments will capture the 'essence' of each accreditation level. There will be a self-certification element as well which will need to be signed by an RVN or MRCVS.

22. The Group asked if there is a contingency plan in place if practices refuse entrance for a face to face assessment. It was advised that the VMD are insisting that medicines assessments are completed, and this may be communicated to reticent practices.

23. The Group was advised that the VMD has given approval for new accreditations to be performed remotely.

Decision: The Group agreed for all new and routine assessments to be performed remotely, granting the usual four-year interim period.

24. Usually, practices are contacted three months prior to their assessment, to allow them to prepare for the face to face assessments. In order to maximise the usefulness of the 6 months period granted by the VMD for remote assessments, the Group were asked to agree to reduce the preparation time for assessments to a minimum of one month with a maximum of three months.

Decision: The Group agreed to reduce the assessment lead in time to one to three months.

25. The Group discussed whether practices electing to undergo a new Awards assessment are;

- a. Assessed with a face to face visit or;
- b. Assessed remotely or;
- c. New Awards assessments are ceased until PSS assessments resume in a face to face format

Decision: The Group agreed that new awards assessments would be ceased until face to face assessments resume, but to be reviewed in 6 months' time.

26. The Group discussed the release of the new PSS edits in January 2021. It was felt by the Group that due to all the changes because of Covid-19, and the added stress and pressure that has resulted for practices since, it would not be appropriate to release new requirements at this time.

27. The Group further discussed that any update to Core Standards requirements had not been added to the PSS since November 2018 and that as Core Standards applied to all UK veterinary premises, making these updates is a priority. In addition, it was noted that some changes to the requirements were based on updated guidance and PIC findings. As such, PSG decided to review the timing of the roll out of the new edits at its meeting in January 2021, with a view to prioritising the release of the Core changes as a minimum.

Decision: The Group agreed to discuss the decision on launching new edits at its meeting in January 2021.

Action: Senior Manager and Senior Officer to compile the Core Standards changes in the new edits for discussion by the Group about whether an interim update to the Standards should be made.

Awards Assessments

28. The Group discussed the Awards assessments; the Group were reminded that PSG and Covid Task Force had agreed to a 12 month extension to all Awards on the Scheme, and the Group agreed that any new applications for awards should be postponed until face to face assessment can occur, due to having to see the usual running of practices in order to attain these awards. This situation will be reviewed at the same time as the remote assessment situation is reviewed by firstly VMD then PSG in spring 2021.

Awards Ceremony

29. The Group discussed the possibility of the 2020 PSS Awards ceremony being held remotely in light of Covid, especially when practices have already achieved the awards, and other college events have already been held virtually.

Decision: The Group agreed to a virtual PSS ceremony.

Action: Senior Manager to liaise with the Communications department to perform a virtual awards ceremony later this year.

AI 7 Matters for decision

30. The Equine In-Patients Awards were reviewed by PSG after a query from a practice regarding the use of overnight staff and the impact this has on the ability to gain Outstanding in the award. The practice wanted it highlighted to the Group that any practices not having a member of staff on-site overnight were essentially precluded from gaining Outstanding in the award, and therefore the Outstanding grade for the award may only apply to Veterinary Hospitals where it is usual to have awake RVN/MsRCVS onsite overnight. In light of this feedback, the BEVA reviewed the awards points in the Equine In-patient module.

31. It was discussed that the Outstanding grade may be attained by those practices that do not fulfil the staff requirements for out of hours services, as long as the practice achieves the remaining available points. The BEVA representative advised that remote monitoring is becoming more regularly used in equine care as long as the patient is not a critical case and the on-duty vet is alerted through remote monitoring. In order for more equality between requirements points for the award, the BEVA representative suggested minor changes to the points distribution.

Decision: The Group agreed to BEVA proposed changes to the points for requirement 7.5.48 raising from 10pts to 20, requirement 7.5.42 lowering from 30pts to 10pts and requirement 7.5.22 raising from 10pts to 20pts.

Action: Senior Officer to make a note of these amendments to the Equine In-Patient Award for the new edits.

32. The Group were presented with proposed changes to the requirement for written statement of employment particulars following changes to Section 1 of the Employment Rights Act 1996 regarding the requirements for written statements, brought into effect on 6th April 2020. The below amended wording for this requirement was proposed:

Changed from: 'All team members must be provided with a written statement of the main terms and conditions of employment or a contract containing the same information are provided to team members,' to 'written statement of employment particulars that sets out the main terms and conditions of employment. This information could be included in a written contract. The main document ('principal statement') of the written statement must be provided on or before the first day of employment and the wider written statement must be provided within 2 months of the start of employment.'

Decision: The Group agreed to the above change in wording to written statements of employment.

Action. Senior Officer to make a note of the amendments to the wording for the written statement of employment particulars for the new edits.

33. The proposed dates of the meetings in 2021 were presented to and discussed by the Group. Due to varying diary clashes and a request from the Group that not all meetings are held on a Monday to help those members who are clinicians, it was requested by the Group that a Doodle Poll is completed for some of the dates in 2021.

Action: Senior Officer to share Doodle poll and set 2021 meeting dates with the Group remotely.

AI 8 RVNs as Assessors

34. The Group were invited to approve changes to the PSS assessor person specification and to amend the PSS Rules to include RVN in line with the agreed changes. PSG members were invited to review the proposed person specification prior to the meeting, and some members sent in written feedback which was shared with the Group. The Group feedback was in favour of the changes, subject to minor and non-material wording amendments.

Decision: The Group agreed to the changes to the PSS assessor's person specification and subsequent PSS Rules amendment.

Action: Senior Manager to complete the minor amendments to the PSS Assessor Person Specification.

Action: Senior Manager to present PSGs recommendations to changes of the PSS Rules to RCVS Standards Committee at the earliest opportunity.

AI 9 Matters arising

35. There were no matters arising.

AI 10 Risk and equality

36. There were no risks identified.

Any other business

37. The Group discussed the new requirement for validation of lab machines. BSAVA are working with two lab specialists and suggested changing the wording from 'validation' in the new edits. The BSAVA representative advised that new wording is required as the process is actually less arduous than validation, therefore more achievable and likely to be done, but that practices would need clear guidance. It was discussed that for all point of care devices, this could be a significant number of devices that practices would have to check. The Lead Assessor advised it was only 10 points in awards and would not prevent someone achieving an Outstanding grade. The new wording proposed is: *'Practices should demonstrate how they have verified manufactures claims for automated analyser performance or alternatively demonstrate how they have determined the limitations of their laboratory methods'*.

Decision: The Group agreed the new wording.

Action: Senior Officer to make a note of these amendments regarding lab machine validation for the new edits.

38. At its last meeting, PSG agreed the framework for a new Equine Emergency Service Accreditation. This was presented to Standards Committee at its meeting on 7th September 2020, where several queries were raised, including queries around medicines procurement and storage, access to clinical notes and health and safety of lone workers. It was decided that the Senior Manager will present a follow up paper at its next meeting to resolve the queries raised.

Action: Senior Manager to present a further paper on an Equine Emergency Service Accreditation to Standards Committee at its meeting in November 2020.

39. The Chair requested clarification over the meaning of 'confidentiality' with respect to meeting papers. The Group was informed that they can take confidential items back to board members/hierarchy of organisations/presidential teams, but until confirmed as such, this information is not for wider work/distribution.

40. The Chair thanked the outgoing members of PSG, the RCVS Lead Assessor and the Lay member, for their contributions to the Group over the years.