

## Standards Committee

### Agenda for the meeting to be held on 7 February 2022 at 10.00am

1.	Apologies for absence, declarations of interest and minutes of the meeting held on 15 December 2021	Oral, minutes attached
2.	Standards and Advice Annual Report	Paper attached
3.	Matters for decision	
	a. Export Health Certificates for the export of live bees – confidential	Paper attached
	b. Endorsements – confidential	Paper attached
	c. Under care and OOH – confidential	Paper attached
	d. Remote Prescribing	Oral update
4.	Matters for report	
	a. Disciplinary Committee Report	Oral update
	b. Practice Standards Scheme Report	Oral update
	c. Riding Establishments Subcommittee Report	Paper attached
5.	Confidential matters for report	
	a. Recognised Veterinary Practice Subcommittee Report	Paper attached
	b. Ethics Review Panel Report	Paper attached
	c. Certification Subcommittee Report	Paper attached
6.	Risk and equality	Oral update
7.	Any other business and date of next meeting on 22 May 2022 <ul style="list-style-type: none"> <li>• FSA proposal</li> </ul>	Oral update

**Standards Committee 2021/2022****Chair:**

Dr Melissa Donald BVMS MRCVS

**Members:**

Dr Louise Allum VetMB MRCVS

Ms Belinda Andrews-Jones DipAVN (surgical) RVN

Miss Linda Belton BVSc MRCVS

Mr Mark Castle OBE

Dr Danny Chambers BVSc MRCVS

Dr Matshidiso Gardiner MRCVS

Ms Claire-Louise McLaughlan MA LLB(Hons)

Prof Tim Parkin BVSc FRCVS

Mrs Claire Roberts DipAVN (surgical) RVN

<b>Summary</b>	
Meeting	Standards Committee
Date	15 December 2021
Title	Standards Committee Minutes
Summary	Minutes of Standards Committee held remotely on Wednesday 15 December 2021, at 2pm
Decisions required	None
Attachments	Classified appendix Annex A: Presentation by FSA
Author	Beth Jinks Standards and Advisory Lead <a href="mailto:b.jinks@rcvs.org.uk">b.jinks@rcvs.org.uk</a>

<b>Classifications</b>		
<b>Document</b>	<b>Classification<sup>1</sup></b>	<b>Rationales<sup>2</sup></b>
Paper	Unclassified	n/a
Classified appendix	<b>Confidential</b>	1, 2 and 3
Annex A	<b>Confidential</b>	3

**1 Classifications explained**

Unclassified	Papers will be published on the internet and recipients may share them and discuss them freely with anyone. This may include papers marked 'Draft'.
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Private	The paper includes personal data which should not be disclosed at any time or for any reason, unless the data subject has agreed otherwise. The Chair may, however, indicate after discussion that there are general issues which can be disclosed, for example in reports to committees and Council.

**2 Classification rationales**

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Private	<ol style="list-style-type: none"> <li>5. To protect information which may contain personal data, special category data, and/or criminal offence data, as listed under the General Data Protection Regulation</li> </ol>

## Minutes of the Standards Committee Meeting held remotely on Wednesday 15 December 2021, at 2pm

<b>Members:</b>	Dr M A Donald	Chair
	Dr L Allum	
	Ms B Andrews-Jones	
	Miss L Belton	Vice Chair
	Mr M Castle	
	Dr D Chambers	
	Dr M Gardiner	
	Ms C-L McLaughlan	
	Prof T Parkin	
	Mrs C Roberts	
<b>In attendance:</b>	Ms E C Ferguson	Registrar
	Dr M Greene	Senior Vice President
	Ms L Lockett	CEO
	Ms G Kingswell	Head of Legal Services (Standards)
	Ms B Jinks	Standards and Advisory Lead
	Mx K Richardson	Senior Standards and Advice Officer/Solicitor
	Ms K Bowles	Standards and Advice Officer
	Dr J Clark	Food Standards Agency ( <i>AI 2(a) only</i> )
	Mr E Vega	Food Standards Agency ( <i>AI 2(a) only</i> )
	Mr C Jones	Food Standards Agency ( <i>AI 2(a) only</i> )
	Ms H Isaac	Food Standards Agency ( <i>AI 2(a) only</i> )
	Mr A Day	Defra ( <i>AI 2(a) only</i> )

### AI 1 Apologies for absence and declarations of interest

1. The Chair welcomed the CEO and Senior Vice President to the meeting as observers.
2. Apologies were received from Ms Andrews-Jones and Dr Chambers and there were no new declarations of interest.

### AI 2(a) Temporary Registration of Official Veterinarians – confidential

3. Confidential information is available in the classified appendix at paragraphs 1 to 7.

**AI 2(b) Under Care – confidential**

- Confidential information is available in the classified appendix at paragraphs 8 to 17.

**AI 3 Any other business***Remote prescribing*

- The Committee discussed the worsening situation with Covid-19, largely due to the new Omicron variant, including reports of increased enquiries in practice for telephone consultations. The Committee was informed that the Advice Team have also been receiving requests to re-introduce the remote prescribing dispensation, and that the PDSA have written to the College asking the same.
- The Committee discussed the issues and agreed that if the dispensation were to be introduced, it would be on the basis of increased workforce pressure due to increasing numbers of infection and the associated isolation requirements for those who have tested positive or have close contact with someone who has.
- The Committee agreed to reintroduce the temporary guidance allowing remote prescribing and will review this again at its February 2022 meeting.

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

**Table of actions**

<b>7</b>	<b>Draft and publish re-introduction of dispensation for remote prescribing to the profession.</b>	<b>Head of Legal Services (Standards)</b>
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Summary	
Meeting	Standards Committee
Date	7 February 2022
Title	Standards and Advice Annual Report 2022
Summary	Report of the work undertaken by the Standards and Advice team in 2021, including the work carried out on behalf of the Standards Committee
Decisions required	n/a
Attachments	None
Author	Beth Jinks Standards and Advice Lead <a href="mailto:b.jinks@rcvs.org.uk">b.jinks@rcvs.org.uk</a>

Classifications		
Document	Classification <sup>1</sup>	Rationales <sup>2</sup>
Paper	Unclassified	n/a

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## Current members of the Standards & Advice Team

- Gemma Kingswell, Head of Legal Services (Standards)
- Beth Jinks, Standards & Advice Lead
- Ky Richardson, Senior Standards & Advisory Officer
- Stephanie Bruce-Smith, Senior Standards & Advisory Officer
- Prabhjit Soomal, Standards & Advisory Officer
- 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 2021 (figures for the previous 9 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
2021	<b>2,275</b>

**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)
2021	<b>2328 (Standards and Advice only)</b>

### 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 recorded at least **212** unprompted thank you emails. Below are some examples of the comments received from the public and profession:
  - a. *Thank you so much for your time and all the information you have taken the time to send to me. It's very much appreciated.*
  - b. *Thank you very much for your reply. The new guidelines have made it much more evident what we should/shouldn't be doing, and my employers have been very good at putting systems in place to adhere to these. Thank you for your support during these difficult times, the news was all a bit overwhelming the other night in addition to trying to home school my children.*
  - c. *Many thanks for the response from both of you, the latest statement from RCVS seems to have helped improve a difficult situation for many vets and nurse employees. I am very grateful to the efforts made by RCVS to help protect those of us that are working in general practice and elsewhere during this potentially dangerous time.*
  - d. *Thank you for your prompt response to my email. The information provided is exactly what I was after.*
  - e. *Thank you for all your help, you have been invaluable!*
  - f. *Thank you very much for your prompt reply – you've been like a flash!*
  - g. *Thank you for your swift response and for taking the time to provide me with thorough, explanatory information. It is of great assistance to myself and no doubt others in my department.*

## 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.

## Recap on 2021 Code and supporting guidance matters considered

8. 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 *[note that this list is unclassified and not exhaustive]*:
  - a. **Covid 19** – throughout 2021 the Standards and Advice team and Head of Legal Services (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 **400** enquiries to this guidance, which as expected was significantly less than in 2020.
  - b. **VetGDP** – the team worked with the Education department to amend the Code of Professional Conduct and the supporting guidance to reflect the changes to the obligations for newly-graduated vets and their mentors. The VetGDP (Graduate Development Programme) was introduced in summer 2021 to support graduates in the transition from vet school to their first job. VetGDP replaced the Professional Development Phase (PDP). The amendments to the Code and supporting guidance included a completely new Code obligation (4.6) and new guidance in Chapter 17 which elaborated on the Code obligation.
  - c. **UCOOH** – throughout 2021 the Standards and Advice team and Head of Legal Services (Standards) have worked to develop new guidance for when an animal can be considered 'under care' by a veterinary surgeon, for the purpose of prescribing a POM-V. Following analysis of the results of surveys of the profession and stakeholders, by the end of 2021 a huge amount of work had been completed to draft the new guidance which is in the process of being considered by the Standards Committee.

- d. **Common medicines pitfalls** – the team worked with PSS and the Concerns team to draft the answers to common medicines pitfalls. This guidance was approved by the Standards Committee in February of 2021 and was uploaded to the website shortly after. The guidance is available [here](#).
- e. **Endorsements** – after several queries from the profession about the rules around endorsements it was agreed by the Standards Committee that the supporting guidance around this topic be redrafted. The team worked to present the Committee with options for the guidance, and it was ultimately agreed that a significant change should be made to the guidance. The effect of the change means that veterinary surgeons and nurses can begin to appear on TV and have their images on veterinary products as they will have the freedom to endorse all products that are underpinned by sound scientific principles or an evidence base. The guidance will be finalised in February 2022.
- f. **Anaesthesia update** – In November 2019 and February 2020, the Standards Committee agreed changes to the PSS Small Animal Module at Core level relating to additional staff members being present during some surgical procedures. The team then drafted guidance to be included at chapters 2 and 18 which was approved for publication in May 2021.

### Sub-committees

- 9. 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.
  - 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. 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.

<b>Summary</b>	
Meeting	Standards Committee
Date	7 February 2022
Title	Disciplinary Committee Report
Summary	Update of Disciplinary Committee since the last meeting
Decisions required	None
Attachments	None
Author	Gary Hall Clerk to the Disciplinary Committee Tel: 020 7202 0729 Email: g.hall@rcvs.org.uk

<b>Classifications</b>		
<b>Document</b>	<b>Classification<sup>1</sup></b>	<b>Rationales<sup>2</sup></b>
Paper	Unclassified	n/a

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## Report of Disciplinary Committee hearings since 15 November 2021

### Background

1. Since the last update, the Disciplinary Committee ('the Committee') have met on two occasions. The RVN Committee have met once.

### Hearings

#### Gary Samuel

2. The Disciplinary Committee met for a restoration hearing of Gary Samuel on 16-17 December 2021.
3. In July 2018 Mr Samuel was removed from the Register following convictions for causing unnecessary suffering to protected animals and failing to ensure the animals had a suitable environment in which to live. He was sentenced to 12 weeks imprisonment and suspended for 12 months on condition that he completed 150 hours of unpaid work and paid a fine of £100. He was also ordered to pay costs of £500 and a victim surcharge of £80. He was subject to a disqualification order in relation to keeping animals. The length of that order was adjusted on appeal, from an indefinite order to an order for three years, which took effect on 4 April 2018.
4. Mr Samuel provided both oral and written submissions for the Committee as well as a bundle which also contained a petition signed by approximately 100 people comprising former clients and friends in support of his application.
5. The original Disciplinary Committee found that all the matters alleged proved and determined that the convictions rendered Dr Samuel unfit to practise veterinary surgery. It was directed that his name should be removed from the Register. In its decision on sanction, that Committee noted the following aggravating factors:
  - actual injury to an animal
  - risk of injury to an animal
  - misconduct repeated over a period of time
  - no insight
  - the animal cruelty took place within Dr Samuel's veterinary practice and home
6. The original Disciplinary Committee noted the following mitigating factors:
  - Dr Samuel had no previous disciplinary findings against him
  - He had been a registered vet since July 1999

7. The Committee was satisfied that the behaviour found proved in this case was serious. The Committee was not satisfied on the evidence before it that Dr Samuel had insight into the serious nature of what he had done, particularly where he continued to deny responsibility in his recent email to the College and felt that he posed a risk to animals in the future. Although the Committee accepted that the offending arose out of a domestic arrangement, they were concerned that Dr Samuel maintained that he lacked any responsibility for the offending and that he had allowed animals to suffer when they lived under the roof of his veterinary practice and home.
8. The original Disciplinary Committee noted that the concept of fitness to practise involves three elements: the protection of animals, maintenance of public confidence in the profession and the declaration of standards of conduct for the membership of the profession. Furthermore, they were not satisfied that a suspension order would maintain public confidence in the profession or uphold proper standards of conduct for the profession. The Committee therefore decided that the behaviour found proved was fundamentally incompatible with being a Veterinary Surgeon because in this case there had been a serious departure from standards as set out in the RCVS Code of Conduct. There had been serious harm caused to a number of animals and a risk of serious harm to more. Whilst the Committee accepted that the situation arose due to a domestic arrangement it was not persuaded that this was a sufficient mitigating factor to allow Dr Samuel to remain on the register. His omission to act at that time was fundamentally incompatible with a core tenet of the veterinary profession, to protect the health and welfare of animals.
9. Dr Samuel has fully accepted the original DC's decision. He did not in any way seek to challenge or go behind the findings of the DC of 11 July 2018. His answers in evidence were consistent in that he accepted the findings. They found his vocabulary may not be as sophisticated as one might expect, but the key expression was acceptance of selfishness. He spoke of making an error, but was not seeking to downplay his conduct.
10. Dr Samuel accepted the seriousness of the findings that the harm inflicted on the animals in 2015 was not deliberate, but it was inflicted through the wholesale lack of care within his premises.
11. The Committee considered the factors set out in the Disciplinary Committee's Procedure Guidance in exercising its judgement and in deciding if Dr Samuel was fit to be restored to the Register, namely:
  - a. Acceptance by the Applicant veterinary surgeon of the findings of the Committee at the original inquiry hearing;
  - b. The seriousness of those findings;
  - c. The protection of the public;
  - d. The future of the welfare of animals in the event of the Applicant veterinary surgeon being permitted to have his or her name restored to the Register;

- e. The length of time off the Register;
- f. The Applicant veterinary surgeons' conduct since removal from the Register;
- g. Efforts by the Applicant veterinary surgeon to keep up to date in terms of Knowledge, skills and developments in practice, since removal from the Register (accepting that he or she must not practise as a veterinary surgeon);
- h. The impact on the Applicant veterinary surgeon of having his or her name removed from the Register; and
- i. The public support for the applicant veterinary surgeon.

12. In addition, the Committee considered there would be a real and continuing risk to the reputation of the profession and to the public confidence in the profession if Dr Samuel were restored to the Register. They felt that conduct of this kind was of particularly egregious nature for a member of this profession. Regardless of the approach taken by the criminal courts by way of punishment, the statutory Regulator continues to be responsible for public confidence in the profession and are confident, when bringing their animals to veterinary practices for treatment and care, that they will be treated and looked after properly. The Committee was firmly of the view that if a veterinary surgeon who has committed such serious offences with regards to multiple animals, was liable to be seriously undermined. They felt that Dr Samuel's omission to act at that time was fundamentally incompatible with core tenet of the veterinary profession to protect the health and welfare of animals.

13. For a veterinary surgeon, conduct involving neglect of animals is at the highest end of the spectrum of serious professional misconduct. The Committee considered Dr Samuel continued to represent a risk to animal welfare and thus allowing him to be restored to the Register would seriously undermine public confidence in the profession. For all these reasons the application to restore Dr Samuel to the Register is refused.

14. The complete decision can be found here: [Samuel, Gary James Cassius, Decision of the Disciplinary Committee - Professionals \(rcvs.org.uk\)](#)

#### Marthinus Botes

15. The Disciplinary Committee met for an in person hearing on from 10 – 14 January 2022.

16. The charges spanned a period of time from March 2016 to February 2018 and related to concerns arising out of total hip replacement (THR) surgery carried out by Mr Botes in respect of 4 dogs, Cola, Kilo, Daisy and Sora. One of the further charges was relation to a consultation in respect of a fifth dog, Penny, when it is alleged that Dr Botes recommended a left THR. Dr Botes was also charged with record-keeping failures in relation to his interventions in the care of the five dogs which featured in the charges.

17. The College's Counsel informed the Committee that he would call no evidence in respect of Charges 1 and 2 and invited the Committee to find those matters not proved. The reason for the position taken by the College in relation to Charges 1 and 2, as explained by Counsel, was that the owner of Cola, LB, who had made a witness statement (which was not before the Committee) had taken the position that she would not attend to give evidence, leaving the College in a position where it was required to make an application for her witness statement to be read by the Committee, without hearing from her in person. That would leave Dr Botes unable to challenge her in cross-examination if the Committee decided to admit LB's witness statement. If the Committee did not admit it, Mr Bradly submitted that Charges 1 and 2 would fall in any event.
18. The Committee did not consider that the public interest would be undermined by the approach taken by the College and therefore found Charges 1 and 2 not proved.
19. The Committee found Charges 3 – 8 in their entirety proved by way of Dr Botes' admissions, and found Charge 9, as it applies to Charges 3 – 8, proved by way of Dr Botes' admission.
20. In deciding the matter on disgraceful conduct in a professional respect the Committee considered the oral submissions of both the College's and the Respondent's Counsel. The College submitted that all of the factual matters found proved amounted to disgraceful conduct in a professional respect. The Respondent's Counsel reminded the Committee that Dr Botes accepted that all matters found proved amounted to disgraceful conduct in a professional respect and submitted that all Dr Botes' admissions were indicative of his insight. The Committee found all the factual matters proved to amount to disgraceful conduct in a professional respect.
21. The Committee accepted that the test for considering disgraceful conduct in a professional respect, is as set out by the Legal Assessor, namely whether the conduct falls far short of that which was expected of a member of the veterinary profession in the particular circumstances.
22. The Committee took into account the "Disciplinary Committee Sanctions Guidance" published by the RCVS, the expert evidence before it regarding the question of whether Dr Botes' conduct fell far below the standards expected of him, as well as Dr Botes' admissions, but was mindful that the final decision is its own.
23. The Committee took into account the Code of Professional Conduct for Veterinary Surgeons (the Code). In considering whether the conduct amounted to disgraceful conduct in a professional respect the Committee had regard to the public interest which included protecting the health and welfare of animals, maintaining public confidence in the profession and declaring and upholding proper standards of conduct and behaviour. The Committee considered whether each charge either individually or in combination could amount to disgraceful conduct in a professional respect.

24. In coming to its decisions, the Committee took into account Professor Innes' opinions that it was not reasonable for Dr Botes to have carried out the THR without sufficient investigation into Kilo's pain; that the THR undertaken in respect of Sora was not in the animal's best interests; and that it was "entirely unnecessary" to recommend the THR in respect of Penny. In addition, the Committee has found that both THRs performed in respect of Daisy were not in her best interests. Thus, in the Committee's view, Dr Botes' actions and omissions did not ensure the animals' health and welfare.
25. The Committee also took into account that the repeated failures to obtain informed consent were a breach of the owners' trust, the owners relying on Dr Botes for full consideration of the clinical signs and history, as well as sufficient advice, explanations and guidance given to them, including in respect of risks, benefits and alternative courses of action and their risks and benefits, so as to be able to give informed consent.
26. The Committee took into account the following aggravating factors:
- The THRs in question were a source of financial gain;
  - Dr Botes conduct was repeated over a considerable period of time;
  - Increased position of trust and responsibility because of perceived expertise in small animal orthopaedics and its education.
27. The Committee took into account, as a mitigating factor that Dr Botes has indicated some insight into some aspects of in the Charges in his writing in communications to the College, in his witness statement dated 29 December 2021, and in his new admissions at the start of this Inquiry.
28. The Committee also took note of Dr Botes' assertion that his actions with regard to the obtaining of informed consent and other communications with owners were in accordance with Medivet's protocols at the time.
29. The Committee found all the factual matters proved to amount to disgraceful conduct in a professional respect.
30. Please find the committees full decision in relation to the finding of facts and disgraceful conduct in a professional respect here: [Botes, Marthinus Ryk, Decision on Finding of Facts and Disgraceful Conduct in a Professional Respect - Professionals \(rcvs.org.uk\)](#)
31. The respondents Counsel provided written submissions governing the issue of Sanction, which amongst other matters set out the rationale for the postponement of judgment by the Committee on the basis of undertakings. The Committee was also provided with a further witness statement from Dr Botes dated 12 January 2022, draft undertakings proposed by Dr Botes, and a bundle

containing a number of character witness statements and testimonials, the authors of which all confirm that they are aware of the charges faced by Dr Botes.

32. The College confirmed that their position was that if the Committee was to decide that it was appropriate to postpone Judgment for two years, the undertakings proposed would meet the identified concerns.
33. The Committee heard evidence from Dr Duncan Simon Midgley, MRCVS Advanced Practitioner (Small Animal Orthopaedics), whom Dr Botes proposed to be his supervisor in accordance with Dr Botes' proposed undertakings. Along with three character witnesses.
34. The Committee took into account the following aggravating factors:
  - There was a previous finding by a Committee of the RCVS in 2008 which determined that Dr Botes was to be suspended from the Register for a period of six months. At that hearing in 2008 Dr Botes was found to have been guilty of disgraceful conduct in a professional respect on the basis of failures in respect of a dog which had been involved in a road traffic accident, namely: failing to provide ongoing assessment and care; failing to ensure that such assessment and care was provided; failing to rely on overnight monitoring by a webcam, having told the owner that he would do so; when Dr Botes knew or ought to have known that the webcam was not working, failing to inform the owner and failing to take any or any adequate steps to do so; and failing to make any or any adequate clinical notes in respect of the dog.
  - The THRs in question were a source of financial gain.
  - Dr Botes was in an increased position of trust and responsibility because of perceived expertise in small animal orthopaedics and its education. He was also the practice principal at his branch of Medivet.
  - Actual harm in carrying out the THRs to three of the dogs (Kilo, Daisy, and Sora), when they should not have been performed, and the risk of harm in recommending THR on one of the dogs (Penny).
  - Insufficient insight into all of the matters found proved.
  - The disgraceful conduct spanned a considerable period of time and was repeated in many respects.
35. As referred to by the previous Committee in 2008, there are three findings of the South African Veterinary Council in 1996 or 1997. While no details of the finding were available to that Committee (or made available to this Committee), those findings were noted by the previous Committee to have included a short period of suspension. In light of their age, and the fact that it

was not known to what they related, this Committee disregarded them for the purposes of its consideration upon sanction.

36. With regard to the 2008 decision itself, the Committee took into account its age, and the fact that it was in respect of failings which took place in 2007. However, the fact that part of those findings related to failures in record-keeping was, in the Committee's view, significant, in light of the repeated record-keeping failures which were found proved in these proceedings.

37. The Committee took into account the following mitigating factors:

- Full admissions made at the commencement of the hearing, and some admissions made prior to the commencement of the hearing.
- Apology and remorse expressed for the failings and their impact on the dogs and their owners.
- Length of time since the disgraceful conduct found proved.
- A long career as a veterinary surgeon (having qualified in South Africa in 1990) in South Africa and the United Kingdom.
- Character witnesses and testimonials.
- A degree of insight.
- Subsequent efforts to avoid a repetition of such behaviour and to remediate past misconduct.
- Financial impact upon Dr Botes if he was prevented from being able to practise. This was set out in Dr Botes' witness statement dated 12 January 2022, and the Committee accepted this.

38. In relation to the option of postponement of judgment with undertakings the Committee concluded that while Dr Botes was clearly willing to commit to the lengthy undertakings which he has proposed, the Committee took the view that a postponement on the basis of undertakings would not be appropriate in this case. The failings were not in limited aspects of practice. Rather, the failings were fundamental, and wide-ranging, in relation to a large number of aspects of a veterinary surgeon's practice, and the level of Dr Botes' insight was limited, therefore in the Committee's view, nothing less than direct supervision, where Dr Botes' practice was personally directly monitored on a day to day basis would be sufficient to protect animals, clients, and to uphold the wider public interest. It would be impracticable to formulate undertakings capable of effectively addressing these issues. In any event, postponement of judgment with undertakings would not be appropriate, in the Committee's view, as a result of the limited insight shown by Dr Botes, the real risk of repetition of the conduct in question, and the need to maintain public confidence in the profession and the wider public interest.

39. The Committee carefully considered the sanction of removal from the RCVS Register. Dr Botes' actions and omissions created actual harm and a risk of harm to animals and clients, as a result of performing and recommending invasive surgery when he should not have done so. He also

failed to obtain informed consent to the THR's which he did perform, and in doing so, he breached those owners' trust. Dr Botes did not ensure the health and welfare of animals, and his actions struck at the heart of the veterinary profession. Further, there was a real risk of repetition of his behaviour which was a serious departure from standards set out in the Code, and which was prolonged and repeated in nature. The Committee's view was that the demands of the public interest in this case are high, and in light of all of the circumstances, removal from the register was the only means of protecting animals and the wider public interest, which includes the need to uphold proper standards of conduct and performance, and to maintain confidence in the profession and its regulation.

40. The Committee therefore decided to direct that Dr Botes should be removed from the Register. In coming to this decision, the Committee carefully applied the principle of proportionality and took into account the impact of such a sanction on Dr Botes' ability to practise his profession, as well as the financial impact upon him, taking into account his witness statement in this regard. However, the Committee determined that the need to protect animals and clients and uphold the wider public interest outweighed Dr Botes' interests in this respect. In light of the gravity of the conduct, and all of the factors taken into account, any lesser sanction would lack deterrent effect and would undermine public confidence in the profession and the regulatory process. Removal was the only appropriate and proportionate sanction.
41. The full decision on sanction can be found here: [Botes, Marthinus Ryk, Decision on Sanction - Professionals \(rcvs.org.uk\)](#)

### Upcoming DC's

42. There are two inquiries which have been listed for the Disciplinary Committee;
- 14-15 February 2022
  - 24 March – 1 April 2022



<b>Summary</b>	
Meeting	Standards Committee
Date	7 February 2022
Title	Practice Standards Scheme Update
Summary	An update on the Practice Standards Scheme ("PSS")
Decisions required	None
Attachments	Annex A – PSG 16082021 minutes Annex B – New version clarifications
Author	Laurence Clegg Practice Standards Scheme Lead l.clegg@rcvs.org.uk / 020 7202 0778

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

<b><sup>1</sup>Classifications explained</b>	
Unclassified	Papers will be published on the internet and recipients may share them and discuss them freely with anyone. This may include papers marked 'Draft'.
Confidential	Temporarily available only to Council Members, non-Council members of the relevant committee, sub-committee, working party or Board and not for dissemination outside that group unless and until the relevant committee or Council has given approval for public discussion, consultation or publication.

Private	The paper includes personal data which should not be disclosed at any time or for any reason, unless the data subject has agreed otherwise. The Chair may, however, indicate after discussion that there are general issues which can be disclosed, for example in reports to committees and Council.
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## **<sup>2</sup>Classification rationales**

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

### **In-person PSS assessments to resume in March 2022**

1. In-person PSS assessments were resumed as planned on 1 October 2021. These were generally received well by practices and the majority of assessments were going ahead as scheduled. Flexibility was still being provided to practices that had extenuating circumstances, such as staff shortages, due to the Covid-19 pandemic.
2. In December 2021, following the UK government announcement of Plan B Covid-19 restrictions in response to the Omicron variant, including working from home guidance, it was decided to temporarily return to remote assessments to protect the health and safety of practice teams and PSS Assessors. This was originally due to be in place between 4 and 28 January 2022, but after a review in early January was extended to 28 February 2022 due to the Plan B restrictions remaining in place at that time. Assessments due or booked between 13 and 31 December were postponed into January to allow enough preparation time for them to be completed under the remote assessment format.
3. With the lifting of the UK government's Plan B restrictions effective from 27 January 2022, it has now been decided that the temporary remote assessment measures will end on 28 February 2022, and we will return to in-person PSS assessments from 1 March 2022. This will provide practices and PSS Assessors with sufficient time to prepare for assessments in light of the change in format.

### **Awards assessments to resume in March 2022**

4. All practices with awards were granted extensions to the duration of their awards to October 2021, as the awards did not lend themselves to the remote assessment format. With the return to in-person assessments from October 2021, Awards assessments were also resumed, although they are currently effectively on hold again whilst remote assessments are being carried out in January and February. They are due to be resumed for the second time with the return to in-person assessments from 1 March 2022.

### **Membership figures**

5. As of 7th January 2022, there were 3,821 veterinary practices in the Scheme in total (including candidates), up from 3,793 as of the last meeting of PSG in August 2021. This represents 68.30% of all eligible RVPPs (5,598 total eligible veterinary practice premises; up from 68.01% as of the August 2021 meeting).
6. The Committee is advised that this is a net increase between practices joining and leaving the Scheme. Of the 10 practices that left the Scheme, the majority were closures, with one requested withdrawal.
7. These figures demonstrate that the membership has remained stable and even increased slightly during the Covid-19 pandemic and in spite of the challenges that veterinary practices and businesses have been facing.

### **PSS edits clarification**

8. The new version (version 3) of the Practice Standards Scheme (PSS) requirements was published in May 2021 and came into effect in October 2021 with the return to in-person assessments.
9. The new version has generally been well received, particularly in the areas that have been expanded on such as clinical governance and mental health and wellbeing (which has been particularly important to practice teams during the covid-19 pandemic).
10. However, some queries have been raised by practices and assessors as to the practical implementation of some of the new or revised requirements. The records from the five-yearly review process have been used to assist with interpretation, but in some cases further clarification was required from both Review Group and PSG as to what the intention of the change was, and/or the reasoning behind the change has been questioned.
11. At the 26 January 2022 meeting, PSG were presented with a list of these queries (Annex B) and approved the changes. PSG determined that a number of additional proposed changes needed further clinical input and will be discussed further at the April PSG meeting.

### **Emergency Service Clinic accreditation wording**

12. At the 26 January 2022 PSG meeting, the Group was presented with a paper proposing changes to the descriptive wording for the Emergency Service Clinic (ESC) accreditation to clarify that practices achieving this accreditation must be providing a dedicated Out of Hours (OOH) service. This was initially brought about over confusion with the intended purpose of the new Equine ESC published in April 2021 and available for assessment from October 2021, with some Equine practices that only provide their own OOHs services, rather than dedicated services to other practices, applying for the accreditation. The paper also proposed to bring the wording for the Small Animal ESC accreditation into line to avoid similar confusion.
13. The Group agreed to the following wording changes in the PSS Rules and Modules and Awards:

*'[Equine] Emergency Service Clinic accreditation reflects the work of a practice that can deal with emergency cases in the field, and that provides a **dedicated** Out of Hours (OOH) service to other practices.'*

*'[Small Animal] ESC accreditation reflects the work of a practice that can deal with emergency and critical care cases without an appointment, **and that offers a dedicated OOHs service.**'*

### **PSS sustainability project – draft requirements presented**

14. Following PSG's approval to initiate a project to incorporate sustainability requirements into the PSS framework, and their selection of a supplier in the Centre for Sustainable Healthcare (CSH), the project was initiated on 16<sup>th</sup> September 2021.
15. An introductory workshop with key stakeholders was held on 18<sup>th</sup> October 2021, and communications around the project and workshop have been sent out to the profession. The project appears to have been well received within the profession.

16. Since the introductory workshop, CSH have worked with a working party including PSG members, PSS Assessors and the RCVS Environment and Sustainability Lead to develop a draft framework of sustainability requirements to be added into the standards. This was presented to PSG as a whole at its meeting on 26 January 2022, and the Group has been asked for its feedback.
17. In the next phase of the project, other key stakeholders including veterinary practices and corporate veterinary practice groups will be consulted on the draft requirements. The plan is then to present an amended draft to PSG at its meeting on 13 April 2022 for its approval, before presenting to Standards Committee and RCVS Council.
18. The Group also agreed to collaborate with the RCVS Advancement of the Profession team to review the existing Equality, Diversity and Inclusion (ED&I), mental health and wellbeing requirements to identify a need to build on these and potentially combine into the sustainability Module and Award if appropriate. This will be coordinated by the PSS Team before presenting to PSG.

### **Previous PSG Meetings**

19. PSG last met on 26 January 2022. The meeting scheduled for 18 October 2021 was eventually cancelled due to insufficient agenda items.
20. Minutes for the August 2021 meeting, which have not yet been made available to the Committee, may be found at Annex A. The minutes for the latest meeting in January are yet to be ratified at PSG's next meeting.



Summary	
Meeting	Practice Standards Group
Date	16 August 2021
Title	Minutes of meeting
Summary	Minutes of the Practice Standards Group meeting held on Thursday 16 <sup>th</sup> August 2021.
Author	Devon Drew PSS Officer <a href="mailto:d.drew@rcvs.org.uk">d.drew@rcvs.org.uk</a> / 0207 202 0744

Classifications		
Document	Classification <sup>1</sup>	Rationales <sup>2</sup>
Minutes	Unclassified	N/A

## PRACTICE STANDARDS GROUP

Minutes of the meeting held 16<sup>th</sup> August 2021.

### Members

Mandisa Greene	Chair & RCVS Council
Adam Mugford	BAVECC
Andrew Parker*	SPVS
Kathy Kissick*	VN Council
Lindsey Hughes	BVNA
Tim Mair	BEVA
Mark McLaren	Lay member
Krista Arnold	BSAVA
James Russell	BVA
Martin Smith	BVHA
Stuart Saunders	VMG
Nicky Bowden	BCVA

### In attendance

Eleanor Ferguson	RCVS Registrar / Director of Legal
Lisa Price	RCVS Head of Legal Services
Lily Burley	RCVS Senior PSS Manager
David Ashcroft	PSS Lead Assessor
Laurence Clegg	RCVS Senior PSS Officer
Devon Drew	RCVS PSS Officer
Brendan Pickett	RCVS PSS Administrator
Pam Mosedale**	Chair of QI Advisory (item 5a only)
Sue Paterson**	Chair, RCVS Environment and Sustainability Working Party (item 7a only)
Rosie Greaves**	Policy & Public Affairs Officer (item 7a only)

\*Denotes absence

\*\* Left after update

## **Welcome and introductions**

1. The Chair welcomed James Russell (BVA), Kathy Kissick (VNC) and Lyndsey Hughes (BVNA) as new members to the group and thanked Andrea Jeffery (VNC), Daniella Dos Santos (BVA) and Louise Northway (BVNA) for their contributions as representatives of their associations. The group were advised that Pam Mosedale (RCVSK) was attending the meeting for the RCVSK agenda item, Sue Paterson from the RCVS Environment and Sustainability Working Group and Rosie Greaves the Policy and Public Affairs Officer would be joining later for the sustainability item.

## **Apologies for absence**

2. Apologies were received from Kathy Kissick (VNC).

## **Declarations of interest**

3. Adam Mugford is now employed by Linnaeus.
4. The Chair confirmed that declarations of interest in relation to the sustainability proposal would be made at the relevant part of the meeting.

## **Minutes and actions of previous meeting**

5. The minutes of the previous meeting on 15 April 2021 were approved.
6. The action for the Senior Manager and Senior Officer to look at how to approach the lack of membership with Equine practices is ongoing. The Senior Manager and Senior Officer asked the BEVA and BCVA representatives for assistance in creating a survey in order to find out why Farm and Equine practices are less likely to join the scheme. The aim of the survey is to find out why some Equine and Farm practices may never have heard of the Practice Standards Scheme and for those Equine and Farm practices who have heard of PSS, to find out why did they did or did not decide to join. Once finalised internally, a draft survey will be sent to BEVA and BCVA for their thoughts before sending out the final survey to BEVA and BCVA members.
7. The action for the Senior Officer to deliver the project to publish the new version of edits in May 2021 has been completed.
8. Regarding the action for extending the PSS Awards re-assessments by a further 6-months, the Senior Manager notified the IT department who have updated the practices records to reflect this. The PSS Awards assessments will now commence in October 2021 at the same time as a return to in-person assessments.
9. The action regarding updating the new version of the Standards to include reference to the vet GDP instead of PDP has now been completed.



10. The Chair confirmed that all other actions from the last meeting had either been completed or would be discussed further at this meeting.

## **PSS Update**

### **a. Quality Improvement update from RCVS Knowledge (RCVSK)**

11. The RCVSK Quality Improvement (QI) Clinical Lead advised the group on the RCVSK updated QI resources to support practices. The resources are CPD courses, 'boxsets' with a mixture of podcasts, webinars, articles and interviews which will focus on clinical audit, benchmarking, significant event audits, guidelines and checklists.
12. The series two boxset is due to launch in October to coincide with QI being introduced at General Practice level with the new edits to the module being assessed from October.
13. It was suggested that PSG include further links to QI resources in PSS requirements in the future.

**Action: The Senior Officer to send out links to RCVSK QI resources to The Group.**

### **b. Membership and Awards and Top 10 deficient requirements**

#### **Memberships**

14. The Senior PSS Officer explained the overall membership figures had increased by 82 to 3793 practices – up to 68.01% of all UK veterinary practices and have remained consistent throughout the pandemic. This was a net increase of 125 joiners and 43 leavers.
15. The Senior PSS Officer stated that the species breakdown of membership included a comparison between PSS and non-PSS practices. The figures showed that out of all the Small Animal practices in the UK, the majority were in the Scheme. However, for Equine practices there are still more non-members, although the gap has closed slightly, and for Farm practices the majority of practices are within PSS, but this has decreased very slightly.
16. It was explained that GPSA level was still the most popular accreditation, and a notable change was for Small Animal Emergency Services Clinic accreditations which had increased by 13.

#### **Awards**

17. The Senior PSS Officer discussed that PSS have not been carrying out any Awards assessments since March 2020 as they have still been on hold as a result of the pandemic. It was explained that the net increase of 1 premises and 12 awards is due to PSS processing the Awards following payments for assessments held before the pandemic. This was the difference between five of premises achieving awards (2 with all 6 awards) and 4 premises with awards closing.

18. It was explained that PSS will be resuming Awards assessments from October 2021 with plans to send promotional material to practices to encourage practices to apply for Awards.

### **PSS feedback survey results**

19. The Senior PSS Officer updated the Group with regards to surveys/questionnaires. PSS received 21 survey responses from practices since April 2021. Feedback was very positive, strongly agreeing or agreeing with statements regarding assessors and the PSS Team being helpful and friendly. There were no negative responses. Results showed practices mainly join PSS to use the framework to improve the running of their practices.

20. It was explained that the Senior Manager and Senior Officer were in contact with the Head of Insight and Engagement and the Research Officer at RCVS to look at amending the feedback surveys. It is anticipated that there will be three surveys sent to practices during their assessment to try and get more accurate and relevant data captured at the right points throughout the assessment journey and to try and improve response rate. The Group was asked to provide feedback on the draft surveys that had been produced.

21. The Group suggested making a minor amendment to questions 5 and 6 of the draft “joining survey” so that we can capture more reasons for practices joining other than being a corporate practice, which is likely to be the main reason. It was explained that this should be covered by the existing wording where question 5 asks for all reasons and question 6 asks for the main reason, but the Senior Officer advised they would review whether the wording could be improved.

**Action: PSG to provide their feedback on revised surveys by Monday 23<sup>rd</sup> August 2021.**

### **Top 10 deficiencies**

22. The Group was informed that for all deficiencies data presented there was a comparison of the data collected from remote assessments held since October 2020.

23. With Small Animal there had been an increase in deficiencies for the following medicines requirements:

- 10.1.6, (temperature monitoring) consistently highest deficiency, and more so for Farm and Equine.
- 10.1.7 Small Animal (labelling) and 10.1.14 (Controlled Drug Audits) have increased in the latest period.

- There has been a decrease in deficiencies for 10.1.11 Small Animal (Medicines disposal)

It was explained that for Farm animal and Equine there were some significant variations in deficiencies since the last period, but this could be due to the sample size. Non – medicines had minimal variations in deficient requirements for all species, but the Group were advised this is likely to be because the remote assessments are only looking at a specific subset of requirements.

24. The BVA representative inquired about what guidance is available for practices on how to maintain ambient fridge temperatures in vehicles to which the Lead Assessor explained that the issue was more commonly a lack of recording the temperatures rather than practices not maintaining fridge temperatures. The issue is when the vehicle is static, and no one is in it and there is no air conditioning flowing. The Lead Assessor is planning to promote the importance of why PSS ask for recording of fridge temperatures to practices in hopes that they respond better. It was explained that PSS are also planning to advise on using automatic text notifications from fridges. The Group noted that this is still a top deficiency and the Lead Assessor noted that this was more of an issue for Farm and Equine practices.

**Action: The Senior Manager and Senior Officer to produce an article on the top deficiencies found at assessments, to go out in the next e-newsletter at the end of August 2021.**

#### **c. Standards Update**

25. The Head of Legal Services provided an update on the COVID guidance changes to the profession following the lifting of most COVID restrictions across the UK. It was explained that the temporary guidance on remote prescribing has been extended to the end of 30<sup>th</sup> of September 2021 following discussion at Standards Committee where it was considered that public health guidance is moving towards more in-person contact and it was felt that the guidance for the veterinary profession should mirror this. It was noted that remote prescribing will be considered as part of the wider review of 'under care.'
26. The Group was informed that the proposal for secure storage of schedule 3 drugs in a secure cabinet, separate to the controlled drugs cabinet, was approved by the Standards Committee.
27. The Group was informed that the supporting guidance notes on general anaesthesia in relation to Small Animals was clarified to reflect the changes made at PSS Core requirement to have additional suitably trained staff members present during some surgical procedures to monitor anaesthesia.

**d. Lead Assessor update**

28. The Group was informed that three assessors were stepping down due to retirement/moving on but three new assessors with mixed species backgrounds had been recruited, one of which is a prominent RVN. Five reserve assessors have also been recruited, two of which are also RVNs. It was explained that there was a great response to the recruitment campaign and there were approximately 150 applicants for the positions, with two thirds being RVNs.
29. The Lead Assessor advised that two full days of remote training for the new assessors is planned for September and the RCVSK QI Clinical Lead would be supporting the medicines and clinical governance training. There is also some training planned for October for the new assessors who will be doing their first two buddy visits with PSS Senior Assessors. There will be another full training day for all assessors in October which will incorporate reviewing the changes to the Awards and the new edits as well as starting to get some new feedback from the in-person assessments. The Group was reminded that revision training on the new edits had already been held in April 2021.
30. The Group was informed that the Lead Assessor wrote an article for the BSAVA Companion publication on the new edits summarising the main PSS Standards changes which was published in the August edition, as well as doing a webinar for BSAVA. The Group was advised that the PSS Team were starting to receive queries about the new edits and some of these may need to be brought back to the Group for clarification at a later meeting.
31. The Lead Assessor informed the Group that there had been 1364 remote assessments since October 2020, including 186 new applications.
32. The Lead Assessor explained that the PSS Review Group had been discussing the usefulness of continuing remote assessments in the future, such as the quality of remote assessments being dependent on Wi-Fi/connection. It was noted that remote assessments were useful for Farm and Equine vehicle checks, premises evidence checks and medicines checks (due to CD registers being submitted in advance). It was advised that remote assessments are more cost effective but have limitations as the assessors do not get to meet the team members in-person and they may see less of the building. It was felt by Review Group that remote assessments are still not suitable for the Awards assessments. The Assessor team are keen to return to in-person assessments but will still need to be Covid aware, putting risk assessments in place and respecting practices' requirements.

**Decision: The Group agreed in principle with the use of remote assessments for Farm and Equine vehicle checks, premises evidence checks, and medicines checks.**

**Action: The Senior PSS Manager to work with the RCVS Communications Department on promotion of the three new RVN Assessors who joined the PSS Team.**

## Matters for Discussion

### a. Exemptions for VH accreditation

33. The Senior PSS Manager explained that the Review Group has had several discussions about anecdotal evidence coming in from practices that meet all the requirements for either General Practice or Veterinary Hospital accreditation less one or two items of equipment that a particular business would not have on site as they do not provide that particular service. It was advised that as a result, some practices may only attain either Core or GP status. This has consequently made it undesirable for some practices to attempt to join the Scheme because they do not feel that Core Standards would be an accurate description for the types of services provided.
34. The Group was invited to discuss whether to approve the PSS team commencing work on a defined exemptions list for VH accreditations.
35. The Senior Manager explained that the Practice Standards currently has an exemption at Veterinary Hospital level for dentistry. The Lead Assessor advised that this project would not be re-opening discussions into specialist accreditation at this time. The Group discussed the cost benefit ratio of the project in the context of bringing new practices on to the Scheme. It was also mentioned that where a practice may not deliver particular services in its day-to-day business, practices would still need access to vital pieces of equipment for emergency treatment. It was agreed that the Lead Assessor will produce a suggested list of exemptions of equipment to the next meeting for discussion.

**Action: Lead Assessor and Review Group to look into potential exemptions for VH accreditation level.**

### b. Evidence, non-compliance and Quality Assurance

36. The Senior PSS Manager explained that there is a requirement for practices to hand in evidence to the PSS Team post assessment if they have not been deemed to have met those requirements on the day of their assessment in order to be fully compliant with their accreditation. It was explained this was broadly risk based and categorised into one-month (for higher risk), three-months (for medium risk) and six-months (for the lower risk requirements). The Senior Manager advised that the vast majority of PSS practices are compliant with this, but there are a few outliers who have outstanding evidence, some quite old, yet PSS does not interrupt their accreditation while waiting for all evidence to be submitted. The PSS team has been escalating these practices to the Review Group of senior assessors including the Lead Assessor who decide the next steps for these practices. Due to the number of practices being sent to RG a multiple of times, Review Group have discussed the need for stronger sanctions to deal with these practices.
37. The Group discussed the potential for sanctions being put on practices who are non-compliant with evidence, and it was felt that this would add credibility to the Scheme. It was noted that there are a lot of practices who are bought out by corporates and as such, may be required to join the Scheme where they might not have otherwise wanted to which may be why there is some resistance or difficulty with

becoming fully compliant in a timely manner. The Senior Manager reminded the Group that new candidates that join as part of a corporate may remain as candidates and undergo medicines checks in the first instance to give them more time to acclimatize themselves in to the Scheme. It was discussed that if a lot of non-compliant practices were at General Practice level, that perhaps an option could be to downgrade their accreditation to Core Standards. The Senior Manager advised that PSS could also alter the accreditation lengths for non-compliant practices from 4 years for low-risk practices to 24-36 months for medium risk practices and 12 months for high-risk practices.

38. A concern was raised that practices should not be punished where there are genuine reasons for not providing evidence. It was suggested that PSG would need more detail about what the problems are in reality before deciding on sanctions.

**Action: The Senior Manager and Lead Assessor to devise a sanctions protocol for non-compliant practices**

**c. Assessor's conflict of interest**

39. The Head of Legal Services informed the Group that the Lead Assessor and Assessor Team are seeing increasing issues with assessors' conflicts of interest due to the fact that more practices are joining corporates. It was explained that at present, a blanket approach is employed which means that if an assessor has been affiliated with a corporate, they are automatically excluded from visiting any practice in that Group, irrespective of geographical location. This is an issue if there is only a small number of assessors in a particular geographical location making the allocation process more difficult.
40. The Group discussed the potential issues to consider, such as the amount of work that the assessor undertakes with a practice and the level of involvement within corporate groups. For example, a locum would be seen as having a different level of involvement in a practice as opposed to someone in a management position with greater visibility of the practice's PSS status. It was also noted that a blanket approach was not suitable and 3 years was a long time to be conflicted after leaving employment with the group or practice. It was therefore considered that a case-by-case approach or a self-declaration may be more appropriate.

**Decision: The Group was in agreement with the concept of a new conflict of interest policy to be devised by the Head of Legal Services.**

**Matters for Decision**

**a. Sustainability project Proposal**

41. The Chair welcomed the Chair of the Environment and Sustainability Working Party (E&SWP) as well as the Policy and Public Affairs Officer to this section of the meeting.

42. The Chair of the E&SWP informed PSG that the E&SWP was set up last year under the Advancements of the Professions Committee, with the remit to look at both internal and external environmental policies for the RCVS.
43. It was proposed to the Group to introduce sustainability requirements into PSS using the existing framework that allows progression between the levels and for practices to demonstrate best practices at the Awards level. It was explained there would also be an evaluation survey to understand the project impact on sustainability within the profession.
44. It was explained that the Policy and Public Affairs Officer and Senior PSS Officer initially completed desk-based research to find six companies that could potentially become RCVS partners in shaping the environment and sustainability additions to the Scheme. Of the six, three were shortlisted and put forward to PSG to discuss.
45. Prior to voting, the Chair requested conflicted parties to declare their interests and thereby exempt themselves from the vote. The BEVA, BVNA and BVA representatives abstained from voting and removed themselves from the discussions.
46. The Group enquired as to how the proposals consider the impact on practices of introducing sustainability requirements e.g. an increased financial outlay to comply with carbon footprint requirement. The Senior Officer explained that this would be considered when developing the requirements and determining which accreditation level different practices should sit at, and that the consultants were informed that requirements need to be achievable for practices, including having financial viability.
47. The Group queried the financials of proposal one, which was estimated higher than the agreed budget, and why they were therefore shortlisted. The Group also noted that it was mentioned in some of the proposals that RCVS has worked with the consultancy previously and it was queried if the E&SWP have a preference of consultancy. It was explained by the E&SWG that the proposals who were short listed fitted the project brief the best, not taking into account proposed costs, and the proposals that did not make the shortlist did not meet the criteria. It was mentioned that though the E&SWP do have a preference, in the interest of transparency they wanted the Group to come to its own decision without being influenced by E&SWP.
48. In their deliberations, the Group considered each proposal and discussed and considered which of those covered the breadth and longevity of the Scheme. It was felt that Proposal one did not fully understand the brief and there were concerns about how much attention the project would receive from a large consultancy firm. The Group felt that proposal three was too limited in scope by focussing on Core Standards requirements as the main deliverable. The Group felt that Proposal two stood out for having tangible experience in and knowledge of sustainability in a healthcare setting, albeit outside of the veterinary sector.

**Decision: The Group gave approval for the sustainability project to be carried out and decided on Proposal two for the project.**

**Action: Senior Officer to provide PSG's feedback to the unsuccessful organisations and begin preliminary project discussions with the successful candidate. Senior Officer to also apply for discretionary funding for the project.**

**b. Radiation Protection Adviser requirement**

49. The Lead Assessor reminded the Group that at the last meeting they considered whether a GP practice needs to have a physical on-site visit from the RPA every 4 years in light of the decreasing availability of RPAs. Instead of changing the requirement, the Group agreed to change the guidance notes to state that should the RPA not visit, that they RPA provide written confirmation that there have been no material changes to the radiation area in the practice. The Group were asked to consider the new wording for the guidance notes.

**Decision: The Group approved the proposed wording changes to requirement 5.2.4.**

**Action: Senior Officer to update the Standards guidance notes for requirement 5.2.4.**

**c. PSS Appeals Procedure**

50. The Head of Legal Services explained there had been a review across the college of the appeals procedures for various departments. It was advised it is timely to review the PSS appeals procedure before proceeding with any changes to the PSS rules in terms of potential sanctions for non-compliance of evidence.

51. At present, following an assessment, the assessor's report is passed to the Lead Assessor who reviews and either approves the recommendations or has a further discussion with the assessor. It was explained that if the practice was not happy with the initial assessment decision, the matter is passed straight to the Review Group who have the option to either reconsider the decision or uphold it. If the practice wishes to challenge the decision further, an appeal can be made to Standards Committee.

52. The proposal for a new appeals procedure is to give more flexibility and autonomy to the scheme and the Lead Assessor in the initial stages and giving the Lead Assessor an opportunity to request additional evidence before referring the matter to Review Group as the first stage of an appeal. It was discussed with the Group that this is what would happen in practice and thereby it would be prudent to formalise this in a new appeals procedure. There is also the addition for the Lead Assessor to opt to delegate the first review to senior assessors. If the decision is then challenged, a second stage is proposed for consideration by Review Group who would have the option of reassessing a practice prior to referring the matter to Standards Committee.

53. The Group unanimously agreed the changes to the proposed appeals procedure.



**Decision: The Group approved to the changes to the appeals procedure in the PSS Rules, subject to approval by Standards Committee.**

### **Matters arising**

54. There were no matters arising.

### **Risk and equality register**

55. There were no risk and equality issues to note.

### **Any other business**

56. The Group discussed a request from the British Veterinary Dental Association (BVDA) regarding introducing a requirement for practices to have a dental radiography machine and policy as standard, if dentistry is performed at the practice. While there is a requirement around this at VH and Awards level, there is an appetite from the BVDA to have this as a more widely used requirement, such as at GP level.

57. It was noted that the RCVS does not currently have any data on how many practices currently have access to dental radiography, and therefore what the level of impact would be to the membership should this requirement be mandated. It was suggested by the Group therefore, that the PSS team could collect data on this from the practices at visits, either via discussions with assessors, or via a more formal survey mechanism. It was also noted that while there may be a strong clinical indicator for the regular use of dental radiography, the practical aspects, such as acquisition of materials, and training of staff, is unknown given that this requirement has only recently been introduced to Veterinary Hospital level. Therefore, the Group discussed a commitment to considering whether to introduce this requirement at the next 5-year review of the standards, to allow sufficient time to gather evidence of the application to Veterinary Hospitals and also to give practices enough warning of these changes given the costs involved in acquiring equipment.

**Action: PSS Team to collect data on how many practices currently have dental x-ray.**

58. The Chair advised PSG of the RCVS Diversity and Inclusion Group's April meeting which had some recommendations from the report from the Commission on Race and Ethnic Disparities including retention and support within the professions for diversity and inclusion. Further consideration will be given as to how equality and diversity can form a part of the PSS assessment process and further details will be provided to the Group in due course.

### **Next Meetings**

- 18<sup>th</sup> October 2021 (\*now cancelled\*)
- 26<sup>th</sup> January 2022

- 13<sup>th</sup> April 2022
- 18<sup>th</sup> August 2022
- 27<sup>th</sup> October 2022

Requirement number	Current wording	New wording
SA and EQ 3.1.6	There is a written protocol for cremation, destination of ashes etc.	There is a written protocol <b>outlining how options are discussed and/or information is provided to clients on</b> cremation, destination of ashes etc.”
SA 5.3.5, EQ 5.3.13	The sole use of self-adhesive labels for the identification of radiographs is not acceptable. Radiographs should be permanently identified at the time of the exposure.	The sole use of self-adhesive labels for the identification of <b>hard-copy</b> radiographs is not acceptable. <b>Hard-copy</b> radiographs should be permanently identified at the time of the exposure.
SA 6.4.21	All clinical team members must be provided with guidance notes on emergency practice policies before commencement of work. There must be formal evidence of induction of team members at the outset of their employment.	All clinical team members (including new team members and locums) must be provided with written guidelines and protocols for managing the clinical emergencies encountered commonly in the practice. There must be formal evidence of induction of team members at the outset of their employment.
SA 14.1.1	Team members must be adequately trained in animal handling.	Team members must be adequately trained <b>in species appropriate, stress-free</b> animal handling <b>for both animal welfare and human safety.</b>

<b>Summary</b>	
Meeting	Standards Committee
Date	7 February 2022
Title	Riding Establishments Sub-Committee report
Summary	Standards Committee is asked to note this brief update on the work and considerations of the Riding Establishments Sub-Committee. The topics discussed are as follows: <ul style="list-style-type: none"> <li>• 2022 Training and Induction Course;</li> <li>• Annual Q&amp;A sessions;</li> <li>• <i>REIN 2022</i>; and</li> <li>• Minor amendments to DEFRA's Guidance Notes for Conditions for Hiring Out Horses and Procedural Guidance</li> </ul>
Decisions required	None
Attachments	None
Author	Stephanie Bruce-Smith Senior Standards and Advice Officer s.bruce-smith@rcvs.org.uk

<b>Classifications</b>		
<b>Document</b>	<b>Classification<sup>1</sup></b>	<b>Rationales<sup>2</sup></b>
Paper	Unclassified	1

<b>1Classifications explained</b>	
Unclassified	Papers will be published on the internet and recipients may share them and discuss them freely with anyone. This may include papers marked 'Draft'.
Confidential	Temporarily available only to Council Members, non-Council members of the relevant committee, sub-committee, working party or Board and

	not for dissemination outside that group unless and until the relevant committee or Council has given approval for public discussion, consultation or publication.
Private	The paper includes personal data which should not be disclosed at any time or for any reason, unless the data subject has agreed otherwise. The Chair may, however, indicate after discussion that there are general issues which can be disclosed, for example in reports to committees and Council.

## 2 Classification rationales

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

### Annual Meeting

1. The Subcommittee met in January to discuss and organise the 2022 Training and Induction Course, the Annual Q&A sessions and *REIN* 2022.

### 2022 Inspector Training and Induction Course

2. The Subcommittee have agreed that the timeframe for the 2022 Inspector Training and Induction Course will be similar to that in 2021, with webinars to be released mid-May and compulsory Q&A sessions to be held end of June/beginning of July.
3. Following completion of the webinars, new applicants will be required to attend an in-person shadowing, and the Subcommittee are currently deciding on a suitable riding establishment for these purposes. Refreshers who wish to attend can do so on a first come first served basis.

### Annual Q&A sessions

4. As noted in the previous report, the Subcommittee will hold annual Q&A sessions for all Inspectors on a voluntary basis following the publication of *REIN*. These are scheduled to take place in October and all Inspectors will be invited to attend the sessions. They will have the opportunity to pre-submit questions in advance as well as participate in discussion in the sessions.

### *REIN* 2022

5. The Subcommittee have drafted articles for the 2022 edition of *REIN* and these are currently being collated for publication and circulation to the Inspectorate in Spring.

### Minor amendments to DEFRA's Guidance Notes for Conditions for Hiring Out Horses and Procedural Guidance

6. DEFRA's Guidance Notes for Conditions for Hiring out Horses and Procedural Guidance have had some minor amendments, which came into force on 1 February 2022. These amendments address some of the suggestions made to DEFRA by the RCVS Riding Establishments Subcommittee via the British Horse Council in 2020.
7. While the minor amendments will not address many of the issues raised with the Animal Welfare (Licensing of Activities Involving Animal) (England) Regulations 2018, the Regulations are due for a full review in 2023. Major amendments, such as a re-examination of minimum standards, can be considered at this stage. DEFRA have begun planning the project management of this review, and the Subcommittee will have the opportunity to feed into the activity specific consultation.
8. The amendments to the guidance will be communicated to Inspectors via *REIN* 2022 and the February edition of RCVS News.

### Advice queries

9. The Standards and Advice Team continue to receive a steady number of enquiries from local authorities, veterinary surgeon inspectors and the owners of riding establishments.

10. Recent queries have related to the following topics:

- a. Inspecting the premises
- b. Interim Report Form
- c. Polo Establishments.