

Standards Committee

Agenda for the meeting to be held on 30 January 2019 at 10.00am

1. **Apologies for absence, declarations of interest and minutes of the meeting held on 26 September 2018**

2. **Standards and Advice End of Year Report** **Paper attached**

3. **Matters for decision:** **Papers attached**
 - a. **Matters raised by PIC/DC liaison committee**
 - b. **Surgical AI of dogs**
 - c. **Unlicensed dog breeders: reporting obligation**
 - d. **Amendments to chapter 8 re: euthanasia**

4. **Matters for report** **Papers attached**
 - a. **Disciplinary Committee Report**
 - b. **Riding Establishments Sub-Committee Report**
 - c. **Practice Standards Scheme Report**

5. **Confidential Matters for report** **Papers attached**
 - a. **Certification Sub-Committee Report**
 - b. **Recognised Veterinary Practice Sub-Committee Report**
 - c. **Ethics Review Panel Report**

6. **Risk and equality** **Oral report**

7. **Any other business and date of next meeting 10 April 2019**
 - a. **Election of Vice-Chair of Standards Committee**
 - b. **Council/Committee Collaboration System**

Standards Committee 2018/2019

Chairman:

Dr Kate Richards BVM&S DipM MRCVS

Members:

Professor David Argyle BVMS PhD DipECVIM-ca (Oncology) FRCVS

Mr Mark Castle OBE

Mrs Liz Cox RVN

Dr Melissa Donald BVMS MRCVS

Mr David Leicester BvetMed MRCVS

Ms Claire-Louise McLaughlan MA LLB(Hons)

Mr Martin Peaty BVSc CertEP CertES(Orth) MRCVS

Mr Matthew Rendle RVN

Minutes of the Standards Committee held on Wednesday, 26 September 2018 at 10 am at Belgravia House, 62-64 Horseferry Road, London SW1P 2AF

Members:	Prof D Argyle*	
	Mr M Castle	
	Mrs L Cox	
	Dr M A Donald	
	Mr D Leicester	
	Ms C-L McLaughlan	
	Mr M Peaty	
	Dr K A Richards	Chair
In attendance:	Ms E C Ferguson	Registrar
	Mr N Oldham	Standards and Advisory Manager
	Ms B Jinks	Senior Standards and Advisory Officer
	Mr A Quinn-Byrne	Standards and Advisory Officer
	Ms B Lovell	Standards and Advisory Officer
	Ms A K Boag	President (observer from RCVS Operational Board)
	Ms L Lockett	RCVS CEO
	Mr A Roberts	Director of Leadership and Innovation <i>Present for AI 3(b)</i>
	Miss S Rogers	Innovation Executive <i>Present for AI 3(b) - observing</i>

*absent

AI 1 Apologies for absence and declarations of interest

1. The Chair welcomed Ms Boag and Ms Lockett to the meeting as observers.
2. Apologies were received from Professor Argyle.
3. Declarations of interest were received from:
 - Ms Boag: In relation to AI 3(b), telemedicine, it was stated that Vets Now are currently trialling a free "web chat" service.
 - Mr Leicester: In relation to AI 3(b), telemedicine, it was stated that Mr Leicester is currently the director of a team leading a trial of a "web chat" service within Vets Now.

- Mr Peaty: It was stated that Mr Peaty is a member of the Farriers Registration Committee and is now Chairman of the Approvals Committee for Exams and Colleges.

AI 1 Minutes of last meeting held on 25 April 2018

4. The minutes were noted and it was agreed that they are accurate.
5. In relation to the action points:
 - a. It was clarified that the suggestion in paragraph 10 (tick box prompts for veterinary surgeons on consent forms) was a discussion point and suggestion only and has not been further actioned.
 - b. In response to paragraph 12, it was explained that written consent is not a requirement under the Veterinary Medicines Regulation 2013. However, the written consent requirement is reflected in the medicines module of the Practice Standards Scheme at Core Level and also within the supporting guidance to the Code of Professional Conduct, paragraph 4.17. There was discussion around issues of obtaining written informed consent in all cases in equine practices and it was indicated that this could be taken away and considered.
 - c. In relation to paragraph 13, it was agreed that seven out of nine of the informed consent case studies are ready for publishing. It was felt two case studies (numbers 2 and 4) might not provide sufficient clarity and will require further revision. It was agreed this should not hold up the publication of the other case studies. It was clarified for new members of the Committee that the case studies had come through such issues being flagged by PIC/DC Liaison Committee which is attended by the Chair of Standards Committee. It was agreed that the VDS would be notified prior to publication.
 - d. In relation to paragraph 20, it was confirmed that there have been fewer queries than anticipated from the profession relating to GDPR. A full review of data protection enquiries post-GDPR will be provided to the Standards Committee in January 2019.

AI 2 Standards and Advice Update

6. The Chair thanked the Standards and Advice Team for their work. The Standards and Advice Update was noted.

Matters for decision

AI 3(a) RVP/ERP sub-group

7. The Chair introduced the paper and explained the background – namely that there seems to be some confusion within the profession and a lack of clarity about what Recognised Veterinary Practice is and what is classified as research requiring a licence under ASPA and that sometimes the lines between the two become blurred. In light of this and following a meeting of relevant stakeholders in July 2018, it has been proposed that an RVP/ERP sub-group be established to consider such issues.
8. It was suggested that this is a complex area and it was important that such issues are looked at so that the profession is encouraged to conduct research in a proper regulatory environment which is transparent and innovation is not stifled. That there was an interface with informed consent and the need for a consistent approach and acting within areas of competence was highlighted.

9. The Chair suggested that a flexible sub-group could focus on issues such as; clarifying the definition of what constitutes RVP, what may be pushing the boundaries and how to protect animal health and welfare within transparent and consistent boundaries to encourage innovation and gather evidence.
10. It was agreed that a better understanding of protocols used by ethics panels in other organisations would inform the discussion.
11. It was suggested that sub-group attendees would not have to attend every meeting and attendees could be targeted for specific topics.
12. It was proposed that the sub-group have the following mix of members: two from the RCVS ERP, two from the RCVS RVP, representatives from the veterinary school ERPs, three members of the Standards Committee (including one lay member), and one from the Home Office and other stakeholders as necessary.
13. The proposal for the formation of an RVP/ERP sub-group was unanimously agreed by the Standards Committee. Attendees and a date for the first meeting of the sub-group will be canvassed and then organised by the Standards & Advice team.

Action: Standard & Advice team

AI 3(b) Telemedicine - confidential

AI 3(c) Certification issues - confidential

Matters for report

AI 4(a) DC report

39. The report was noted.

40. It was noted that the issue of nationality/place of education of those at DC remained under review on an annual basis by PIC/DC liaison Committee.

AI 4(b) Riding Establishments Sub-committee Report

41. It was queried about the continuing problem of local authorities instructing riding establishment inspectors to bill the proprietors directly, which raises the potential for a conflict of interest. Riding inspectors should invoice the issuing local authority, who invoice the proprietor to recover payment. It was explained that the Riding Establishment Sub-Committee does not have authority to instruct local authorities, but they have been informing any riding inspectors who raise this issue to push back if local authorities ask them to invoice the proprietors directly. It was also suggested that the issue could be raised with Defra, who do have more authority with local authorities.

AI 4(c) Practice Standards Scheme Report

42. There were no comments and the report was noted.

Confidential matters for report

AI 7 Any other business and date of next meeting

48. The Committee have committed to appointing a Vice Chair. This matter will be dealt with at the next Standards Committee meeting in January 2019 when it will be decided whether nominations or otherwise will be used in line with practices to be adopted by other Committees.
49. A paper regarding the compulsory microchipping of equines will be circulated after the meeting. A final draft was delayed as external input was awaited.
50. The date of the next meeting was confirmed as Wednesday, 30 January 2018 at 10am.

Standards & Advice Team

Review of the year

January to December 2018

Report of the work undertaken by the Advice Team in 2018, including the work carried out on behalf of the Standards Committee

Standards & Advice Team (current)

Nick Oldham, Standards & Advisory Manager

Beth Jinks, Senior Standards & Advisory Officer

Vicki Price, Senior Standards & Advisory Officer

Rebecca Rafferty, Senior Standards & Advisory Officer (maternity leave)

Beatrice Lovell, Standards & Advisory Officer (maternity cover)

Prabhjit Soomal, Standards & Advisory Officer

Alan Quinn-Byrne, Standards & Advisory Officer

Work stream 1: Providing advice to the public and profession

1.1 The 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 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 Officer, other representative organisations and professional indemnity insurers.

- 1.2 We also work in accordance with an Advice Risk Register, which deals with risks in the context of the provision of advice and guidance and how these risks are properly managed and controlled.

Advice statistics

- 1.3 Below are some statistics relating to the total numbers of written enquiries and telephone calls handled in 2018 (figures for the previous 6 years have been included for comparison reasons). The RCVS Annual Report published on our website already includes the total advice per category (e.g. consent, client confidentiality, fees and related matters, euthanasia, medicines etc) so the information has not been duplicated here.

Table A: Written enquiries (handled by the Advice Team)

Year	Total number of written advice requests handled by the Advice Team
2012	1796
2013	1697
2014	1990
2015	1803
2016	1877
2017	1677
2018	2,190

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

Year	Total number of calls (relating to advice and concerns)
2012	7319
2013	6702
2014	7502

2015	7666
2016	9329
2017	7448
2018	7,863 (minus concerns calls 13 – 31 December 2018)

Feedback on our advice

- 1.4 Generally, the feedback on our advice is positive. We continue to receive a steady stream of unprompted thank you letters and emails.
- 1.5 Last year, the Advice Team received **211** unprompted thank you letters and emails. The figure has more than doubled from the previous year's figure of **85**. Below are some examples of the comments received from the public and profession:

"Many thanks for your reply and guidance. I will follow this up as you have directed."
(Veterinary surgeon)

"Thank you for your very prompt response to my enquiry which was both detailed and informative" **(Member of the public)**

"Thanks for getting back to me. The information you have provided is very useful and has addressed my concerns." **(Veterinary nurse)**

"Thank you for letting me pick your brains earlier, and for emailing me some further information. It has been really useful in putting our minds at ease that we are doing everything we should be doing." **(Veterinary surgeon)**

"Thank you VERY much for your helpful reply." **(Veterinary surgeon)**

"Thank you for taking the time to make such a detailed and helpful response. I do appreciate it." **(Member of the public)**

"Safely received. Thanks so much for getting back to me so quickly." **(Veterinary surgeon)**

"Many thanks for your reply, it is very helpful." **(Neighbourhood Policing Team)**

"That's brilliant! Thank you so much for your help." **(Member of the public)**

"My sincerest thanks for your time to reply to my query and for your help!" **(Veterinary surgeon)**

"Thank you for your response. I like the fact you have given me definite guidelines. I appreciate that." **(Veterinary Surgeon)**

"Thank you for your speedy response to my request." (Veterinary surgeon)

"Many thanks for the below, it is of great help and we really appreciate you taking the time and effort in replying to our email with all the helpful information." (Member of the public)

"Thanks for your reply and advice it cleared up my confusion." (Veterinary surgeon)

"Many thanks for the prompt and comprehensive reply; it is very helpful." (Veterinary surgeon)

"Thank you very much for your comprehensive reply. It's just what I was looking for." (Veterinary nurse)

"Thank you very much for this; it nails my question perfectly." (Member of the public)

"Many thanks for this clarification, it is very helpful" (Veterinary Surgeon)

"Thank you so much for the very helpful reply to my query. I appreciate you answering in such detail." (Veterinary surgeon)

"Many thanks, so sorry to bother you again but you were super helpful." (Veterinary nurse)

"Thanks Beatrice you are super amazing (capitals on purpose)." (Member of the public)

"Thank you for this information it's made my visit a lot easier." (Member of the public)

Work stream 2: Standards Committee

- 2.1 The 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.
- 2.2 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 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.
- 2.3 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 (2016)* 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.
- 2.4 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.
- 2.5 Both the *Standards of Good Regulation (2016)* 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 2018 Code and supporting guidance matters considered

2.6 Over the course of the year, the Advice Team has worked on the following areas under the umbrella of the Standards Committee, many of which led to Code or supporting guidance updates:

- **Informed consent** – changes in this area arose out of the Committee's meeting in September 2017, where they noted a number of recurring consent-related themes giving rise to concerns reaching PIC. The Committee agreed it would be helpful if the supporting guidance could be consolidated to allow veterinary professionals to refer to it more easily. The changes made to Chapter 11, which covers informed consent, included compiling a list of advised matters to discuss with clients to ensure informed consent in paragraph, a new section detailing whose responsibility it is to obtain informed consent, and further expansion on how consent forms should be viewed and what they should contain. A series of cases studies around informed consent which gave different scenarios for how a vet should best obtain informed consent were also developed and published;
- **Certification** – Animal and Plant Health Agency (APHA) developed a new qualification of 'Certification Support Officer' (CSO), which involves the training and authorisation of non-veterinarians for sanitary certification and attestation in support of veterinary certification of animal products excluding germinal products. APHA sought RCVS input regarding the use of CSOs to support the work of Official Veterinarians (OVs) involved in the signing of export health certificates relating to animal products excluding germinal products (such as meat, dairy and processed products) and animal by-products. APHA has also asked the RCVS to amend its 10 Principles of Certification and supporting guidance in order to recognise the role of CSOs in official certification. APHA proposed that CSOs would be used for export certification of animal products excluding germinal products only, and not for export certification of live animals or germinal products. The CSO function would be to act as 'trusted assistants' to OVs as part of vet led team. To enable the use of CSOs in the export certification of animal products excluding germinal products, a minor amendment was made to Principle 1 of the 10 Principles of Certification in Chapter 21 of the supporting guidance and further clarification regarding the recognition of paraprofessionals was added at paragraph 21.19.

- **Veterinary care/Telemedicine** – Following the 2017 consultation on telemedicine, the Committee was most recently asked to consider minor changes to Chapter 2 (2.29 – 2.30), which deal with veterinary care, in order to provide clarity as to what is currently permitted by the RCVS in terms of telemedicine services.

Work of course remains ongoing following the meeting of Council in November 2018, but in the meantime it should be noted the overall position remains unchanged.

- **Scottish tail docking** – In June 2017, a new regulation came into force which amended the outright ban on tail docking in Scotland – Prohibited Procedures on Protection Animals (Exemptions) (Scotland) Amendment Regulation 2017. The new regulation brought in exemptions for two specific breeds of working dog – spaniels and hunt point retrievers (of any breed or combination of breeds of either) and allows for the end third of the tail, of a dog no older than five days, to be removed by a veterinary surgeon. The veterinary surgeon must also certify that they have seen evidence that the dog will likely to be used for work in connection with the lawful shooting of animals. Chapter 27 of the supporting guidance (27.11) was amended to reflect this change in law.
- **GDPR** – The General Data Protection Regulations came in to effect on 25 May 2018 harmonising all EU data protection law and replaced the Data Protection Act 1998, with the Data Protection Act 2018. UK legislation will run alongside the GDPR. In view of this, and to ensure the supporting guidance accurately reflected current data protection legislation for the veterinary profession, changes were made to numerous Chapters of the supporting guidance, including those on; referrals and second opinions, 24 hour emergency first aid, veterinary medicines, communication between professional colleagues, clinical governance, practice information/ fees and animal insurance, the use and re-use of samples etc, clinical and client records, client confidentiality, veterinary teams, advertising and publicity, social media and online networking forums.
- **Pet blood banks** – In January 2018 the Standards Committee considered this subject and concluded that the sedation of cats for the purpose of collection of blood and its storage reaches the lower threshold of pain set out in the Animals (Scientific Procedures) Act 1986, and as such, is not recognised veterinary practice and must be done under a Home Office licence. The Committee did accept that a cat could be sedated for blood collection if necessary, if the blood would be used within the practice or in practices locally. This situation is distinct from commercial organisations seeking to collect and store feline blood for an as yet unidentified clinical need. Members of the Advice team, with other representatives of the RCVS continue to liaise with relevant stakeholders regarding this issue.

Work stream 3 : Sub-Committees

3.1 The Advice Team is responsible for managing the work of the Sub-Committees reporting to the Standards Committee. This includes:

- **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. (For Minutes see **Annex A** appended to the paper at Agenda Item 05(a).)
- **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 Advice Team to liaise with the applicant, the VMD or Home Office to ensure all relevant information is available. This year, the Advice Team has drafted responses to complex applications such as studies on stem cell therapy, hyperbaric oxygen chambers, and feline blood banks. The numbers of study proposals handled by the team has dropped slightly in comparison with the past four years:

Year	Total number of RVP applications
2014	15
2015	25
2016	15
2017	15
2018	12

- **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:
 - Responding to queries from veterinary surgeons, riding establishments and local authorities;
 - Liaising with equine associations and dealing with issues raised over the course of the year;

- Reviewing implications of the new Animal Welfare (Licensing of Activities Involving Animals) (England) Regulations 2018 and its associated guidance notes issued by Defra;
 - Organising and attending the annual training courses for Riding Establishments Inspectors;
 - Delivering sessions at the annual training courses;
 - Assisting the Communications Team with the drafting of the Riding Establishments Newsletter (REIN).
- **Ethics Review Panel (Trial):** The ERP became active on 1 August 2016
 - initially for a year's trial - following a report into practice-based research undertaken by a joint RCVS-BVA working party. The ERP's trial period was extended for a further year and it is currently operating on a month by month rolling basis until RCVS Council decides on its permanence at its January 2019 meeting. 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:
- Responding to queries and applications from veterinary surgeons;
 - Assisting in recruitment of the Panel;
 - Organising and attending the Panel training day;
 - Delivering presentations at the training day;
 - Organising and attending the Ethics Oversight Group meeting;
 - Drafting terms of reference and guidance documents for applicants;
and
 - Assisting the Communications Team in promoting the work of the Panel.

[At Council on 17 January 2019 the ERP was made permanent.]

Work stream 4 : Other matters

4.1 This year, the Advice Team has been involved in a number of other issues which fall under the umbrella of the Standards Committee. Often, this work will involve arranging and attending meetings with the Chair of Standards Committee and other RCVS representatives and carrying out associated work. These matters will be reported to Standards Committee at various times throughout the year. Examples of the wider issues handled by the Advice Team in 2018 include:

- **Schedule 3** – Members of the Advice Team have been involved in the Working Party review on Schedule 3, and have also presented to the Linnaeus Group on the understanding of Schedule 3 within the veterinary community.
- **CAMs** – The RCVS statement on CAMs/homeopathy issued on 3 November 2017 generated a large number of enquiries which continued into 2018 and have been dealt with by the Registrar and members of the Advice Team in conjunction with the Communications Team.
- **Competition and Markets Authority** – contact has been re-established with the CMA and a meeting with their Monitoring Team is anticipated in early 2019 to discuss matters such as; media/publicity around veterinary costs/services and fair trading.
- **VMD** – Members of the Advice, together with colleagues from the Registration Team and the Practice Standards Scheme, meet twice yearly with the Veterinary Medicines Directorate, to discuss matters such as; the inspection of veterinary practice premises, Controlled Drugs, Antimicrobial Resistance and the prescribing Cascade.
- **Links Group** – members of the Advice Team met with the Chair of the Group to discuss the work the Group do to promote the welfare and safety of vulnerable children, adults and animals and how the RCVS may be able to assist with this work.
- **Veterinary Surgeons Act** – members of the Advice Team have liaised and assisted the Chief Investigator with concerns relating to illegal practice and title misuse raised by members of the public, members of the profession and, to a lesser extent, whistle blowers.

Work stream 5: Inter-departmental advice

6.1 The Advice Team regularly assists other teams, departments and committees with issues and projects arising during the year. In 2018 some examples included:

- a) Working with the Communications Team to draft articles or case studies for RCVS News and other publications. This year we have covered various topics in news articles including (but not limited to) informed consent; the new GDPR; delegating to veterinary nurses and unqualified members of staff.
- b) The Veterinary Nursing Department regularly consults the 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 and the new data protection requirements under the GDPR. This includes giving presentations, as well as discussion sessions, throughout the year.

Meeting	Standards Committee
Date	30 January 2019
Title	Matters arising from Preliminary Investigation Committee / Disciplinary Committee Liaison
Classification	Unclassified
Summary	The Preliminary Investigation Committee recently raised two issues via the PIC/DC Liaison Committee that may warrant minor amendments to the RCVS supporting guidance, relating to legibility of clinical and client records, and conflict of interest in Equine pre-purchase examinations (PPEs). This paper provides a summary of the issues and suggests possible amendments to the supporting guidance.
Decisions required	a. The Committee is asked to review and approve the proposed amendments to chapters 7 and 13 of the supporting guidance to the Code of Professional Conduct.
Attachments	Annex A – Proposed amendments to chapters 7 and 13 of the supporting guidance.
Author	Vicki Price Senior Standards and Advice Officer 020 7050 5043 v.price@rcvs.org.uk

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Legibility of clinical records

1. At its meeting of 15 August 2018, the Preliminary Investigation Committee asked a representative of the Standards and Advice team attending the meeting, whether there would be a benefit to amending the supporting guidance to clarify that handwriting in clinical notes should be legible. The issue arose in relation to a case where a veterinary surgeon had raised concerns about another veterinary surgeon, where one of the complaints related to clarity of clinical records.

2. At present, the Code of Professional Conduct at 2.5 states:

'2.5 Veterinary surgeons must keep clear, accurate and detailed clinical and client records.'

3. The current supporting guidance to the Code of Professional Conduct, chapter 13, states:

'13.2 The utmost care is essential in writing records or recording a client's personal details to ensure that they are clear, accurate and appropriately detailed...'

4. In contrast, the General Medical Council's ethical guidance states the following:

'Documents you make (including clinical records) to formally record your work must be clear, accurate and legible.'

(Good Medical Practice guidance, 'Professionalism in action', domain 1, paragraph 19)

5. Similarly, the New South Wales Veterinary Practitioners code of professional conduct provides as follows:

'15(1) A veterinary practitioner must ensure that a detailed record of any consultation, procedure or treatment is made as soon as practicable.

(2) The record:

(a) must be legible and in sufficient detail to enable another veterinary practitioner to continue the treatment of the animal;'

6. The Committee is asked to consider whether chapter 13 of the supporting guidance to the Code of Professional Conduct should be amended to include a similar requirement that clinical and client records should be legible. A potential amendment to chapter 13 could be as follows:

*'13.2 The utmost care is essential in writing records or recording a client's personal details to ensure that they are clear, **legible**, accurate, and appropriately detailed...'*

Conflict of interest in Equine pre-purchase examinations (PPEs)

7. Following its hearing in relation to Dr Paul Thomason in August 2018, it is proposed that chapter 7 of the supporting guidance on Equine pre-purchase examinations should be amended, to include a specific requirement that a veterinary surgeon conducting a PPE on behalf of a prospective purchaser should disclose to the prospective purchaser any close personal relationship with the vendor, in addition to any client relationship.

8. The Code of Professional Conduct at 2.1 and 2.2 states:

'2.1 Veterinary surgeons must be open and honest with clients and respect their needs and requirements.

2.2 Veterinary surgeons must provide independent and impartial advice and inform a client of any conflict of interest.'

9. The current supporting guidance to the Code of Professional Conduct, chapter 7, states as follows in relation to conflict of interest in carrying out PPEs:

'7.8 Generally, a person intending to purchase a horse will seek a PPE by a veterinary surgeon and, for this purpose, becomes that veterinary surgeon's client.

7.9 Ideally, veterinary surgeons should not carry out PPEs where the vendor is an existing client because of the conflict of interest. However, if, for practical or other reasons, veterinary surgeons do, they should follow additional safeguards to ensure the examination is not only fair, but perceived to be fair, by the client requesting the PPE.

7.10 These additional safeguards are:

a. the veterinary surgeon makes the purchaser aware that the vendor is also a client and the potential purchaser has no objection. If there is an objection, the vendor's veterinary surgeon must not act;

b. the vendor agrees to permit disclosure of relevant clinical/case records. If permission cannot be obtained then the vendor's veterinary surgeon should not act. If the records reveal a factor which is likely to be prejudicial to the purchaser's intended use, the purchaser should be informed with the vendor's permission in advance of the examination; and,

c. it is made clear to both parties that in this instance the veterinary surgeon is acting on behalf of the purchaser.

7.11 While having regard to the usual constraints of client confidentiality, there may be occasions when the examining veterinary surgeon considers it appropriate, for reasons of animal welfare (including good husbandry) or public interest, to advise the vendor of relevant findings. In these circumstances, common sense and courtesy should prevail.'

10. The BEVA/RCVS Guidance Notes on the Examination of a Horse on Behalf of a Prospective Purchaser (amended 2018) are published on the British Equine Veterinary Association's (BEVA's) website, and also provide guidance in relation to conflict of interest in PPEs, as follows:

'Before performing a pre-purchase examination the veterinary surgeon should endeavour to ascertain who is selling the horse and the horse's identity. If, as a result of such information, the veterinary surgeon feels any conflict of interest, which means he/she cannot act wholly in the interests of the purchaser, the veterinary surgeon should decline to perform the examination. If the veterinary surgeon feels able to act without conflict, the fact that the seller is an existing client of the veterinary surgeon's practice should be declared to the purchaser in advance of the examination.'

11. The Disciplinary Committee heard allegations against Dr Thomason for failing to disclose to the prospective buyer, a potential or actual conflict of interest between himself and the vendor. Dr

Thomason carried out a PPE on behalf of the prospective buyer, but did not disclose that the vendor was a client of his practice and a personal friend.

12. The expert for the Defence in the Thomason inquiry expressed the view that as there was no specific guidance in respect of PPEs concerning disclosure of a personal relationship with the vendor, Dr Thomason's only obligation was to disclose his professional relationship, as set out in the supporting guidance and BEVA/RCVS guidance.

13. In its decision, the Disciplinary Committee observed:

"24. As a matter of fact, it is correct that there is no specific guidance on disclosing friendship in the Guidance above cited. But the Committee find that it is perverse to construe, from the absence of any specific guidance on the matter in that guidance, the broad proposition that a veterinary surgeon is not under any obligation to disclose a personal relationship in these circumstances. Paragraph 2.1 of the Code makes it clear that a veterinary surgeon must be open and honest. The 5 Principles of Practice include:

- a. Honesty and integrity*
- b. Independence and impartiality*
- c. Client confidentiality and trust*

25. Moreover Paragraph 2.2 of the Code provides that veterinary surgeons must inform a client of any conflict of interest. The Committee is in no doubt that a reasonable and well informed member of the public would consider that there would be a conflict of interest if the veterinary surgeon undertaking a PPE was a personal friend of the vendor, the more so if he is also the vendor's vet.

26. In the Committee's view, the prospective purchaser had every right to expect that the veterinary surgeon whom she was approaching to carry out a PPE would disclose to her both the fact that he was the veterinary surgeon to the vendor and that they were personal friends. It also finds that the Respondent was acting entirely inappropriately in arrogating unto himself alone the decision as to whether he could act for the purchaser. He deprived the purchaser of her right to choose another veterinary surgeon and of any opportunity to do so. The Committee has concluded that it was a very serious matter that the Respondent did not make those disclosures, and that he was in breach of paragraph 2.2 of the Code and the Principles above cited."

14. The full decision is at: <https://www.rcvs.org.uk/document-library/thomason-paul-stuart-august-2018-decision-of-the-dc/>

15. In light of the Disciplinary Committee's findings in the Thomason inquiry, for clarity and the avoidance of doubt in the future, it is proposed that chapter 7 of the supporting guidance be amended to state as follows:

*'7.9 Ideally, veterinary surgeons should not carry out PPEs where the vendor is an existing client **and/or has a close personal relationship with the veterinary surgeon**, because of the conflict of interest. However, if, for practical or other reasons, veterinary surgeons do, they should follow*

additional safeguards to ensure the examination is not only fair, but perceived to be fair, by the client requesting the PPE.

7.10 *These additional safeguards are:*

- a. the veterinary surgeon makes the purchaser aware that the vendor is also a client **and/or has a close personal relationship with the veterinary surgeon**, and the potential purchaser has no objection. If there is an objection, the vendor's veterinary surgeon must not act;*
- b. the vendor agrees to permit disclosure of relevant clinical/case records. If permission cannot be obtained then the vendor's veterinary surgeon should not act. If the records reveal a factor which is likely to be prejudicial to the purchaser's intended use, the purchaser should be informed with the vendor's permission in advance of the examination; and,*
- c. it is made clear to both parties that in this instance the veterinary surgeon is acting on behalf of the purchaser.'*

Decisions required

13. The Committee is asked to:

- a. Review and approve the proposed amendments to chapters 7 of 13 the supporting guidance to the Code of Professional Conduct, as set out at **Annex A**.

7. Equine pre-purchase examinations

Existing guidance in grey

Suggested new guidance in red

Conflict of interest

7.8 Generally, a person intending to purchase a horse will seek a PPE by a veterinary surgeon and, for this purpose, becomes that veterinary surgeon's client.

7.9 Ideally, veterinary surgeons should not carry out PPEs where the vendor is an existing client **and/or has a close personal relationship with the veterinary surgeon**, because of the conflict of interest. However, if, for practical or other reasons, veterinary surgeons do, they should follow additional safeguards to ensure the examination is not only fair, but perceived to be fair, by the client requesting the PPE.

7.10 These additional safeguards are:

- a. the veterinary surgeon makes the purchaser aware that the vendor is also a client **and/or has a close personal relationship with the veterinary surgeon**, and the potential purchaser has no objection. If there is an objection, the vendor's veterinary surgeon must not act;
- b. the vendor agrees to permit disclosure of relevant clinical/case records. If permission cannot be obtained then the vendor's veterinary surgeon should not act. If the records reveal a factor which is likely to be prejudicial to the purchaser's intended use, the purchaser should be informed with the vendor's permission in advance of the examination; and;
- c. it is made clear to both parties that in this instance the veterinary surgeon is acting on behalf of the purchaser.

7.11 While having regard to the usual constraints of client confidentiality, there may be occasions when the examining veterinary surgeon considers it appropriate, for reasons of animal welfare (including good husbandry) or public interest, to advise the vendor of relevant findings. In these circumstances, common sense and courtesy should prevail.

13. Clinical and client records

Existing guidance in grey

Suggested new guidance in red

13.1 Clinical and client records should include details of examination, treatment administered, procedures undertaken, medication prescribed and/or supplied, the results of any diagnostic or laboratory tests (including, for example, radiograph, ultrasound or electrocardiogram images or scans), provisional or confirmed diagnoses, and advice given to the client (whether over the telephone or in person). They should also include outline plans for future treatment or investigations, details of proposed follow-up care or advice, notes of telephone conversations, fee estimates or quotations, consents given or withheld, contact details and any recommendations or discussion about referral or re-direction.

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

Meeting	Standards Committee
Date	30 January 2019
Title	Surgical Artificial Insemination of Dogs
Classification	Unclassified
Summary	Standards Committee is asked to consider the information set out within this paper regarding surgical artificial insemination and in light of legislative changes consider the proposed amendments to Chapter 27 of the Supporting Guidance.
Decisions required	Standards Committee is asked to consider and approve the proposed amendments to Chapter 27 of the Supporting Guidance.
Attachments	<p>Annex A: Advisory Committee paper on Canine Artificial Insemination January 2005</p> <p>Annex B: Schedule 1, Mutilations Regulations 2007</p> <p>Annex C: Proposed amendments to Chapter 27 of the supporting guidance to the Code of Professional Conduct.</p>
Author	<p>Nick Oldham Standards and Advisory Manager</p> <p>n.oldham@rcvs.org.uk</p>

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Surgical artificial insemination of dogs

Background

1. In January 2005 the RCVS Advisory Committee (as Standards Committee was then known) was asked by the Kennel Club to consider its position on veterinary surgeons undertaking canine Artificial Insemination (AI) using a method of surgical 'direct uterine' insertion rather than endoscopic vaginal insemination. The Kennel Club's request arose following a number of veterinary surgeons raising concerns with the Kennel Club directly, stating that the use of such methods represented no benefit to the animal and was not in the animal's best interests. The paper considered by the Advisory Committee can be found at **Annex A**.
2. The Committee noted the Kennel Club's concern about the use of surgical AI in dogs, which it considered unjustifiable on welfare and ethical grounds. The Committee considered that whilst in some cases direct uterine insertion may produce better results, there was no ethical reason why the practise should continue as they agreed it did not benefit the animal and was not in the animal's best interests.
3. At its March 2005 meeting RCVS Council queried whether the Advisory Committee's recommendations were inconsistent with previous advice on renal transplantation in cats. The matter was therefore referred back to the Advisory Committee in May 2005 for further consideration of this inconsistency.
4. The Advisory Committee considered the matter further in May 2005. Following further discussion and clinical input from three veterinary surgeons who carried out Transcervical Insemination (TCI) and were concerned with the Committee's original recommendation, the Committee, whilst retaining their original view that generally surgical AI does not benefit dogs and is not in the best interests of dogs, acknowledged and recommended to Council that there might be sufficient justification to carry out the procedure and that veterinary surgeons may carry out surgical AI in the rare circumstances where endoscopic insemination could not be carried out on a particular breed. In such cases, veterinary surgeons should record in the clinical records the reason why the procedure is in the best interests or welfare of the dog. The Committee added that veterinary surgeons were advised that on the information available to the Committee at the time, the only reason why surgical AI would be in the best interest or welfare of a dog is "to incorporate new genetic traits into a line ort breed when the sire is not easily available."
5. The Advisory Committee's recommendation was received and adopted by Council at their November 2005 meeting.

Current Supporting Guidance

6. Chapter 27 of the supporting guidance to the Code of Professional Conduct currently states the following in relation to surgical AI of dogs:

Canine surgical artificial insemination

27.30 Surgical Artificial Insemination (AI) carries many disadvantages for the bitch and is unlikely to be carried out in the best interests of any particular dog, but a veterinary surgeon may carry out surgical AI:

- *in the rare circumstances where Transcervical Insemination (TCI) has been demonstrated not to be a practical option*

AND

- *the invasive nature of surgical AI is justified* and accompanied by an appropriate regime of post-operative pain relief.*

** Veterinary surgeons are advised that on the information available to the Advisory Committee, surgical AI is justified only for exceptional reasons, for example, the incorporation of new genetic traits into a line or breed when the sire is not easily available or unable to mate naturally for reasons other than inherited disease.*

27.31 When carrying out surgical AI, a veterinary surgeon should record in the bitch's clinical records why TCI is not a practical option and the justification for the invasive procedure.

Mutilations Regulations 2007

7. In England and Wales the Regulations supplement section 5 of the Animal Welfare Act 2006, which makes it an offence to mutilate an animal subject. Mutilations are referred to in the Animal Welfare Act 2006 as 'prohibited procedures'. A prohibited procedure is defined in section 5(3) as one *"which involves interference with the sensitive tissues or bone structure of the animal otherwise than for the purpose of its medical treatment."*
8. Some procedures, although technically mutilations, are performed in the animal's long term welfare interest, or are accepted methods of animal management. These exceptions are set out within the Mutilations Regulations (Prohibited Procedures on Protected Animals (Exemptions) (Scotland) Regulations 2007 and Welfare of Animals (Permitted Procedures By Lay Persons) Regulations (Northern Ireland) 2012).
9. It appears, following a query raised with the Advice Team in December 2018 that the supporting guidance was not given further consideration or updated following the implementation of the Mutilations Regulations.
10. Under Schedule 1 of the Mutilations Regulations, attached to this paper at **Annex B**, surgical AI is not one of the exceptions permitted for 'other species', which includes dogs, and is therefore a prohibited procedure.

11. Section 4 of the Regulations allows for the performance of prohibited procedures in an emergency, namely for the purpose of saving the life or relieving the pain of a protected animal.
12. It appears therefore that the RCVS' supporting guidance is in conflict with the Mutilations Regulations, as surgical AI is not listed as a permitted procedure for dogs, and it is not undertaken for the purposes of a dog's medical treatment or in an emergency.

Proposed amendments

13. Standards Committee is asked to consider the proposed amendments to Chapter 27 of the supporting guidance (**Annex C**), in light of legislative changes summarised above and approve the proposed changes which seek to ensure the supporting guidance is in line with current legislation.

Decision

14. Standards Committee is asked to:
 - a. approve the proposed amendments to Chapter 27 of the supporting guidance.

AGENDA ITEM 8**ROYAL COLLEGE OF VETERINARY SURGEONS****ADVISORY COMMITTEE 13 JANUARY 2005****CANINE ARTIFICIAL INSEMINATION VIA SURGICAL METHOD****SUMMARY**

1. The Kennel Club has asked Advisory Committee to consider its position on veterinary surgeons undertaking canine Artificial Insemination using a method of surgical 'direct uterine' insertion rather than endoscopic vaginal insemination. Certain veterinary surgeons have raised concerns with the Kennel Club that such surgical intervention represents no benefit to the animal and is not in the animal's interests. Advisory Committee is asked to consider whether it supports this view and the position adopted by the Kennel Club in refusing to register litters conceived by this method AI in the future.

BACKGROUND

2. The Kennel Club sought the RCVS position on canine Artificial Insemination via surgical/ 'direct uterine' method as concerns had been raised as to the welfare implications of this especially if veterinary surgeons do not appreciate the level of postoperative analgesia required.
3. The initial thoughts were that the College would not normally become involved in clinical issues involving veterinary surgeons but it was agreed that the College would comment on a Code of Practice developed by the Kennel Club.
4. Subsequently, the Kennel Club Chairman, Mr Irving, wrote to Professor Halliwell stating that the Kennel Club believed that all but one of the UK veterinary surgeons who routinely perform AI in dogs, do so using a surgical technique, because they appear to give the highest rates of success.
5. Professor Halliwell's view is that vaginal insemination is normal UK practice and that by using an endoscope it is quite possible to introduce the semen through the cervix and into the uterus without any sedation or anaesthesia. Professor Halliwell also indicated that in the USA, because many people do not have the requisite skills, it has become customary to introduce the semen into the uterus by paracentesis – i.e. a laparotomy is performed (maybe with a laparoscope), and semen is injected directly into the uterus. Anaesthesia is required.
6. Professor Halliwell's opinion is that the approach adopted in the USA cannot be justified and could represent unnecessary interference with the bitch.
7. The Kennel Club's view is that this surgical technique (direct uterine with anaesthesia) is not defensible either on welfare or ethical grounds. The Kennel Club has produced a paper to be presented to the next appropriate Committee meeting proposing that the Kennel Club should not register litters produced by AI using the technique of surgical insemination (The Swedish Kennel Club has a similar rule).

CONCLUSIONS

8. Advisory Committee is asked to consider whether it supports the Kennel Club's position and Professor Halliwell's view that the direct uterine method of canine AI cannot be justified, as (i) the procedure does not benefit the animal and is not in the animal's interests, and (ii) canine AI can be carried out by vaginal insemination.

Professional Conduct Department
December 2004

SCHEDULE 1 PERMITTED PROCEDURES

Cattle

Identification Procedures:

Ear clipping.

Ear notching.

Ear tagging.

Freeze branding.

Micro-chipping.

Tattooing.

Other methods of identification involving a mutilation required by law.

Procedures for the Control of Reproduction:

Castration.

Embryo collection or transfer by a surgical method.

Implantation of a subcutaneous contraceptive.

Ovum transplantation, including ovum collection, by a surgical method.

Vasectomy.

Other Management Procedures:

Dehorning.

Disbudding.

Nose ringing.

Removal of supernumerary teats.

Pigs

Identification Procedures:

Ear clipping.

Ear notching.

Ear tagging.

Micro-chipping.

Tattooing.

Other methods of identification involving a mutilation required by law.

Procedures for the Control of Reproduction:

Castration.

Implantation of a subcutaneous contraceptive.

Vasectomy.

Other Management Procedures:

Nose ringing.

Tail docking.

Tooth reduction.

Tusk trimming.

Birds

Identification Procedures:

Micro-chipping.

Other methods of identification involving a mutilation required by law.

Procedures for the Control of Reproduction:

Castration.

Implantation of a subcutaneous contraceptive.

Ovidectomy.

Vasectomy.

Other Management Procedures:

Beak trimming of poultry.

Desnooding.

De-toeing of domestic fowl and turkeys.

Dubbing.

Laparoscopy.

Wing pinioning.

Sheep

Identification Procedures:

Ear clipping.

Ear notching.

Ear tagging.

Micro-chipping.

Tattooing.

Other methods of identification involving a mutilation required by law.

Procedures for the Control of Reproduction:

Castration.

Implantation of a subcutaneous contraceptive.

Vasectomy.

Other Management Procedures:

Dehorning.

Disbudding.

Removal of the insensitive tip of the horn.

Tail docking.

Goats

Identification Procedures:

Ear clipping.

Ear notching.

Ear tagging.

Micro-chipping.

Tattooing.

Other methods of identification involving a mutilation required by law.

Procedures for the Control of Reproduction:

Castration.

Implantation of a subcutaneous contraceptive.

Vasectomy.

Other Management Procedures:

Dehorning.

Disbudding.

Removal of the insensitive tip of the horn.

Horses

Identification Procedures:

Freeze branding.

Hot branding.

Micro-chipping.

Tattooing.

Other methods of identification involving a mutilation required by law.

Procedures for the Control of Reproduction:

Castration.

Vasectomy.

Deer

Identification Procedures:

Ear clipping.

Ear notching.

Ear tagging.

Micro-chipping.

Tattooing.

Other methods of identification involving a mutilation required by law.

Procedures for the Control of Reproduction:

Castration.

Implantation of a subcutaneous contraceptive.

Vasectomy.

Other Management Procedures:

Removal of antlers that are not in velvet.

Other species

Identification Procedures:

Ear clipping.

Ear notching.

Ear tipping of feral cats.

Insertion of subcutaneous tracking devices.

Tagging.

Chemical branding of fish.

Freeze branding of fish.

Micro-chipping.

Removal or perforation of parts of fishes' fins, adipose fins or fin rays.

Tattooing.

Other methods of identification involving a mutilation required by law.

Procedures for the Control of Reproduction:

Castration.

Embryo collection or transfer by a surgical method.

Implantation of a subcutaneous contraceptive.

Ovum transplantation, including ovum collection, by a surgical method.

Spaying.

Vasectomy.

Other Management Procedures:

Laparoscopy.

Removal of the dew claws of dogs.

Removal of fish scales

27. Miscellaneous procedures: legal and ethical considerations

Existing guidance in grey

Suggested new guidance in red

~~Suggested deleted text in strikethrough~~

Updated 7 August 2018

Introduction

27.1 From time to time, veterinary surgeons and veterinary nurses may be asked to carry out procedures on animals which may not have a legal basis in the UK (e.g. purely cosmetic procedures or procedures sought for the sole convenience of the owner). Veterinary surgeons and veterinary nurses should be aware that UK animal welfare legislation legally restricts mutilations to animals (i.e. procedures which interfere with sensitive tissue or bone structure) unless they are carried out for the purposes of medical treatment:

- a. In England and Wales, the [Animal Welfare Act 2006](#) prohibits mutilations “*otherwise than for the purpose of its medical treatment*” or permitted by specific regulations (Section 5).
- b. In Scotland, the [Animal Health and Welfare \(Scotland\) Act 2006](#) prohibits mutilations except “*where they are carried out for the purpose of the medical treatment of an animal*” or permitted by specific regulations (Section 20).
- c. The [Welfare of Animals \(Northern Ireland\) Act 2011](#) provides that a prohibited procedure is one which involves interference with the sensitive tissues or bone structure of the animal, except in relation to (i) any procedure carried out by a veterinary surgeon; (ii) any procedure carried out for the diagnosis of disease; (iii) any procedure carried out for the purposes of medical treatment of an animal; (iv) any other procedure which is specified in regulations made by the Department (Section 5).

27.2 There are some procedures which are technically mutilations, but these are exempt from the ban due to reasons such as long-term welfare or animal management benefits, control of reproduction or identification purposes. These procedures are listed in the regulations for the relevant UK jurisdiction:

- a. the [Mutilations \(Permitted Procedures\) \(England\) Regulations 2007](#)
- b. the [Mutilations \(Permitted Procedures\) \(Wales\) Regulations 2007](#)
- c. the [Prohibited Procedures on Protected Animals \(Exemptions\) \(Scotland\) Regulations 2007](#)
- d. the [Welfare of Animals \(Permitted Procedures By Lay Persons\) Regulations \(Northern Ireland\) 2012](#)

27.3 These regulations also include additional requirements on how the various procedures should be performed (for example, requiring the administration of an anaesthetic, specifying the required age for an animal or setting down husbandry or conservation requirements).

27.4 Veterinary surgeons and veterinary nurses asked to perform procedures, which they consider may not have a legal basis, should consult the regulations and seek advice from the RCVS where necessary.

27.5 Below are some examples of the types of procedures / mutilations, which veterinary surgeons or veterinary nurses may be asked to consider in practice. Please note that this is not an exhaustive list, but includes some of the common topics.

Tail docking (dogs)

Veterinary Surgeons Act 1966

27.6 The removal of the whole or part of a dog's tail amounts to the practice of veterinary surgery and therefore can, as a general rule, only be carried out by a veterinary surgeon.

27.7 The Veterinary Surgeons Act applies to the United Kingdom (England, Wales, Scotland and Northern Ireland).

Animal Welfare Act 2006

27.8 In [England and Wales](#), Section 6 of the Animal Welfare Act 2006 makes it an offence to remove the whole or part of a dog's tail other than for the purpose of medical treatment, subject to the exemption for docking the tails of certain working dogs. In particular, the legislation provides:

- a. that any veterinary surgeon who docks a tail must certify that s/he has seen specified evidence that the dog is likely to work in specified areas and that the dog is of a specified type;
- b. the dog must be no older than five days when docked and will also need to be microchipped before it is three months old;

27.9 In [England](#), the Docking of Working Dogs' Tails (England) Regulations 2007 (SI 2007/1120) specify the certification requirements for veterinary surgeons docking working dogs' tails (the form of words for the docking certificate can be found on [The National Archives website](#)). In particular, the Regulations specify:

- a. the types of dog that may be docked namely hunt point retrieve breeds of any type of combination of types, spaniels of any type of combination of types or terriers of any type of combination of types;
- b. the types of evidence which the veterinary surgeon will need to see;
- c. identification and microchipping requirements.

27.10 [In Wales](#), the Docking of Working Dogs' Tails (Wales) Regulations 2007 (SI 2007/1028 (W.95)) are similar to those which apply in England but not identical (information about the certification required is available on the [Welsh Assembly website](#)). In particular, the regulations specify:

- a. the types of dog which may be docked are more narrowly defined in Schedule 2 Part 1 of the Regulations;
- b. the certificate which must be completed by both veterinary surgeon and client requires the client to specify the breed of the dog and its dam, and the veterinary surgeon must be satisfied that the dog and its dam are of the stated breed;
- c. the certificate must specify the purpose for which the dog is likely to be used and confirm that evidence relevant to the particular case has been produced.

Animal Health and Welfare (Scotland) Act 2006

27.11 [In Scotland](#), Section 20 of the Animal Health and Welfare (Scotland) Act 2006 prohibits the mutilation of animals, however the Prohibited Procedures on Protected Animals (Exemptions) (Scotland) Amendment Regulations 2017 provides an exception for the non therapeutic docking of dogs' tails where certain requirements are met. In particular, the regulations specify:

- a. the procedure must be carried out by a veterinary surgeon;
- b. the procedure may only be carried out on a spaniel (of any breed or combination of breeds of spaniel), or a hunt point retrieve (of any breed or combination of breeds of hunt point retrieve);
- c. the dog must be no older than five days;
- d. not more than the end third of the length of the dog's tail may be removed;
and
- e. the veterinary surgeon who carries out the procedure must certify that s/he has seen specified evidence showing that the dog is likely to be used for work in connection with lawful shooting of animals.

27.12 The regulations state that in addition to certifying that the dog is likely to be used for work, the veterinary surgeon who docks a tail must also sign a certificate which:-

- a. certifies that the dog is aged 5 days or less, according to the date of birth given by the owner, or the person reasonably believed to be representing the owner; and
- b. states the breed and type of dog, the sex of the dog, the colour and description of the dog, the microchip number of the dam of the dog or the microchip number of the dog.

Welfare of Animals Act (Northern Ireland) 2011

27.13 In [Northern Ireland](#), Section 6 of the Welfare of Animals Act (Northern Ireland) 2011 provides that a person does not commit an offence if the whole or any part of a dog's tail is removed by a veterinary surgeon for the purpose of medical treatment; or in order to prevent or remove an immediate danger to the life of the dog in circumstances where it is not reasonably practicable to have the tail, or as the case may be, any part of the tail, removed by a veterinary surgeon.

27.14 There are also exemptions for docking the tails of certain working dogs. In particular, the legislation provides:

- a. that any veterinary surgeon who docks a tail must certify that s/he has seen specified evidence that the dog is likely to be used for a specified type of work and that the dog is of a specified type;
- b. the dog must be no older than 5 days when docked and will also need to be microchipped before it is 8 weeks old at the same veterinary practice that carried out the docking procedure.

27.15 The [Welfare of Animals \(Docking of Working Dogs' Tails and Miscellaneous Amendments\) Regulations \(Northern Ireland\) 2012](#) (NISR 2012/387) set out the certification process for the exemption for future working dogs, which must be completed by the breeder and the veterinary surgeon at the time the dog's tail is docked and subsequently microchipped. The docking certificate can be found on the NI Direct website at: www.nidirect.gov.uk/tail-docking-dogs.

27.16 There will also be evidence which must be presented to the veterinary surgeon to allow him/her to decide if the pup meets the conditions to qualify as a potential future working dog. The pup and its dam must be presented to the veterinary surgeon within five days of the birth of the pup. If the dam has died since whelping, the veterinary surgeon must see veterinary certification to this effect. In particular, the Regulations specify:

- a. the types of dog that may be docked namely hunt point retrieve breeds of any type or combination of types, spaniels of any type or combination of spaniel, or terriers of any type or combination of terrier;
- b. the types of evidence that the veterinary surgeon will need to see;
- c. identification and microchipping requirements.

(Please note that the NI Direct link above also provides detailed information on the types of work and the evidential requirements)

Further information

27.17 Further guidance on the practical and legal approach to the docked puppy has been provided on the [British Veterinary Association Animal Welfare Foundation website](#) for both members and non-members.

Removal of dew claws

Veterinary Surgeons Act 1966

27.18 The removal of dew claws amounts to the practice of veterinary surgery and therefore can, as a general rule, only be carried out by a veterinary surgeon. Schedule 3 to the Veterinary Surgeons Act 1966, however, allows anyone of or over the age of 18 to amputate the dew claws of a dog, before its eyes are open.

27.19 The Veterinary Surgeons Act applies to the United Kingdom (England, Wales, Scotland and Northern Ireland).

Animal Welfare Act 2006

27.20 In [England](#), Schedules 1 and 9 to the Mutilations (Permitted Procedures) (England) Regulations 2007 (SI 2007/1100) state that the removal of dew claws is a permitted procedure with the condition that 'an anaesthetic must be administered except where the dog is a puppy whose eyes have not yet opened'.

27.21 In [Wales](#), Schedules 1 and 9 to the Mutilations (Permitted Procedures) (Wales) Regulations 2007 (WSI 2007/1029) state that the removal of dew claws is a permitted procedure with the condition that 'an anaesthetic must be administered except where the dog is a puppy whose eyes have not yet opened'.

Animal Health and Welfare (Scotland) Act 2006

27.22 In [Scotland](#), Schedule 9 of the Prohibited Procedures on Protected Animals (Exemptions) (Scotland) Regulations 2007 (SSI 2007/256) states that the amputation of dew claws is an exempted procedure and may be carried out for the purpose of general animal management. The Protection of Animals (Anaesthetic) Act 1954 continues to apply in Scotland and provides that anaesthetic must be administered except for 'the amputation of the dew claws of a dog before its eyes are open'.

Welfare of Animals Act (Northern Ireland) 2011

27.23 In Northern Ireland, Schedule 8 of the Welfare of Animals (Permitted Procedures by Lay Persons) Regulations (Northern Ireland) 2012 (NISR 2012/153) states that the removal of the dew claws of dogs is a permitted procedure which may be carried out as a management procedure by lay persons but may only be carried out before the pups eyes are open. Otherwise, the removal of the dew claws of dogs is a prohibited procedure and may only be carried out by a veterinary surgeon.

What are a dog's dew claws?

27.24 Colloquially, dew claw refers to the first digit on the hind limb and the first digit on the fore limb.

27.25 Anatomically, the dew claw is defined as the first digit of the hind limb. Dew claws (hind limb) are very variable in their occurrence, ranging from complete absence to a fully formed digit with skeletal components; most consist of a nail, skin and connective tissue with no skeletal articulation. Such a vestigial structure is certainly very vulnerable to damage through catching on vegetation; therefore, there is a good argument for removal of dew claws before five days of age.

27.26 Anatomically, the first digit of the fore limb is not a dew claw. Generally, the first digit of the fore limb is fully formed and has an important function. Not surprisingly dogs are often seen to use these 'thumbs' exactly as you would expect - to help grasp food and other objects because they can be adducted, flexed or extended like any other digit, due to the bony articulation and the muscle attachments.

27.27 Legislation has not defined dew claws and ultimately, it is for the courts to decide the meaning of dew claws applying to any specific legislation.

Conclusion

27.28 The removal of the first digit of the hind limb (true dew claws) is justified in most circumstances.

27.29 The removal of first digit of the fore limb is justified only if, in the veterinary surgeon's professional opinion, the particular anatomy/appearance of the digits invites possible damage.

Canine surgical artificial insemination

27.30 Surgical Artificial Insemination (AI) is prohibited by UK animal welfare legislation which legally restricts mutilations to animals (i.e. procedures which interfere with sensitive tissue or bone structure), as it is not a procedure exempt within the relevant regulations for the UK jurisdictions set out in paragraph 27.2 (a-d).

~~27.30 Surgical Artificial Insemination (AI) carries many disadvantages for the bitch and is unlikely to be carried out in the best interests of any particular dog, but a veterinary surgeon may carry out surgical AI:~~

- ~~• in the rare circumstances where Transcervical Insemination (TCI) has been demonstrated not to be a practical option~~

AND

- ~~• the invasive nature of surgical AI is justified* and accompanied by an appropriate regime of post-operative pain relief.~~

-

~~* Veterinary surgeons are advised that on the information available to the Advisory Committee, surgical AI is justified only for exceptional reasons, for example, the incorporation of new genetic traits into a line or breed when the sire is not easily available or unable to mate naturally for reasons other than inherited disease.~~

~~27.31 When carrying out surgical AI, a veterinary surgeon should record in the bitch's clinical records why TCI is not a practical option and the justification for the invasive procedure.~~

Prosthetic testicles

27.32 **27.31** The RCVS has decided the insertion of prosthetic testicles is not a procedure that benefits the animal and is not in the animal's interests. There is also concern that the procedure allows an owner to claim an animal with a prosthetic testicle had the natural conformation.

27.33 **27.32** The RCVS advice is that the procedure is unethical.

Feline renal transplantation procedures and ethical sourcing

Please note that the following guidance on feline renal transplantation was introduced in November 2016 following a legal and ethical review by the RCVS of previous guidance on this subject. That previous guidance was suspended in 2013 and has now been formally withdrawn and replaced with the following paragraphs:

~~27.34~~ **27.33** The RCVS does not support the use of living source donors for feline renal transplantation. This is contrary to a basic tenet of veterinary practice that inflicting pain and discomfort on an animal can only be justified as an act of veterinary surgery if it is for the benefit of the animal receiving that pain and discomfort.

~~27.35~~ **27.34** The RCVS does not support feline renal transplantation from pre-euthanasia donors. This is because pre-euthanasia donors are still living source donors. Additionally, from a legal perspective, to remove a kidney from a pre-euthanasia donor could be considered a prohibited mutilation in certain UK jurisdictions; a criminal offence.

~~27.36~~ **27.35** The RCVS does not, in principle, oppose the use of the dead animals as donors for transplantation procedures (i.e. where the tissue is taken from animal patients post-euthanasia only). In some cases, cadavers or tissue may also be donated for the purpose of scientific research or the advancement of veterinary education.

~~27.37~~ **27.36** Cadavers and tissues should be ethically sourced. In the opinion of the RCVS this means that cadavers and tissues will have been obtained from animals that have been euthanased for justifiable animal welfare reasons. Animals that have been bought or bred solely to provide cadavers and tissue are not generally considered to be ethically sourced.

~~27.38~~ **27.37** Veterinary surgeons involved in such procedures should ensure that decisions on euthanasia are made on clinical grounds and they should ensure that cadavers and/or tissues are ethically sourced. Decisions relating to donation should not be directly linked to the decision to euthanise.

~~27.39~~ **27.38** Veterinary surgeons should seek informed consent from the client for the use of their animal's body or tissue. It is advisable for consent to be obtained in writing. Given the sensitive and emotional nature of the subject it may not be appropriate for veterinary surgeons to offer or discuss donation as an option with every client. Clients should not be unduly pressurised into proceeding and should be given sufficient information to make an informed choice. Veterinary surgeons should make sure that clients have sufficient time to ask questions and to make decisions.

~~27.40~~ **27.39** It may be helpful to discuss general options for disposal at an early stage (i.e. when the client is not dealing with the stress at the time of the euthanasia). Appropriately and sensitively worded written information / leaflets can also assist in explaining disposal options to clients. Even if disposal options are discussed at an early stage, informed consent for any final decision should still be obtained.

~~27.41~~ **27.40** The same principles of animal welfare and ethical sourcing should apply in the event that other forms of transplantation procedures are considered. Veterinary surgeons considering other forms of transplantation procedures may wish to seek advice from the RCVS.

~~27.42~~ **27.41** Centres intending to carry out transplantation procedures must meet the following requirements:

- a. To safeguard recipient animals, there must be a suitably qualified team of veterinary surgeons to remove and implant the organ and to provide the necessary post-operative support to recipient animals. The team should include veterinary surgeons with Diplomate or Board Certified Level qualifications in Medicine, Soft Tissue Surgery and Anaesthesia and qualifications or experience in microvascular surgery and critical care. Ideally, at least one member of the team should have firsthand experience of transplant surgery at another centre over a period of time.
- b. To safeguard the ongoing care of the recipient, the centre must ensure satisfactory arrangements for active lifelong care, as determined by the group specified in paragraph a.
- c. In particular, before carrying out transplantation procedures the centre must:
 - i. provide the recipient's primary practice with aftercare guidelines; and
 - ii. ensure that the veterinary surgeon(s) from the primary practice are willing and able to undertake this aftercare.
- d. Approved centres will be expected to keep appropriate records of the transplantations carried out, undertake regular audit of clinical outcomes and be up to date with current developments that significantly improve outcomes.
- e. The centre must consult with an Ethics Committee to ensure that all procedures are subject to rigorous and critical review. This review mechanism should include lay representation and must represent the health and welfare interests of the recipient animals and the views of staff involved.

Meeting	Standards Committee
Date	30 January 2019
Title	Unlicensed dog breeders
Classification	Unclassified
Summary	This paper summarises the changes to the supporting guidance to the Code of Professional Conduct in light of the Animal Welfare (Licensing of Activities Involving Animals) (England) Regulations 2018
Decisions required	The Committee is asked to review and approve the amendments to chapter 14 of the supporting guidance to the Code of Professional Conduct.
Attachments	None
Author	Beth Jinks Senior Standards and Advisory Officer b.jinks@rcvs.org.uk

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Background

1. In October 2018 the Animal Welfare (Licensing of Activities Involving Animals) (England) Regulations 2018 was enacted. This legislation stipulates that in order to carry out the following activities the provider needs to be licenced by the local authority; selling animals as pets, providing for or arranging for the provision of boarding for cats or dogs (includes boarding in kennels or catteries, home boarding for dogs and day care for dogs), hiring out horses, dog breeding and keeping, or training animals for exhibition.
2. This legislation was in-part enacted in order to tighten regulations around the sale of puppies¹ and to combat 'puppy farms'. The legislation, for example, requires that puppy sales are completed in the presence of the new owner where the new owner can view the puppy alongside the mother ([Schedule 6, paragraph 1\(6\)](#)), and limits the number of litters per bitch in any 12-month period to one ([Schedule 6, paragraph 6\(3\)\(b\)](#)).
3. It is foreseeable that veterinary surgeons and veterinary nurses may examine animals, primarily puppies, which have been bred without a licence, in excess of the licence conditions, or in conditions which are in breach of a licence. Therefore, it is considered timely to amend the supporting guidance to the Code of Professional Conduct, Chapter 14, to support veterinary professionals in making decisions about disclosing such circumstances to relevant authorities. The relevant authority in this case is the local authority who have issued the licence.
4. There is no obligation for veterinary surgeons and veterinary nurses to request to see proof of a breeder's licence. However, where there are animal welfare concerns arising from a breeder client, a veterinary surgeon or veterinary nurse may ask to see proof of a licence, and/or use their discretion to report the circumstances to the local authority. A veterinary surgeon or veterinary nurse would either be reporting a breeder client for breach of licence conditions, or reporting the breeder client for not having a licence.

Amendments to the Code and Guidance

5. Extracts from the relevant paragraphs of chapter 14 of the supporting guidance to the Code of Professional Conduct are as follows. The list in 14.6 is new formatting, however the only new text is in **red**:

Disclosing to the authorities

14.6 In circumstances where the client has not given permission for disclosure and the veterinary surgeon or veterinary nurse considers that animal welfare or the public interest is compromised,

¹ <https://www.gov.uk/government/news/animal-welfare-boosted-by-new-law-coming-into-force>

client confidentiality may be breached and appropriate information reported to the relevant authorities. Some examples may include situations where:

- a. an animal shows signs of abuse
- b. a dangerous dog poses a risk to safety
- c. child or domestic abuse is suspected
- d. **where a breeder in England has presented litters without possessing a licence to breed, or has breached the licence conditions (where applicable)**
- e. where the information is likely to help in the prevention, detection or prosecution of a crime
- f. there is some other significant threat to public health or safety or to the health or safety of an individual.

14.7 If a client refuses to consent, or seeking consent would be likely to undermine the purpose of the disclosure, the veterinary surgeon or veterinary nurse will have to decide whether the disclosure can be justified. Generally the decision should be based on personal knowledge rather than third-party (hearsay) information, where there may be simply a suspicion that somebody has acted unlawfully. The more animal welfare or the public interest is compromised, the more prepared a veterinary surgeon or veterinary nurse should be to release information to the relevant authority.

14.8 Each case should be determined on the particular circumstances. If there is any doubt about whether disclosure without consent is justified, the issues should be discussed with an experienced colleague in the practice before the information is released.

14.9 Veterinary nurses employed by a veterinary surgeon or practice should discuss the issues with a senior veterinary surgeon in the practice before breaching client confidentiality.

14.10 Where a decision is made to release confidential information, veterinary surgeons or veterinary nurses should be prepared to justify their decision and any action taken. They should ensure that their decision making process, including any discussions with the client or colleagues, is comprehensively documented.

14.11 Veterinary surgeons and veterinary nurses who wish to seek advice on matters of confidentiality and disclosing confidential information are encouraged to contact the RCVS Professional Conduct Department on 020 7202 0789.

Decision required

6. The Committee is asked to review and approve the amendments to chapter 14 of the supporting guidance to the Code of Professional Conduct.

Meeting	Standards Committee
Date	30 January 2019
Title	Amendments to chapter 8
Classification	Unclassified
Summary	This paper summarises the changes to the supporting guidance to the Code of Professional Conduct in light of the Animal Welfare (Licensing of Activities Involving Animals) (England) Regulations 2018
Decisions required	The Committee is asked to review and approve the amendments to Chapter 8 of the supporting guidance to the Code of Professional Conduct.
Attachments	Annex A: Amended chapter 8 of the supporting guidance to the Code of Professional Conduct
Author	Beth Jinks Senior Standards and Advisory Officer b.jinks@rcvs.org.uk

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Background

1. Euthanasia of animals is not currently considered to be an act of veterinary surgery. This means that, in normal circumstances, it may be carried out by anyone as long as it is carried out in an appropriate and humane manner.
2. In October 2018, the Animal Welfare (Licensing of Activities Involving Animals) (England) Regulations 2018 was enacted. The purpose of this legislation is to promote the welfare of animals by licencing the following activities: selling animals as pets, providing or arranging for the provision of boarding for cats or dogs, hiring out horses, dog breeding and keeping or training animals for exhibition.
3. The legislation imposes several conditions on the licence holder such as; requirements for suitable environment and diet; and to provide protection from pain, suffering, injury and disease. In respect of the latter, the following is stipulated:

Schedule 2, section 9(12)

(12) No person may euthanase an animal except a veterinarian or a person who has been authorised by a veterinarian as competent for such purpose or—

(a) in the case of fish, a person who is competent for such purpose;

(b) in the case of horses, a person who is competent, and who holds a licence or certificate, for such purpose.

[n.b 'licence' or 'certificate' in this case refers to the use of firearms]

4. Guidance has not been provided to suggest what qualifications are needed for “*a person who has been authorised by a veterinarian as competent for such purpose*”. Therefore, veterinary surgeons will be required to use their clinical judgement to establish whether the non-vet is competent in each particular case, taking into account the whole circumstance including the experience of the person and whether the method of euthanasia is humane and effective.
5. In order to support veterinary surgeons in making this decision, proposed amendments have been made to Chapter 8 of the supporting guidance to the Code of Professional Conduct. The amendments can be found at **Annex A**.
6. The Standards and Advice team have received queries relating to veterinary approval for euthanasia. One particular case involved a pet shop owner who supplies dead rats as frozen food to other pet shops. Defra had written to the pet shop owner stating that he will need written veterinary approval in order to euthanase rats going forward. The vet involved investigated the pet shop owner's methods which were as follows:

“He gases the rats in groups of up to 10 rats (tank size 9 litres) with carbon dioxide (he increases the flow rate gradually over about 30 seconds). Rats are not mixed between social groups. He extends the flow for at least 5 seconds after the rats appear lifeless. He checks that they are dead by the absence of heartbeats and breathing. He leaves the rats lying on the side for 5 minutes prior to packaging and freezing.”

The vet was content that the method of euthanasia was suitable and humane, and the Standards and Advice team were able to advise that the vet could provide a permission letter in this case, based on the veterinary surgeons' professional judgement.

Decision required

7. The Committee is asked to review and approve the amendments to Chapter 8 of the supporting guidance to the Code of Professional Conduct.

Existing guidance in black

New guidance in red

~~Deleted guidance in strikethrough~~

8. Euthanasia of animals

Updated 24 October 2017

Introduction

8.1 Euthanasia may be defined as 'painless killing to relieve suffering'. Veterinary surgeons and veterinary nurses should be aware that these events are often highly emotionally charged. In these circumstances, small actions and/or omissions can take on a disproportionate level of importance. It is recommended that all practice staff involved in euthanasia are fully trained and a planned, rehearsed and coordinated approach is taken.

8.2 Euthanasia is not, in law, an act of veterinary surgery, and **in most circumstances** may be carried out by anyone provided that it is carried out humanely. No veterinary surgeon is obliged to kill a healthy animal unless required to do so under statutory powers as part of their conditions of employment. Veterinary surgeons do, however, have the privilege of being able to relieve an animal's suffering in this way in appropriate cases.

8.3 In England, animals which are kept under a licence granted under the Animal Welfare (Licensing of Activities Involving Animals) (England) Regulations 2018 must either be euthanased by a veterinary surgeon, or by a person who has been authorised to do so by a veterinary surgeon. These animals may include animals sold as pets, boarded cats and dogs, and animals trained for exhibition. Horses held under a licence granted by the regulations may be euthanased by a person who is competent and holds a licence or certificate to do so. Veterinary surgeons are expected to use their clinical judgment when authorising a non-veterinary surgeon to euthanase an animal, however, the following factors may be considered:

- a. the experience of the person
- b. whether the method of euthanasia is humane and effective

8.3 Generally, only veterinary surgeons and veterinary nurses acting under their direction and in accordance with Schedule 3 of the Veterinary Surgeons Act, have access to the controlled drugs often used to carry out the euthanasia of animals. An exception to this is the use of pentobarbitone by RSPCA Inspectors in England and Wales for the euthanasia of wild animals.

Purpose of euthanasia

8.4 The primary purpose of euthanasia is to relieve suffering. The decision to follow this option will be based on an assessment of many factors. These may include the extent and nature of the disease or injuries, other treatment options, the prognosis and potential quality of life after treatment, the availability and likelihood of success of treatment, the animal's age and/or other disease/health status and the ability of the owner to pay for private treatment.

Difficulties with the decision

8.5 Veterinary surgeons may face difficulties when an owner wants to have a perfectly healthy or treatable animal destroyed, or when an owner wishes to keep an animal alive in circumstances where euthanasia would be the kindest course of action.

8.6 The veterinary surgeon's primary obligation is to relieve the suffering of an animal, but account must be taken not only of the animal's condition, but also the owner's wishes and circumstances. To refuse an owner's request for euthanasia may add to the owner's distress and could be deleterious to the welfare of the animal. Where, in all conscience, a veterinary surgeon cannot accede to a client's request for euthanasia, he or she should recognise the extreme sensitivity of the situation and make sympathetic efforts to direct the client to alternative sources of advice.

8.7 Where the reason for a request for euthanasia is the inability of the client to pay for private treatment, it may be appropriate to make known the options and eligibility for charitable assistance or referral for charitable treatment.

8.8 Where a veterinary surgeon is concerned about an owner's refusal to consent to euthanasia, veterinary surgeons can only advise their clients and act in accordance with their professional judgement. Where a veterinary surgeon is concerned that an animal's welfare is compromised because of an owner's refusal to allow euthanasia, a veterinary surgeon may take steps to resolve the situation, for example, an initial step could be to seek another veterinary opinion for the client, potentially by telephone.

Euthanasia without the owner's consent

8.9 The Animal Welfare Act 2006 (which applies in England and Wales), the Animal Health and Welfare (Scotland) Act 2006 and the Welfare of Animals (Northern Ireland) Act 2011 contain provisions to safeguard the welfare of animals. For animals in distress, there are no provisions in these Acts that specifically authorise a veterinary surgeon to destroy an animal. Powers to destroy an animal, or arrange for its destruction, are conferred on an inspector (who may be appointed by the local authority) or a police constable. A veterinary surgeon may be asked to certify the condition of the animal is such that it should in its own interests be destroyed. An inspector or constable may act without a veterinary certificate if there is no reasonable alternative to destruction, and the need for action is such that it is not reasonably practical to wait for a veterinary surgeon.

8.10 A person with responsibility for an animal may commit an offence if an act, or failure to act, causes an animal to suffer unnecessarily. An owner is always responsible for their animal but a veterinary surgeon is likely to be responsible for the animal when it is an inpatient at the practice. If, in the opinion of the veterinary surgeon, the animal's condition is such that it should, in its own interests, be destroyed without delay, the veterinary surgeon may need to act without the owner's consent and should make a full record of all the circumstances supporting the decision in case of subsequent challenge. Generally, there should be discussions with the owner of the animal before such a decision, which should be endorsed by a veterinary surgeon not directly involved in the case until that time.

Sporting events

8.11 Where the veterinary surgeon is asked to destroy an animal injured in a sporting event, the opinion of a professional colleague, if available, should be sought before doing so. Veterinary surgeons officiating at sporting events should consider:

- a. whether the owner will be present and able to consent to euthanasia if necessary

- b. whether the owner has delegated authority to another to make that decision in their absence and
- c. whether if damages were sought for alleged wrongful destruction they would have adequate professional indemnity insurance cover.

(Ref: the [British Horseracing Authority](#) (BHA) Rules of Racing, Race Manual Rule 81 and FEI Veterinary Regulations Article 1009.17)

Destruction of injured horses

8.12 The BHA's Rules of Racing, which apply to BHA-regulated events, state:

'81. Where a horse is, in the opinion of a racecourse Veterinary Surgeon, so severely injured that it ought to be humanely destroyed in order to prevent undue suffering

81.1 the racecourse Veterinary Surgeon will seek to inform the Owner or Trainer of the horse and obtain a second opinion before proceeding with the humane destruction, but

81.2 if it is not practicable to do so, he may proceed with humane destruction without reference to the owner or Trainer.'

(Ref: the British Horseracing Authority Rules of Racing, Race Manual Rule 81 and FEI Veterinary Regulations Article 1009.17)

Destruction of 'dangerous' dogs

8.13 Under the Dogs Acts of 1871 and 1906, the Dog Control Act 1966, the Dangerous Dogs Acts of 1989 and 1991, the Dangerous Dogs (Amendment) Act 1997 and the Dangerous Dogs Order (Northern Ireland) 1991, a destruction order may be made by the Court, Justice of the Peace or Sheriff, and the destruction of a healthy animal is normally involved. In these circumstances, a veterinary surgeon asked to destroy a dog should, unless there is a genuine threat to human safety, request a written and signed order from one of the appropriate statutory authorities.

Meeting	Standards Committee
Date	30 January 2019
Title	Disciplinary Committee Report
Classification	Unclassified
Summary	Update of Disciplinary Committee since the last Standards Committee meeting on 26 September 2018
Decisions required	None
Attachments	None
Author	Yemisi Yusuph Clerk to the Disciplinary Committee Tel: 020 7202 0729 Email: y.yusuph@rcvs.org.uk

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Report of Disciplinary Committee hearings since the last Standards Committee meeting on 26 September 2018

Background

1. Since the last update to Standards Committee on 26 September 2018, the Disciplinary Committee ('the Committee') have met on 5 occasions. Of which, all have been Inquiry hearings.
2. The Veterinary Nurses' Disciplinary Committee ('VN DC') have not met since.

Hearings

Mr John H Smith

3. On 25- 26 October 2018, the Committee met to hear the resumed inquiry into Mr Hendrie Smith that was adjourned in August 2018 due to a lack of time.
4. The Inquiry was in relation to a number of charges involving undertaking euthanasia of a German Shepherd named Bouncer, including:
 - Failure to ensure that he was sufficiently prepared for the euthanasia
 - Failure to delay the euthanasia until he was in possession of the necessary items to perform such procedure
 - Undertaking the euthanasia by means of an injection to the chest without sedating
 - Failure to provide the owner with an adequate explanation of the procedure
 - Failure to obtain informed consent from the owner to undertake the euthanasia
 - Failure to make any clinical records in respect of the procedure
 - Failure to provide adequate veterinary care and caused unnecessary suffering
 - Failure to communicate adequately to the owner.
5. The full charges can be found here: <https://www.rcvs.org.uk/document-library/smith-john-hendrie-october-2018-charges/>
6. Mr Hendrie Smith made an application to the Chair to attend the resumed hearing via skype - his application was successful.
7. At the outset of the Inquiry, Mr Hendrie Smith, who was unrepresented, indicated that apart from Charges 6 which he accepts, he denies all other charges against him.

8. In August 2018, the Committee heard evidence from a number of witnesses including an expert. They found all of the charges against him proven, with the exception of charge 4(e) on the grounds that there was insufficient evidence.
9. The full decision as to finding of facts can be found here: <https://www.rcvs.org.uk/document-library/smith-john-hendrie-october-2018-decision-on-facts/>
10. Both disgraceful conduct and sanctions were addressed in the resumed hearing in October 2018.
11. On establish whether disgraceful conduct had occurred, The Committee concluded that of the facts proved, all amounted to disgraceful conduct.
12. The full decision as to disgraceful conduct can be found here: <https://www.rcvs.org.uk/document-library/smith-john-hendrie-october-2018-decision-on-disgraceful-conduct/>
13. At sanction stage, the Committee considered both mitigating and aggravating factors. In mitigation, the Committee considered that this was a single, isolated incident and that Mr Hendrie Smith had been practising for 65 years and has an otherwise unblemished career with no adverse professional findings against him. It also took into account testimonials from professional colleagues, clients and his local community.
14. The Committee also considered the aggravating factors which included actual injury and unnecessary suffering to an animal, a blatant disregard of the systems that regulate the veterinary profession including the RCVS Code of professional Conduct and its supporting guidance relating to euthanasia, informed consent, preventing unnecessary suffering and working within one's area of competence.
15. The Committee directed that Mr Hendrie Smith be removed from the Register stating:

"...This is a case where there has been a serious departure from professional standards as set out in the Code, serious harm was caused to Bouncer, and, in the view of the Committee, there is a risk of serious harm to animals in the future if the Respondent were to continue in practice. The Committee has concluded that the Respondent's conduct is so serious that removal from the Register is the only means of protecting animals and the wider public interest."

16. The full decision on sanctions can be found here: <https://www.rcvs.org.uk/document-library/smith-john-hendrie-october-2018-decision-on-sanction/>

Mr David Eccles

17. On Monday 5 and Tuesday 6 November 2018, the Committee met to hear the Inquiry into Mr Eccles. Mr Eccles attended the hearing and was represented.
18. The Inquiry was in relation to a number of alleged charges against Mr Eccles. There were two Charges brought against Mr Eccles that related to the treatment of a cat, namely Leo. The first charge related to events that took place in September 2017, involving failure to diagnose Leo correctly and failure to make a clear, accurate and detailed clinical record in respect of the consultation. The second charge comprised of numerous elements. This included the fact that Mr Eccles failed to undertake an adequate assessment of Leo's presenting condition; failed to offer a referral as an option to the owners; performed inadequate surgery; and failed to provide Leo with the care and monitoring he needed post-operatively.
19. The full charges can be found here: <https://www.rcvs.org.uk/document-library/eccles-david-henry-november-2018-charges/>
20. At the outset, Mr Eccles accepted that his conduct in providing care for Leo amounted to disgraceful conduct and that he failed to provide the appropriate care for Leo and Leo's owners. After consideration, the Committee also took this stance and concluded that:

“The conduct of the Respondent, as covered by each of the Particulars of Charge which the Respondent has admitted and which it has found proved, clearly does constitute Disgraceful Conduct in a Professional respect.”

21. After finding Disgraceful Conduct, the Committee went on to consider the appropriate sanction to impose on Mr Eccles. In its consideration, the Committee bore in mind the primary purpose of the available sanctions. The Committee listened to the submissions from the Respondents Counsel, in which Counsel acknowledged that in the Committees view, realistically, the sanction of “no further action” was not reasonable arguable in this case. The Committee accepted this point and stated that:

“ a No Further Action order outcome is wholly inadequate to meet the seriousness of the failings which are confirmed by the Respondent's admissions of the Charges to which he entered pleas.”

22. Counsel for the Respondent went on to submit that the sanction of postponement was the appropriate outcome in this case, it being one concerning professional standards or competency where, he contends, a postponement can have some value. It was contended that the Respondent's conduct covered by the admitted charges and Particulars can be justly and properly dealt with by an order of postponement accompanied by undertakings. The Committee agreed with the Respondents Counsel and postponed judgement for 2 years, provided that Mr Eccles does not breach his Undertakings. In its determination, the Committee imposed the following:

“It considers that the Respondent should be required to prepare a Personal Development Plan which he will need to submit and have agreed by the Royal College of Veterinary Surgeons within 28 days of today's date, which plan should cover the period of 2 years from today's date and which plan should address his clinical and diagnostic shortcomings with particular reference to the decision of this Committee in this Hearing. Secondly the Committee is firmly of the view that an approved Mentor should be appointed and instructed to provide advice and guidance to the Respondent on his practice, such supervision should continue for a period of 2 years from today's date and that such Mentor should be required to report to the Chair of the Disciplinary Committee by way of progress reports at quarterly intervals.”

“In addition to the required minimum of 35 hours of annual CPD required of all veterinary surgeons, the Respondent should be required to undertake an additional 35 hours of CPD in the areas identified in the Personal Development Plan as may be recommended by the Mentor and that quarterly reports of the courses completed with details of the course provider, copies of the course content and any certificates attained by the Respondent should be submitted to the Chair of the Committee.”

“Further, the Committee considers that the Respondent should be required to enrol in the Practice Standard Scheme and to achieve the core standards of the Scheme within the next 12months.”

23. The full decision on disgraceful conduct and sanction can be found here:

<https://www.rcvs.org.uk/document-library/eccles-david-henry-november-2018-decision-on-disgraceful/>

Mr Richard Sutcliffe

24. In November 2018, the Committee met for three days to hear an inquiry into Mr Sutcliffe. The Inquiry was in relation to three charges against him.

25. The first charge related to his conviction at York Crown Court in February 2018 on two counts of common assault by beating. This was in relation to an incident in 2016 in which he assaulted two individuals. The second charge related to Mr Sutcliffe undertaking, or attempting to undertake a non-emergency surgery on the eyelid of one of the individuals referred into in the first charge and administering or attempting to administer a Prescription-Only Medicine to the same person. The third charge related to Mr Sutcliffe supplying the same individual with Prescription-Only Medication other than in accordance with a valid prescription.
26. The full charges can be found here: <https://www.rcvs.org.uk/document-library/sutcliffe-richard-john-herbert-november-2018-charges/>
27. At the outset, Mr Sutcliffe was present at the hearing and legally represented, admitted Charges 1 and 2, however, denied Charges 3.
28. After the Committee heard evidence from a number of witnesses, the Committee found Mr Sutcliffe guilty of Charge 1 and 2. The Committee however dismissed Charge 3, stating that:
- “Having considered the totality of the evidence in relation to this charge, the Committee is unable to be sure that the College has proved the allegation in Charge 3 to the requisite standard of proof namely so that the Committee is sure.”*
29. The Committee went on to address both disgraceful conduct and sanctions.
30. Mr Sutcliffe admitted the convictions in Charge 1 render him unfit to practice, and that his conduct as set in Charge 2 renders him guilty of disgraceful conduct. The College was of the same view.
31. After consideration as to the appropriate sanction, and having regard to the aggravating and mitigating factors, the Committee appreciated that Mr Sutcliffe displayed insight as to the seriousness of his behaviour and having heard evidence from various witnesses and receiving written testimonials, the Committee accepted that Mr Sutcliffe’s conduct was wholly out of character, stating that there was no *“Significant risk of repeat behaviour”*
32. The Committee concluded that the appropriate sanction was to suspend Mr Sutcliffe for a period of 6 months.
33. The full decision of the Committee can be found here: <https://www.rcvs.org.uk/document-library/sutcliffe-richard-john-herbert-november-2018-decision-of-the/>

Miss Laura Padron Vega

34. Following an adjournment in September 2018, on 3-8 December 2018, the Committee met to hear an Inquiry into Miss Padron Vega.
35. Miss Padron Vega, who was unrepresented, made an application to the Chair to attend the hearing via video link. The reason for her application was that she was unable to attend in person due to the fact that she resides in Spain and has a young son to look after. Her application was successful.
36. The Inquiry was in relation to complaints made to the College in respect of two application forms that she had completed and signed on 3rd February 2016, but had back dated to 7th December 2015.
37. The full charges can be found here: <https://www.rcvs.org.uk/document-library/padron-vega-laura-december-2018-charges/>
38. At the outset, Miss Padron Vega admitted Paragraphs 1 and 2 of the Charge, Paragraph 3 (c) and Paragraphs 4 (a-d).
39. In addressing disgraceful conduct, the Committee took into account the fact that from the outset, Miss Padron Vega had admitted that her conduct was in breach of the Principles of certification laid down in the Code Of Professional Conduct, namely Principle 12 which states: "*When signing a certificate, a veterinarian should ensure that ... (d) the certificate bears the date on which the certificate was signed*". The Committee reflected on the importance of such Principle and considered carefully the mitigating factors advanced by Miss Padron Vega, in that, as stated by her and confirmed by a number of witnesses, the FAI Farm was extremely busy in the said period and that she was under immense stress on the day of the audit. The Committee ultimately proved that Miss Padron Vega's actions amounted to disgraceful conduct.
40. The full decision on disgraceful conduct can be found here: <https://www.rcvs.org.uk/document-library/padron-vega-laura-december-2018-decision-on-disgraceful-conduct/>
41. The Committee went on to consider the appropriate sanction to impose on Miss Padron Vega, having found her guilty of disgraceful conduct.
42. The Committee continued to dwell on the fact that Miss Padron Vega's conduct was contrary to the Regulatory requirements for certification by a veterinary surgeon, stating that: "*the system imposes a considerable degree of trust in the veterinary surgeon to carry out her duties competently and truthfully. The Respondent's conduct on this occasion constituted a clear breach of that obligation which it was her public duty to fulfil.*" They concluded that her

conduct undermined public confidence. After considering all factors in relation to this case, the Committee decided that the only proper sanction should be that Miss Padron Vega's name should be removed from the Register.

43. The full decision on sanctions can be found here: <https://www.rcvs.org.uk/document-library/padron-vega-laura-december-2018-decision-on-sanction/>

Mr Amir Kashiv

44. On Tuesday 18 December 2018, the Committee met for one day to hear the Resumed Inquiry into Mr Kashiv.
45. This Inquiry was originally heard in December 2016. The case was in relation to his management of a 10 or 11 year old Scottish Terrier. At the hearing in December 2016, following evidence, the Committee found a number of heads of charge proved and concluded that Mr Kashiv's conduct amounted to disgraceful conduct in a professional respect. The Committee decided to postpone judgment for a period of two years and Mr Kashiv was to comply with a number of undertakings which included a structured programme of clinical and professional development over the said period.
46. At the resumed hearing on 18 December 2018, the Committee heard evidence from a College witness who attended and reviewed Mr Kashiv's practice throughout the two years. They also heard from Mr Kashiv himself and his appointed mentor. The Committee also took into account the numerous positive testimonial statements that were provided to it.
47. Counsel for the Respondent invited the Committee to take no further action. However, Counsel for College opposed this invitation, stating that it was not open for the Committee to take no further action as the case had been postponed.
48. In light of all the evidence heard, the Committee concluded that Mr Kashiv had successfully completed the undertakings and now considers him to be a safe practitioner. The Committee however made it clear that it had not lost sight of the fact that this was a serious case that subsequently caused substantial harm as a result. The Committee appreciated the fact that over the course of the two years, Mr Kashiv had gained considerable insight, developed better communication skills and remains open to improving his practice. As such, the Committee decided that the appropriate sanction would be to impose a reprimand.

Upcoming Hearings

49. There are currently four Inquiry hearings listed before the Disciplinary Committee on the following dates:

- 7-18 January 2019
- 21-24 January 2019
- 25-26 February 2019
- 18-22 March 2019

50. Four further cases have been referred to DC and these will be listed by the Clerk as soon as possible.

51. There has been one case referred to VN DC, which has been listed for March 2019.

52. A case that was adjourned for one year in April 2016, has been relisted for 1 May 2019

Appeals

53. One appeal has been lodged with the Privy Council, however no dates have been set.

Meeting	Standards Committee
Date	30 January 2019
Title	Riding Establishments Sub-Committee Report
Classification	Unclassified
Summary	Standards Committee is asked to note this brief update on the work and considerations of the Riding Establishments Sub-Committee.
Decisions required	n/a
Attachments	None
Author	Beatrice Lovell Standards and Advice Officer 0207 7227 3503 b.lovell@rcvs.org.uk

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Riding Establishments Sub-Committee Report

1. On 1 October 2018 the *Animal Welfare (Licensing of Activities Involving Animals) (England) Regulations 2018* came into force and introduced a new licensing regime for the hiring of horses for England.
2. The Riding Establishments Sub-Committee agree that the majority of the content of the Regulations is satisfactory. The RCVS guidance for veterinary inspectors has been updated for England in line with the Regulations and issued to the inspectorate.
3. Defra have produced guidance notes for hiring out horses that accompany the new Regulations. These were issued to all local authorities in July 2018. The Sub-Committee were not consulted on the July version of these guidance notes, and were not given notice of the guidance notes being issued to local authorities. Once the guidance notes were brought to the attention of the Sub-Committee, they had significant concerns with the content of these guidance notes. This included concerns on issues such as the lack of information included about the role of the veterinary inspector or annual inspections and the increased regulatory burden the guidance appeared to represent.
4. On 13 November 2018, the Sub-Committee met with Defra and other relevant stakeholders in order to discuss such concerns. On 30 November 2018, following stakeholder input, Defra's guidance notes on hiring out horses were updated and issued to local authorities.
5. On 19 November 2018, the Annual General Meeting of the Riding Establishments Sub-Committee was held at Belgravia House, followed by the Riding Establishments Stakeholder meeting in the afternoon. The main topic of discussion at both meetings was the new Regulations and Sub-Committee members and stakeholders were updated on recent developments. It was agreed that the RCVS issued guidance to veterinary inspectors, and the content of the induction and refresher course, would need to be further updated and expanded to include guidance on interpreting Defra's guidance notes.
6. In addition to its discussion about the new Regulations, the Sub-Committee also reflected on the success of the 2018 induction and refresher courses for veterinary inspectors and agreed to adopt a similar format for the 2019 courses. The Sub-Committee further agreed to meet in Spring 2019 to discuss the course changes required in light of the new Regulations and Defra's guidance notes.
7. The Sub-Committee agreed to provide another update to the inspectorate before the end of 2018 on the progress and developments made with Defra's guidance notes, and that this should include some guidance on their interpretation. This update was sent on 21 December 2018.
8. The Sub-Committee also agreed that a newsletter to the inspectorate is required in Spring 2019 to publicise new template forms, upcoming updates to the RCVS guidance and course, and other matters.
9. The Sub-Committee continues to receive a steady stream of requests for advice, predominantly from veterinary inspectors.

Meeting	Standards Committee
Date	30 th January 2019
Title	Practice Standards Scheme Update
Classification	Open session
Summary	Paper for note
Author	Lisa Grannell Senior Manager, Practice Standards Scheme L.grannell@rcvs.org.uk

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Update on the Practice Standards Scheme

1. Numbers

The Scheme is continuing to grow with 3,568 practice premises now part of the Scheme, representing 65% of all eligible practice premises. This is an increase from 3,449 practice premises in October 2018.

Small animal continues to represent the biggest category of species type with 2,639 premises followed by Mixed species premises, Farm animal and then Equine. Accreditation type remains highest under GP Small Animal followed by Core accreditation.

2. Awards and Events

At present, 295 Awards are held by 186 practices. The most frequently achieved awards are Client Service; Emergency and Critical Care; In-patient service and Team and Professional Responsibility. Advisory/Consultation Service is one category of Award where a practice recently successfully achieved this for the very first time since the launch of the Awards part of the Scheme.

A successful PSS Awards Ceremony was held at the London Vet Show on 15th November 2018 where accredited practices were recognised for their high quality veterinary care. The Awards were presented by the President of RCVS and the newly appointed Chair of PSG, Mandisa Greene was also in attendance. The next Awards ceremony will take place at BVNA Congress in October 2019.

The Scheme will be represented and promoted at SPVS/VMG Congress from 24th - 26 January in Celtic Manor Resort including a workshop being attended by three practices in the Scheme who will be talking about their experience of gaining Awards and providing examples of outstanding customer care.

3. Update from recent Practice Standards Group meetings

PSG met on 8th October 2018 and agreed plans put forward to include more Mental Health and Wellbeing guidance in the current Modules with further changes to the actual requirements to be added as part of the 2020 Review.

The Group also allowed the request from Ulster SPCA to join the Scheme as a charity, providing they agree to re-brand and remove the word hospital from their branding by the time of their next assessment in four years' time. A further condition was agreed by the Group that this change in title would need to be advertised by USPCA to clients also i.e. on their website and/or a poster in the premises themselves. USPCA agreed to these conditions.

The meeting of PSG held on 9th January 2019 was attended by representatives of the British College of Veterinary Specialists (BCVSp) to update the Group on their proposal for a specialist strand for PSS under a Veterinary Specialist Hospital multidisciplinary. It was generally felt by members of the Group that the proposal from the BCVSp offered positive progress for the idea of including specialist practices in the Scheme and that this, along with evidence that feedback from previous PSG meetings had been adopted, should be supported and encouraged. It was suggested that the BCVSp should therefore be given the opportunity to continue building on the proposal.

It was decided by the Group that an update on the proposal from the BCVSp should be submitted to the Standards Committee at the meeting in April 2019, in order to get its views on the proposal.

It was also agreed that members of the Group would gather feedback from the senior level of their respective organisations to be included in the report that would be sent to the Standards Committee.

The January PSG meeting focussed heavily on the upcoming 2020 review. A review of the mandatory requirements and Award points in the Client service Module of the Scheme, incorporating the comments from the designated sub-group, was carried out by the Group. It was agreed that the Chair and Lead Assessor would form separate working groups to carry out the reviews of the remaining Modules, and each group would then present their comments and recommendations to the Group at the next meeting.

4. New Senior Manager of the Scheme

Lily Lipman RVN has been appointed as the new permanent Senior Manager of the Scheme and will take over this role fully from 31st January.