

The Royal College of Veterinary Surgeons  
Standards Committee

9 November 2020 10:00 - 9 November 2020 14:00



**Standards Committee**

**Agenda for the meeting to be held on 9 November 2020 at 10.00am**

1. **Apologies for absence, declarations of interest and minutes of the meeting held on 7 September 2020**
  
2. **Standards and Advice Update** **Oral report**
  - a. **OCOOH – Confidential**
  - b. **Certification (GEFS) – Confidential**
  
3. **Matters for discussion:**
  - a. **Covid-19 temporary guidance on remote prescribing - Confidential** **Oral report**
  - b. **PSS recommendations from PSG – Confidential** **Papers attached**
  - c. **MSK practitioners** **Papers attached**
  - d. **Equine ID** **Papers attached**
  
4. **Matters for report** **Papers attached**
  - a. **Disciplinary Committee Report**
  - b. **Riding Establishments Subcommittee Report**
  - c. **Practice Standards Scheme Report**
  
5. **Confidential matters for report** **Papers attached**
  - a. **Recognised Veterinary Practice Subcommittee Report**
  - b. **Ethics Review Panel Report**
  - c. **Certification Subcommittee Report**
  
6. **Risk and equality** **Oral report**
  - a. **Risk Register update**
  
7. **Any other business and date of next meeting 8 February 2021**
  - a. **Gastropexy**

**Standards Committee 2020/2021**

**Chair:**

Dr Melissa Donald BVMS MRCVS

**Members:**

Dr Caroline Allen MA VetMB CertSAM MRCVS

Ms Belinda Andrews-Jones DipAVN (surgical) RVN

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

Miss Linda Belton BVSc MRCVS

Mr Mark Castle OBE

Mr David Leicester BvetMed MRCVS

Ms Claire-Louise McLaughlan MA LLB(Hons)

Mr Martin Peaty BVSc CertEP CertES(Orth) MRCVS

Mrs Claire Roberts DipAVN (surgical) RVN

<b>Summary</b>	
Meeting	Standards Committee
Date	7 September 2020
Title	Standards Committee Minutes
Summary	Minutes of Standards Committee held on Monday, 7 September 2020 at 10am remotely
Decisions required	n/a
Attachments	Classified appendix
Author	Nick Oldham Standards and Advice Manager <a href="mailto:n.oldham@rcvs.org.uk">n.oldham@rcvs.org.uk</a>

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

**1 Classifications explained**

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

**2 Classification rationales**

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

## Minutes of the Standards Committee held on Monday, 7 September 2020 at 10 am remotely.

<b>Members:</b>	Prof D Argyle	
	Mr M Castle	
	Mrs C Roberts	
	Dr M A Donald	Chair
	Mr D Leicester	
	Ms C-L McLaughlan	
	Mr M Peaty	
	Ms B Andrews-Jones	
	Miss L Belton	
	Dr C Allen	
<b>In attendance:</b>	Ms E C Ferguson	Registrar
	Mrs L Price	Head of Standards
	Mr N Oldham	Standards and Advisory Manager
	Ms B Jinks	Senior Standards and Advisory Officer
	Ms K Richardson	Senior Standards and Advisory Officer/Solicitor
	Mrs S Bruce-Smith	Standards and Advisory Officer
	Ms L Lockett	CEO
	Mr I Holloway	Director of Communications
	Dr M Greene	President (observer from RCVS Officer Team)
	Dr C Middlemiss	CVO
		<i>Present for AI 3(a) only</i>
	Dr A Ridge	APHA
		<i>Present for AI 3(a) only</i>
	Ms L Lipman	PSS Manager
		<i>Present for AI 3(c) only</i>
	Mr R Girling	Solicitor – Disciplinary cases
		<i>Present for AI 3(e) only</i>
	Ms G Crossley	Head of Professional Conduct
		<i>Present for AI 3(e) only</i>

## AI 1 Apologies for absence and declarations of interest

- 1) The Chair welcomed the President to the meeting as observer and Mrs Roberts to her first meeting on the Committee. No apologies were received.
- 2) The following declarations of interest were made:
  - a. Mr Leicester stated he had recently been appointed Head of Telemedicine Services at Vets Now.
  - b. Mr Peaty advised he had been contacted by Food Standards Scotland in relation to the importance of Agenda Item 3(a) and that he had met with parties mentioned within the paper at Agenda Item 3(c) some years ago.
  - c. Dr Allen stated that she had been contacted by a telemedicine provider offering to provide assistance following the closure of the RSPCA's Animal Hospital in Putney.
  - d. Ms Andrew-Jones advised that her previous employer is related to the proposal set out in the paper at Agenda Item 3(c).
- 3) The Chair asked for consent to record the video stream of the meeting. There were no objections to this request.

## AI 1 Minutes of last meetings held on 27 April 2020

- 4) It was agreed that the minutes of the last meeting are accurate.
- 5) In regards to the actions from the last meeting (unclassified minutes):
  - a. Paragraph 6 – The Standards and Advisory Manager stated he would address particular themes to COVID-19 enquiries in his update.
  - b. Paragraph 14 – The Committee were advised amendments approved to Chapter 17 of the supporting guidance on Professional Indemnity Insurance were live.
  - c. Paragraph 16 – The Committee were informed that case studies on social media approved following its last meeting had been circulated as part of RCVS' Standards Update to the profession in June.
  - d. Paragraph 17 – The Committee were advised that the social media case studies had been published as part of the RCVS' Standards update in June.

## AI 2 Standards and Advice Update

- 6) The Standards and Advice Manager provided an oral update, confirming that since the peak of COVID-19 enquiries in March and April, the volume of calls/emails in relation to the pandemic has



slowly decreased. The Committee were advised that at the outset of lockdown enquiries related to matters including; RCVS contingency planning, remote prescription, advice for animal owners, Extra-mural studies, requests for ventilators, keyworkers, emergency/urgent treatment, and vaccinations. Following the introduction and development of the RCVS' flowchart to assist professionals decide what type of work they can carry out, subsequent and most recent enquiries and guidance have focused on matters such as; quarantine exemptions, travel corridors, animals and COVID-19, and face masks.

- 7) The Standards and Advisory Manager provided an update on the ongoing work of the Recognised Veterinary Practice (RVP) Working Group and its associated small group. The history of this group and its work was provided for new members of the Committee. The Standards and Advisory Manager advised a draft preamble (to replace the current Chapter 25 of the supporting guidance) and framework awaited comment from key stakeholders. It is anticipated this subject will be brought back for the Committee's consideration in November.

## Matters for decision

### AI 3(a) Certification – Confidential

- 8) Confidential information is available in the classified appendix at paragraphs 6 – 14.

### AI 3(b) UCOOH – Confidential

- 9) Confidential information is available in the classified appendix at paragraphs 15 – 19.

### AI 3(c) Equine ESC – Confidential

- 10) Confidential information is available in the classified appendix at paragraphs 20 – 23.

### AI 3(d) Equine ID

- 11) The Committee were asked to review and approve amendments to Chapter 29 of the supporting guidance following changes to legislation on compulsory microchipping of equines throughout the UK which came into force in 2019/2020.
- 12) The Committee accepted the proposed changes, bar two paragraphs which they requested greater clarity on. The updated guidance will be circulated to the Committee, via email, following the meeting for further approval.

**Action: Standards and Advice Team**

- 13) The Committee observed that ownership issues arise with equines and details on passports and clinical records may differ. The Committee suggested Chapter 29 of the guidance, which covers 'Microchips, microchipping and animals without microchips', be separated in to two chapters for small animal and equine.

**Action: Standards and Advice Team**

### AI 3(e) Health Protocol

*Robert Girling and Gemma Crossley joined the meeting*

- 14) The Committee were asked to review Chapter 15 of the supporting guidance which sets out the RCVS Health Protocol. The paper presented outlined that the substance of the guidance had not changed; rather the proposed amendments were to ensure the protocol is easily understood by the profession and serves its purpose as supportive guidance.

- 15) It was noted that the RCVS had consulted Vet Life, the Veterinary Defence Service and Preliminary Investigation Committee's Health Subgroup.

- 16) The Committee had no questions for the Registrar or Head of Professional Conduct and unanimously approved the proposed amendments to the guidance.

**Action: Standards and Advice Team**

*Robert Girling and Gemma Crossley left the meeting*

### AI 4(a) DC report

- 17) The Registrar explained that the short report summarised two recent restoration applications, both of which were rejected.

- 18) Due to the pandemic, it had been difficult to arrange disciplinary hearings, and the use of larger facilities nearer to respondents is being considered in the hope three or four hearings can take place by the end of the year.

### AI 4(b) Riding Establishments Subcommittee report

- 19) The Committee were advised that following the Subcommittee's July meeting the Inspector Form had been updated and the inspectorate notified.

20) At the Subcommittee's annual meeting scheduled in November, further consideration will be given to 2021 refresher and induction courses and details will be circulated to the inspectorate.

#### AI 4(c) PSS report

21) The Committee noted that PSG had agreed to the proposal for remote PSS assessments and that the decision would be referred to the COVID-19 Taskforce at their next meeting.

#### AI 5(a) RVP Subcommittee report – Confidential

22) Confidential information is available in the classified appendix at paragraph 24.

#### AI 5(b) ERP report – Confidential

23) Confidential information is available in the classified appendix at paragraph 25.

#### Any other business and date of next meeting

24) There was no other business.

#### Date of next meeting

25) The date of the next meeting is 9 November 2020.

## Table of unclassified actions

Paragraph	Action	Assigned to
12	Update proposed guidance and circulate to the Committee, via email, for approval.	Standards and Advice Team
13	Consider splitting Chapter 29 of the supporting guidance in to two chapters for small animal and equine.	Standards and Advice Team
16	Update Chapter 15 of the supporting guidance with approved amendments.	Standards and Advice Team



<b>Meeting</b>	Practice Standards Group
<b>Date</b>	9 <sup>th</sup> October 2019
<b>Title</b>	Matters for decision
<b>Classification</b>	Unclassified
<b>Summary</b>	This paper provides background and details in relation to matters for decision set out in the agenda.
<b>Authors</b>	<p>Laurence Clegg          Senior Officer, Practice Standards Scheme          Tel: 020 7202 0778  <a href="mailto:l.clegg@rcvs.org.uk">l.clegg@rcvs.org.uk</a></p> <p>Lily Lipman          Senior Manager, Practice Standards Scheme          Tel: 020 7202 0754  <a href="mailto:l.lipman@rcvs.org.uk">l.lipman@rcvs.org.uk</a></p>

## Matters for decision

### (a) Timeframes for assessment of premises acquired by a practice or organization in the Scheme

1. The following wording is currently stated in the PSS rules in regards to all premises within a practice group or organisation becoming PSS accredited:

*12. Eligible organisations are those running veterinary practices from premises that are open to members of the public to bring animals for veterinary treatment and care, or where the veterinary treatment and care of animals is provided to members of the public via ambulatory services. All premises within the organisation must achieve accreditation, following assessment by an RCVS assessor. A premises must be accredited to at least Core Standards for all species treated.*

2. This has been interpreted to apply for all sizes of organization, including the major employers, with whom the PSS team are working to meet this requirement. In order to achieve this, it has been communicated to the major employers that the expectation is that a newly acquired, non-PSS principal premises, and any of its branch premises, should apply to the Scheme and be assessed within 12 months of acquisition. All the major employers are in agreement with this in principal, and on the whole the timeframes are adhered to, except where there are extenuating circumstances.
3. However, neither the above timeframes, nor any similar measures to ensure that newly acquired non-PSS principal premises join the Scheme and undergo assessment within a reasonable timeframe, are currently formalized in the PSS rules. It is therefore proposed that such a measure is introduced.
4. The following wording is currently stated in the rules, however it only applies to newly acquired *branch* premises of PSS accredited practices with an existing assessment schedule, and does not apply to any new main/ standalone practices:

*20. Where a practice acquires any additional premises, the practice may choose to have these premises assessed immediately (in which case an assessment fee, to cover costs, will be levied), or may ask for assessment of the premises to take place at the practice's next four yearly assessment. Pending accreditation, the additional*

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*premises may not use the logo of the Scheme, or otherwise be promoted as an accredited premises.*

5. In practice, the PSS team is applying this rule by automatically adding a new branch premises to the same schedule of assessment as the principal practice, unless discussed with, or otherwise requested by, the practice. An advantage of this is that the assessments of each premises in a practice group are held together, which makes logistical sense for the PSS team and the practice, and is economically beneficial for the practice as the assessment costs are divided between the premises.
6. However, this rule also poses a significant problem, as there is the potential for the new branch premises to not be assessed within standard timeframes. For example, a newly opened branch premises could go up to four years without being assessed for the first time if the assessment for the principal practice had just taken place. Furthermore, the premises would not have had its medicines assessed by the VMD within the same period, due to already being a Candidate of PSS.
7. An additional problem occurs with branch premises that are acquired by a principal practice and that are either already accredited, or have previously been assessed under the VMD inspection programme. In these cases, there could be a change to the existing schedule of assessment, and a situation could occur where the period between assessments is up to eight years. This could result in tactical movement of a branch from one group to another in order to avoid or delay assessment.
8. The data recorded by the PSS team shows that, under the current rule, out of 66 new branch premises added to accredited principal practices from March-September 2019, 38 (58%) are due for assessment in more than 12 months' time.
9. A separate shortfall of the current rule is that it leads to complications around the promotion of PSS accreditation for premises in a practice group, and the monitoring of this by the PSS team. Although there is a clause stating that additional premises may not be promoted as accredited, in reality it could be difficult for a practice to clearly distinguish this on promotional materials used across the group, as well as on its website. It is vital that PSS accreditation is promoted accurately in order for clarity to the public.
10. In order to overcome these difficulties with the existing rule it is proposed that, as outlined above for principal premises, the wording should be amended to require that branch premises should also be assessed within 12 months of being acquired.
11. There are, however, some implications of this proposal that need to be considered. Firstly, there are financial implications for practices, as the costs of the additional assessments for any new branch premises would need to be levied by the RCVS. Secondly, the branch premises would have a different assessment schedule to the

principal premises. Finally, there would be an increased administrative burden for the additional assessments.

12. With regards to the point around different assessment schedules, it is suggested that after the first assessment for the new branch premises, the schedules could be aligned at the next four yearly assessment for the principal practice. In order to avoid the branch premises being assessed twice in a short period, an exception could be made to the new rule to allow the assessment of the branch premises to be automatically held in line with the next assessment for the principal practice if it is due within a certain period (for example, 12 months). Alternatively, the branch premises could be required to undergo a medicines only assessment within 12 months of acquisition as a minimum, with the full assessment being held at the next four yearly assessment for the principal practice.

#### Decisions:

Amend the Rules wording to clarify that newly acquired premises, part of a corporate group and not currently PSS accredited must be fully assessed within 12 months of date of acquisition, irrespective of whether they are classed as a branch or main/standalone.

OR

Amend the Rules wording to clarify that all newly acquired premises should be assessed within 12 months of acquisition, and, where applicable, to be subsumed into the group's assessment cycle, unless there are mitigating circumstances, which must be presented to RG in writing. In these circumstances, the last VMD inspection date must be supplied to RG.

OR

All new premises currently not PSS accredited must have at least a medicines check within the first 12 months after acquisition, and where applicable, be subsumed into the next routine visit to the Group.



<b>Summary</b>	
Meeting	Standards Committee
Date	9 November 2020
Title	Delegation to musculoskeletal therapists
Summary	This paper summarises recent discussions concerning the regulation of musculoskeletal therapists, outlines related concerns around delegation, and proposes guidance for both veterinary surgeons and musculoskeletal therapists.
Decisions required	To approve the proposed guidance.
Attachments	
Author	Ben Myring Policy & Public Affairs Manager <a href="mailto:b.myring@rcvs.org.uk">b.myring@rcvs.org.uk</a> 020 7202 0783

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

## Introduction

1. For some years, the RCVS has been in discussions with numerous paraprofessional groups concerning the potential for regulation by the RCVS. The 2019 Report of the Exemption Orders and Associates Working Party (EO&AWP) created criteria against which the College could consider the regulation of additional paraprofessional groups working within the vet-led team. The 2020 Legislation Working Party (LWP) report built on this by recommending that the College should become an 'umbrella regulator' for the vet-led team, thereby assuring animal health and welfare and public health, with priority given to paraprofessionals whose work involves acts of veterinary surgery.
2. One such group are musculoskeletal therapists/animal physiotherapists. The EO&AWP report noted that some of the work of musculoskeletal therapists amounts to acts of veterinary surgery. This work is currently underpinned by the Veterinary Surgery (Exemptions) Order 2015, which allows a musculoskeletal therapist to treat an animal using physiotherapy if a veterinary surgeon a) has examined the animal, and (b) has prescribed the treatment of the animal by physiotherapy.
3. However, the EOAWP concluded that exemption orders are only appropriate for individual procedures requiring training amounting to hours or days, whereas animal physiotherapy is a whole area of practice requiring a substantial qualification. Following legal advice, the EO&AWP suggested that musculoskeletal therapists should instead be underpinned by reforming Schedule 3 of the Veterinary Surgeons Act (VSA).
4. Until this reform is achieved, or related reform in line with the LWP report recommendations, it is not possible for the RCVS to regulate musculoskeletal therapists. However, discussions have continued with organisations such as the Register of Animal Musculoskeletal Therapists (RAMP) who have established voluntary regulation schemes; through these discussions the College has sought to encourage the vet-led team model and help to prepare musculoskeletal therapists for a time when statutory or Royal Charter regulation becomes an option.

## Delegation by a veterinary surgeon

5. As noted above, treatment using physiotherapy by non-veterinary surgeons requires prescription/delegation by a veterinary surgeon who has first examined the animal. This has led to questions being raised about what procedures constitute physiotherapy, and therefore when delegation is required. RAMP have taken a cautious approach, but argue that it can be difficult to persuade veterinary surgeons to delegate to a physiotherapist when the animal is healthy, in part because it raises questions of liability. Following discussions between RAMP and the Department for Environment, Food and Rural Affairs (Defra), Defra advised that their understanding is that prescription is not required when an animal is healthy. This dovetails with the RCVS's view that care provided for a healthy animal does not constitute an act of veterinary surgery.

6. RAMP have asked the RCVS to consider formalising this position, noting any appropriate safeguards, and issuing some joint communications to both RCVS and RAMP members. It may be that this would help to strengthen links between veterinary surgeons and musculoskeletal therapists as part of the vet-led team. It is also hoped that formal guidance might 'square a circle'; it is recognised that it is impossible for a musculoskeletal therapist to ever be certain that no underlying condition is present, but arguably impractical to insist that a veterinary clinical examination is carried out before every maintenance treatment.

### Proposed guidance

7. The Committee are asked to consider the following proposed wording for the guidance:
  - a. Musculoskeletal therapists are part of the vet-led team. Animals cared for or treated by musculoskeletal therapists should be under the care of a veterinary surgeon.
  - b. As per the Veterinary Surgery (Exemptions) Order 2015, remedial treatment by physiotherapy requires delegation by a veterinary surgeon who has first examined the animal. It is up to the professional judgment of the veterinary surgeon to determine whether and when a clinical examination should be repeated before physiotherapy treatment is continued.
  - c. Care for a healthy animal, for instance massage or other maintenance, does not require delegation by a veterinary surgeon. However, the animal should still be under the care of a veterinary surgeon, and the animal must be referred to a veterinary surgeon for clinical examination at the first sign that there may be any underlying illness.

### Wider implications

8. Guidance developed by the RCVS on delegation to musculoskeletal therapists may also set a precedent for other paraprofessionals within the vet-led team. When considering the benefits and risks of any formal guidance, and the strength of any safeguards, the Committee should consider whether the precedent would be a good one if applied more widely.

### Decision

9. The Committee are asked to confirm whether that the above guidance is reasonable and contains appropriate safeguards.



<b>Summary</b>	
Meeting	Standards Committee
Date	9 November 2020
Title	Microchipping of equines
Summary	This paper summarises the changes to legislation relating to compulsory microchipping of equines throughout the UK, which came into force in 2019/2020. This paper also raises relevant matters for consideration by the Committee.
Decisions required	<ol style="list-style-type: none"> <li>1. The Committee is asked to: <ol style="list-style-type: none"> <li>a. Review and approve the amendments to Chapter 29 of the supporting guidance to the Code of Professional Conduct (<b>Annex A</b>)</li> <li>b. Review and approve the new Chapter 30 of the supporting guidance to the Code of Professional Conduct (<b>Annex B</b>)</li> </ol> </li> </ol>
Attachments	<b>Annex A:</b> Draft Chapter 29 of the supporting guidance <b>Annex B:</b> Draft Chapter 30 of the supporting guidance
Author	<p>Beth Jinks Senior Standards and Advice Officer <a href="mailto:b.jinks@rcvs.org.uk">b.jinks@rcvs.org.uk</a></p> <p>Kimberley Richardson Senior Standards and Advice Officer/Solicitor <a href="mailto:k.richardson@rcvs.org.uk">k.richardson@rcvs.org.uk</a></p>

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

<b><sup>1</sup>Classifications explained</b>	
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<b><sup>2</sup>Classification rationales</b>	
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Private	<ol style="list-style-type: none"> <li>5. To protect information which may contain personal data, special category data, and/or criminal offence data, as listed under the General Data Protection Regulation</li> </ol>

## Microchipping of equines

### Introduction

1. The Committee will recall that at its meeting in September 2020, it was suggested that the current guidance regarding compulsory microchipping of equines be separated out from Chapter 29 of the supporting guidance to the Code of Professional Conduct, which provides information in relation to microchipping of small animals. The relevant extract from the minutes is as follows:

#### *AI 3(d) Equine ID*

11) *The Committee were asked to review and approve amendments to Chapter 29 of the supporting guidance following changes to legislation on compulsory microchipping of equines throughout the UK which came into force in 2019/2020.*

*[...]*

13) *The Committee observed that ownership issues arise with equines and details on passports and clinical records may differ. The Committee suggested Chapter 29 of the guidance, which covers 'Microchips, microchipping and animals without microchips', be separated in to two chapters for small animal and equine.*

#### **Action: Standards and Advice Team**

2. A new Chapter, '30: Equines and microchips' has been drafted (**Annex B**) with all references to equines and microchips moved from Chapter 29.

### Equine ownership disputes

3. The Committee requested that the 'Ownership disputes' section of the guidance relating to companion animals be amended and applied to equines. The full amended guidance is in paragraphs 30.23-30.34, which can be found in **Annex B**. The proposed guidance includes the following:
  - a. Guidance in 30.23 that in equines, ownership dispute situations are most likely to occur when a new owner has not updated the details on the passport, or when a keeper of a horse presents themselves as the owner. Follow-up guidance in 30.24 that where there is a new owner that has not updated the details on the passport, practices should ask the owner to contact the vendor in order to obtain authorisation to update the equine's passport.
  - b. References throughout to the Passport Issuing Organisation, where appropriate.

- c. The terms 'registered owner' and 'current keeper' have been adopted and included through this section to avoid confusion. The previous references were to 'registered keeper' and 'current keeper'. (NB the 'Ownership disputes' section in Chapter 29 has also been updated with matching terminology regarding owner/keeper. See below in 5d.)

## Chapter 29 updates

4. The following amendments have been made to Chapter 29:
  - a. Any use of the word 'mandatory' has been replaced by 'compulsory' to ensure continuity of terms throughout the Chapter. This language reflects the language of the regulations (changes apply to paragraphs 29.1 and 29.2).
  - b. Jurisdiction-specific guidance has been arranged to the following order for consistency: England, Wales, Scotland, Northern Ireland. Changes apply to paragraphs under the title 'Who can implant a microchip?'
  - c. The paragraph relating to microchips and pet travel (new paragraph 29.16) has been moved to under the 'For pet travel' title.
  - d. A note has been added to the guidance to acknowledge that whilst the companion animal regulations refer to an owner as a 'keeper', we have adopted the word 'owner' in its place, as it's important to understand the difference between a registered owner, and a current keeper, (which is the language used in a day-to-day practice setting). This is particularly important in situations of potential ownership disputes, where a companion animal is presented by someone other than the person on the microchip database.

## Conclusion

5. The information within Chapter 29 of the supporting guidance to the Code of Professional Conduct has been split into two chapters – the existing Chapter 29 for small animals, and the new Chapter 30 for equines.
6. Both Chapters include an amended version of the 'Ownership disputes' section, which largely mirror each other, with some additional information provided in Chapter 30 relating to equine ownership disputes. Chapter 29 has been updated to ensure continuity of terms (e.g. 'mandatory' has been replaced with 'compulsory') and has been re-ordered for consistency and ease of reading.

## Decisions required

7. The Committee is asked to:
  - a. Review and approve the amendments to Chapter 29 of the supporting guidance to the Code of Professional Conduct (**Annex A**); and



- b. Review and approve the new Chapter 30 of the supporting guidance to the Code of Professional Conduct (**Annex B**).



## 29. Small animals and microchips

### Compulsory microchipping - dogs

29.1 Microchipping of dogs has been compulsory mandatory in Northern Ireland since 2012. [The Dogs \(Amendment\) Act \(Northern Ireland\) 2011](#) requires dogs to be microchipped in order to obtain a valid dog licence. There is more information about the requirements at <http://www.nidirect.gov.uk/dog-licensing-and-microchipping> GOV.UK Dog Licensing and Microchipping.

29.2 Microchipping of dogs in all other parts of the UK has been compulsory mandatory since 6 April 2016. The relevant legislation is as follows:

- a. [The Microchipping of Dogs \(England\) Regulations 2015](#);
- b. [The Microchipping of Dogs \(Scotland\) Regulations 2016](#); and
- c. [The Microchipping of Dogs \(Wales\) Regulations 2015](#).

29.3 Dog owners will have a legal obligation to have their dogs microchipped and registered with a microchip database, if they have not done so already. No keeper-owner may transfer a dog to a new keeper-owner until it has been microchipped.

29.4 Subject to an exemption for certified working dogs (not applicable in Scotland), all dogs older than eight weeks need to be microchipped and registered with their keeper's-owner's details. The keeper-owner is responsible for keeping these details up to date and, whenever there is a change of keeper-owner, the new keeper-owner must ensure their details are recorded with the database. The details to be recorded on the database are listed in the various regulations and these should be consulted carefully as there are subtle differences between each part of the UK.

29.5 There are 'health' exemptions from the general microchipping requirement:

a. In England, the exemption applies for as long as a veterinary surgeon certifies, on a form approved by the Secretary of State, that a dog should not be microchipped for reasons of the animal's health. The certificate must state the period for which the dog will be unfit to be microchipped.

b. In Scotland, the exemption applies for as long as a veterinary surgeon certifies that a dog should not be microchipped for reasons of the dog's health. The certificate must state the period for which the dog will be unfit to be microchipped.

c. In Wales, the exemption applies for as long as a veterinary surgeon certifies, on a form approved by the Welsh Ministers, that microchipping would significantly compromise the dog's health. The certificate must state the period for which the dog will be unfit to be microchipped.

29.6 ~~A keeper~~An owner who fails to have their dog microchipped may be served with a notice requiring the dog to be microchipped within 21 days. Only an authorised person (as defined by the regulations) can serve such a notice. It is an offence to fail to comply with the notice. In addition, where ~~a keeper~~an owner has failed to comply with the notice, the regulations give an authorised person powers to, without the consent of the ~~keeper~~owner, arrange for the dog to be microchipped and recover the cost of doing so from the ~~keeper~~owner. The regulations also permit an authorised person to take possession of a dog without the consent of the ~~keeper~~owner for the purpose of checking whether it is microchipped or for the purpose of microchipping it in accordance with the regulations.

*Please note that where we reference 'owner' within this guidance, this is synonymous to 'keeper' as referenced in the Regulations, and has been replaced for consistency, and to differentiate between a registered owner and a current keeper, which is particularly important in relation to ownership disputes.*

## Who can implant a microchip?

### General – all UK jurisdictions

29.7 RCVS Council last approved guidelines on microchipping in February 2000 (*RCVS News*, March 2000). Following a review of these guidelines by the Veterinary Surgery Working Party, the following guidelines have now been agreed:

- a. implantation by methods other than the subcutaneous route, ear tag or bolus will generally amount to veterinary surgery in view of the potential for pain or stress or for spreading disease, and in some cases the likely handling difficulties;
- b. the repair or closure of the entry site, where necessary, will generally amount to veterinary surgery;
- c. sedation and analgesia are medical treatment and so amount to veterinary surgery. Depending upon the nature of the treatment which is necessary it may be lawful for it to be carried out by a suitably qualified veterinary nurse under veterinary direction or by the owner;
- d. the procedure may amount to veterinary surgery if there is special risk to the health or welfare of the animal.

### Compulsory microchipping

#### ***Dogs (for the purpose of The Microchipping of Dogs (England) Regulations 2015)***

#### England

29.8 Section 9(1) of The Microchipping of Dogs (England) Regulations 2015 stipulates that no person may implant a microchip in a dog unless:

- a. they are a veterinary surgeon or a veterinary nurse acting under the direction of a veterinary surgeon;
- b. they are a student of veterinary surgery or a student veterinary nurse and in either case acting under the direction of a veterinary surgeon;

- c. they have been satisfactorily assessed on a training course approved by the Secretary of State for that purpose; or
- d. before the day on which these Regulations come into force, they received training on implantation which included practical experience of implanting a microchip.

**Wales Dogs (for the purpose of The Microchipping of Dogs (Wales) Regulations 2015)**

29.940 Section 9(1) of The Microchipping of Dogs (Wales) Regulations 2015 stipulates that no person may implant a microchip in a dog unless:

- a. they are a veterinary surgeon or a veterinary nurse acting under the direction of a veterinary surgeon;
- b. they are a student of veterinary surgery or a student veterinary nurse and in either case acting under the direction of a veterinary surgeon;
- c. they have been satisfactorily assessed on a training course approved by the Welsh Ministers for that purpose; or
- d. before the day on which these Regulations come into force, they received training on implantation which included practical experience of implanting a microchip.

29.104 Anyone seeking to rely on the provision at section 9(1)(d) should note that this provision will cease to have effect at the end of the period of two years beginning with the date on which these Regulations come into force.

**Dogs (for the purpose of The Microchipping of Dogs (Scotland) Regulations 2016)**

**Scotland**

29.119 Section 3(1) of The Microchipping of Dogs (Scotland) Regulations 2016 stipulates that no individual other than an 'implanter' may implant a microchip of any kind in a dog. An 'implanter' means any of the following individuals:

- a. a veterinary surgeon, or a veterinary nurse acting under the direction of a veterinary surgeon;
- b. a student of veterinary surgery or a student veterinary nurse and in either case acting under the direction of a veterinary surgeon;
- c. an individual who has been assessed as meeting a satisfactory standard in the implantation of microchips in dogs on a training course for that purpose approved by the Scottish Ministers; or
- d. an individual who, before the day on which the Regulations come into force, received training on implantation which included practical experience of implanting a microchip.

**~~Dogs (for the purpose of The Microchipping of Dogs (Wales) Regulations 2015)~~**

~~29.10 Section 9(1) of The Microchipping of Dogs (Wales) Regulations 2015 stipulates that no person may implant a microchip in a dog unless:~~

- e. ~~they are a veterinary surgeon or a veterinary nurse acting under the direction of a veterinary surgeon;~~
- f. ~~they are a student of veterinary surgery or a student veterinary nurse and in either case acting under the direction of a veterinary surgeon;~~
- g. ~~they have been satisfactorily assessed on a training course approved by the Welsh Ministers for that purpose; or~~
- h. ~~before the day on which these Regulations come into force, they received training on implantation which included practical experience of implanting a microchip.~~

~~29.11 Anyone seeking to rely on the provision at section 9(1)(d) should note that this provision will cease to have effect at the end of the period of two years beginning with the date on which these Regulations come into force.~~

### **Dogs with docked tails**~~Tail docking~~

#### **Northern Ireland**

~~29.13 The Dogs (for the purpose of The Welfare of Animals (Docking of Working Dogs' Tails and Miscellaneous Amendments) Regulations (Northern Ireland) 2012) stipulates that a competent person may microchip dogs for the purpose of the certification requirements of the tail docking regulations. A "competent person" means a veterinary surgeon or person who has received instruction on how to implant a microchip and they must work in the same practice as the veterinary surgeon who performed the tail docking. (For further guidance on tail docking see Chapter 27.)~~

#### **England and Wales**

##### **~~*Dogs (for the purpose of The Docking of Working Dogs' Tails (England) Regulations 2007 and The Docking of Working Dogs' Tails (Wales) Regulations 2007)*~~**

~~29.12 The Dogs (for the purpose of The Docking of Working Dogs' Tails (England) Regulations 2007 and The Docking of Working Dogs' Tails (Wales) Regulations 2007) stipulate that In England and Wales, only veterinary surgeons and veterinary nurses acting under the direction of a veterinary surgeon can microchip dogs for the purpose of the certification requirements of the tail docking regulations. (For further guidance on tail docking see [Chapter 27](#).)~~

#### **Northern Ireland**

##### **~~*Dogs (for the purpose of The Welfare of Animals (Docking of Working Dogs' Tails and Miscellaneous Amendments) Regulations (Northern Ireland) 2012)*~~**

~~29.13 The Dogs (for the purpose of The Welfare of Animals (Docking of Working Dogs' Tails and Miscellaneous Amendments) Regulations (Northern Ireland) 2012) stipulates that In Northern Ireland, a competent person may microchip dogs for the purpose of the certification requirements of the tail docking regulations. A "competent person" means a veterinary surgeon or person who has received instruction on how to implant a microchip and they must work in the same practice as the veterinary surgeon who performed the tail docking. (For further guidance on tail docking see [Chapter 27](#).)~~

**For Pet travel*****Dogs, cats and ferrets (for the purpose of pet travel)***

29.14 In Great Britain, The Non-Commercial Movement of Pet Animals Order 2011 (as amended by The Non-Commercial Movement of Pet Animals (Amendment) Order 2014) states that no person may implant a microchip in a dog, cat or ferret for the purposes of pet travel unless:

- a. they are a veterinary surgeon or a veterinary nurse acting under the direction of a veterinary surgeon;
- b. they are a student of veterinary surgery or a student veterinary nurse and in either case are acting under the direction of a veterinary surgeon;
- c. they have been satisfactorily assessed on a training course approved by the appropriate authority for that purpose; or
- d. before the 29th December 2014 they received training on implantation which included practical experience of implanting a microchip.

29.15 There is an identical provision in The Non-Commercial Movement of Pet Animals Order (Northern Ireland) 2011 (as amended by The Non-Commercial Movement of Pet Animals (Amendment) Order (Northern Ireland) 2015).

29.169 Given the potential implications should a microchip fail on entry to the UK (for example, time in quarantine at the cost of the owner) veterinary surgeons should encourage their clients to have their pet's microchip checked before travel.

## Microchip Adverse Event Reporting Scheme

29.167 The various regulations on compulsory microchipping require reports to be made whenever there is an adverse reaction to microchipping, migration of a microchip from the site of implanting or the failure of a microchip.

29.178 Veterinary surgeons and veterinary nurses should report an adverse reaction to microchipping, or the migration or failure of a microchip to the Veterinary Medicines Directorate (VMD). Further information about the Microchip Adverse Event Reporting Scheme is available from the VMD's Pharmacovigilance Unit on 01932 338427 and reports can be submitted online at [www.vmd.defra.gov.uk](http://www.vmd.defra.gov.uk). The VMD closely monitors all reports to identify emerging issues and will feed back any concerns to the chip manufacturer and Microchip Trade Association (MTA).

29.189 In addition to the above, veterinary surgeons and veterinary nurses in Scotland should also note that the Scottish Regulations require reports to be made within 21 days beginning with the day the adverse reaction, migration or failure is identified.

## ~~Microchips and pet travel~~

~~29.19 Given the potential implications should a microchip fail on entry to the UK (for example, time in quarantine at the cost of the owner) veterinary surgeons should encourage their clients to have their pet's microchip checked before travel.~~

## Removing microchips

29.20 Because of the importance attached to the accurate identification of animals and the potential for fraud, a microchip must only be removed where this can be clinically justified. This justification should be documented and where required another microchip or alternative method of identification used.

29.21 Removal of a microchip in any other circumstances would be an unnecessary mutilation. While the insertion of a second microchip may be problematic, this in itself does not justify removal of a microchip and an audit trail must be maintained

## Scanning for microchips - companion animals

29.22 Microchips are implanted in companion animals to assist with their return if lost or stolen. A veterinary surgeon or veterinary nurse may scan for a microchip where, for example, the animal has been lost or is a stray, it is suspected that the animal has been stolen, or where a client is unaware that the animal has been microchipped.

29.23 There may be other situations when a veterinary surgeon or veterinary nurse may scan for a microchip, for example, on first presentation at the practice in order to add details to the clinical and client records, at annual boosters and/or prior to travel in order to check that the microchip is working properly, and, prior to implantation to check for an existing microchip.

29.24 There may be some situations when veterinary surgeons are required to scan for a microchip, for example, prior to a rabies vaccination for the purposes of obtaining a pet passport.

## Lost or stray small animals without microchips or other forms of identification

29.25 Local authorities have a legal duty to deal with lost or stray dogs. Veterinary surgeons and veterinary nurses presented with stray dogs may contact their local council to arrange collection. Details for [UK local authorities](#) can be found on the gov.uk website.

29.26 In situations where the local authority cannot help, for example, in cases of stray cats, veterinary surgeons and veterinary nurses are encouraged to take reasonable steps to reunite the animal with the owner. These may include, for example, advertising in the practice and/or on the practice's website or social media pages that an animal has been found, contacting clients whose animals might fit the description, and contacting other veterinary practices in the local area to inform them of the find and ask if they have had enquiries from someone looking for an animal of that description. This is not an exhaustive list and in some cases it may not be reasonable or appropriate to take all of these steps.



29.27 Veterinary practices are not expected to keep a lost or stray animal indefinitely while attempts are made to locate an owner. If no owner has come forward after a reasonable search there will come a point when it is appropriate to stop the search and consider the animal's future. This could include taking steps to re-home the animal, ideally through an animal charity or re-homing centre. In some cases, euthanasia may be reasonable, for example where an animal is not suitable for re-homing.

29.28 Where possible, it may be sensible to adopt the approach taken by local authorities with lost or stray dogs, which is to keep the animal for 7 days before considering re-homing or euthanasia, provided that to do so would not compromise the animal's welfare. There may be other factors to consider but, ideally, it is helpful to allow a reasonable period of time for enquiries to be made or for an owner to come forward. Ultimately, how long to keep a stray animal will be a matter for the practice.

29.29 Veterinary surgeons and veterinary nurses should ensure that records are made of the attempts made to locate an owner, any treatment provided and the reasons for any decisions made. This can be helpful in the event of disputes, for example, if an owner contacts the practice at a later stage.

29.30 Lost or stray animals presented to a veterinary practice may be in good health, or they may be ill or injured and require first aid and pain relief, which could include euthanasia. Veterinary surgeons and veterinary nurses should have regard to supporting guidance [Chapter 3 \(24-hour emergency first aid and pain relief\)](#) and they should be familiar with the RSPCA scheme for Initial Emergency Treatment and the Vetline telephone number (0300 123 8022). In the absence of an identified owner, veterinary surgeons and veterinary nurses should be guided by welfare considerations and should be cautious about undertaking significant procedures, particularly those with lasting effects e.g. neutering.

## Ownership disputes - companion animals

29.31 An ownership dispute may arise where a client presents an animal with a microchip registered in another person's name.

29.32 Veterinary surgeons should consider the following information if faced with this situation:

### **Seek prior agreement to disclose**

29.33 Practices may wish to request express written agreement from clients on registration that if the practice discovers the animal is registered to another person, the personal data of the client and details of the animal and its location will be passed on to the person in whose name the animal is registered and/or the database provider.

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

processes in place to keep the consent up to date and veterinary surgeons and veterinary nurses should properly acknowledge and document any withdrawal of consent.

~~29.35 Data controllers must pay an annual data protection fee to the Information Commissioner's Office (ICO). In certain limited circumstances, a controller is exempt from paying such fee, but these are unlikely to apply to a practice. The ICO can impose fines for non-payment.~~

### Seek consent to disclose

29.356 If there is no prior agreement for disclosure between the practice and the client, the veterinary surgeon should first try and obtain the current keeper's consent to release their personal information (i.e. name/address) to the registered keeper **owner** and/or database provider. ~~However, the name and details of the registered owner should not be provided to the current keeper (the current keeper might volunteer it, of course).~~ **However, the name and details of the registered owner should not be provided to the current keeper (unless the registered owner volunteers them).**

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

### Failure to obtain consent

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

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

29.4039 If the veterinary surgeon makes contact with the registered keeper **owner** and/or the database provider and from the conversation discovers that (i) the animal has been reported as stolen; (ii) the registered **owner** keeper was not aware that the animal is in someone else's possession; and/or (iii) the registered **owner** keeper wants to recover the animal, then the veterinary surgeon may ~~have a legal basis to be able to rely on the GDPR for and~~ disclose the current keeper's personal information ~~i.e. provided~~ he/she is certain that such disclosure is "necessary" for the purposes of the registered **owner** keeper, ~~e.g. to enable him or her~~ to exercise his/her legal rights, and those interests are not overridden by the interests of the current keeper. ~~Alternatively, it is probably more advisable if there is any doubt as to a legal basis for such disclosure, it may be preferable~~ not to disclose the data to the registered **owner** keeper, ~~but suggest and instead request~~ that they ask the police to contact the veterinary surgeon for the details of the current keeper.

#### a. Suspected Theft/Stolen Animal

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

#### **b. Civil/Ownership dispute**

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

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

## **Additional guidance**

29.412 Additional guidance on client confidentiality and microchipped animals is available to download in the form of a [Flow Chart](#).



## 30. Equines and microchips

### Compulsory microchipping - equine

#### England

30.1 Microchipping of equines has been compulsory in England since 1 October 2018. The [Equine Identification \(England\) Regulations 2018](#), applies to :

- a. equines whose previous microchip ceases to function; or
- b. equines arriving in England having been subject to an alternative method of identity verification.

30.2 From 1 October 2020, the microchipping of all equines in England will become compulsory; this includes those equines born on or before 30 June 2009. Equines born after 30 June 2009 should already be microchipped as this was mandated by previous legislation.

30.3 Excluded from the compulsory microchipping regulations are equines which are deemed to be wild or semi-wild that are living in certain designated areas (i.e. [Dartmoor](#), [Exmoor](#), [the New Forest](#) and [Wicken Fen](#)). However, if a wild or semi-wild equine were treated with a veterinary medicinal product, it would require a microchip to be implanted and a passport to be issued within 30 days of treatment.

#### Scotland

30.4 Microchipping of equines has been compulsory in Scotland since 28 March 2019. The [Equine Animal \(Identification\) \(Scotland\) Regulations 2019](#), applies to:

- a. equines whose previous microchip ceases to function; or
- b. equines arriving in Scotland having been subject to an alternative method of identity verification.

30.5 From 28 March 2021, the microchipping of all equines in Scotland will become compulsory, this includes those equines born on or before 1 July 2009. Equines born after 30 June 2009 should already be microchipped as this was mandated by previous legislation.

#### Wales

30.6 Microchipping of equines has been compulsory in Wales since 12 February 2019. The [Equine Identification \(Wales\) Regulations 2019](#), applies to:

- a. equines whose previous microchip ceases to function; or
- b. equines arriving in Wales having been subject to an alternative method of identity verification.

30.7 From 12 February 2021, the microchipping of all equines in Wales will become compulsory, this includes those equines born on or before 30 June 2009. Equines born after 30 June 2009 should already be microchipped as this was mandated by previous legislation.

30.8 Excluded from the compulsory microchipping regulations are equines which are deemed to be wild or semi-wild that are living in certain designated areas. This applies to those equines that are identified in the lists kept by the Hill Pony Improvement Societies of Wales or identified in the lists kept by the Cymdeithas Merlod y Carneddau. However, if a wild or semi-wild equine were treated with a veterinary medicinal product, it would require a microchip to be implanted and a passport to be issued within 30 days of treatment.

## Northern Ireland

30.9 Microchipping ~~offer~~ equines in Northern Ireland has been compulsory since 29 March 2019. [The Equine Identification Regulations \(Northern Ireland\) 2019](#) applies to equines whose previous microchip ceases to function. All equines born after 30 June 2009 should already be microchipped as this was mandated by previous legislation.

## General – all UK jurisdictions

30.10 Owners ~~or keepers~~ of equines have a legal obligation to have their equine microchipped and to submit the microchip details to a Passport Issuing Organisation. The Passport Issuing Organisation will then submit the passport record, including the microchip details, to the Central Equine Database ([www.equineregister.co.uk](http://www.equineregister.co.uk)) or Scottish Equine Database ([www.scotequine.com](http://www.scotequine.com)). Whenever there is a change of details, other than medical/vaccination records (for example; of ownership, the owner's address, gelding, microchip, food chain status, or death), the owner must ensure that the amended details are recorded with the Passport Issuing Organisation, and where there is a change of owner or the animal is deceased, that the passport is returned. If a client refuses to microchip their equine, the veterinary surgeon should do the following:

- a. Inform the client of their legal obligation to microchip the equine; and/or
- b. Consider reporting the client's non-compliance to the Local Authority. If done so without client consent this will be considered a breach of client confidentiality, however, this breach will be justifiable ~~under on~~ public interest grounds. (See chapter 14 – Client Confidentiality).

30.11 A veterinary surgeon who implants a microchip into an equine must ensure that the microchip number is unique. Failing to do so is a criminal offence. A veterinary surgeon can fulfil this obligation by ensuring ~~the following~~:

- That the microchip is obtained from a reputable source;
- That the microchip is ISO 11784/5 compliant; and
- That the microchip number is not already registered to another equine on the UK's Central Equine Database (or Scottish Equine Database). ~~Currently, the quickest way is to use the~~ We recommend using the National Equine Chip Checker hosted at <https://www.equineregister.co.uk>. If the microchip number is already registered, this chip should not be inserted, ~~instead and~~ the veterinary surgeon should ~~instead consider~~ reporting the ~~fact of a duplicate equine microchip duplication~~ to their local Trading Standards office, or DAERA in Northern Ireland.

30.12 A veterinary surgeon who suspects that a microchip has been cloned/duplicated may consider reporting this issue (in England a veterinary surgeon should use: [equine.identification@defra.gov.uk](mailto:equine.identification@defra.gov.uk); in Wales a veterinary surgeon should use: [equineid@gov.wales](mailto:equineid@gov.wales)). If the report includes client details, and therefore leads to a breach of

client confidentiality, this will be considered justifiable on public interest grounds. (See chapter 14 – Client Confidentiality)

30.12 A veterinary surgeon must check on the equine's passport, prior to treatment, whether the medication to be administered would establish the equine's status as not intended for human consumption. Failing to do so is a criminal offence, unless the owner or keeper has failed to produce the equine's passport or smart card when requested.

30.13 If the passport or smart card is not produced, and the veterinary surgeon is unable to determine food chain status, it must be assumed that the equine is intended for human consumption, and therefore only medicines suitable for food producing animals should be prescribed. Where the health or welfare of the equine is at risk and treatment with a medicine that is not suitable for food-producing animals is required the veterinary surgeon should then provide the client with a form identifying the equine, stating the medication administered, and advising the client that they need to exclude the animal from the food chain. An example of such a form can be found in the 'Related Documents' box. Further guidance for veterinary surgeons and owners/keepers where no passport has ever been issued or the passport has been lost, can be found within the [VMD's guidance for horse medicines and record keeping requirements](#).

30.14 Veterinary surgeons should undertake a clinical examination (i.e. scan for a microchip over the area where under normal circumstances a microchip is inserted, and to check for clinical signs that a microchip previously implanted has been surgically removed) before inserting a microchip in order to avoid multiple microchips being implanted, and to avoid mistakes being made in relation to the equine's food chain status.

## Who can implant a microchip?

### *Horses*

30.15 A microchip may only be implanted in an equine by a veterinary surgeon.

### **Microchip Adverse Event Reporting Scheme**

30.16 The various regulations on compulsory microchipping require reports to be made whenever there is an adverse reaction to microchipping, migration of a microchip from the site of implanting or the failure of a microchip.

30.17 Veterinary surgeons and veterinary nurses should report an adverse reaction to microchipping, or the migration or failure of a microchip to the Veterinary Medicines Directorate (VMD). Further information about the Microchip Adverse Event Reporting Scheme is available from the VMD's Pharmacovigilance Unit on 01932 338427 and reports can be submitted online at [www.vmd.defra.gov.uk](http://www.vmd.defra.gov.uk). The VMD closely monitors all reports to identify emerging issues and will feed back any concerns to the chip manufacturer and Microchip Trade Association (MTA).

30.18 In addition to the above, veterinary surgeons and veterinary nurses in Scotland should also note that the Scottish Regulations require reports to be made within 21 days beginning with the day the adverse reaction, migration or failure is identified.

## Removing microchips

30.19 Because of the importance attached to the accurate identification of animals and the potential for fraud, a microchip must only be removed where this can be clinically justified. This justification should be documented and where required another microchip or alternative method of identification used.

30.20 Removal of a microchip in any other circumstances would be an unnecessary mutilation. While the insertion of a second microchip may be problematic, this in itself does not justify removal of a microchip and an audit trail must be maintained.

## Scanning for microchips – equines

30.21 A veterinary surgeon should scan an equine for a microchip and ensure that the microchip number can be reconciled with an equine's passport or smart card before any treatment is prescribed. If there is no microchip, a veterinary surgeon should check identifying markings on the equine and match these to the description of the equine from the passport.

30.22 Exceptions to the routine scanning of equines may apply when medication is not administered during an equine appointment; or when the equine may have been examined by the veterinary surgeon many times before and the food chain status is already determined.

## Ownership disputes - ~~companion animals~~ equines

30.23 An ownership dispute may arise where a client presents an animal with a microchip registered in another person's name. **In equines, this situation is most likely to occur when a new owner has not updated the details on the passport, or when a keeper of a horse represents themselves as the owner.**

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

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

### Seek prior agreement to disclose

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

30.27 A written agreement should be obtained through a standalone consent document, not merely included in the practice's standard terms and conditions. The client must be given the opportunity to make a positive indication that they would be happy for their personal data to



be passed on in such circumstances. This consent must be freely given, which means it cannot be a condition of registering with the practice. There should be systems and processes in place to keep the consent up to date and veterinary surgeons and veterinary nurses should properly acknowledge and document any withdrawal of consent.

~~30.28 Data controllers must pay an annual data protection fee to the Information Commissioner's Office (ICO). In certain limited circumstances, a controller is exempt from paying such fee, but these are unlikely to apply to a practice. The ICO can impose fines for non-payment.~~

### Seek consent to disclose

30.298 If there is no prior agreement for disclosure between the practice and the client, the veterinary surgeon should first try and obtain the current keeper's consent to release their personal information (i.e. name/address) to the registered keeper **owner** and/or database provider/ **Passport Issuing Organisation**. ~~However, the name and details of the registered owner should not be provided to the current keeper (the current keeper might volunteer it, of course).~~ **However, the name and details of the registered owner should not be provided to the current keeper (unless the registered owner volunteers them).**

30.2930 It is likely that consent will be given freely if the registered keeper **owner** is aware that the animal is in the possession of the current keeper e.g. the current keeper is caring for the animal.

### Failure to obtain consent

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

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

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

~~that they ask the police to contact the veterinary surgeon for the details of the current keeper.~~

#### **a. Suspected Theft/Stolen Animal**

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

#### **b. Civil/Ownership dispute**

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

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

#### **~~Additional guidance~~**

~~30.34 Additional guidance on client confidentiality and microchipped animals is available to download in the form of a [Flow Chart](#). This flow chart can be used in situations involving companion animals or equines.~~

<b>Summary</b>	
Meeting	Standards Committee
Date	9 November 2020
Title	Disciplinary Committee Report
Summary	Update of Disciplinary Committee since the last Standards Committee meeting held on 7 September 2020
Decisions required	None
Attachments	None
Author	Yemisi Yusuph Clerk to the Disciplinary Committee Tel: 020 7202 0729 Email: <a href="mailto:y.yusuph@rcvs.org.uk">y.yusuph@rcvs.org.uk</a>

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

**<sup>1</sup>Classifications explained**

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

**<sup>2</sup>Classification rationales**

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

## Report of Disciplinary Committee hearings since the last Standards meeting

### Hearings

#### Mr Stephen Cargill Wilson

1. On Monday 28 September, the Disciplinary Committee met to hear the Inquiry into Mr Wilson. This Inquiry was in relation to two charges against him.
2. The first charge was in relation to Mr Wilson providing inaccurate information to pet insurers relating to the clinical history of a Labrador dog on or about 20 October 2017. The second charge was in relation to Mr Wilson's failure to have in place adequate Professional Indemnity Insurance arrangements; as well as failure to respond to a reasonable request from the Royal College of Veterinary Surgeons in relation to your Professional Indemnity Insurance.
3. The full charges can be found here: <https://www.rcvs.org.uk/document-library/wilson-stephen-cargill-september-2020-charges/>
4. Before the hearing, Mr Wilson made an application for the Committee to dispose of this matter by way of adjournment of the Inquiry into the heads of charge against him, subject to the Committee accepting his written undertakings.
5. The undertakings were to request the Registrar to remove his name from the Register with immediate effect, and to never apply to be restored to the Register.
6. The full undertakings can be found here: <https://www.rcvs.org.uk/document-library/wilson-stephen-cargill-september-2020-undertakings/>
7. Following Mr Wilson's application, the Committee considered all factors and decided that this was not a case in which the public interest or welfare of animals demanded that there be a full hearing. The Committee decided to accede his application.
8. The Committee's full decision can be found here: <https://www.rcvs.org.uk/document-library/decision-of-the-disciplinary-committee-on-the-respondents/>

#### Mr Stephen Lomax

9. On Monday 12 October 2020, the Committee met virtually to hear the Inquiry into Mr Stephen Kiernan Lomax. The Inquiry was in relation to a conviction in 2019 where, Mr Lomax was found guilty of causing death by careless driving at Shrewsbury Crown Court on 18 July 2019 and was subsequently sentenced to a 12-month community order, 300 hours' unpaid work, 15-months' driving disqualification, and ordered to pay £1,000 in prosecution costs and victim surcharge of £85.
10. The full charge can be found here: <https://www.rcvs.org.uk/document-library/lomax-stephen-kiernan-october-2020-charges/>
11. At the outset of the hearing, Mr Lomax admitted the charge against him, but did not accept that the charges rendered him unfit to practice. They were also accepted by the Committee based on its receipt of the certificate of conviction from Shrewsbury Crown Court.
12. The Committee next considered whether the conviction rendered Mr Lomax unfit to practise.
13. The submissions from the RCVS were that the conviction rendered Mr Lomax unfit to practise given the nature and severe circumstances of the conviction. That Mr Lomax's conduct was extremely serious resulting in devastating consequences in that it led to the death of a 64-year-old woman. The College further submitted that his conduct would be considered to have fallen far short of the standard expected of a member of the profession, that it had devastating consequences, and that the conviction would have an impact on the reputation of the profession and the public's confidence in it.
14. Mr Lomax's counsel, who represented him during the hearing, submitted that he did not accept his conduct rendered him unfit to practise as a veterinary surgeon, although Mr Lomax did accept that the impact of his conduct was devastating. Mr Lomax's counsel submitted that there was a significant difference between his conduct and its consequences, as evidenced by the fact he was charged with careless driving rather than dangerous driving meaning that, though his standard of driving had fallen below that expected of a competent and careful driver, it did not fall far below. Nor was there a suggestion that Mr Lomax had carried out a deliberate act, was carrying out any dangerous manoeuvres or was otherwise impaired.
15. Dr Martin Whiting, chairing the Committee, and speaking on its behalf, said: "There is no doubt that the consequences of Mr Lomax's conduct were serious and tragic for the [victim's] family. The Judge at the Crown Court referred to their loss in detail and it no doubt played a significant part in the sentence he passed, as reflected by his comments. The Committee was cognisant, however, of the different role it had to perform. A criminal conviction marks a breach of criminal law, whereas a finding of unfitness marks a breach of professional

standards. When looking at the conviction, the Committee focused on the actual conduct of Mr Lomax and the concomitant level of culpability, rather than the consequences. Whilst it would be artificial, insensitive and inappropriate to ignore the consequences, the Committee was concerned with the conduct.”

16. He added, “The Committee did not consider that Mr Lomax’s conduct was liable to have a seriously detrimental effect on the reputation of the profession and concluded that the public, in full knowledge of the circumstances of this particular case, would not expect a finding that the conviction renders him unfit to practise as a veterinary surgeon. Rather, the public would recognise that whilst the consequences were appalling for the [victim’s] family, in terms of Mr Lomax’s culpability this was a momentary piece of poor driving rather than anything more blameworthy. At its height, it was careless driving for three or so seconds. In the Committee’s view Mr Lomax’s careless behaviour fell below, but not far below, the standard expected of a veterinary surgeon and did not amount to disgraceful conduct in a professional respect.”
17. The full findings of the Disciplinary Committee can be found at [www.rcvs.org.uk/disciplinary](http://www.rcvs.org.uk/disciplinary)

## Upcoming DC’s

18. As it stands, there are two ‘in person’ Inquiries have been listed to be heard this year. One is a RVN case, which will be held in Belgravia House from 2 – 6 November 2020. The second is a Veterinary Surgeon hearing and will be held from 12-23 November in Ipswich.
19. There is a resumed Inquiry that has been listed for Monday 9 November 2020. This will be carried out virtually, via Zoom.





<b>Summary</b>	
Meeting	Standards Committee
Date	9 November 2020
Title	Riding Establishments Subcommittee report
Summary	Standards Committee is asked to note this brief update on the work and considerations of the Riding Establishments Subcommittee. The topics discussed are as follows: <ul style="list-style-type: none"> <li>• Annual meeting;</li> <li>• Template inspector form for England; and</li> <li>• Advice queries.</li> </ul>
Decisions required	None
Attachments	None
Author	Stephanie Bruce-Smith Standards and Advisory Officer s.bruce-smith@rcvs.org.uk

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

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## 2 Classification rationales

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

## Riding Establishments Sub-Committee Report

### Annual Meeting

1. The RESC Annual Meeting is scheduled on 16 November 2020. In line with previous years, the day will be split into two sessions. The morning session will be for the RESC and staff only, and the afternoon session will have external stakeholders in attendance.
2. Matters for decision in the morning session include; proposed amendments to the guidelines for England following feedback from the profession on the practical effects of the Animal Welfare (Licensing of Activities Involving Animals) (England) Regulations 2018 and whether a scoring system should be added as a guidance tool to the template inspector form for England.
3. Matters for discussion include; the 2021 inspector training and induction course content and format, the 2020 audit of inspector forms, feedback on the updated template inspector forms, the template form for new horses, shadowing of new applicants and the RESC's annual newsletter *-REIN*.
4. During the afternoon session the RESC will meet with representatives from stakeholder organisations such as the British Horse Society (BHS), DEFRA, the Donkey Sanctuary, KBIS British Equestrian Insurance, the British Equine Veterinary Association (BEVA) and the City of London. It is anticipated that discussion will focus on the ongoing effects of the 2018 Regulations.

### Template inspector form for England

5. The updated template inspector form for England has been published on the Riding Establishments webpage since the Committee last met in September.
6. A scoring system is being considered as an additional guidance tool to aid veterinary surgeon inspectors with inspections. The scoring system would be added into the template inspector form to provide a method for advising the local authority inspector on areas for improvement by rating guideline failings as minor or major. The proposed changes would address the concern that a yes/no option is too narrow where questions concern animal welfare and ensure that riding establishments are not failed on licensing for minor failings.

### Advice queries

7. The Standards and Advice Team continue to receive a steady number of enquiries from local authorities, veterinary surgeon inspectors and the owners of riding establishments.
8. Recent queries have related to the following topics:
  - a. When riding establishment inspections will resume post-lockdown;
  - b. Feedback on the updated template inspector form for England; and

- c. The requirements for carrying out interim inspections.

<b>Summary</b>	
Meeting	Standards Committee
Date	9 <sup>th</sup> November 2020
Title	Practice Standards Scheme Update
Summary	A summary of the changes made to the Practice Standards Scheme (“PSS”) due to Covid-19, as approved by the RCVS Covid-19 Taskforce.
Decisions required	None
Attachments	Annex A – PSG Minutes 13 <sup>th</sup> May 2020
Author	Lily Lipman Senior Manager Practice Standards Scheme l.lipman@rcvs.org.uk / 020 7202 0756

<b>Document</b>	<b>Classification<sup>1</sup></b>
Paper	Unclassified
Annex A	Unclassified

## **Covid-19 and Impact of government guidance including social distancing on the Practice Standards Scheme**

### **PSS assessments**

1. The PSS Team have been in regular contact with the VMD regarding the continuing of assessment activity since March 2020. In August, the VMD attended three trial remote practice assessments led by the RCVS Lead Assessor. Feedback from both the practices and the VMD was very positive. Consequently, as of 1<sup>st</sup> September 2020, the VMD has approved remote medicines assessments for a period of 6 months, granting the usual four-year interim period for reassessment. The caveat to this is that any practice that has impinged on 7 or more of the Veterinary Medicines Regulations (VMRs) at its last inspection must be assessed face to face. PSG and the RCVS Covid-19 Task Force agreed in September to allow the remaining PSS elements of the assessments to be assessed remotely, also allowing the four-year interim period.
2. The PSS Team have devised a remote assessment package for practices and is now undertaking remote assessments, with all assessors having now returned from furlough. The assessments will not follow the exact format of traditional face to face assessments; , prior to the assessment day, the practice will be required to upload any documentation that would have been reviewed upon a face to face assessment. On the day of the assessment, the assessor will request a “walk-about” tour of the facilities and will check the usual high-risk areas they would on a face to face assessment, by directing the practice accordingly. Checks will include Core considerations covering a range of priority areas such as the practice team, client safety and animal welfare, as well as other elements appropriate to the accreditation level.
3. In order to maintain standards, assessors have been instructed to refer any practices they feel are high risk to the PSS Review Group (RG), with a view to RG either shortening the interim period, or noting the practice for a spot check at a later date. PSS has also introduced a self-certification form, which must be signed by either an MRCVS/ RVN and submitted to the RCVS prior to the completion of the accreditation, declaring that all applicable PSS requirements have been met.
4. Due to the reduced time it will now take to complete assessments compared to the traditional method, the RCVS are now in a position to begin working to reduce the backlog of assessments missed due to Covid-19. It is estimated at the time of writing and with the current workforce, the August assessments will be completed by the end of January 2021.
5. The VMD will review its approval of RCVS remote assessments at the end of February 2021, and from there either a continuation of, or the phasing out of remote assessments will be planned and implemented, depending on the government guidelines on social distancing in place at the time in response to the Covid-19 pandemic.

### **PSS Awards**

6. As PSS Awards require practices to be operating under ‘business as usual’ circumstances, PSG have agreed to suspend any new Awards activity for six months and review this at its first meeting in

the new year on 14<sup>th</sup> January. PSG and the Covid Task Force have granted a 12-month extension to all practices that currently hold RCVS PSS Awards.

7. At its meeting in September, PSG requested that the annual Awards ceremony is held remotely via video conference. The provisional date for this event is 3<sup>rd</sup> December.

### **Edits project**

8. PSG discussed the rolling out of the new edits, previously planned for June 2020. It was agreed that the new Standards should not be released until social distancing measures had been lifted, in order to avoid confusion regarding which version of the Standards practices should be adhering to during this time of uncertainty. With this in mind, PSG agreed the new edits roll out is to be suspended until further notice, which was agreed by the Covid Taskforce in September. This matter will be discussed further by PSG at its meeting on 14<sup>th</sup> January 2021.

### **Previous PSG Meetings**

9. PSG met on 13<sup>th</sup> May 2020 and September 14<sup>th</sup>, 2020. Minutes for the May meeting may be found at Annex A, with the minutes for the September meeting to be ratified at PSG's next meeting on 14<sup>th</sup> January 2021. PSG's matter for decision by Standards Committee is to be presented in a separate paper.

