

# The Royal College of Veterinary Surgeons Standards Committee

Microsoft Teams

7 September 2020 10:00 - 7 September 2020 14:00

## **Standards Committee**

### **Agenda for the meeting to be held on 7 September 2020 at 10.00am**

1. **Apologies for absence, declarations of interest and minutes of the meeting held on 27 April 2020**
  
2. **Standards and Advice Update** **Oral report**
  
3. **Matters for discussion:** **Papers attached**
  - a. **Certification – Confidential**
  - b. **UCOOH – Confidential**
  - c. **Equine ESC – Confidential**
  - d. **Equine ID**
  - e. **Health Protocol**
  
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**
  
6. **Risk and equality** **Oral report**
  - a. **Risk Register update**
  
7. **Any other business and date of next meeting 9 November 2020**

**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	27 April 2020
Title	Standards Committee Minutes
Summary	Minutes of Standards Committee held on Monday, 27 April 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, 27 April 2020 at 10 am remotely.

<b>Members:</b>	Prof D Argyle	
	Mr M Castle	
	Mrs L Cox	
	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 G Kingswell	Head of Standards
	Mrs L Price	Head of Standards (Maternity Cover)
	Mr N Oldham	Standards and Advisory Manager
	Ms B Jinks	Senior Standards and Advisory Officer
	Ms K Richardson	Senior Standards and Advisory Officer/Solicitor
	Mr N Connell	President (observer from RCVS Officer Team)
	Ms L Lockett	CEO
	Mr B Myring	Policy and Public Affairs Manager (Present for AI 3(c))
	Mr I Holloway	Director of Communications (Present for AI 3(b))
	Mr A Roberts	Director of Leadership and Innovation (Present for AI 3(b))
	Mr P Jinman	Chair, Certification subcommittee (Present for AI 3(a))
	Dr K Sturgess	Certification subcommittee member (Present for AI 3(a))
	Mr C Barker	Certification subcommittee member (Present for AI 3(a))
	Prof E Cameron	Certification subcommittee member (Present for AI 3(a))

## AI 1 Apologies for absence and declarations of interest

- 1) The Chair welcomed the President and the CEO to the meeting as observers. There were no apologies and no declarations of interest received.
- 2) The Chair asked for consent to record the video stream of the meeting. There were no objections to this request. The Chair asked that those who have questions/comments put a note in the messaging section and they will be called on in turn.

## AI 1 Minutes of last meetings held on 10 February 2020

- 3) It was agreed that the minutes of the last meeting are accurate.
- 4) In regards to the actions from the last meeting (unclassified minutes):
  - a) Paragraph 14 – The Committee were advised that the new PSS requirements and supporting guidance would be aligned when the PSS amendments go live.
  - b) Paragraph 22 – Following the last meeting, the Committee approved additional amendments requested to Chapter 11 of the supporting guidance and BVZS would be notified of the new guidance.
  - c) Paragraph 29 – The Standards and Advice Manager advised that the Audit and Risk Committee ('ARC') were pleased with the controls and measures in place regarding the Standards and Advice risk register. The ARC complimented the 'theme' based approach to risk and suggested other departments at the College may wish to follow this model.

## AI 2 Standards and Advice Update

- 5) The Standards and Advice Manager provided an oral update on the volume of COVID-19 enquiries received by the College and measures implemented in order to address the increased number of telephone calls and emails, including additional support from other teams within the College.
- 6) The Committee enquired as to whether there have been any particular themes noted and were informed enquiries had varied as guidance from the government and College had been updated. It was noted that the Communications Department have also been receiving enquiries and these statistics could be considered.

**Action: Standards and Advice Team/Communication Department**

- 7) The Committee noted that it was felt that some members of the profession have been posting 'abusive' comments on social media platforms and asked whether teams at the College have been exposed to this. The Registrar confirmed that the College is aware of a small minority of the profession who have been making what might be described as "overly robust" comments. However, it is appreciated that these are difficult times.
- 8) The Standards and Advice Manager confirmed that a paper relating to equine identification and the draft framework on Recognised Veterinary Practice would be brought back to the Committee at its next meeting.

## Matters for decision

### AI 3(a) Certification – Confidential

- 9) Confidential information is available in the classified appendix at paragraphs 8 – 15.

### AI 3(b) UCOOH – Confidential

- 10) Confidential information is available in the classified appendix at paragraphs 16 – 22.

### AI 3(c) Badger Vaccination training – Confidential

- 11) Confidential information is available in the classified appendix at paragraphs 23 – 26.

### AI 3(d) Professional indemnity insurance

- 12) The Head of Standards introduced the paper advising that the PIC/DC Liaison Committee had noted the supporting guidance did not explicitly state the purpose of Professional Indemnity Insurance (PII) was to ensure that veterinary surgeons were covered in the event of claims for negligence. The guidance also did not set out that it is not a requirement to have cover for concerns raised with the College.
- 13) The Committee were advised that veterinary surgeons often presume that PII policies also provide cover in the event a concern is raised with the College, however, this is not always the case. This may be a particular issue for locums, who are in most circumstances covered for negligence under practice policies but may not be covered for anything else.



- 14) The Committee approved the proposed amendments to deal with PII and equivalent arrangements in the supporting guidance.

**Action: Standards and Advice Team**

### AI 3(e) Social media case study

- 15) The Standards and Advice Manager recalled that at its February meeting the Committee requested the preparation of an additional case study to illustrate how social media platforms may be used in a positive manner. The additional case study will supplement those already approved.
- 16) The Committee approved the additional case study, with two amendments; the removal of reference to POM-Vs that cannot be advertised and the addition of an RVN.

**Action: Standards and Advice Team**

- 17) The Committee discussed what additional resources could be produced to support the profession when they received negative social media feedback. The Committee were advised that the BVA is going to run a CPD session on this subject, and the Mind Matters Initiative has guidance on cyberbullying, which is free online. The Committee suggested that these resources should be promoted alongside the case studies.

**Action: Director of Communication**

### AI 4(a) Risk and equality

- 18) Risks associated with COVID-19 have been added to the Standards and Advice risk register.

### Any other business and date of next meeting

- 19) There was no other business.

### Date of next meeting

- 20) The date of the next meeting is 7 September 2020.

### Table of unclassified actions

Paragraph	Action	Assigned to
6	Consider whether themes apparent from COVID-19 enquiries received	Standards and Advice/Communications Team
14	Update supporting guidance with approved PII amendments	Standards and Advice Team
16	Amend social media case study as directed	Standards and Advice Team
17	Consider promoting BVA/Mind Matters resources regarding use of social media	Director of Communications

<b>Summary</b>	
Meeting	Standards Committee
Date	7 September 2020
Title	Microchipping of equines
Summary	This paper summarises the changes to legislation relating to compulsory microchipping of equines through the UK, which came into force in 2019/2020. The paper also raises relevant matters for consideration by the Committee.
Decisions required	The Committee is asked to review and approve the amendments to Chapter 29 of the supporting guidance to the Code of Professional Conduct ( <b>Annex A</b> ).
Attachments	<b>Annex A:</b> Draft amendments to chapter 29 of supporting guidance – ‘ <i>Microchips, microchipping and animals without microchips</i> ’
Author	Beth Jinks Senior Standards and Advice Officer <a href="mailto:b.jinks@rcvs.org.uk">b.jinks@rcvs.org.uk</a>

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

<b><sup>1</sup>Classifications explained</b>	
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<b><sup>2</sup>Classification rationales</b>	
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## Microchipping of equines

### Introduction

1. The Committee should note that this paper was brought before the Committee in February 2020, however, the paper was not fully considered and instead it was agreed that it would be tabled again at the April meeting. The following is an extract from the minutes of the February meeting:

*AI 3(e) Microchipping of equines*

*15. The Chair advised that in view of further information received from BEVA on the eve of the meeting, the paper would not be considered and would be brought back to the Committee in April. The Committee were content with this.*

2. Due to the pandemic, and ongoing discussions with BEVA, the paper was delayed until the September 2020 meeting. This paper has been updated to reflect changes since February 2020.
3. The Committee will recall that the Equine Identification (England) Regulations 2018, and Equine Animal (Identification) (Scotland) Regulations 2019, were considered in April 2019 and September 2019 respectively. This paper details similar legislation, which has now been enacted for the same purpose in Wales and Northern Ireland, i.e. to mandate compulsory microchipping of equines as stipulated by European legislation. The paper also outlines amendments to the existing guidance, which have been made after discussion with BEVA.
4. The relevant devolved administrations have been consulted and have confirmed that the relevant regional sections of chapter 29, and the guidance under “General – all UK jurisdictions”, are correct.

### Wales and Northern Ireland

5. The Equine Identification (Wales) Regulations 2019 are very similar to the English regulations. They state that from 12 February 2019, the microchipping of equines became compulsory in Wales for:
  - a. Equines whose previous microchip ceases to function, or
  - b. Equines arriving in Wales having been subject to an alternative method of identity verification.
6. Further, From 12 February 2021, in Wales the microchipping of all equines 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.
7. The Northern Irish regulations are brief, and state that under the Equine Identification Regulations (Northern Ireland) 2019, from 29 March 2019, microchipping became compulsory in Northern Ireland including for 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.
8. Both the Welsh and Northern Irish regulations apply the same obligations on veterinary surgeons as the English and Scottish regulations, that is, the obligation to ensure that the microchip number is unique before insertion. Paragraphs 29.16-29.21 of the Supporting Guidance will therefore apply to veterinary surgeons in all UK jurisdictions.

### Further amendments

9. The Committee will note that BEVA’s comments regarding Chapter 29, as referenced in paragraph 3, were largely stylistic in nature and were not adopted. However, the following amendments were made following guidance from BEVA:

- a. It was added to England/Wales/Scotland/Northern Ireland guidance that “Equines born after 30 June 2009 should already be microchipped as this was mandated by previous legislation.”
- b. Guidance was added at 29.16 to clarify the situations that would require owner details to be amended with the PIO.
- c. The wording in 29.19 was changed to “check” instead of “declare”.
- d. It was added at 29.14 that scanning for a chip should take place before the prescribing of medication.
- e. The reference to “equine” from the section on ownership disputes (paragraph 29.49) has been removed because this guidance is in relation to small animals.

## Conclusion

10. To conclude, the changes being made to chapter 29 of the supporting guidance to the Code of Professional Conduct are in alignment with current legislation, and the devolved administrations have agreed that the guidance is an accurate representation of the veterinary obligations in the legislation. The comments from BEVA in regards to this topic are in relation to the legislation itself, as opposed to the new chapter 29.

## Decisions required

11. 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**).

## 29. Microchips, microchipping and animals without microchips

### Compulsory microchipping - dogs

29.1 Microchipping of dogs has been 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>

29.2 Microchipping of dogs in all other parts of the UK has been 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 may transfer a dog to a new keeper 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 details. The keeper is responsible for keeping these details up to date and, whenever there is a change of keeper, the new keeper 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 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 has failed to comply with the notice, the regulations give an authorised person powers to, without the consent of the keeper, arrange for the dog to be microchipped and recover the cost of doing so from the keeper. The regulations also permit an authorised person to take possession of a dog without the consent of the keeper for the purpose of checking whether it is microchipped or for the purpose of microchipping it in accordance with the regulations.

## Compulsory microchipping - equine

### England

29.7 Under the Equine Identification (England) Regulations 2018, from 1 October 2018, the microchipping of equines became compulsory in England for:

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

29.8 From 1 October 2020, in England the microchipping of all equines 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. This includes those equines born before 30 June 2009, which had previously been excluded from mandatory microchipping in the Horse Passport Regulations 2009.

29.9 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, that is, unless, if a wild or semi-wild equine ~~is~~ were treated with a veterinary medicinal product, ~~in this case~~ it would require a microchip to be implanted and a passport to be issued within 30 days of treatment.

### Scotland

29.10 Under the Equine Animal (Identification) (Scotland) Regulations 2019, from 28 March 2019, the microchipping of equines became compulsory in Scotland for:

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



29.11 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

29.12 Under the Equine Identification (Wales) Regulations 2019, from 12 February 2019, the microchipping of equines became compulsory in Wales for:

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

29.13 From 12 February 2021, in Wales the microchipping of all equines 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.

29.14 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

29.15 Under the Equine Identification Regulations (Northern Ireland) 2019, from 29 March 2019, microchipping became compulsory in Northern Ireland for 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

29.16~~0~~ 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 registered with the Central Equine Database ([www.equineregister.co.uk](http://www.equineregister.co.uk)) or Scottish Equine Database ([www.scotequine.com](http://www.scotequine.com)), if they have not done so already. 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 as a breach of client confidentiality, however, this breach will be justifiable under public interest grounds. (See chapter 14 – Client Confidentiality)

29.174 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.
- 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 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 the veterinary surgeon should report the fact of a duplicate equine microchip to their local Trading Standards office, or DAERA in Northern Ireland.

29.18 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 would include client details, and therefore lead to a breach of client confidentiality, this will be considered justifiable on public interest grounds. (See chapter 14 – Client Confidentiality)

29.129 A veterinary surgeon must check/declare on the equine's passport, prior to treatment, whether the medication to be administered would establish the equine's status as not intended, or 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.

29.20 If the passport or smart card is not produced, **it must be assumed that the horse is intended for human consumption, and therefore only medicines suitable for food producing animals should be prescribed. ~~It is permissible for a~~** veterinary surgeon **should ~~to~~ then** provide the client with a form identifying the equine, stating the medication administered, and advising the client that they need to contact the passport issuing office for a new passport. An example of such a form can be found in the 'Related Documents' box.

29.1213 Veterinary surgeons throughout the UK 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?

### General – all UK jurisdictions

29.1224 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.

### Horses

29.2315 ~~The Equine Identifications (England) Regulations 2018~~ specifically require that A microchip may only be implanted in an equine by a veterinary surgeon.

### Compulsory microchipping

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

29.2416 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.

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

29.2517 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)***

29.4268 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.

29.2749 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.

### **Tail docking**

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

29.2820 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.](#))

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

29.219 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.](#))

**Pet travel**

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

29.2302 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.

29.23–31 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.)

**Microchip Adverse Event Reporting Scheme**

29.3224 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.

29.2533 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).

29.2346 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

29.3527 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

29.2836 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.

29.2937 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

29.308 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.

29.349 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.

29.4032 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.

## Scanning for microchips – equines

### England

29.3341 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.

29.3442 Exceptions to the routine scanning of equines may apply when ~~there may not be~~ medication being 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.

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

29.3543 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 at: <http://www.gov.uk/report-stray-dog>

29.3644 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.

29.3745 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.

29.3846 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.

29.3947 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.

29.480 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 - ~~equines and~~ companion animals

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

29.5042 Veterinary surgeons should consider the following information if faced with this situation:

### Seek prior agreement to disclose

29.5143 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.

29.4452 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.

29.4553 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

29.4654 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 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).

29.4755 It is likely that consent will be given freely if the registered keeper 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

29.4856 If the current keeper refuses to consent to the release of their personal information to the registered keeper, the veterinary surgeon should contact the registered keeper 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 (or any other third party including the database provider) at this stage.

29.4957 If the veterinary surgeon makes contact with the registered keeper and the registered keeper 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 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 keeper to change the details on the microchip.

29.508 If the veterinary surgeon makes contact with the registered keeper and/or the database provider and from the conversation discovers that (i) the animal has been reported as stolen; (ii) the registered keeper was not aware that the animal is in someone else's possession; and/or (iii) the registered keeper wants to recover the animal, then the veterinary surgeon may be able to rely on the GDPR and disclose the current keeper's personal information provided he/she is certain that such disclosure is "necessary" for the purposes of the registered 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 not to disclose the data to the registered 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 keeper and/or database provider tells the veterinary surgeon that the animal is stolen, the veterinary surgeon should ask the registered keeper and/or database provider to report the theft. If the police then contact the veterinary surgeon, he/she should ask for a formal request for disclosure from the Police for this information.

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

In some cases, the animal may not have been reported stolen, but the registered keeper 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 keeper. The registered keeper or their legal representative should expressly confirm, in writing, the basis on which disclosure is permitted under the data protection laws. The veterinary surgeon should then assess that request before deciding whether to disclose.

29.519 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**

29.5260 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	7 September 2020
Title	Health Protocol
Summary	The paper raises relevant matters for consideration by the Committee, namely the amendments to Chapter 15 of the supporting guidance to the Code of Professional Conduct with reference to the Health Protocol. The rationale behind the amendments is to ensure that the Protocol is easily understood by the profession and serves its purpose as supportive guidance.
Decisions required	The Committee is asked to review and approve the amendments to Chapter 15 of the supporting guidance to the Code of Professional Conduct ( <b>Annex A</b> ).
Attachments	<b>Annex A:</b> Draft amendments to chapter 15 of supporting guidance – Health Protocol
Author	Lisa Price Head of Standards <a href="mailto:l.price@rcvs.org.uk">l.price@rcvs.org.uk</a>

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

<b><sup>1</sup>Classifications explained</b>	
Unclassified	Papers will be published on the internet and recipients may share them and discuss them freely with anyone. This may include papers marked 'Draft'.
Confidential	Temporarily available only to Council Members, non-Council members of the relevant committee, sub-committee, working party or Board and not for dissemination outside that group unless and until the relevant committee or Council has given approval for public discussion, consultation or publication.
Private	The paper includes personal data which should not be disclosed at any time or for any reason, unless the data subject has agreed otherwise. The Chair may, however, indicate after discussion that there are general issues which can be disclosed, for example in reports to committees and Council.

<b><sup>2</sup>Classification rationales</b>	
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>

## Health Protocol

### Background

1. The Health Protocol was first drafted in 2010 by leading Counsel following a consultation led by the Preliminary Investigation Committee (PIC) and Advisory Committee (AC) (replaced by the Standards Committee) with the aim of formalising the approach that would be taken in any investigation by the College in appropriately managing any health related matters.
2. The Health Protocol recognises that referring a registrant who is suffering from a health condition to a formal and public Disciplinary Committee (DC) and stopping them from practising is not always in the public interest, and therefore allows for a more supportive approach. Where concerns are directly related to a registrant's health, the Health Protocol allows for medical intervention as an appropriate alternative to disciplinary proceedings.
3. If a registrant is sufficiently managing their own health issues, then this in itself does not require reporting to the RCVS. It is intended that only those cases where there is cause for concern in relation to a registrant's fitness to practise which is adversely affected as a result of a health condition that is not being successfully managed are ultimately referred to the RCVS for investigation. This enables registrants who are not referred to the DC to give undertakings which may limit the extent of their practise and/or allow workplace and medical supervisors to monitor and appraise the RCVS of any ongoing issues.

### Proposed amendments

4. Following consultation with registrants who have previously been subject to the Health Protocol, the College received feedback that the protocol as it stands has in some cases been difficult for registrants to navigate given the use of "legalese".
5. The proposed amendments (Annex A) do not alter the substance of the Health Protocol but instead the language has been changed to make the supporting guidance more user friendly and easier for the profession to engage with. The changes will not impact how the guidance will be used in practice but rather the amendments are an attempt to clarify the scope and reach of the protocol, and the circumstances in which it may be relevant. In addition, case studies have been drafted to support the guidance to give registrants a better idea of how the Health Protocol applies in practice and when a referral to the College may be appropriate.
6. A draft of the proposed updates has been reviewed by external Counsel and put forward to the health sub group of the Preliminary Investigation Committee, Vetlife and VDS for input before being put before the Committee.

**Decision required**

7. The Committee is asked to:
  - a. Review and approve the amendments to Chapter 15 of the supporting guidance to the Code of Professional Conduct (**Annex A**).

## 15. Health Protocol

Updated (draft 21.07.20)

### **Veterinary surgeons and registered veterinary nurses whose fitness to practise may be impaired because of adverse health**

15.1 Many people, including veterinary surgeons and registered veterinary nurses (“Registrants”), will experience, during the course of their lives, health problems that are successfully managed or controlled, and these self-managed health problems will not, **on their own** be considered to adversely affect any Registrant’s fitness to practise. There may be occasions, however, where there are concerns that a health condition is having an adverse effect on a registrant’s fitness to practise. The RCVS Health Protocol is designed to deal with such situations in a proportionate and supportive way.

Independent, confidential support is available to veterinary surgeons and registered veterinary nurses with health related issues at Vetlife (<https://www.vetlife.org.uk/>)

The RCVS Health Protocol may be considered as part of any RCVS investigation where a Registrant experiences a health problem which results in, or forms a significant element of, any of the following:

- Conduct (or alleged conduct) which might reasonably be considered to amount to serious professional misconduct (which includes where a Registrant is unable or unwilling to demonstrate that they are taking reasonable steps to address their adverse physical or mental health)
- Criminal conviction, caution or an adverse finding.

### **Why the RCVS needs a Health Protocol**

15.2 As the regulator of Veterinary surgeons and veterinary nurses in the UK, the RCVS has a duty to act in the public interest. This includes safeguarding the health and welfare of animals committed to veterinary care, protecting the interests of those dependent on animals and assuring public health through the regulation of ethical and clinical standards. The RCVS duty to protect the public interest also includes recognition of a Registrant’s own interests (whilst always ensuring that those interests are balanced in a proportionate way with the public interest).

15.3 The RCVS recognises that sometimes concerns about a professional’s conduct will be directly related to a Registrant’s adverse health, and in such cases it may be more appropriate to take a more health-focussed approach, rather than a purely disciplinary one. This means that even though a Registrant’s behaviour, actions or omissions might be considered to represent serious professional misconduct, the nature of their adverse health condition means that the public interest may be better served by supporting and managing them within the Health Protocol, rather than immediately referring them to the Disciplinary Committee (“DC”).

### **Circumstances in which the RCVS will consider or take action in relation to a Registrant’s health**

15.4 The Veterinary Surgeons Act 1966 (“the Act”) gives the RCVS regulatory powers regarding veterinary surgeons who are registered with the RCVS. Under the Veterinary Nurse Conduct and Discipline Rules 2014 (“the Rules”), made pursuant to the RCVS Supplementary Charter granted in 2014, registered veterinary nurses are subject to a similar regulatory jurisdiction. Under the Act and the Rules, the RCVS can only take regulatory action regarding a Registrant in the following circumstances:

1. Where a Registrant is convicted in the United Kingdom or elsewhere of a criminal offence that could render them unfit to practise.

The Health Protocol may be considered where a Registrant's adverse health is directly relevant to a criminal conviction, for example, an alcohol or drug-related offence or an offence in which alcohol or drugs was significantly involved.

2. Where a Registrant's behaviour, actions or omissions could amount to "disgraceful conduct in a professional respect" (namely serious professional misconduct).

The Health Protocol may be considered where adverse health is relevant to conduct which could be considered to amount to serious professional misconduct (for example very serious or persistent clinical failings, or dishonest behaviour).

3. Where a Registrant's conduct in relation to their adverse health condition could be considered to amount to serious professional misconduct for one of the following reasons:

- A Registrant fails or refuses to take reasonable steps to address adverse physical or mental health that impairs their fitness to practise, where there is harm, or significant risk of harm to animal health or welfare, public health or the public interest as a result; or
- A Registrant fails or refuses to comply with reasonable requests from the RCVS (for example, by failing to demonstrate that they are taking reasonable steps to address their adverse health, or by failing to undergo a medical examination, or by failing to provide medical reports or give undertakings to the RCVS in relation to the management of their health condition); or
- A Registrant breaches an undertaking that they have given to the RCVS.

15.5 When considering whether a Registrant's fitness or ability to practise may be impaired because of adverse health, the following are examples of factors that may be taken into account:

- The Registrant's current physical or mental condition,
- Any continuing or episodic condition suffered by the Registrant,
- Any condition suffered by the Registrant which, although currently in remission, is capable of recurring.

**When concerns about a Registrant's health should be reported to the RCVS**

15.6 Anyone, including other Registrants, members of practice staff, clients, and healthcare professionals (for example medical practitioners) who has concerns that a Registrant's health is impairing their fitness to practise, or could amount to serious professional misconduct, is encouraged to report those concerns to the RCVS as soon as is reasonably practicable. See below for examples of situations where adverse health might impair fitness to practise or amount to serious professional misconduct.

Example 1:

A colleague has suffered an acrimonious relationship break-up and is suffering depression and anxiety as a result. You are aware that they have had trouble sleeping and they have requested a change in shift patterns to accommodate this. They have also contacted their GP and obtained anti-depressant medication, and have been referred for counselling. Their work remains unaffected and the practice manager is aware of the matter and is offering support.



*This person is actively managing their condition and taking steps to address the problems. Their work is not affected and they do not appear to pose a risk to animal health or welfare. Unless the situation changes, it would not be appropriate to report them to the RCVS.*

Example 2:

A colleague has developed a drink problem. Although their work remains largely fine, they are short-tempered with patients and have been seen to use excessive physical restraint while examining them. Other members of staff have noticed bottles of wine in their colleague's locker, which their colleague drinks from during the day, and they have been found asleep in their car during breaks. The colleague phones in sick quite often on a Monday. The Clinical Director has taken the colleague to one side to discuss the matter with them, but the person denies that there is a problem and refuses to seek help or support.

*This person is failing to take reasonable steps to address their adverse health, despite attempts by a colleague to encourage them to do so. There are potential animal welfare issues and conduct that could amount to serious professional misconduct. It may be appropriate to report the colleague to the RCVS if they continue to refuse to seek assistance.*

Example 3:

A colleague has always been a friendly and useful member of staff, but has recently become quite withdrawn. Their manner has become erratic and, while their work remains good, checks on the Controlled Drug Register have led to the discovery of some discrepancies in stock levels. An investigation is undertaken, during which the colleague has been seen on internal CCTV removing medication and secreting themselves in the staff toilets. When questioned, the colleague admitted taking and using opiates and says that they have a drug problem.

*This person has stolen controlled substances from the practice, criminal behaviour that is likely to amount to serious professional misconduct. In these circumstances it would be appropriate to report the matter to the RCVS (and possibly other authorities).*

15.7 In addition, Registrants who are concerned about a professional colleague's fitness to practise must also take steps to ensure that animals are not put at risk and that the interests of the public, including those of their colleague, are protected. This may mean reporting them to the RCVS.

**How the RCVS deals with concerns that involve a Registrant's adverse physical or mental health**

15.8 A Registrant's adverse health may be relevant to a complaint or a conviction case that is referred to either RCVS Preliminary Investigation Committee or RVN Preliminary Investigation Committee ("PIC"). All investigations that involve health issues will generally follow a similar procedure and timeline as those complaint cases not involving adverse health concerns.

15.9 The PIC conducts a preliminary investigation under the Act or (for RVNs) the Rules.

The PIC decides:

- whether in relation to a Registrant's conduct there is a realistic prospect of finding serious professional misconduct or a conviction which renders the Registrant unfit to practise; and, if so,
- whether it is in the public interest to refer the case to the DC for a full hearing.

When undertaking both elements of this assessment, the PIC may take into account the adverse health of the Registrant, if relevant. Generally any health issues will be more relevant to the second stage of the assessment, namely whether it is in the public interest to refer the matter to the DC. PIC meetings are held in private and information will be discussed confidentially.

15.10 When considering relevant issues of adverse health, the PIC may refer the case to a Medical Examiner for consideration and opinion. The Medical Examiner is a suitably qualified practitioner who may, for example, recommend that the registrant should be invited to undergo medical examinations and/or should be invited to give appropriate undertakings, to the PIC (undertakings are described and explained in more detail below). The Registrant will be provided with a copy of the Medical Examiner's report prior to any PIC decision related to its contents<sup>1</sup>. The PIC will seek the Registrant's response to the Medical Examiner's report. The PIC will have regard to the Medical Examiner's opinion in considering matters.

The PIC may also have regard to information from other sources (for example, occupational health or other workplace assessments) when considering cases – copies will be sent to the Registrant<sup>2</sup> and the PIC will seek and consider the Registrant's response to them as part of its investigation and decision making. Generally speaking, medical records are not supplied directly to the PIC, but will go directly to the Medical Examiner if needed. Any confidential information will only be considered by those who specifically need to do so. Where relevant the Medical Examiner may refer to information contained in the medical records as part of any opinion they provide to PIC.

**What the PIC can decide to do when it is considering a Registrant's adverse health in the context of a professional conduct concern**

15.11 Once the PIC has investigated a case, it may decide in light of all relevant circumstances, including the Registrant's health, that it is not in the public interest to refer the case to the DC, at least at that time. The PIC may then consider whether to:

- hold the case open for a specified period of time; or,
- adjourn consideration of the case for a specified period of time.

15.12 In these circumstances, the PIC may also take reasonable steps to protect the public interest. In doing so, it may invite the Registrant to participate in the health protocol, which might include, for example, inviting the Registrant to:

- undergo medical examinations, assessments, or tests (for example, within a particular timeframe or at specific intervals) which may be at his/her expense;
- provide medical reports to the PIC (or allow such reports to be sent to the PIC by the relevant medical practitioner) which may be at his/her expense;
- undertake a course of treatment recommended by a medical practitioner at his/her expense; and/or
- give undertakings to the PIC

This is not an exhaustive list.

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<sup>1</sup> In exceptional cases, redactions might be made to the Medical Report (and other documents) before sending to the Registrant, for example if there is a concern that the Registrant's health might be adversely affected by reading certain parts of the document in question.

<sup>2</sup> Please see footnote above regarding potential redactions.

15.13 As noted above, if the PIC decides that the public interest can be protected by doing so, it may invite the Registrant to give undertakings. Any such undertakings must be proportionate, targeted, workable and measurable. The types of possible undertakings may include, for example (this is not an exhaustive list):

- undergoing treatment by the Registrant’s treating clinician at his/her expense;
- supervision by a medical supervisor appointed by the RCVS. The medical supervisor will not be the Registrant’s own treating clinician;
- supervision by a workplace supervisor appointed (or approved) by the RCVS, who may be a suitable colleague in the same practice;
- specific undertakings to address concerns identified by the RCVS or the medical supervisor, for example, relating to the Registrant’s practice or the specific facts of the case;
- undertakings allowing the sharing of information between relevant persons, for example the Registrant’s treating clinician, employer, medical supervisor or workplace supervisor and the RCVS; and,
- submitting to blood, urine or other medical tests at particular times/and or intervals, with the results to be provided to the RCVS for consideration by the PIC.

15.14 An undertaking is a formal promise given in writing and signed by the Registrant. A breach of an undertaking may of itself amount to disgraceful conduct in a professional respect. A breach may also lead to other matters being referred to the DC, such as any original underlying complaint that led to the RCVS investigation. A Registrant who is invited to give undertakings will be reminded that breach of an undertaking could result in referral of that breach to the DC, and that the original concerns considered by the PIC may also be referred to the DC at the same time. The Registrant will be encouraged to seek advice from their legal advisers or indemnity insurers, if appropriate, so that the Registrant has the opportunity to satisfy themselves that they properly understand the nature and implications of what they are signing.

15.15 When monitoring a held-open or adjourned case, the RCVS adopts a proactive approach to ensure compliance with undertakings. This involves regular liaison between the RCVS, usually a Disciplinary Solicitor, and any relevant individuals, such as a medical supervisor or workplace supervisor. The PIC may also direct, where appropriate, that any reports, test results or similar documents should be submitted and considered by the “Health Sub Group” which comprises a lay and a veterinary surgeon member of the PIC and Chair of PIC, or by a full meeting of the PIC.

15.16 A held-open or adjourned case may be further held open or adjourned by the PIC for as long as it is considered to be necessary in the public interest. Monitoring will be carried out until such time as the PIC considers that the case may be closed or that it should be referred to the DC. In any event, the PIC will formally review individual cases at least once every 12 months.

15.17 On some occasions the PIC, having investigated a concern and having considered any relevant adverse health concern, will nevertheless decide to refer a Registrant to the DC. This will happen if the PIC considers that the concern is so serious that referral to the DC is necessary in the public interest notwithstanding any relevant adverse health concerns.

**What happens if a Registrant does not cooperate with the PIC in relation to health-related concerns, or where undertakings are breached, or where further matters arise.**

15.18 A failure to cooperate with the PIC, or a breach of undertakings, could each amount to serious professional misconduct. The PIC may refer such cases to the DC, with or without the original case that was considered by the PIC.

15.19 If additional matters, for example, concerns arising from information provided in compliance with undertakings, further conviction(s) or matters potentially amounting to serious professional misconduct come to the attention of the PIC during the course of its management of a held-open or adjourned case, the PIC may decide to refer all or any cases to the DC, following any additional investigation that is considered necessary.

**If the public interest requires a Registrant's name to be removed from the register**

15.20 The PIC may refer cases involving health-related concerns to the DC if it considers it to be appropriate and in the public interest, having regard to its duties under the Act or (for RVNs) the Rules. The DC can, if it makes a finding against a Registrant in relation to allegations of serious professional misconduct or a conviction, direct that the Registrant's name be removed from the Register.

<b>Summary</b>	
Meeting	Standards Committee
Date	7 <sup>th</sup> September 2020
Title	Disciplinary Committee Report
Summary	Update of Disciplinary Committee since the last Standards Committee meeting on 10 February 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>Document</b>	<b>Classification<sup>1</sup></b>
Paper	Unclassified
Annex A	Unclassified

## Background

1. Since the last update to Standards Committee on 10 February 2020, the Disciplinary Committee ('the Committee') have met on two occasions. The RVN Disciplinary Committee have not met.
2. Since the last update to Standards Committee, the Disciplinary Committee have not heard any of the Inquiries that were listed due to COVID 19. The Disciplinary Committee did however, meet to hear two restoration applications, both of which were conducted virtually via Zoom.

## Hearings

### Mr Simon Wood

3. On Wednesday 24 and Thursday 25 June 2020, the Disciplinary Committee met to hear the restoration application of Mr Wood. Mr Wood was originally removed from the Register in 2018 following his conviction at Portsmouth Magistrates Court in late 2017 for possessing indecent images of children. Mr Wood was given a community sentence, fined and was made subject to a sexual harm prevention order for five years, following his conviction of which he pleaded guilty.
4. At this application for restoration (which took place virtually via Zoom), Mr Wood's representative argued that he was professionally competent to be restored to the Register, that he had a strong mitigation for his original conviction (for which he had demonstrated remorse), that he had a low chance of reoffending, had engaged proactively with the Probation Service and rehabilitative courses, and that had completed his community service.
5. After hearing the arguments from Mr Wood's Counsel, the Disciplinary Committee went on to consider his application. They took into account a number of factors, which included the fact that Mr Wood accepted the Committee's original findings, the seriousness of those findings, the protection of the public, (for which he had demonstrated remorse), that he had a low chance of reoffending, had engaged proactively with the Probation Service and rehabilitative courses, and that had completed his community service.
6. After considering all the elements, the Disciplinary Committee concluded that Mr Wood was not currently fit to be restored to the Register. In its decision, the Committee stated, "that the facts of the charge justifying removal from the Register and the underlying criminal behavior were too serious for Mr. Wood to be restored at this time." They also stated that Mr. Wood continues to be subject to the sexual harm prevention order, notification requirements for sexual offenders and because he remained on the Barring List by the Disclosure and Barring service until January 2023, he was not fit to be restored to the Register at this time.
7. The full findings can be found here: <https://www.rcvs.org.uk/document-library/decision-on-application-for-restoration/>

### Mr Warwick Seymour Hamilton

8. On Tuesday 30 June and Wednesday 1 July 2020, the Disciplinary Committee met to hear the eighth restoration application of Mr. Seymour Hamilton. In 1994, Mr. Seymour Hamilton was removed from the Register following a practice inspection in 1993, which found that his operating theatre “showed a total disregard of basic hygiene and care for animals and was such as to bring the profession into disrepute”. Since being removed from the Register, Mr Seymour-Hamilton has made applications for restoration in 1995, 2010, 2015, 2016, 2017, 2018 and 2019. Each of these has been rejected.
9. Mr Seymour Hamilton attended the restoration application (which was held virtually via Zoom) and was not legally represented.
10. In his application, Mr Seymour Hamilton made it clear that he did not want to be restored onto the Register to Practice, but to facilitate his research in the area of herbal medicine
11. After making several arguments as to why the Committee should restore his name to the Register on this occasion, the Committee went to consider his application. The Committee took into account a number of factors such as his acceptance of the findings of the original hearing and their seriousness, protection of the public, the future welfare of animals should he be restored, length of time off the Register, his conduct since removal, efforts to keep up-to-date with veterinary medicine and impact on the individual of being off the Register.
12. The Committee found that, while Mr Seymour-Hamilton, had accepted some of the findings of the original case, he disagreed with key facts, such as whether or not his surgery was open at the time of the inspection, and showed ‘minimal insight’ into the seriousness of the findings. The Committee also voiced concerns over public protection and animal welfare should he be restored, saying that he had demonstrated little or no understanding of the purpose of regulation and had, furthermore, admitted to, in recent years, spaying two cats at a practice in Calais despite his long absence from the Register and unregistered status as a veterinary surgeon in the UK or France.
13. In considering his conduct since leaving the Register, the Committee found that Mr Seymour-Hamilton had admitted to a number of instances of conduct which it found ‘reprehensible’. This included carrying out spays; not self-isolating after testing positively for coronavirus and, in fact, travelling through France and Spain in breach of the lockdown put in place due to the pandemic; deliberately trying to re-infect himself with coronavirus and then visiting a vulnerable person without maintaining social distancing; treating his own animals with untested herbal remedies; and using his own remedies to treat people, which, in one case, included a nine-year-old boy in Greece.
14. In summing up Judith Way, who was chairing the Committee and speaking on its behalf, said: “The Committee has concluded that he has not satisfied it that he is fit to be restored to the Register. He has exhibited a disregard for regulation and compliance with the law. He lacks an understanding

as to why he has not been restored in the past. He has not set about addressing any of his shortcomings. He relies wholeheartedly on his research, yet he does not support that research with any real peer-reviewed publications and he fails to acknowledge the consequences of being out-of-practice for so long. He has misplaced confidence in his own abilities and does not recognise that his approach and/or actions can represent a danger to animals and to the public. The Committee has therefore reached the conclusion that the applicant is not a fit person to be restored to the Register.”

15. The full decision can be found here: <https://www.rcvs.org.uk/document-library/decision-on-application/>

### Upcoming DC's

16. As it stands, six Inquiries will potentially be listed and heard by the end of the year. The two Inquiries that were listed to be heard in February 2020, were adjourned in March and the Clerk is working with all parties to resume these Inquires.
17. One resumed Inquiry has been listed for Monday 9 November 2020. This will be carried out virtually, via Zoom.



<b>Meeting</b>	Standards Committee
<b>Date</b>	7 September 2020
<b>Title</b>	Riding Establishments Subcommittee Report
<b>Classification</b>	Unclassified
<b>Summary</b>	Standards Committee is asked to note this brief update on the work and considerations of the Riding Establishments Sub-Committee. The topics discussed are as follows: <ul style="list-style-type: none"> <li>• New Subcommittee Chair</li> <li>• Subcommittee meetings</li> <li>• Advice queries</li> </ul>
<b>Decisions required</b>	None
<b>Attachments</b>	None
<b>Author</b>	Stephanie Bruce-Smith Standards and Advisory Officer <a href="mailto:s.bruce-smith@rcvs.org.uk">s.bruce-smith@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

<b>1Classifications explained</b>	
Unclassified	Papers will be published on the internet and recipients may share them and discuss them freely with anyone. This may include papers marked 'Draft'.
Confidential	Temporarily available only to Council Members, non-Council members of the relevant committee, sub-committee, working party or Board and not for dissemination outside that group unless and until the relevant committee or Council has given approval for public discussion, consultation or publication.
Private	The paper includes personal data which should not be disclosed at any time or for any reason, unless the data subject has agreed otherwise. The Chair may, however, indicate after discussion that there are general issues which can be disclosed, for example in reports to committees and Council.

<b>2Classification rationales</b>	
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>

## Riding Establishments Sub-Committee Report

### New Subcommittee chair

1. The Riding Establishments Subcommittee (RESC) is delighted to welcome Linda Belton as its new chair. Linda replaces Neil Smith and the RESC would like to thank Neil for his leadership and equine expertise during his time on the Subcommittee.

### Sub-Committee meetings

2. Since lockdown in March, the RESC has met remotely on three occasions to discuss matters including; the postponement and subsequent cancellation of the riding inspector training and refresher courses for 2020, the format of the courses and whether an online option can be offered as an alternative or alongside the current course model, and ongoing work to ensure RESC guidance to the inspectorate, inspector forms and the inspectorate list are up to date.

### Training and refresher courses

3. Following the postponement of the training and refresher courses in March 2020, the RESC communicated to the inspectorate in May that the 2020 courses had been cancelled. All inspectors due to complete their five year refresher training have been given a stay and invited to attend a course in 2021. Inspectors whose refresher training has been carried over to 2021 will then resume what should have been their own five-year cycle – i.e. their next refresher training will take place in 2025 to ensure realignment with the wider inspectorate. As new applicants in 2020 have been unable to attend a training course, the RESC is arranging shadowing with members of the Subcommittee instead. This will be completed in advance of the 2021 course.
4. The RESC anticipate that the subsequent increase in attendees for the 2021 course compared with previous course numbers is manageable due to the expanded number of subcommittee members. The RESC is investigating whether any parts of the course can be offered online in the future, to run either in parallel to the current offering, which involves training days in York and London each summer, or as an alternative. Alternate venues are also being explored in order to meet the geographical spread of the inspectorate.

### Guidance for England

5. In February 2020 the RESC contacted Defra having been advised Defra was considering amendment to its guidance on the Animal Welfare (Licensing of Activities Involving Animals) (England) Regulations 2018. Defra advised a review “from the dog or cat perspective” was being undertaken but it was appreciated guidance on the hiring out of horses had been issued. Defra advised that a comprehensive review of the regulations and associated guidance would be undertaken in 2023, 5 years after implementation. The current review is meant as “a light touch review” to iron out inconsistencies between documents and areas where inspectors are unclear.

The RESC, having received feedback from the inspectorate and relevant stakeholder organisations on the regulations and guidance, set out a list of issues with both. Defra thanked the RESC for its comments, advising they would form part of its review. The RESC is currently undertaking a full review of its own guidance, last updated in 2019 following enactment of the regulations in October 2018, having received feedback on the practical effects of the Animal Welfare (Licensing of Activities Involving Animals) (England) Regulations 2018 in October 2018.

### Template inspector form for England

6. The template inspector form for England is being updated, and is intended to be suitable for full and interim inspections. The Regulations allow for the period of a licence to be one, two or three years, however, annual (interim) inspections by a listed veterinary surgeon are still a requirement for riding establishments, regardless of the length of the licence. The updates to the inspector form are due to be finalised in September.

### Advice queries

7. The Standards and Advice team continues 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. Regulation of animal sanctuaries, rescue and rehoming centres;
  - c. Whether riding establishments must have any new horses inspected prior to assuming riding establishment duties;
  - d. How recent a shadow inspection must have been for new applicants; and
  - e. The criteria for new inspectors.

<b>Summary</b>	
Meeting	Standards Committee
Date	7 <sup>th</sup> September 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 20 <sup>th</sup> January 2020
Author	Lily Lipman Senior Manager Practice Standards Scheme I.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**

1. As of March 2020, upon government advice regarding social distancing, all planned and future PSS assessments for 2020 were suspended pending further guidance. This was in line with the response from the Veterinary Medicines Directorate (“VMD”), where all medicines inspections for non-PSS practices were also suspended. An initial review of the assessments planned for up to June 2020 was undertaken by the RCVS Covid Taskforce at its meeting on 23<sup>rd</sup> April. At the time of writing this paper, no information has been released by the government on potential dates of when social distancing measures would be lifted completely, which has prompted PSG to consider the implementation of remote medicines assessments.
2. Regular communication has been sent to practices since the implementation of social distancing, via website updates, emails and social media releases. The RCVS website confirms that assessments are ‘suspended until further notice’ and will be updated once PSG has considered how assessments will be managed going forwards.

### **VMD**

3. As the Committee will be aware, the PSS incorporates statutory medicines requirements in order to uphold the Veterinary Medicines Regulations (VMRs) as per the RCVS and VMD’s MOU. This means that any plan to manage the accumulating missed assessments must articulate with VMD requirements. The RCVS Lead Assessor has been in frequent contact with the VMD regarding management of these missed assessments. At the time of writing this paper, the VMD has communicated the possibility of using remote assessments for veterinary practices, after the implementation of remote assessments for scenarios such as feed suppliers and SQPs.

### **Managing missed PSS assessments**

4. At its meeting in May 2020, PSG discussed the various options for managing the backlog of assessments, with one option being the implementation of remote assessments on the medicines requirements (as per the VMD plan) only, with a view to performing a full PSS assessment once government advice allows for re-commencement of practice visits. With this in mind, PSG agreed in principle to provide a 12 month extension to those practices which should have been assessed but were not due to Covid in 2020, and this was agreed by the Covid Taskforce at its meeting on 25<sup>th</sup> June 2020.
5. The assessor team subsequently devised and presented to PSG a remote medicines assessment proposal, to be presented to the VMD to review and approve. It is planned that the outcome of this matter will be discussed further at the next meeting of PSG on the 14<sup>th</sup> September, subject to the VMD’s verdict.
6. As remote medicines inspections and the regimen for these are yet to be approved and deployed by the VMD, it is advised that this plan is not communicated to practices until the RCVS have confirmation of the VMD’s decision.

## **Awards**

7. As the Awards do not articulate in any way with the Medicines requirements of the VMD and as such, do not require VMD approval for changes in the management of them, the Taskforce also agreed a year's extension to the Awards dates.

## **Accreditation**

8. Currently, the government are deploying a phased re-opening of some businesses, with many veterinary practices continuing to operate with stringent social distancing measures in place. While the VMD may take a view on the commencement of live visits prior to the end of the year, the RCVS must obviously take measures to ensure the health and safety of its staff as well as the practice staff it is servicing. In addition, it must be considered that many veterinary practices will still be operating with furloughed staff, and with financial and logistical pressures, and the re-commencement of assessments must be decided with due sensitivity to these considerations. With this in mind, PSG discussed the most appropriate plan for the time when face to face accreditation and awards visits may be re-instated, and agreed that once social distancing measures are lifted completely, a three month period should pass prior to live visits, in order to allow veterinary practices to re-establish business as usual. This is in line with the current time lag between the booking of visits, and the assessment taking place, and was also agreed by the Taskforce.

## **Edits project**

9. 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. This matter will be discussed further by PSG at its meeting on 14<sup>th</sup> September.

## **Previous PSG Meetings**

10. PSG met on 20<sup>th</sup> January 2020 and 13<sup>th</sup> May 2020. Minutes for the January meeting may be found at Annex A, with the minutes for the May meeting to be ratified at PSG's next meeting on 14<sup>h</sup> September 2020. PSGs matter for decision by Standards Committee is to be presented in a separate paper.



Summary	
Meeting	Practice Standards Group
Date	20 <sup>th</sup> January 2020
Title	PSG Minutes
Summary	This paper reports the discussions and decisions made by PSG at its meeting on 20 <sup>th</sup> January 2020.
Author	Lily Lipman RVN Senior Manager Practice Standards Scheme l.lipman@rcvs.org.uk / 020 7202 0756



**PRACTICE STANDARDS GROUP**Minutes of the meeting held on the 20<sup>th</sup> January 2020

<b>Members:</b>	Mandisa Greene	Chair & RCVS council
	Adam Mugford	BAVECC
	Anna Judson	SPVS
	Louise Northway**	BVNA
	Tim Mair	BEVA
	Rita Dingwall	VMG
	Caroline Freedman	Lay member
	Emilie Callaghan*	BSAVA
	Daniella Dos Santos*	BVA
	Sally Wilson	BCVA
	Martin Smith	BVHA
	Andrea Jeffery*	RCVS VN Council

<b>In Attendance:</b>	Mandisa Greene	Chair & RCVS Council
	Lily Lipman	RCVS Senior PSS Manager
	Pam Mosedale	RCVS Lead Assessor
	Gemma Kingswell	RCVS Senior Advisor
	Laurence Clegg	RCVS Senior PSS Officer
	Devon Drew	RCVS PSS Officer
	Adam Mugford	BAVECC
	Anna Judson	SPVS
	Tim Mair	BEVA
	Rita Dingwall	VMG
	Caroline Freedman	Lay member
	Sally Wilson	BCVA
	Martin Smith	BVHA
	Louise Northway**	BVNA
	Lisa Quigley**	RCVS Mind Matters Imitative Manager

\*Denotes absence

\*\*Denotes dial-in

### **Apologies for absence**

1. Apologies of absence were received from Daniella Dos Santos (BVA), Andrea Jeffery (RCVS VN Council), and Emilie Callaghan (BSAVA).

### **Declarations of interest**

2. Martin Smith, the BVHA representative declared to the Senior Officer that he had sold his practice to CVS after the meeting was concluded. This is to be formally noted by PSG at its next meeting.

**Action: Senior Officer to ensure the BVHA representative formally declare interest in CVS at the next PSG as an agenda item.**

### **Minutes of the previous meeting**

Amendments to be made to the previous minutes:

3. Amend action point wording for paragraph 15 “The Practice Standards team will communicate with the major employers group regarding the proposal for the Rules to be amended regarding timings and type of assessment after the date of acquisition.”
4. Paragraph 17 the wording must be amended to: “There must be a suitable quantity & range of endoscopes for the range of species routinely treated and procedures routinely carried out’
5. There were formatting errors identified from the October meeting minutes. The wording under paragraph 21 needs to be under paragraph 23, and the correlating action for paragraph 21 needs adding in.
6. Amended wording in paragraph 40 to state: “The Lead Assessor informed the Group that there have been changes made to the current version of the VMRs ahead of Brexit deal in that Special Treatment Certificates (STCs) were now Special Import Certificates (SICs)”.
7. Paragraph 29 of the minutes to be amended to include the stipulation that an unqualified specialist may not be used.

**Action: The minutes of the previous meeting will be up dated by the PSS team and recirculated to the Group**

### **PSS Update**

## Membership and Awards

8. It was noted that since the last report, the number of Veterinary Hospitals had dropped by three. The Group requested the PSS team investigate the reasons for this. It was also noted that while numbers are still rising in the overall membership of the Scheme, the pace had slowed down. It was explained that there was no known reason for this, and that the higher growth period could be anomalous, depending on the rate of acquisition of practices within corporate groups. The Senior PSS Officer updated the Group on the number of practices that are a part of the scheme and this has now reached 68.1%.

**Action: Senior Officer to investigate why the three veterinary hospitals have left the scheme.**

9. The Group expressed an interest in getting more practices to attain awards. The Lead Assessor confirmed that two corporate groups had expressed a desire to roll out awards across their entire groups. The Lead assessor confirmed that assessors do recommend applying for awards to practices where they think this is appropriate.
10. The Senior Officer reported a new enhancement on Stanley that enables a query to be run on all deficiencies found in all modules and species. It was explained that this will enable detection of themes and trends in assessments for the previous time period. The Group discussed that they would like to see these statistics per species in a separate update paper at each meeting moving forwards. It was agreed that just the top 10 deficiencies would be reported. This will enable the Group to focus on requirements that are repeatedly not met, with a view to, for instance, analysing the guidance notes for that requirement. It was mentioned by the Senior Officer that as Stanley went live in September 2017, the Group would have access to all data backdated to that time period.

**Action: Senior Officer to present a 'Requirements not met' paper at future PSG meetings.**

## Lead assessor update

11. In December 2019 the assessors had a training session in which they were presented the proposed edits to date. The Lead Assessor reported a generally positive reception by the assessors. There have now been module champions identified in the assessor group for assessors to use for queries relating to those modules. There is another assessor meeting in April 2020 which the Mind Matters Manager will be attending to discuss mental health requirements in the Practice Standards as well as a representative from AMTRA providing a talk on SQP requirements.
12. The Lead assessor reported that one assessor is leaving to go on maternity leave and one assessor had returned from maternity leave. There is also an assessor moving to PIC in June, and will have to cease her work as a PSS assessor due to conflict. Because of this change one of the reserve assessors has been brought in as a new assessor. It was discussed by the Group that further reserve assessors may need to be trained but the Lead Assessor assured the Group that this will not be needed in the near future, especially as there is still one remaining reserve assessor who she is keeping in contact with. The Senior Manager confirmed that a paper regarding RVN assessors will be presented to the next PSG in May 2020.

**Action: Senior Manager to present RVN PSS Assessor paper at May 2020 PSG.**

### **Matters for decision**

#### **Dental radiography**

13. The group was asked to decide whether requirement 4.5.4 of the Small Animal Dentistry module should be amended to include points for a dedicated dental radiography machine at Award level. It was explained that, at present, a dental radiography machine is only a requirement at Veterinary Hospital level and so adding it to the awards would mean that Core and GP practices that had such a machine could be recognised.
14. It was raised by some members of the Group that the requirement should actually be moved to GP level, as dental procedures are now more common and dental radiography makes these more effective. However, it was decided to keep the requirement at VH level as it is still not known exactly how frequently dental radiography is used, and therefore what the impact would be on GP practices. It was, however, agreed that this should be kept under review and moved to GP in the future if considered appropriate.
15. The Group responded positively to the new addition at Awards level, which contributes to the In-Patient Service Award. Therefore the new wording for the Award requirement was agreed as:

*“The practice has a dedicated dental radiography machine and produces diagnostic quality dental radiographs.”*

**Action: The Senior Officer to add in the new wording for the dental award requirement 4.5.4.**

#### **Monitoring of general anaesthesia**

16. The Group was asked to agree that requirement 1.2.9 in the Anaesthesia module for Small Animal should be moved to Core Standards. This is being proposed in light of a PIC case that was subsequently closed. It was noted by PIC that the need for a separate anaesthetist was not a Core requirement in Small Animal practice. This raised obvious concerns around maintenance of hand sterility during surgery if there is only one veterinary surgeon. While the Group agreed in principle that there should be a Core requirement for a separate person to monitor anaesthesia, it was discussed that it might be necessary for a vet to act alone in emergency situations so as not to compromise animal welfare. It was agreed the wording should reflect the fact that a second person was required for elective, planned procedures in order to clarify the appropriate application of this requirement. The PSS team were therefore tasked to produce some wording that reflected PSG's consideration regarding emergency situations.

**Action: Senior Officer to move requirement 1.2.9 to Core Standards level in the edits. Senior Office/Senior Manager to produce draft wording, and to send to PSG for review.**

## Redistribution of Equine Medical Records module Awards requirements

17. During the 2020 edits it was decided the awards section in the Medical Records module was to be removed. The group was therefore asked to decide what to do with the remaining requirements.

18. Requirement 10.5.2

*“Body condition score is recorded using a recognised, peer-reviewed standardised system.”*

19. It was discussed that this requirement is already in Veterinary Hospital and there was a query whether this should go into GP, however, the BEVA representative stated that it would be difficult for an Equine General Practice to complete a body condition score in every case. The Group was satisfied to leave this in Veterinary Hospital.\*

20. Requirement 10.5.4

*“A system is in place to access clinical records when away from the practice premises.*

*Guidance notes*

*This could be real-time access, computerised record copies or print-outs”.*

21. The Group discussed the difficulties in accessing the clinical records when systems are offline during out of hours or where there are inconsistent mobile signals while in the field. It was therefore decided that this should remain an award point but that it should be moved to the Equine Ambulatory Award, with no changes to the wording.

22. Requirement 10.5.5:

*The practice records can cross reference the same patient with different owners.*

*Guidance notes*

*For example reference to passport name/UELN/microchip for PPEs.*

23. The Group discussed that this should be moved to Equine Ambulatory Award as above.

**Action: Senior Officer to make these amendments to requirements 10.5.2., 10.5.4 and 10.5.5.**

\* Upon investigation after the meeting, it transpired that this requirement was, in fact, at the Awards level. This requirement will therefore be moved to VH level.

### **New Award requirement for Constant Rate Infusion (CRI) of sedation drugs for standing surgeries**

24. During the 2020 edits an Award requirement was added to the Anaesthesia Module for Small Animal regarding training in local anaesthetic techniques. The BEVA representative suggested there should be an alternative for the Anaesthesia Award requirement in Equine. The Group was therefore asked to consider the proposed Award requirement for Constant Rate Infusion (CRI) of sedation drugs during standing surgery in the Equine Anaesthesia module:

*Requirement:*

*Constant Rate Infusion (CRI) of sedation drugs during standing surgery are used.*

*Guidance notes*

*Evidence should be provided through clinical records.*

*Awards points 20.*

25. The Group agreed to this addition.

**Action: The Senior Officer to add the new Award requirement for Constant Rate Infusion (CRI) into the Equine Anaesthesia Module.**

### **Out Of Hours Provision**

26. It was explained that an anomaly had been identified within the Out of Hours module for Small Animal (Module 13) in relation to the requirements for referral centres. Currently, the requirement set out in Core only makes reference to the out of hours requirement for first opinion practices and does not take account of additional requirements for referral practices as set out in the Supporting Guidance to the Code of Professional Conduct. The Group was therefore asked to agree the changes to the Core requirement wording in 13.1.1 to include referral practices.

27. The proposed wording was:

*Requirement 3.1.1:*

*Practices must take steps to provide 24-hour emergency cover for those species treated by the practice during normal working hours. For referral practices, this must include 24-hour availability in all disciplines.*

*Guidance notes*

*See Chapter 3 in the supporting guidance to the RCVS Code of Professional Conduct for further information: <http://bit.ly/1J80rzD> Veterinary surgeons taking steps to provide emergency first aid and pain relief for animals should provide protocols for on-duty veterinary surgeons.*

27. The Group agreed to this, with a caveat that the wording include the availability to use an “alternative source of appropriate assistance” as per the Supporting Guidance. The following wording will therefore be included:

*'...or they should, by prior arrangement, direct referring veterinary surgeons to an alternative source of appropriate assistance.'*

**Action: The Senior Officer to amend the wording for requirement 13.1.1.**

### Transportation Protocol

28. A concern has been raised by a member of the public whose dog escaped from the veterinary practice that was caring for it at the time. The dog was allegedly being transported back to the branch practice via company transport after visiting the associated veterinary hospital. The animal escaped the vehicle when a member of the team at the branch practice premises opened the vehicle door. The Group was asked to decide how and whether Module 8: In-patients should be amended in relation to the secure transport of patients to and from practice vehicles.
29. The Group discussed the basic animal welfare requirements when a patient is under care of a Veterinary Surgeon and agreed there should be a requirement added to Small Animal Core Standards regarding safe transportation of animals to and from practice vehicles. It was decided that this requirement was best housed in Module 8: In-Patients. Senior Officer and Senior Manager to produce wording for a new Core Standards requirement in the Small Animal Inpatient module for a written protocol regarding patient safety during transport to and from practice vehicles. This wording is to be sent to PSG for review and once approved by PSG, this is to be presented to Standards Committee in this round of edits.

**Action: Senior Officer to add in the need for a written protocol for transportation of patients between practice vehicles and the premises.**

### Team member presence on site at all times for 24-hour care

30. The RCVS received several queries from members of the profession in relation to the Veterinary Hospital requirement at 8.3.2 (Module 8: In-Patients). The enquiry was concerning whether the requirement was to be strictly adhered to if the hospital has no in-patients at the time. The Group therefore was asked to decide whether a member of the veterinary team must be on site 24-hours a day, every day of the year even where there are no in-patients hospitalised overnight. It was discussed that it would be too difficult to assess any caveats to this requirement and could inadvertently encourage practices to discharge patients prematurely, or transfer them to an Out of Hours provider, in order to send staff home. It was also discussed that the term 'Veterinary Hospital' implies immediate access to on-site veterinary personnel, and that if a client arrived unannounced and there was no-one on-site, this would not meet the intended requirement. It was therefore decided to keep the requirement as per the original wording.

**Action: Senior Manager / Senior Officer to inform the enquirers of the Group's response to the query regarding the need for someone to be on site to meet requirement 8.3.2 when there are no inpatients.**

### Introducing Sustainability elements into the requirements of the Scheme

31. At the October meeting of PSG, representatives from Investors in the Environment (IIE) gave a presentation to the Group regarding the incorporation of sustainability principles within the Practice Standards Scheme, with a view to encouraging more environmentally friendly practise. The Group was therefore asked to discuss:
- a. moving the newly edited requirement for the practice to have a sustainability policy (to include recycling and waste reduction plan) from Awards to GP in Module 16: Practice Team;
  - b. the introduction of a requirement for evidence of waste reduction in the Practice Team Award; and
  - c. the introduction of a requirement for the practice to undertake carbon offsetting in the Practice Team Award.
32. It was discussed by the Group that carbon offsetting was a significant piece of work for practice to achieve at this early stage. It was therefore suggested that this requirement could be introduced with a lower number of points, in order for the requirement not to be critical in gaining the award. There was concern raised regarding the use of carbon offsetting as a convenient mechanism that some practices may use to try and gain points without exploring alternative front line sustainability methods, such as use of the 'three R's' (Reduce, Reuse, Recycle). It was therefore agreed that this requirement has detailed guidance notes on this not being a front line sustainability action for instance, "offset what you reasonably cannot change". The Group agreed to these changes to be incorporated into this round of edits, and for these changes to be presented at the next Standards Committee meeting on the 10th February 2020.

**Action: The Senior Officer and Senior Manager to produce wording for the new Awards requirements regarding waste reduction and carbon offsetting to be included into the Practice Standards.**

**Action: The Senior Manager to present these agreed changes to Standards Committee at its meeting on 10th February 2020.**

33. It was proposed to the Group that a wider review on how sustainability could be incorporated into PSS could be carried out by sustainability professionals. It was clarified that there are currently no similar sustainability projects being carried out by the College, and the Group felt that PSS would be a good vehicle for such an initiative.
34. It was suggested that the Group could aim to incorporate sustainability requirements into the 2025 edits. However, it was felt that more urgency was required, and it was therefore decided that the sustainability review should be carried out as an imminent project. The Senior Manager and Head of Standards agreed to bring back a paper regarding a sustainability review, to include costings, to the next meeting.

**Action: The Senior Manager and the Head of Standards to present a project proposal regarding wider introduction of sustainability into the Practice Standards Scheme.**



### GDPR wording within the Practice Standards

35. The Practice Standards requirements were updated with the new GDPR regulations where applicable in 2018. Following a query raised by a practice, it was noted that the wording in some of the guidance notes did not make clear that consent was not the only basis on which personal data can be processed. PSG were invited to decide whether to adopt the suggested wording regarding GDPR. The Group accepted the proposed changed wording as detailed in the paper:

*“In keeping with GDPR regulations, practices must have a ‘lawful basis’ for sending or presenting electronic marketing communications to the client (see <https://ico.org.uk/for-organisations/guide-to-data-protection/guide-to-the-general-data-protection-regulation-gdpr/lawful-basis-for-processing/>). Where the lawful basis relied upon is consent, practices should ensure that communications are only sent where (a) the client has given clear and specific consent, and (b) they were given the opportunity to opt out of email marketing at the time their email address was collected, and each time an email is sent. Consent should be freely given and there should be a specific opt-in by the client. It is not acceptable to rely on a pre-ticked box or infer consent from silence. There should be systems and processes in place to keep the consent up to date and veterinary surgeons and veterinary nurses should comply promptly if the individual withdraws their consent.”*

**Action: The Senior Officer to update the Standards edits with the new GDPR wording (where applicable).**

### PSS 2020 Edits

#### Amendments to Farm Animal and Equine Modules

36. The Group were invited to review and approve the final drafts of the amendments to the Farm Animal and Equine Modules in their entirety.
37. The new edit 1.3.14 states

*“An RVN or SVN, other than the surgeon, must be present to monitor the patient throughout the general anaesthetic.”*

The Group requested that “Veterinary Surgeon” be added to the list of people present to monitor the patient.

**Action: The Senior Officer to amend requirement wording for 1.3.14 to include veterinary surgeon in the list of people present to monitor the patient**

38. The Group requested that guidance notes for 5.1.10 includes thyroid protectors in the list of PPE. This addition must be across all species.

**Action: The Senior Officer to amend guidance notes for 5.1.10 Small Animal (and equivalent for Equine and Farm) to include thyroid protectors in the list of PPE required when animals are held during radiography.**

39. It was queried why the term 'Quality Improvement (Q.I.)' is not being used in this version of the Standards, as the latest terminology to replace Clinical Governance. The Group was advised that this is because the terminology has not been updated in the Code of Professional Conduct of Supporting Guidance. However, it was confirmed that Standards would be reviewing this topic at its next meeting in April 2020 and the terminology in PSS would be reviewed in the future depending on the outcome.

40. It was raised that the new requirement 9.2.3 mentions the need for culture and sensitivity to be carried out when prescribing HP-CIAs. The Group discussed how this would not always be possible in all cases, for instance, in emergency situations. The Group therefore requested this additional wording to be added as a caveat:

*'It will also include the requirement that, if an HP-CIA is used in exceptional circumstances (e.g. in a critical situation or pending culture results), an explicit justification should be included on the animal's clinical record.'*

**Action: The Senior Officer to update the wording for requirement 9.2.3 for Equine (and for the Small Animal and Farm Animal equivalents) to include the caveat for HP-CIAs to be used in exceptional circumstances.**

41. For requirement 2.1.2, the Group requested that a referral protocol requirement is added into the guidance notes, using the wording from the existing requirement 2.5.9 regarding a referral protocol.

**Action: The Senior Officer to amend the guidance notes for 2.1.2 for Equine (and the Small Animal and Farm Animal equivalents) to include the requirement for a referral protocol.**

42. The Group were informed that the In-patient Awards for Farm Animal were being removed on advice from the BCVA representative as it is felt that this Award is not relevant for Farm, and it has not yet been applied for or achieved since it was launched. It was clarified that the modules that make up this Award already contribute to other Awards so are not being removed entirely (except for the Awards requirements in the Inpatient module itself, as previously agreed by the Group). It was confirmed that the BCVA has seen all Farm Animal edits and has given its approval.

**Action: The Senior Officer to amend the Farm Animal edits document to remove the Inpatient Award from the list of Awards.**

### **Amendments to Core Standards**

43. The Core Standards requirements of the Practice Standards Scheme (PSS) are designed to reflect the Code of Professional Conduct (CoPC) for Veterinary Surgeons and Veterinary Nurses, the Supporting Guidance for the CoPC, and other relevant legislation in the United Kingdom. It is also a CoPC requirement that all veterinary surgeons and veterinary nurses 'maintain minimum practice standards equivalent to the Core Standards of the RCVS Practice Standards Scheme'. Therefore, in effect, Core Standards requirements are applicable to all veterinary practices in the United Kingdom,

regardless of whether or not they are a member of the Scheme and as such, any changes must be carefully considered.

44. While all edits are tracked and listed for PSG and Standards committee to review, for clarity purposes any Core changes that would affect the Supporting Guidance were presented to the Group in a separate document to review and consider again.
45. The Group made decisions on each of the Core Standards requirements, and gave further justification where required, and these were recorded separately. Where Core requirement changes have been kept, these will be specifically highlighted to Standards Committee, along with the rest of the Farm Animal and Equine edits, at its meeting in February 2020.

**Action: The Senior Officer to update the edits to the Core Standards requirements in line with the decisions made by the Group. The Senior Manager to present the Core Standards requirements that require justification to Standards Committee at its next meeting, along with the entirety of the Equine and Farm Animal edits.**

#### Allocation of Awards points

46. At its last meeting, PSG agreed that the newly edited Awards would have the suggested points allowance edited by the Lead Assessor, BEVA and BCVA representatives and presented to this meeting. The new points allocations were agreed by the Group.
  - d. Proposed new requirements and guidance notes for mental health considerations in the Practice Team module
47. At previous meetings, some of the mental health edits that were added in had not yet had the guidance notes finalised. The Mind Matters team submitted the suggested guidance notes and the Mind Matters Manager joined the meeting via teleconference to discuss the changes.
48. The new requirement for 16.1.40 (Small Animal) 15.1.39 (Equine) and 14.1.38 (Farm Animal) states:
 

*“The practice takes reasonable care to prevent issues surrounding mental health in the workplace from occurring, and to deal with them appropriately when they do.”*
49. Part of the suggested guidance notes included a requirement that the practice encourages individuals to use their full leave allowance for the year. The Group discussed that this is a human resources consideration and therefore not appropriate for the Practice Standards Scheme to mandate. It was suggested that the guidance notes have this section re-ordered so that encouraging team members to use their annual leave entitlement was only an example of how to support with mental health, and that a link to the RCVS and SPVS Wellbeing Awards is added.
50. The new requirement 15.1.10 (Small Animal), 15.2.10 (Equine) and 14.2.10 (Farm Animal) was discussed by the Group. There was concern that it may not always be line managers who are the most appropriate individuals to deal with mental health issues in the team due to individual team

dynamics. The Mind Matters Manager stated that it was important that line managers receive guidance on how to deal with mental health issues in the work place, as these individuals are usually the first line of reporting for team members wishing to share their mental health issues with their employer. It is therefore important that these individuals know how to support and signpost resources for their team members. If they do not do this, they may fall foul of the Equality Act 2010.

51. It was therefore agreed that the line in the guidance notes for the new requirement 15.1.10 referring to line managers undertaking mental health training should be amended to "...should have undertaken some form..."

**Action: The Senior Officer to edit the mental health requirements wording.**

#### **Proposed new Awards requirements for monitoring team member perceptions of wellbeing**

52. It was discussed that monitoring team perceptions of wellbeing is important for practices to be able to have regular feedback from their team. The Mind Matters Manager stated the method of collection of this data need not be mandated by the Scheme, as long as there is evidence the data is being collected and acted upon appropriately

53. Apart from the small suggestions, PSG accepted the changes regarding mental health considerations.

**Action: The Senior Officer to add agreed awards points.**

#### **Proposed edit to the Small Animal Veterinary Hospital requirement for scrub facilities**

54. There is currently a Veterinary Hospital requirement in the Surgery module which allows for the scrub facilities to be located in the operating theatre if they are adequately screened off. It was discussed that this is not best practice, as aerosol droplets from scrubbing hands may still break sterility of the surgical site. The Lead Assessor confirmed that this requirement was always going to be changed to mandate separate scrub facilities because of this sterility issue. The Group agreed with the changes regarding separate scrub facilities and the new wording suggested describing operation of the taps. It was requested by the Group that the term "scrubbing up" be put in quotation marks as some practices use 'Sterilium', or equivalent, in lieu of surgical hand scrubbing. It was also noted that the wording for the related Award requirement 18.5.9:

*"There are scrub facilities available separate from the surgical area."*

Should also stipulate "separate from the operating theatre" for clarification.

**Action: The Senior Officer to edit the scrub facility requirement wording.**

## Matters Arising

55. The British College of Veterinary Specialists (BCVSp) have previously presented a proposal to PSG to add another accreditation to the Practice Standards Scheme, specifically for Specialist Veterinary Hospitals at its meeting in October meeting in 2019. PSG presented this proposal to Standards committee with its recommendation. The Standards Committee have requested a BCVSp representative to attend its next meeting in February 2020, to discuss their proposal in person. The Head of Standards will report the outcome at PSG's next meeting in May 2020.
56. It was noted at the meeting that the BCVSp proposal did not account for all specialisms, thereby making the proposal as it stood intrinsically exclusive of some specialist hospitals. It was confirmed that the BAVECC representative had provided the Registrar with data on how many hospitals would, in reality, be eligible for accreditation under the current proposal from the BCVSp.

**Action: Head of Standards to update the Group in relation to Standards Committee decision regarding BCVSp**

57. At its previous meeting, PSG decided that a Small Animal equivalent to the Equine award requirement for attendance at the British Animal Rescue & Trauma Care Association (BARTA) safe horse rescue course should be added. However, when looking into this further, it was found by the PSS team that BARTA did not currently provide an equivalent course for Small Animals. In this meeting, the BAVECC representative indicated that BARTA are producing an alternative for Small Animal practitioners. It was unknown at the time of the meeting whether the course would be in place in time for the 2020 edits approval by Standards Committee. The BAVECC representative agreed to provide the PSS team with details of their contact at BARTA so that this may be discussed further, with a view to adding reference to any new small animal versions into the Practice Standards Scheme.

**Action: The BAVECC representative to pass on contact details for BARTA to the Senior Officer so that BARTA can be contacted to discuss their plans for a Small Animal rescue course.**

58. The BSAVA representative, via the Senior Officer, updated the Group that BSAVA have agreed to create a template for written discharge instructions for practitioners to use that may be referenced in the Practice Standards Scheme. Reference to this template will be included in the requirements for the In-Patient module once it has been produced.

**Action: The Senior Officer to contact BSAVA to discuss the timeframes for a template for written discharge instructions to be produced, with a view to it being included in the edits if ready in time.**

59. The Senior Officer updated the Group on the progress of the work required on Stanley to upload the new edits. The current project deadline is the 4th May 2020; this would enable the new edits to be uploaded at that point, with a view to being assessed from August / September 2020.

60. A discussion was had about the requirement for laboratory machine validation in the Diagnostic module Award. The Group was updated by the Lead Assessor that Ian Ramsey from the BSAVA had agreed to produce the wording for this requirement but only if the Group first confirmed that the requirement would be included. It was felt by the Group that it would be useful to include the requirement to raise awareness amongst practices, and as it would only be in at Awards level it would be optional and not too onerous. The following wording for the requirement was therefore agreed:

*“The practice has proof of validation for all automated laboratory equipment.”*

61. It was agreed that the Award requirement should be worth 10 points.

62. The Lead Assessor has agreed to co-ordinate the guidance notes and resources.

**Action: The Senior Officer to add a new Award requirement for the validation of automated laboratory equipment to the Laboratory and Clinical Pathology module. The Lead Assessor to produce the guidance notes for this requirement in collaboration with Ian Ramsey from the BSAVA.**

#### **Risk and Equality**

There were no updates

#### **Any other business**

63. It was mentioned by the SPVS representative that she had received reports of inconsistencies between Assessors advice on the destruction of controlled medicines. The Lead Assessor asked for details of what these inconsistencies were, and once in receipt of this information, will feed this back to the assessors.

**Action: The Lead Assessor to reiterate the rules around destruction of controlled medicines to the assessor group.**

64. The VMG representative stated she is now not working in practice and is working as a self-employed business consultant. She expressed an interest in staying on PSG until the edits project has been completed. Her successor Stuart Saunders will be introduced at the next PSG meeting.

65. The lay member of PSG noted that she had been on the Group since 2012 and has requested that PSG find a replacement as she intends to step down. The lay representative agreed to induct the new individual over the next two meetings, if one is found.

**Action: The Senior Manager/ Head of Standards to investigate the successor for the lay person member of PSG.**

66. A discussion was had about an equine emergencies services clinic that uses host practices within its business model. Due to the current framework, this business would only be able to achieve Core Accreditation, which poses a problem for any Equine practice at GP level and above. This is because in order to retain its accreditation level, the primary practice can only use Out of Hours services that are equivalent to or exceed its current accreditation level. In order to explore this issue further, PSG agreed that a working group needs to be formed to investigate how this Out of Hours service could be accredited by the Scheme.

**Action: The Senior Manager and Senior Officer to convene a working group to investigate how an Equine Emergency Services Clinic could be accredited within the Scheme.**

67. The Senior Officer updated the Group that future papers for PSG will be accessible via the online platform "Boardpacks". The Senior Officer advised the Group that he will send them relevant instructions on how to access this platform in time for the papers for the May meeting to be sent out.

**Action: The Senior Officer to share instructions on the use of the "Boardpacks" platform, and share these with PSG.**

#### **Dates of next meetings**

68. The next Practice Standards Group will be on the 13<sup>th</sup> of May 2020 and the 14<sup>th</sup> September.

**Actions from PSG January 2020 meeting:**

<b>Action</b>	<b>Responsible person(s)</b>	<b>Deadline</b>
<b>Senior Officer to ensure the BVHA representative formally declare interest in CVS at the next PSG as an agenda item.</b>	Senior Officer	13 <sup>th</sup> May 2020
<b>The minutes of the previous meeting will be up dated by the PSS team and recirculated to the Group</b>	Senior Manager	13 <sup>th</sup> May 2020
<b>Investigate why the three veterinary hospitals have left the scheme.</b>	Senior Officer	13 <sup>th</sup> May 2020
<b>Present a 'Requirements not met' paper at future PSG meetings.</b>	Senior Officer	13 <sup>th</sup> May/ ongoing
<b>Action: Senior Manager to present RVN PSS Assessor paper at May 2020 PSG.</b>	Senior Manager	13 <sup>th</sup> May 2020
<b>Add in the new wording for the dental award requirement 4.5.4.</b>	Senior Officer	27 <sup>th</sup> Jan 2020
<b>Senior Officer to move requirement 1.2.9 to Core Standards level in the edits.</b>	Senior Officer	27 <sup>th</sup> Jan 2020
<b>Produce wording in the guidance notes regarding the need for a separate anaesthetist for elective planned procedures, this is to be sent to PSG to review.</b>	Senior Officer/ Senior Manager	27 <sup>th</sup> Jan 2020
<b>To make amendments to requirements 10.5.2., 10.5.4 and 10.5.5.</b>	Senior Officer	27 <sup>th</sup> Jan 2020
<b>Add in the above wording regarding Constant Rate Infusion (CRI) into the Equine Anaesthesia Module.</b>	Senior Officer	27 <sup>th</sup> Jan 2020
<b>The Senior Officer to amend the wording for requirement for 13.1.1.</b>	Senior Officer	27 <sup>th</sup> Jan 2020
<b>Produce requirement wording in guidance notes regarding patient safety during transport to and from practice vehicles.</b>	Senior Officer/ Senior Manager	27 <sup>th</sup> Jan 2020
<b>Senior Manager / Lead Assessor to inform the enquirers of the Group's response to the query regarding the need for someone to be on site to meet requirement 8.3.2 when there are no inpatients.</b>	Senior Manager	13 <sup>th</sup> May
<b>The Senior Officer and Senior Manager to produce wording for the new Awards requirements regarding waste reduction</b>	Senior Officer/ Senior Manager	27 <sup>th</sup> Jan 2020



<b>and carbon offsetting to be included into the Practice Standards.</b>		
<b>Present agreed sustainability changes to Standards Committee at its meeting on 10th February 2020.</b>	Senior Manager	10 <sup>th</sup> Feb 2020
<b>Present a project proposal regarding wider introduction of sustainability into the Practice Standards Scheme.</b>	Senior Manager/ Head of Standards	13 <sup>th</sup> May 2020
<b>The Senior Officer to update the Standards edits with the new GDPR wording (where applicable).</b>	Senior Officer	27 <sup>th</sup> Jan 2020
<b>To amend requirement wording for 1.3.14 to include veterinary surgeon in the list of people present to monitor the patient</b>	Senior Officer	27 <sup>th</sup> Jan 2020
<b>To amend guidance notes for 5.1.10 Small Animal (and equivalent for Equine and Farm) to include thyroid protectors in the list of PPE required when animals are held during radiography.</b>	Senior Officer	27 <sup>th</sup> Jan 2020
<b>To update the wording for requirement 9.2.3 for Equine (and for the Small Animal and Farm Animal equivalents) to include the caveat for HP-CIAs to be used in exceptional circumstances.</b>	Senior Officer	27 <sup>th</sup> Jan 2020
<b>To amend the guidance notes for 2.1.2 for Equine (and the Small Animal and Farm Animal equivalents) to include the requirement for a referral protocol.</b>	Senior Officer	27 <sup>th</sup> Jan 2020
<b>To amend the Farm Animal edits document to remove the Inpatient Award from the list of Awards.</b>	Senior Officer	27 <sup>th</sup> Jan 2020
<b>To update the edits to the Core Standards requirements in line with the decisions made by the Group.</b>	Senior Officer	27 <sup>th</sup> Jan 2020
<b>To present the Core Standards requirements that require justification to Standards Committee at its next meeting, along with the entirety of the Equine and Farm Animal edits.</b>	Senior Manger	27 <sup>th</sup> Jan 2020
<b>The Senior Officer to edit the mental health requirements wording.</b>	Senior Officer	27 <sup>th</sup> Jan 2020
<b>To add agreed awards points for MH.</b>	Senior Officer	27 <sup>th</sup> Jan 2020
<b>To edit the scrub facility requirement wording.</b>	Senior Officer	27 <sup>th</sup> Jan 2020

<b>Head of Standards to update the Group in relation to Standards Committee decision regarding BCVSp</b>	Head of Standards	13 May 2020
<b>The BAVECC representative to pass on contact details for BARTA to the Senior Officer so that BARTA can be contacted to discuss their plans for a Small Animal rescue course.</b>	Senior Officer	27 <sup>th</sup> Jan 2020
<b>To contact BSAVA to discuss the timeframes for a template for written discharge instructions to be produced, with a view to it being included in the edits if ready in time.</b>	Senior Officer	27 <sup>th</sup> Jan 2020
<b>To add a new Award requirement for the validation of automated laboratory equipment to the Laboratory and Clinical Pathology module. The Lead Assessor to produce the guidance notes for this requirement in collaboration with Ian Ramsey from the BSAVA.</b>	Senior Officer	27 <sup>th</sup> Jan 2020
<b>To reiterate the rules around destruction of controlled medicines to the assessor group.</b>	Lead Assessor	May 2020
<b>To investigate the successor for the lay person member of PSG.</b>	Senior Manager/Head of Standards	May 2020
<b>To convene a working group to investigate how an Equine Emergency Services Clinic could be accredited within the Scheme.</b>	Senior Manager/ Senior Officer	May 2020
<b>To share instructions on the use of the “Boardpacks” platform, and share these with PSG.</b>	Senior Officer	May 2020