RCVS SETTING VETERINARY STANDARDS

Review of 'under care' and 24/7 emergency cover

Consultation report

January 2023

UNDER CARE **REVIEW**

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Background to the consultation

This consultation follows a lengthy review conducted by the RCVS Standards Committee on its guidance on the interpretation of 'under care' in respect of prescribing prescription-only veterinary medicines (POM-Vs) and the current rules on 24-hour emergency first aid and pain relief.

The history of this review starts as far back as 2016 with thoughts from the Vet Futures initiative, leading to the ambition in the RCVS Strategic Plan to 'review the regulatory framework for veterinary businesses to ensure a level playing field, enable a range of business models to coexist, ensure professionalism in commercial settings, and explore the implications for regulation of new technologies (e.g. telemedicine)'. This led to consideration of 'telemedicine' in its narrowest sense i.e. in relation to remote prescribing, including the possibility of having a trial. This in turn led to a broad-ranging review of under care and out of hours, to the present when recommendations of the Standards Committee on changes to the supporting guidance are presented for consideration in order to go out to a formal public consultation.

It is a topic that has generated much discussion and debate. Views are strongly held on all sides, understandably so as it relates to a fundamental aspect of veterinary practice and goes to the heart of what the RCVS is about: the protection of animal health and welfare and public trust.

The review comprised a significant number of meetings by the Standards Committee in order to discuss the evidence and information gathered throughout the process. This information and evidence included surveys, reports from independent researchers, views expressed by organisations and individuals and legal advice. Through these discussions, the Standards Committee developed proposals as to how the guidance should be amended and a

consultation with the professions about the proposals was launched in July 2022. That consultation has now closed and this report analyses the responses that were received.

Further information about the review itself, including the evidence and information reviewed by the Standards Committee, is set out in a paper presented to RCVS Council in January 2022.

Consultation process and methodology

In total, 2,748 responses to the survey were received and the completion rate was 75%. The vast majority of responses (99%) were from individuals, the rest were on behalf of organisations. Of those who provided individual responses, 84% were veterinary surgeons and 12% were veterinary nurses, the remaining respondents included practice managers, veterinary and veterinary nurse students and other roles within veterinary practice. Of the veterinary surgeons, the majority were on the UK Practising register and in clinical practice.

The consultation included a mixture of closed and open-ended questions and, as such, both quantitative and qualitative data have been gathered. The analysis of the qualitative data has involved careful assessment of each individual response in order to identify the key themes arising in response to the open-ended questions. The qualitative responses included a mixture of arguments for and against the proposed changes, queries and requests for further information and suggestions as to how the guidance could be improved or amended.

Summary of responses

This report should be read together with the consultation document (see Annex), which sets out the proposed guidance in full, together with the context for the questions. The purpose of this consultation report is to set out the data in terms of the responses received to the consultation. It is presented in conjunction with a paper to RCVS Council dated 19 January 2023, which sets out the conclusions reached by the Standards Committee following the review of 'under care', together with the other information and evidence that has been considered during that process.

1. Questions on proposed 'under care' guidance

A) Factors that might determine whether a physical examination is required.

Q1 To what extent do you agree that this should be included in the list?

4. Whether or not a physical examination is necessary is a matter for the veterinary surgeon's judgement. The following factors are relevant in this respect, however veterinary surgeons should note this list is not exhaustive:

a. The health condition, or potential health conditions, being treated and any associated risks

Responses

For guidance paragraph 4a, the overwhelming majority agreed with this guidance statement with 89% agreeing or strongly agreeing with this approach. 18% (398) of respondents left additional comments explaining their reasoning for their answer, and the themes that were most prevalent are as follows:

Theme	Brief description of responses
Physical examination of the animal necessary in most/all cases (43%)	• Many respondents felt that without a physical examination there is a possibility of misdiagnosis or missing unsuspected conditions, therefore compromising animal welfare, and therefore regular check-ups should still be necessary. Some were concerned that information about the health condition relayed by the animal owners is not always reliable, and would not match what a vet would deem to be the issue in a physical examination. A few respondents thought that it is difficult to decide whether a physical examination is necessary, and remote consultants should be linked to a practice that can perform a physical exam if necessary. • Many stipulated that POM-V medications should always require physical examination. • There were also concerns that remote consulting through video or phone triage may not be sufficient in accurately depicting conditions as well as determining factors vital for prescribing correct doses such as bodyweight.

Needs greater clarification/lacks clarity (15%)	• Many responses indicated respondents were worried about the guidance being ambiguous and open to interpretation, especially in terms of which conditions should require a physical examination and what is meant by associated risks. • Some responses worried the ambiguity of the statement would be open to abuse by some vets who would prefer to prescribe remotely, as well as clients who may put pressure on vets to prescribe remotely.
Responsibility of vets to make the judgement (17%)	• Many respondents felt that the vet was most qualified to make the judgement of whether a physical examination would be necessary to safely prescribe remotely. • Some responses stipulated that this judgement should be aided by other diagnostic tools such as clinical history, and risk assessments should be recorded. Some noted that the Vet-Client-Patient Relationship (VCPR) is vital to making this judgement, and that new clients should always require a physical examination. • Some believed that other factors should be considered when making this judgement such as species and welfare impacts.
Some conditions may require a physical examination while others may not (19%)	• Respondents felt that some conditions may not be suitable for remote examination and prescribing, particularly conditions that are new, more serious and complex, or those that may need additional diagnostics (i.e. urine samples, ocular examinations etc.) should require a physical examination. • Responses indicated that some conditions should be able to be assessed remotely, such as parasitic infections, skin conditions and milder conditions that require low risk treatments. Some also indicated that repeat prescriptions can be prescribed remotely. If remote consultations were conducted it was considered important to that clients were informed of the risks of remote consultation and consented to this. • Some responses agreed that the health condition being treated is relevant in making the decision about whether a physical examination is necessary, and important to protect animal welfare.

Remote consultations can be helpful for vets/clients (5%)	• Several respondents felt that this statement was an unnecessary addition to the guidance, as notifiable disease could be included in differential diagnosis. • Some responses believed that it is difficult to know when there is a notifiable disease, and that notifiable diseases could be added to many differential lists, and therefore when making the judgment the needs to take into account likelihood of notifiable disease

Q2 To what extent do you agree that this should be included in the list?

b. The nature of the medication being prescribed, including any possible side effects

Responses

For guidance paragraph 4b, the overwhelming majority agreed with this guidance statement with 90% agreeing or strongly agreeing with this approach. 15% (329) of respondents left additional comments explaining their reasoning for their answer, and the themes that were most prevalent are as follows:

Theme	Brief description of responses
Different medications carry different risks (35%)	• Many responses discussed how different medications carry different risks. Anti-parasitic drugs, NSAIDs, topical treatments and medications with a wide therapeutic index were considered medications that were safer to prescribe remotely, whereas controlled drugs, ear and eye drops and cardiac drugs were noted as examples of drugs that should require a physical examination. • Many responses stipulated that prescribing POM-V medications, particularly antimicrobials and antibiotics, should be prescribed after physical examination.

Physical examination is necessary for prescribing medicine (25%)	• Respondents indicated that they believed a physical examination was vital for prescribing medications due to the possibility of misdiagnosis and therefore mistreatment, or the possibility of missing potential comorbidities. Some raised concerns that any medication can have adverse effects, while others were worried that remote prescribing could be abused by less scrupulous vets or difficult clients. • A few responses also were concerned about the potential for incorrect dosing because they may not have an accurate bodyweight of the animal without performing a physical examination. • Some responses indicated that access to the full medical history may is also necessary to consider when treating an animal, and it will aid prescribing where physical examination may not be possible.
Nature of medication being prescribed is relevant in making the decision about whether a physical examination is necessary (12%)	• Respondents believed that the nature of the medication being prescribed was an important factor to be considered when determining whether a physical examination was necessary. • Some respondents felt that the more potential adverse effects that a medication may cause, the greater the likelihood that a physical examination should take place to prescribe that medicine. • Additionally, some responses suggested that vets may not need to carry out a physical examination when prescribing lower risk medications, and that prescribing these medications remotely may have benefits to the animal such as preventing deterioration in the early course of the disease. • Respondents believed that it is important for the prescribing vet to explain these potential side effects to client, regardless of whether a physical examination has taken place.

Needs greater clarification/lacks clarity (7%)	• A few responses indicated that they would like more guidance on what medications should and should not be prescribed remotely. • Some responses suggested that this guidance should also include other factors such as the potential risk to other animals, public health and the environment, as well as the potential safety risks of medication for the owner, although others noted it would not be practical to list all side effects.
Responsibility of vets to make the judgement (8%)	• Many respondents felt that the vet was most qualified to make the judgement of whether a physical examination would be necessary to safely prescribe remotely, however some believed that an existing VPCR is vital for making the decision to prescribe remotely. • Some responses indicated that allowing the vet to make the judgement of whether to prescribe remotely may benefit both clients and vets, by helping clients in situations where a physical exam may not be feasible as giving vets more flexibility. • A few respondents thought that medication being prescribed, and its potential side effects are not relevant in making this judgement as it is not possible to predict potential side effects even if a physical examination is conducted.

Q3 To what extent do you agree that this should be included in the list?

c. When the animal (or premises in the case of agricultural animals) was last physically examined by a veterinary surgeon

Responses

For guidance paragraph 4c, the overwhelming majority agreed with this guidance statement with 86% agreeing or strongly agreeing with this approach. 18% (388) of respondents left additional comments explaining their reasoning for their answer, and the themes that were most prevalent are as follows:

Theme	Brief description of responses
Prescribing most/all medications require recent physical examination (34%)	• Responses revealed that respondents believed a recent physical examination was important for treatment and prescribing medications, to allow vets to be up to date with the health status of the animal and identify any comorbidities. • Some respondents suggested 12 or 6 months as a timeframe guideline for a recent examination, but a few responses suggested a more stringent timeframe guideline of 3 months. • Some also stipulated that a post mortem examination should be considered as a physical examination for farm and flock animals for the purpose of deciding whether a remote examination was possible.
Different medications/conditions need different time frame (8%)	• Some were of the view that the timeframe for when a physical examination should have taken place is dependent on the condition being treated or medication being prescribed. Medications that were considered safer to prescribe remotely were thought to require a less stringent time frame, whereas those that were considered to need to be seen physically such as antibiotics, needed a more recent examination. Acute more serious conditions or conditions in older animals were deemed to require a more recent examination compared to chronic or less serious conditions or conditions in younger animals which were thought to be able to be monitored remotely.

When animal is last seen in irrelevant (in some situations) (12%)	• Some respondents believed that when the animal was last physically examined was irrelevant, especially in certain situations such as a medical emergency or if the vet has access to the animal's full clinical history.
Needs greater clarification/lacks clarity (29%)	• Many respondents felt that this statement was too vague, particularly asking for more guidance on the timeframe that constitutes a recent examination, as well as whether the vet prescribing has to be the person who performed the most recent examination or whether it can be another vet in their practice. • Some respondents worried that the vagueness of the statement opens up the possibility of exploitation of telemedicine vets, or fraud from clients inappropriately trying to obtain medications. • Some wished this guidance would also include other groups of animals and not just agricultural animals, for example laboratory animals and zoo animals.
Responsibility of vets to make the judgement (15%)	• Many respondents felt that the vet was most qualified to make the judgement of whether a physical examination would be necessary to safely prescribe remotely. • Some noted that when the animal was last seen, or when the premises was last inspected, as well and an existing relationship between the vet and client are both important factors in in this consideration. • Some also expressed that remote consultations can be helpful for both clients and vets.

Q4 To what extent do you agree that this should be included in the list?

d. Whether there is access to the animal's previous clinical history

Responses

For guidance paragraph 4d, the overwhelming majority agreed with this guidance statement with 82% agreeing or strongly agreeing with this approach. 21% (453) of respondents left additional comments explaining their reasoning for their answer, and the themes that were most prevalent are as follows:

Theme	Brief description of responses
Full medical history is not always available (in out-of-hours (OOH)/ emergency situations) (15%)	• Many responses raised concerns that the animal's previous clinical history is not always available, especially in out of hours care or emergency situations. The clinical history may also not be available as clients may use multiple different practices. • Some respondents also thought that this access would be ideal, and therefore there needs to be a better system in place to make the previous clinical history of the animal available to the client and vets who may not primarily care for that animal.
Medical history is useful but not always necessary (17%)	• Many respondents felt that although having access to the previous clinical history is useful, it is not always necessary to make a diagnosis or dictate whether a physical examination is necessary. Some felt that this clinical history may not be relevant at all in some cases as the current condition of the animal may be unrelated to any previous conditions. • Some respondents felt that the necessity of the clinical history of the animal is dependent on the condition, as well as the chronicity of that condition being treated. Clinical history was thought to be more helpful for treating chronic conditions. • Others believed that reading and obtaining clinical histories can be impractical as it can take too much time, thereby delaying treatment and risking animal welfare.

Prescribing most/all medications require recent physical examination (14%)	• Responses revealed that respondents believed a recent physical examination was important for prescribing medications, with a few respondents believing that a physical examination is more important than access to previous clinical history. Physical examination was seen as especially important in cases where animals which had never been examined before by the prescribing vet surgeon or colleagues of the same practice, as well as where there is no access to the clinical history of the animal.
Responsibility of vets to make the judgement (2%)	• Some respondents felt that the vet was most qualified to make the judgement of whether a physical examination would be necessary to safely prescribe remotely. • Others believed that an existing VPCR is vital for making the decision to prescribe remotely.
Vets having access to previous medical history is important prescribing medications (46%)	• Many respondents felt that it is important or essential for vets to have access to the previous clinical history when prescribing treatments, as the welfare of the animal could be compromised due to previous illness or adverse reactions to certain medications, and therefore is a relevant factor in deciding whether a physical examination is necessary. • Some respondents felt that access to clinical history from a veterinary professional was especially important for remote prescribing where no physical examination took place, as they believe animal owners are not always reliable sources of the animal's medical history.
Needs greater clarification (1%)	• Some believed this guidance needs greater clarification, especially in terms of where previous history would come from and what it would entail.

Q5 To what extent do you agree that this should be included in the list?

e. The experience and reliability of the animal owner

Responses

For guidance paragraph 4e, the majority agreed with this guidance statement with 60% agreeing or strongly agreeing with this approach. 26% (571) of respondents left additional comments explaining their reasoning for their answer, and the themes that were most prevalent are as follows:

Theme	Brief description of responses
Client experience is irrelevant (22%)	• Some respondents believed the experience of the client is irrelevant as it cannot be substituted for a veterinary degree, and others felt that it is not the responsibility of vets to judge their clients by determining their reliability and experience. • Some responses raised concerns that having to judge clients puts them in a difficult position if they have to use this guidance statement as justification for requiring an in-person examination. • Others felt that is unfair to judge their clients and treat them differently based on this judgement and it could lead to vets being pressured by clients to prescribe remotely if they do not agree with the vet's judgement.
Difficult to determine if an owner is experienced (30%)	• Many felt that it is difficult for a vet to be able to determine whether a client is reliable or experienced, especially if this judgement was to be made remotely or if they had never met the client in person. • Some mentioned that judgements about reliability and experience can only be built by knowing the client over time. • Several were also concerned that making judgements about clients could lead to claims of discrimination or opens them up to intimidation by clients.

Reliability/experience of clients differs (15%)	• Some felt that some clients have more experience with managing certain conditions and were more reliable than other clients, and thereby they could trust them when prescribing remotely. • Many also raised the point clients are not always reliable sources of their animal's clinical history and that even clients that are perceived to be experienced can be wrong.
Needs greater clarification (10%)	• Some felt that the guidance would benefit from more clarity, especially regarding what is considered ownership, with some suggesting to expand this statement to say 'owner or caretaker'. • Several responses indicated that this statement was too subjective and would be interpreted differently by different vets.
Prescribing most/all medications require recent physical examination (6%)	• Some respondents believed a physical examination is necessary in most or all cases, regardless of the client's experience or knowledge.
Responsibility of vets to make the judgement (17%)	• Some respondents felt that the vet was most qualified to make the judgement of whether a physical examination would be necessary to safely prescribe remotely, with the VCPR playing a critical role in this decision making. • Some responses suggested that the experience and knowledge of the owner is important and should be acknowledged, with some noting that this is especially the case when determining an owner's ability to administer medications as well as being more relevant for agricultural animal owners than companion animals. • Others stipulated that although information from the owner is helpful, it is not a priority for making a judgement on necessity of physical exam and other factors should also be taken into consideration like financial considerations.

Q6 To what extent do you agree that this should be included in the list?

f. Whether the animal is known to the veterinary surgeon and/or whether there is an existing relationship with the client or animal owner

Responses

For guidance paragraph 4f, the overwhelming majority agreed with this guidance statement with 77% agreeing or strongly agreeing with this approach. 19% (413) of respondents left additional comments explaining their reasoning for their answer, and the themes that were most prevalent are as follows:

Theme	Brief description of responses
Prescribing most/all medications require recent physical examination (15%)	• Responses revealed that respondents believed a recent physical examination was important for diagnosis and prescribing medications, especially if the animal had never been seen by the prescribing vet before. • Some noted that physical examination should be the standard, with remote prescribing only happening in rare circumstances.
Vet/client relationship is important (43%)	• Many respondents felt that a strong relationship between the vet and their client/animal is important for maintaining animal welfare, and that building trust between the client and the vet aids both the diagnosis as well as determining whether a physical exam is necessary. • Some noted that animals being prescribed to should be registered with the practice, or at the very least heave been examined before by that practice. • Some respondents deemed the vet-client relationship to be notably important in ongoing chronic cases. • Some respondents felt like other aspects of the Under Care guidance are contingent on the vet-client relationship, particularly statement 4e, although the 4f guidance statement was noticeably less controversial than 4e. • A few responses stipulated that whether the animal is known part of the guidance is more important than the relationship with the client.

Vet/client relationship is irrelevant (14%)	• Some felt that the relationship between the client and vet was an irrelevant factor in making the decision of whether to prescribe remotely, and ta close relationship could lead the vet to make a biased decision. • A few respondents believed that if there is access to clinical history then a vet-client relationship is not necessary, especially in cases where animal welfare will be at risk if they are not treated.
Difficult to have existing relationship with client in certain cases (OOH, locum, etc.) (4%)	• Some respondents brought up that it is unlikely that vets working in certain roles such as locums or in out of hours care will have a relationship with their client.
Needs greater clarification/lacks clarity (15%)	• Some respondents expressed that the term relationship was too vague and open to interpretation and needed more of a definition of what this would entail. • Some respondents suggested that the relationship should not just be limited to the prescribing vet and should instead be broadened to cover the whole veterinary practice. • A few responses raised concerns that emphasising a strong relationship between the vet and client is open to abuse in terms of the potential for the vet to be put under pressure to prescribe by both clients and their employers.
Responsibility of vets to make the judgement (1%)	• Some respondents felt that the vet was most qualified to make the judgement of whether a physical examination would be necessary to safely prescribe remotely.

Q7 To what extent do you agree that this should be included in the list?

g. The practicality of a physical examination for individual animals, particularly when dealing with herds, flocks or groups of animals

Responses

For guidance paragraph 4g, the majority agreed with this guidance statement with 73% agreeing or strongly agreeing with this approach. 17% (365) of respondents left additional comments explaining their reasoning for their answer, and the themes that were most prevalent are as follows:

Theme	Brief description of responses
Physical examination is vital (19%)	• Responses revealed that respondents believed a recent physical examination was important in most or all cases, with some noting that for groups of animals, a representative proportion of the group should be examined and others believing they should still be treated and examined as individual animals. • Some responses stipulated that a physical examination is important for making sure infectious diseases are not missed. • A few respondents suggested that if physical examination is not possible reasons should be documented.
Practicality of a physical examination is irrelevant (10%)	• Some believed that the practicality of a physical examination is irrelevant as inconvenience should not be an excuse for not performing a physical examination. • Several respondents believed that a physical examination of an individual animal is unrepresentative of the group, and that other documentation including herd documents, site inspections and post-mortem examinations are better at aiding diagnosis.

Responsibility of vets to make the judgement (42%)	• Some respondents believed that the vet was most qualified to make the judgement of whether a physical examination would be necessary to safely prescribe remotely, and that the practicality of an examination was a relevant factor to consider when making this judgement. This was thought to be especially important when animal welfare is at risk if not treated, but it should not override the need for a physical exam if necessary. Respondents felt that this distinction was important as it may not be possible to physically examine every individual animal in large groups of animals. • Many responses indicated that this guidance statement is especially relevant for distressed or aggressive animals who are difficult to carry out examinations on, protecting the safety of veterinary staff and reducing the stress on the animal. • Some mentioned that other factors such as a good relationship with the client and medications being prescribed will also need to be considered when making this judgement.
Needs greater clarification/lacks clarity (21%)	• Some respondents were concerned that this guidance was too vague, they particularly wanted more clarification on what is meant by the term practicality, as well as including other groups of animals such as lab, zoo, and wild animals. • Some believed that practicality for the client in terms of costs and distance should be considered, while others thought it should not. • Some thought that this guidance was more relevant for groups of animals than individual animals, with some stipulating that individual animals need a physical examination. • Some were worried that this clause could be exploited and used as an excuse to not perform physical examinations.

Q8 To what extent do you agree that this should be included in the list?

h. The health status of the herd, flock or group of animals

Responses

For guidance paragraph 4h, the majority agreed with this guidance statement with 72% agreeing or strongly agreeing with this approach. 9% (201) of respondents left additional comments explaining their reasoning for their answer, and the themes that were most prevalent are as follows:

Theme	Brief description of responses
Physical examination is vital (28%)	• Some expressed that they believed a recent physical examination of a sample of the group was vital regardless of the health status of the group, with some believing that physical examination was necessary to determine the health status. Without a physical examination or site inspection problems will be missed including issues of biosecurity, husbandry and infectious diseases.
Important to know the health status of the group (32%)	• Many felt that it is important to consider the health status of the group when deciding whether a physical examination is necessary, although some noted that this should be derived from the clinical history as well as a good relationship with the client. • Some felt that this has already been covered by the individual animal health status in guidance 4a.
Needs greater clarification/lacks clarity (11%)	• Some responses indicated that this guidance was too vague and wanted greater clarification on what is meant by the health status of the group. • A few respondents thought that the necessity of the health status of the group depended on other factors such as the medication being prescribed, whether the prescribing vet is treating an individual animal or the whole group, quality of record keeping and whether the animals are domestic or commercial. • A few respondents noted that group animals should be treated the same as individual animals.

Health status is irrelevant (7%)	• Some believed that health status of the group is irrelevant when deciding on whether a physical examination is necessary as health status doesn't necessarily mean that animals are not unwell, and that other information such as her documents, lab diagnostics and site inspections are more helpful for making this judgement.

Q9 To what extent do you agree that this should be included in the list?

i. The overall state of the animal's health

Responses

For guidance paragraph 4i, the overwhelming majority agreed with this guidance statement with 83% agreeing or strongly agreeing with this approach. 12% (273) of respondents left additional comments explaining their reasoning for their answer, and the themes that were most prevalent are as follows:

Theme	Brief description of responses
Physical examination is vital (56%)	• Some expressed that they believed a recent physical examination was vital regardless of the overall state of the animal's health, with many noting that you would need a physical examination to be able to assess this. • Others stipulated that a physical examination would be necessary if the animal was affected by factors such as poorer health, comorbidities, or older age, while others may benefit from remote consultations such as palliative care.
Clause 4i is relevant (14%)	• Several respondents believed that the overall state of health was a relevant factor to consider when deciding whether a physical examination is necessary, although some noted that knowledge about this should come from the animal's clinical history.

Needs greater clarification (10%)	• Responses indicated that this guidance would benefit from greater clarity especially in terms of who would be judging the state of health (noting that it should not be clients) as well as how this would be assessed. • Some felt that the statement was too vague in terms of whether the information would come from (whether it be from the animal owner or clinical history), as well as wanting more guidance on the severity of the disease that should require a physical examination.
Responsibility of vets to make the judgement (7%)	• Some respondents felt that the vet was most qualified to make the judgement of whether a physical examination would be necessary to safely prescribe remotely, and that a good relationship between the vet and client is necessary to know the overall state of the animal's health. • Some stipulated that animal welfare must take precedence when making this judgement even if clients may not agree with the judgement made.
Overall health status is irrelevant (9%)	• Some responses indicated that the overall state of the animals health is irrelevant, as it is not necessarily an accurate predictor of the current condition and can change rapidly, and this should already be considered in guidance 4a.

Q10 To what extent do you agree that this should be included in the list?

j. The impact of any prescription made without physical exam on the ability to gather subsequent diagnostic information

Responses

For guidance paragraph 4j, the overwhelming majority agreed with this guidance statement with 77% agreeing or strongly agreeing with this approach. 12% (259) of respondents left additional comments explaining their reasoning for their answer, and the themes that were most prevalent are as follows:

Theme	Brief description of responses
Prescribing most/all medications require recent physical examination (28%)	• Responses revealed that respondents believed a recent physical examination was important for prescribing medications.
The impact of any prescription made without physical exam needs to be discussed with the client (11%)	• Respondents felt that an important aspect of remote prescribing is discussing the potential issues of prescribing medication without a physical examination to clients. • A few highlighted that the responsibility for making the decision to continue would lie with the client.
4j is important (38%)	• Several respondents believed this clause was an essential consideration as remote prescriptions risk the ability to run subsequent testing therefore impacting the chances of future diagnosis. • Some noted that this should be considered in both in person and remote consultations. • Many respondents discussed how certain medications have a greater impact on later diagnostic testing, with steroid and antibiotics being examples of these types of medications. • Some felt that diagnosis should be made before treating to ensure animal welfare, and if a diagnosis cannot be made the animal should be seen face-to-face. • Some believed there needs to be provisions for if medication prescribed remotely doesn't work and therefore the responsibility for inappropriate prescribing lies with the remote vet.

4j is unnecessary/not relevant (13%)	• Some felt that this statement was unnecessary for the guidance because any medication could have an impact on future diagnostics. • A few respondents worried that this clause would be open to abuse particularly vets facing intimidation from clients to prescribe medications or abuse by telemedicine companies making GP vets harder if the first line treatment fails. • Some believed this guidance was irrelevant as a vet wouldn't necessarily need a diagnosis to treat an unwell animal, and they may not be known at the time that subsequent testing is needed.
Responsibility of vets to make the judgement (6%)	• Some respondents felt that the vet was most qualified to make the judgement of whether a physical examination would be necessary to safely prescribe remotely, and they should make a risk benefit analysis to make this decision. • A few responses raised the point that a good relationship between the vet and client would aid this decision making, although animal welfare should take precedence when considering whether to physically examine the animal.

Q11 Are there any additional factors that should be added to the list?

Responses

23% of respondents thought there were additional factors that should be added to the list, and 23% (452) of respondents who answered this question left additional comments explaining what factors should be added.

Themes:

Factors related to owner

- Ability of owner to administer medication to the animal/compliance
- Proximity to the client and animal/ability of client to get animal to the practice
- VCPR
- Risks of telemedicine diagnostics and treatment explained and consented to by owner
- Financial costs should not be a reason to avoid physical examination

- Financial situation of client should be considered
- The client's role in responsibility
- Owner abusing telemedicine to obtain drugs
- Quality of information from the owner
- Ability of owner to monitor deterioration
- Reasons for switching practices
- If difficulties communicating with client (e.g. language barriers, visual/hearing impairments, etc.)

Factors related to medicine

- Prescribing most/all medications require recent physical examination
- Certain medications should not be prescribed without a physical examination (e.g. antibiotics, POM-Vs)
- Repeat prescriptions
- Use of cascade medications
- If prescription given without physical examination doesn't work, physical examination is necessary
- Protection of public health
- Concurrent medications/drug interactions/contraindications
- Treatments or prophylaxis
- Amount of medication being prescribed
- Specific list of medications that can be prescribed remotely

Factors related to consultation

- Extent of consultation i.e. video versus audio only
- Guidance on time frames for physical examinations
- Supersession of factors to be considered in this guidance
- Diagnostic tests
- If condition is newly presenting or ongoing
- Urgency of treatment
- Ability to examine in case of emergency
- When the animal was last examined
- Second opinions

Local knowledge of disease

- Clinical reasoning for not performing an exam
- Whether or not a diagnosis is confirmed
- Emergency scenarios (e.g. war, pandemic, etc.)
- Biosecurity
- Likelihood a physical exam will affect treatment choices
- Follow up consultations
- Subsequent provision of evidence for legal cases
- Treatment means the animal is under the care of prescribing vet care
- Declining services

Factors related to vet surgeon or practice

- Level of experience of veterinary surgeons
- Passing on updated clinical histories to relevant parties
- Ability of vet or practice to provide veterinary care
- RVNs role in this guidance
- Safety of vet and team
- Which vet surgeon has performed the most recent examination
- If the animal is registered with the practice
- Abuse of telemedicine businesses
- Where the practice is based
- Corporate company policies influencing vet's judgement
- If telemedicine provider is linked with a practice
- Conflicts of interest
- Reference to individual veterinary surgeon versus practice team
- Consequences if lack of physical examination leads to poor animal welfare

Factors Related to animal

- Behavioural factors (e.g. aggressive or distressed animals)
- Reliability of clinical history
- Species of the animal
- Impact on animal welfare if not treated
- Other groups of animals should be included with agricultural animals i.e. lab animals

- Accurate bodyweight
- Growth periods
- Proof of animal existence/identity
- Age of animal
- Suspected abuse or neglect
- If animal is under the care of another vet
- Animal's environment

Q12 To what extent do you agree with this?

5. The more complex or unusual the health needs of the animal, or where a differential diagnosis includes serious conditions not yet ruled out, the more likely a physical examination will be necessary.

Responses

For guidance paragraph 5, the overwhelming majority agreed with this guidance statement with 89% agreeing or strongly agreeing with this approach. 12% (271) of respondents left additional comments explaining their reasoning for their answer, and the themes that were most prevalent are as follows:

Theme	Brief description of responses
Prescribing most/all medications require recent physical examination (49%)	• Responses revealed that respondents believed a recent physical examination was important in most or all cases, as it is difficult to know how complex a case is without having performed a physical examination. • Others thought that if the initial course of treatment from a remote consultation was not successful, then an in person examination would be necessary before prescribing further medication. • Some believed that wording of this statement needs to be made stronger, emphasising that physical examination should be mandatory in serious or complex cases.

Responsibility of vets to make the judgement (10%)	• Some respondents felt that the vet was most qualified to make the judgement of whether a physical examination would be necessary to safely prescribe remotely, and access to the animal's clinical history and a good relationship with the client will aid this judgement.
This statement is unnecessary/ has been covered in earlier statements (6%)	• Some respondents thought that clause 5 was unnecessary as it should be common sense, with a few respondents believing this was covered by other statements in the guidance, particularly statement 4a. • Some respondents were concerned that many conditions would fall into the category of differential diagnosis and therefore this guidance wasn't particularly helpful.
Needs greater clarification (12.5%)	• Some thought this statement was too vague and subjective, with some suggesting that they would like more guidance on which conditions would be considered serious. • Others however felt that this guidance was too complicated. • Some respondents were concerned that this guidance would be open to abuse from telemedicine provides and leave vets open to intimidation from clients.
Clause 5 is relevant (19%)	• Many believed that clause 5 is a relevant factor when deciding whether a physical examination is necessary, with some believing this should be obvious. • Some thought that the potential risks of remote consultations in this situation needs to be discussed and consented to by the owner. • A few responses indicated that remote consultations can be helpful in these circumstances, especially is specialists are required.

B. Exceptions to the rule

Q13 To what extent do you agree with this?

6. A physical examination is required where a notifiable disease is suspected or part of a differential diagnosis.

Responses

For guidance paragraph 6, the overwhelming majority agreed with this guidance statement with 93% agreeing or strongly agreeing with this approach. 8% (178) of respondents left additional comments explaining their reasoning for their answer, and the themes that were most prevalent are as follows:

Theme	Brief description of responses
Clause 6 is essential (51%)	• Some believed that investigating the suspicion of notifiable disease is essential for public health protection and disease prevention. • Several respondents said that any suspicion of notifiable disease need to be immediately referred to a state veterinary service, specifically APHA or DEFRA.
Physical examination of the animal necessary in most/all cases (17%)	• Responses revealed that respondents believed a recent physical examination was important in most or all cases.
Remote exam be helpful for notifiable disease – protects vet/ other animals (8%)	• Some responded thought that being able to examine the animal remotely (or home visit with appropriate PPE) is helpful in cases of notifiable disease, as it can protect both the vet and other animals from the spread of the disease. A physical examination may not be necessary if lab samples can be obtained to test for notifiable diseases.

Needs greater clarification/lacks clarity (4%)	• Some respondents wanted more clarification for this statement and particularly wanted an addition about the probability of notifiable disease concerned. • A few respondents suggested that zoonotic diseases should also be included in this statement. The need for a physical examination depend on other factors such as the urgency of an examination and the risk to public health.
Unnecessary addition/notifiable disease could be included in differential diagnosis (2%)	• Several respondents felt that this statement was an unnecessary addition to the guidance, as notifiable disease could be included in differential diagnosis. • Some responses believed that it is difficult to know when there is a notifiable disease, and that notifiable diseases could be added to many differential lists, and therefore when making the judgment the needs to take into account likelihood of notifiable disease

Q14 To what extent do you agree with this?

7. [Also] given the importance of minimising the development of antimicrobial resistance:

a. physical examination is required in all but exceptional circumstances where a veterinary surgeon prescribes antimicrobials for an individual animal or group of animals that are not agricultural animals. Veterinary surgeons should be prepared to justify their decision in cases where antimicrobials are prescribed without a physical examination and record this justification in the clinical notes.

Responses

For guidance paragraph 7a, the overwhelming majority agreed with this guidance statement with 78% agreeing or strongly agreeing with this approach. 20% (423) of respondents left additional comments explaining their reasoning for their answer, and the themes that were most prevalent are as follows:

Theme	Brief description of responses
Needs greater clarification (24.5%)	• Some respondents felt that different aspects of this statement needed greater clarification, especially about which groups of animals would be considered agricultural animals. • Some believed that the terminology "in all but exceptional circumstances is to subjective and open to interpretation and could be subject to abuse. Some believed that some examples of exceptional circumstances and more guidance on which antibiotics classes would be helpful. • Several believed that this statement should also apply to agricultural animals and lab animals. • A few respondents thought that anti-parasite treatments should also be included because of issues of resistance. • Some felt that the ambiguity of the statement would leave this guidance open to abuse.

Physical examination is not always necessary for prescribing antimicrobials (30%)	• Some respondents indicated that a physical examination is not always necessary for prescribing antimicrobials, especially in cases where there is a strong relationship between the client and vet or if their judgement can be supported by lab testing and diagnostics. • Many felt that exceptions for the need of a physical examination should be made in cases of repeat prescriptions or where it is obvious from the remote consultation that there is infection.
Physical examination is necessary for prescribing antimicrobials (38%)	• Responses revealed that respondents believed a recent physical examination was important for prescribing antimicrobials to prevent inappropriate use of antibiotics and to combat antimicrobial resistance. • Some felt that agricultural animals should not be treated differently than individual animals, as they face the same risks regarding AMR. • Some believed that exceptions for the necessity of a physical examination should be made for repeat prescriptions.
Responsibility of vets to make the judgement (10%)	• Some respondents felt that the vet was most qualified to make the judgement of whether a physical examination would be necessary to safely prescribe antimicrobials remotely, given the information that they have, although they should be able to document the justification of the use of antimicrobials. • A few respondents thought this judgement should depend on other factors such as when the animal was last seen or access to clinical history.

Q15 To what extent do you agree with this?

b. When prescribing antimicrobials for agricultural animals, veterinary surgeons should ensure they have an in-depth knowledge of the farm, including its production systems, the environment, disease challenges and the general health status of the herd or flock. Veterinary surgeons should have attended the premises and physically examined at least one animal immediately prior to prescribing or, where this is not possible, recently enough to ensure they have adequate information and knowledge to prescribe responsibly. Veterinary surgeons should be prepared to justify their decision in cases where antimicrobials are prescribed without conducting a physical examination and record this justification in the clinical notes

Responses

For guidance paragraph 7b, the overwhelming majority agreed with this guidance statement with 80% agreeing or strongly agreeing with this approach. 11% (238) of respondents left additional comments explaining their reasoning for their answer, and the themes that were most prevalent are as follows:

Theme	Brief description of responses
Needs greater clarification (29%)	• Some felt that this guidance needed greater clarity, particularly bout where groups of animals who are not agricultural animals, including lab animals and equines, fit into this guidance. • Some respondents believed that the terminology of "recently enough" in the statement is too vague, and there should be some guidance on the timeframe necessary to prescribe antimicrobials. • Some clarified that they believed agricultural animals should be treated the same as companion animals and should be required to have a physical exam to prescribe antimicrobials. • Others noted that the guidance should be broadened to include the whole vet team of the practice and should not just apply to the individual veterinary surgeon. • Some were concerned that the ambiguity of the guidance would leave it open to abuse.

Physical examination is not always necessary for prescribing antimicrobials (20%)	• Some believed that a physical examination is not always necessary for prescribing antimicrobials. • Some were concerned that this would not be practical farmers or clinics for a multitude of reasons including financial reasons. Some worried that they don't have time for the additional requirements of documentation, while other were concerned that this would not be possible with the shortage of veterinary staff. • A few responses indicated that a physical examination of one animal contributes very little information about the overall health status of the herd, and that other farm record and diagnostics are more helpful when deciding to prescribe antimicrobials in agricultural animals.
Physical examination is necessary for prescribing antimicrobials (16%)	• Responses revealed that respondents believed a recent physical examination was important for prescribing antimicrobials to prevent inappropriate use of antibiotics and to combat antimicrobial resistance. • Some thought that a physical exam of a representative proportion of the group was necessary. • Others believed all affected animals should be examined.
Clause 5b is relevant (15%)	• Some felt that this statement was a relevant addition to the guidance for public health and animal welfare. • Some respondents thought vets should be able to justify and document the use of antimicrobials. • Others believed that a relationship between the client and vet would aid the ability of the vet to prescribe antimicrobial remotely.

Q16 To what extent do you agree with this?

8. When prescribing controlled drugs to an animal in the first instance, veterinary surgeons should carry out a physical examination in all but exceptional circumstances and be prepared to justify their decision where no physical examination has taken place. This justification should be recorded in the clinical notes. It is acceptable to issue a repeat prescription for controlled drugs without a physical examination, however veterinary surgeons should carry out a further clinical assessment to ensure they have enough information to do so safely.

Responses

For guidance paragraph 8, the overwhelming majority agreed with this guidance statement with 85% agreeing or strongly agreeing with this approach. 15% (327) of respondents left additional comments explaining their reasoning for their answer, and the themes that were most prevalent are as follows:

Theme	Brief description of responses
Needs greater clarification (19%)	• Some respondents felt this statement needed further clarification and wanted more guidance on what the terms "exceptional circumstances" and "further clinical assessment" would entail, as well as more clarification on what time frame would be suitable between re-examinations for repeat prescriptions. • Some believed that the guidance needs to be made stronger as so indicated that the ambiguity could leave this guidance open to abuse.
Physical examination not always necessary for prescribing controlled drugs (20%)	• Some felt that physical examination is not always necessary for prescribing controlled drugs and that exceptional circumstances for this guidance should include situations involving palliative care and in circumstances where the safety of the vet is at risk, for example aggressive animals. • Many respondents believed that there are certain controlled drugs that should be able to be prescribed without a physical examination, with phenobarbitone and gabapentin being medications that would benefit from the exemption.

Physical examination is necessary for prescribing controlled drugs (45%)	• Responses revealed that respondents believed a recent physical examination was important for prescribing controlled drugs, with many citing the prevention of misuse of the drugs by animal owners as the primary reason for the need of a physical examination. • Some felt that it makes no difference if it is controlled drugs being prescribed remotely, the welfare of the animal matters more. • Several respondents felt that there should be no exceptional circumstances for controlled drugs, and that a physical examination should always be performed for prescribing them.
This clause is useful (8%)	• A few responses felt that statement was useful and relevant. • Some noted that for remote consultations, vets should limit the amount of controlled drugs prescribed and examine at the nearest availability. • Some also stipulated that repeat prescriptions should also require a physical examination.
Responsibility of vets to make the judgement (7%)	• Some responses indicated that it should be the responsibility of the vets to make the judgement of whether a remote consultation is appropriate, and a relationship between the client and vet would aid the ability of the vet to prescribe controlled drugs remotely. • Some also thought this judgement would depend on other factors especially clinical history.

Q17 Are there any other situations where a physical examination should be required?

Responses

34% of respondents thought there were other situations where a physical examination should be required, and 31% of respondents who answered this question left additional comments explaining what situations should be added. There were 605 responses.

Themes:

Factors related to owner

- No VCPR or ongoing relationship
- Client is new to the practice or hasn't been examined before
- If difficulties communicating with client (e.g. language barriers, intoxication, etc.)
- Where animal owner raises suspicion or is unreliable
- If ownership is unclear
- If owner requests a physical examination

Factors related to medicine

- Prescribing most/all medications require recent physical examination
- Certain medications should not be prescribed without a physical examination (e.g. antibiotics, POM-Vs, controlled drugs)
- Prescription of medication is new
- Previous prescription is not efficacious and client is requesting new treatment
- Use of cascade medications
- Previous adverse reactions/possible adverse reactions
- When vet needs to demonstrate how to use medication (e.g. injectables)
- Chemotherapy drugs
- Sedation medication
- Drugs that could cause abortion
- Repeat prescriptions or change of dose requests
- Medication that has human risks
- Medications with contraindications
- Group treatments for agricultural animals

Factors related to condition

- If condition is new
- Where condition has changed
- For situations where the animal is in pain
- Periparturient animal
- Severe or life-threatening conditions
- Protection of public health (e.g. zoonotic disease)
- Eye or ear disease
- Cardiac diseases
- Accidental drug ingestion
- Where contraindications may be possible
- Dystocia
- Respiratory problems
- If differential diagnosis is potentially serious
- Notifiable diseases
- No improvement in condition
- Neoplasia
- Gastrointestinal conditions
- Seizures or collapsed animal
- Generally unwell animals (e.g. non-specific symptoms)
- Trauma cases
- Hyperthyroidism
- Lameness
- Orthopaedic conditions
- Pyometra
- When animal has other comorbidities

Factors related to consultation

- Where there is any doubt about the certainty of diagnosis a physical examination is required
- Where there is no access to clinical history
- If cannot assess properly remotely (e.g. ocular examinations)
- Before surgery

- If providing a second opinion
- Guidance on time frame for examination
- Repeat prescription health checks
- Export of animals or travel paperwork
- Imported animals
- Euthanasia
- Where litigation is likely
- Before referral to a specialist
- Vet's clinical experience
- If the practice is a long distance from the client
- Prior to referral
- If there are changes in the veterinary premises (e.g. new staff or ownership)

Factors Related to animal

- If animal is unregistered with the practice
- Where abuse or neglect of the animal is suspected
- Where animal welfare may be compromised
- When an accurate weight of the animal is necessary
- Age of animal – elderly or very young
- Aggressive animals
- Confirmation of the animal's identity

Other themes:

- Other
- No additions
- Vet's judgement
- Needs greater clarification
- Concerns about guidance

C. 24/7 follow-up service

Q18 To what extent do you agree with this?

9. ***Where a physical examination is not carried out immediately prior to prescribing POM-Vs, veterinary surgeons should ensure that a 24/7 follow-up service involving physical examination and any other necessary investigation if required is immediately available in the event the animal does not improve, suffers an adverse reaction or deteriorates. Where a veterinary surgeon is not able to provide this service themselves, they should arrange for another veterinary service provider to do so. This arrangement should be made before veterinary services are offered and confirmed in writing as part of the conditions of service agreed by the client***

Responses

For guidance paragraph 9, the overwhelming majority agreed with this guidance statement with 79% agreeing or strongly agreeing with this approach. 24% (509) of respondents left additional comments explaining their reasoning for their answer, and the themes that were most prevalent are as follows:

Theme	Brief description of responses
Needs greater clarification (11%)	• Some felt they needed greater clarification about this guidance, especially regarding what confirmation in writing would look like and how the term "immediately available" would be quantified. • Others felt suggested that the 14/7 follow up service needs to a suitable proximity to clients, and this statement would benefit from more guidance on what a suitable proximity would entail. • Some believed that the phrase 'arrangement should be made before services are offered' should be highlighted in this guidance and needs to clear to clients before they consent to treatment, while others wanted the wording of the guidance to be stronger, replacing the word 'should' with the word 'must'. • Some felt that the world "immediately" is too restrictive.

Concerns about this guidance (23%)	• One concern that was mentioned by some respondents was that will increase the number of out of hours calls practices receive. • Many felt that it is impractical and unnecessary to confirm the arrangement of follow up services in writing, as this will greatly increase their workload. • A few respondents believed that this provision would not be possible in some rural areas where there may not be an out of hours clinic locally and is impractical for other areas who are struggling with staff shortages and overburdened clinics. • Others felt this guidance was impractical for clients for other reasons including costs, the welfare of the animal being compromised if not treated, and issues of transport, and impractical for vets as it closes down telemedicine to only those who have a network OOH, thereby penalising small independent businesses. • Several respondents were also concerned that this policy would be open to abuse by insurance companies and telemedicine by pushing this requirement onto other practices. • There were some respondents who also noted that owners may not comply with the ongoing care provided.
Physical examination of the animal necessary in most/all cases (15%)	• Many felt that the provision of 24/7 follow up care is important and necessary to protect animal welfare, although some noted that this should always be the case regardless of whether an examination has taken place and needs to be made clear to clients.

Follow up care access is important (44%)	• Many felt that the provision of 24/7 follow up care is important and necessary to protect animal welfare, although some noted that this should always be the case regardless of whether an examination has taken place and needs to be made clear to clients. • Some however felt that the responsibility for ongoing care after treatment should lie with the prescribing vets practice, so not to pass off cases to other practices. • Others felt the client should be responsible for finding ongoing care for their own animal or it should be the responsibility of their registered practice. If a secondary provider was to perform OOH care for a remote prescribing vet, many stipulated that this should be agreed upon with the secondary provider as well to ensure that there is availability for them to handle the case. • Some responses indicated that clinical histories should be passed to any relevant parties, whether that be a secondary OOH care provider, or back to the original practice. • Some noted that the 24/7 follow up care has not been happening in practice, and that these rules must be enforced by RCVS. • Some noted that 24/7 care services should only be used for emergencies only and clients need to be made more aware of this.
Unnecessary – this is covered by other RCVS 24-hour guidance (4%)	• Several respondents believed that this statement was unnecessary as it is covered by other RCVS 24-hour care guidance. • Others felt that 24/7 cover responsibilities should not apply to all vets, with mobile vets being an example of a vet who would not need 24/7 cover.

2. Questions on 24-hour emergency first-aid and pain relief

D. General obligations

Q19 To what extent do you agree with this approach?

23. We do not propose any substantive change to our current guidance on 24-hour emergency first aid and pain relief, except for the proposed guidance for limited service providers (LSPs).

We believe that, in the absence of an animal-equivalent to a local accident and emergency department, animal welfare is best served by the current requirement that veterinary surgeons in practice take steps to provide 24-hour emergency first aid and pain relief.

(Please note that this section of the survey relates to a veterinary surgeon's general obligations in respect of 24-hour emergency care, as distinct from the proposal that a 24/7 follow-up service should be provided where a POM-V is prescribed without a physical examination.

Responses

The overwhelming majority agreed with this statement with 75% agreeing or strongly agreeing with this approach. 18% (368) of respondents left additional comments explaining their reasoning for their answer, and the themes that were most prevalent are as follows:

Theme	Brief description of responses
There needs to be a review of 24-hour guidance (35%)	• Some believed that there needs to be a review of the current 24-hour guidance because it isn't sustainable, with some attributing issues of shortages in the workforce to this provision. • Some brought up that current staff shortages meant clinics were already struggling to get out of hours care and were worried this requirement would make the situation worse. • Some were concerned that this requirement penalises small, independent, and rural businesses by putting undue stress on them to be available 24/7. • Many suggested a move towards and A&E type system for emergencies would be more beneficial than having this provision, and this would be created if the requirement of 24-hour emergency care would be removed.
24-hour emergency care is necessary (30%)	• Some felt that 24-hour emergency care is necessary to protect animal welfare, although several noted vets should only have to provide 24-hour cover or registered clients. If this OOH care is outsourced, this would need to be agreed upon, and then the responsibility for ongoing care would then be transferred to them. A few respondents felt that the wording needs to be made stronger with the phrase "takes steps to" being replaces with the word must. Some believed that every practice should be subject to the same rules, including LSPs and telemedicine providers who should at least provide emergency pain relief or euthanasia. Respondents believed that OOH care needs to be made clear to clients and clinical histories for the animal needs to be passed along to the relevant parties.

Where does responsibility lie for ongoing care? (17%)	• Some indicated that the responsibility for ongoing care lies primarily with the client, some believed it was the responsibility of the registered practice, and others thought that it was the responsibility of the person prescribing otherwise the burden will fall on other practices. • Some stipulated if that the responsibility should fall with the practice and not individual veterinary surgeons.
Needs greater clarification (10%)	• Some felt that this guidance needed more clarity, especially in terms of time limits and distances that locality entails, with some noting that OOH care should be a reasonable distance. • Some felt that it needs to be made clearer to clients that OOH visits are for emergencies only.
LSPs (3%)	• Some felt that LSPs should not exist while others wanted a clearer definition of LSPs.

E. Limited Service Providers (LSPs)

Q20 To what extent do you agree with this definition of LSPs?

1. A limited service provider is a practice that offers no more than one service to its clients and includes, but is not limited to, vaccination clinics, equine reproductive clinics and neutering clinics. For these purposes, a 'practice' is a Registered Veterinary Practice Premises (RVPP) as entered into the register held by the RCVS.

Responses

In respect of this, the majority agreed with this guidance statement with 67% agreeing or strongly agreeing with this approach. 14% (284) of respondents left additional comments explaining their reasoning for their answer, and the themes that were most prevalent are as follows:

Theme	Brief description of responses
LSPs can perform more than one service (19%)	• Many felt that this definition of limited-service providers was too limited as they believed that LSPs can perform more than one service. A typical example given would be vaccination clinics being considered LSPs despite offering other services such as neutering or treating fleas and worms.
LSPs should be responsible for OOH where necessary	• Several respondents thought that limited service providers should be responsible for the out of hours care and 24-hour cover by themselves, or at least outsourcing this to a OOH provider.
LSPs should not be allowed	• Some respondents believed that limited service providers should not be allowed, with concerns that they take business away from practices as well as encourage the formation of inappropriate breeding clinics. • Some believed that LSPs were open to abuse by cherry picking cheap and easy to provide services without having to provide full cover for their services.

Needs more clarification/specific list of LSPs included	• Some respondents felt that this statement needed greater clarification, with some wanting more guidance on which types of services would be considered LSPs and whether you can be an LSP and perform more than one service. • Some of the services that were noted that should be considered as LSPs were fertility clinics and mobile or telemedicine practices. • Some believed that if a practice is performing veterinary surgery, they should not be considered an LSP.
Clause E 1 is relevant	• Some felt that this was a relevant cause to include and were happy that LSPs were clarified as only performing one service, although some believed that it is important to inform clients of the limitations of LSPs.
LSPs should not be responsible for OOH care	• Some respondents thought that LSPs should not be responsible for OOH care, with some noting that this would be the responsibility of their registered practice.

Q21 To what extent do you agree with the proposed 24-hour emergency obligations for LSPs?

2. Limited service providers should provide 24-hour emergency cover that is proportionate to the service they offer. This means that veterinary surgeons working for limited service providers should ensure that the 24-hour emergency cover provision covers any adverse reaction or complication that could be related to procedures or examinations carried out, or medicines prescribed or used.

Responses

In respect of this, the overwhelming majority agreed with this guidance statement with 80% agreeing or strongly agreeing with this approach. 15% (311) of respondents left additional comments explaining their reasoning for their answer, and the themes that were most prevalent are as follows:

Theme	Brief description of responses
LSPs should provide 24-hour coverage (59%)	• Many respondents believed that limited-service providers should have to provide 24-hour coverage like any other veterinary practice otherwise it puts unfair burden on other practices. This 24-hour coverage could be performing care themselves, outsourcing to an emergency care provider via arrangement, or simply signposting clients to OOH care. • Some responses noted that this should not be proportionate to treatment but should instead cover any condition that arises, as it can be difficult to determine if this adverse reaction is from treatment. • Some noted that it is important for clients to be informed of the limitations of LSPs and their OOH care responsibilities.
LSPs should not be required to provide 24-hour care (12%)	• Some respondents felt that LSPs should not be obligated to provide 24-hour coverage as this requirement is unviable for them as they may not have the facilities to provide appropriate care. While some felt this was a good thing as it would facilitate the comeback of local smaller practices, others felt that this requirement is unfair and acts as a barrier for independent workers. • Responses indicated that LSPs don't provide emergency care in practice. • Some noted that certain LSPs like home euthanasia services should not be required to provide 24-hour care.
Responsibility of ongoing care (7%)	• Some respondents suggested that the primary care practice should be responsible for providing out of hours care as they are better equipped to provide this level of care. • Others believed that it is the animal owner's responsibility to find out of hours care for their animal.
LSPs should not exist (4%)	• A few respondents felt that LSPs should not exist, with some being concerned that they would be open to abuse by cherry picking profitable services and abdicating responsibility for ongoing care.

Need greater clarification (15%)	• Some respondents believed that the guidance needed greater clarification, especially about who will be enforcing or regulating these rules. • Some noted that responsibility for ongoing care should be longer for neutering procedures. • Some responses indicated that the guidance here is too vague. Particularly, they wished for more guidance on the time period that 24-hour care should be available as well as which services that would be considered LSPs, as well as what is meant by the term 'proportionate'.

F. Advice-only services

Q22 To what extent do you agree with this approach?

At present, veterinary surgeons offering advice-only services are not obliged to provide 24-hour emergency first aid and pain relief.

We believe this approach is proportionate and do not propose any changes to this position.

Responses

The majority of respondents agreed with this statement, with 54% agreeing or strongly agreeing with this approach. 22% (451) of respondents left additional comments explaining their reasoning for their answer, and the themes that were most prevalent are as follows:

Theme	Brief description of responses
Advice only services should provide OOH care (40%)	• Many respondents believed that advice-only services have the responsibility to provide 24-hour emergency coverage or at least sign post clients to emergency care. • Respondents felt this was important for maintaining continuity of care. Some respondents believed that all veterinary surgeons should be responsible for 24-hour emergency care regardless of the type of veterinary services they provide while others believed that this would depend on the advice being given.

Suggestions for guidance (23%)	• Some felt that advice-only services should not be able to prescribe treatments, particularly POM-Vs. • Many noted that advice-only services should be held responsible for any wrong advice given. • Some thought that advice-only services should make it clear to clients that they need to be registered with a practice as a way of ensuring that they have access to emergency care. • Some believed that advice only services should not charge clients, and if they do, they should be responsible for any ongoing care. • Several responses suggested that advice-only services should be in communication with veterinary practices they refer clients. • Others felt that advice-only service should be linked to a brick-and-mortar practice, where they can direct clients to that would be able to carry out an examination if necessary.
Advice only services should not exist (15%)	• Some respondents believed that advice-only services should not exist with some saying that they cause confusion for clients if advice given differs from that given by the practice and they undermine local veterinary business. • Some believed that if they give wrong advice, it could be detrimental to animal welfare and puts extra burden on general practices.
Advice only services can be useful (3%)	• Some respondents believed that advice-only services can be useful for triaging and giving clients access to good quality information, thereby reducing strain on emergency providers. • Some noted that any access to veterinary care is better than nothing if getting a physical appointment is not possible. • Some noted that it is important to make sure clients are aware of the limitations of these services.

Needs greater clarification (9%)	• Respondents felt that this guidance would need more clarification, especially in terms of who would be responsible if wrong advice was given. • Some respondents did not understand what advice-only services are or didn't know that they existed and wanted a clearer definition of what being an advice-only service entails.
Advice only services should not have to provide OOH care (4%)	• Some responses indicated that advice-only services should not have to provide emergency cover as they cannot provide meaningful cover remotely without access to the facilities or medicines required to perform an appropriate service. • A few respondents believed that the responsibility for ongoing care lies with the client's registered practice.

G. Referral practices

Q23 To what extent do you agree with this approach?

The current out-of-hours obligation for veterinary surgeons working in referral practices is that they 'should provide 24-hour availability in all their disciplines, or they should, by prior arrangement, direct referring veterinary surgeons to an alternative source of appropriate assistance'.

The guidance also requires referral practices to make arrangements to provide advice to the referring veterinary surgeon on a 24-hour basis and that appropriate post-operative or inpatient care should be provided by the veterinary surgeon to whom the case is referred, or by another veterinary surgeon with appropriate expertise and at a practice with appropriate facilities.

We believe this approach protects animal health and welfare and as such, we do not propose any changes to this position.

Responses

The overwhelming majority agreed with this statement, with 88% agreeing or strongly agreeing with this approach. 10% (204) of respondents left additional comments explaining their reasoning for their answer, and the themes that were most prevalent are as follows:

Theme	Brief description of responses
Referral vets should not have 24-hour obligations (55%)	• Some believed that referral vets should not have 24-hour obligations with many feeling that these requirements for referral practices were impractical because of the increasing caseload and shortage of staff, and because of this many referral services do not provide this coverage in practice. • Some believed that requirements to have 24-hour emergency care for all disciplines is too expansive and impractical, especially due to low numbers of specialist vets. • A few respondents also noted that this guidance would reduce clients access to excellent care.
Vet surgeons should offer OOH care/24-hour emergency care (26%)	• Some respondents believed that referral vet surgeons should offer 24-hour emergency care. • Some agreed that vets working in referral practices should provide 24-hour availability to the referring vet, however some specified that being available for advice to the referring vet is fine, but they should not have to provide cover. • A few respondents believed whether referral vets should be responsible for ongoing care depends on other factors such as the type of practice, the specific service being performed or the location of the practice. • A few respondents believed that requirements for referral practices should match those of GP practices and be responsible for 24-hour care.
Needs greater clarification (16%)	• Some respondents indicated that this guidance needs greater clarification as the guidance was overly complicated, with some noting that there should be a distinction in the guidance regarding care for existing clients and prospective clients. • Others were concerned that this guidance would be open to abuse by allowing referral centres delegating the OOH responsibilities to other practices. • Respondents also emphasise that this guidance needs to be enforced in practice.

Review of ‘under care’ and 24/7 emergency cover

Annex

RCVS SETTING VETERINARY STANDARDS

Review of 'under care' and 24/7 emergency cover

A consultation on proposed guidance

July 2022

UNDER CARE **REVIEW**

Contents

A. Foreword

A long journey

The journey of reviewing 'under care' and provision of 24-hour emergency first-aid and pain relief has been a long one, its origins dating back to the Vet Futures initiative in 2016.

Relating as it does to a fundamental aspect of veterinary practice, this review has generated considerable discussion and debate in recent years, with strongly held views presented on all sides during all stages, including evidence-gathering, analysis and feedback.

As ever, it is the College's responsibility, through the work of our Standards Committee and Council, to consider in detail the views and experience of all our stakeholders along with, in this case, formal legal advice and commissioned independent research, and to propose a way forward.

The pandemic effect

A significant contributor to the length of this journey, of course, has been the Covid-19 pandemic, which has delayed the review's progress by around two years. Nevertheless, numerous lockdowns have afforded us the chance to explore our long-held understanding of what 'under care' means in principle, and to learn how new guidance could best work in practice, across all species types.

> ***"The proposed guidance seeks to protect animal health and welfare and maintain public trust by ensuring that decision-making remains firmly in the hands of individual veterinary surgeons."***

Along with many things, the past two years have demonstrated that the veterinary professions are highly capable of adapting to changing societal needs. As veterinary professionals, we cannot, and should not, expect established ways of practice to go unchallenged and remain unchanged, particularly in the face of shifting public expectations and advancements in technology. However, it is our collective responsibility to ensure that any

changes continue to allow us to provide safe and effective care for our patients, and meet the appropriate expectations of our clients.

The need for change

Whilst therefore recognising and reflecting this need for change, the proposed guidance seeks to protect animal health and welfare and maintain public trust by ensuring that decision-making remains firmly in the hands of individual veterinary surgeons, as to what they, in their professional judgement, consider appropriate in a specific situation.

This consultation, then, whilst not a referendum on whether RCVS guidance on 'under care' and 24-hour emergency first-aid and pain relief should change – that decision having been made by Standards Committee and approved by Council based on the evidence gathered, including the views of the profession and objective evidence, and legal advice – is a crucial opportunity for you to tell us whether we have got the draft guidance right, or if there is anything we might have missed.

Animal health and welfare

In the online survey you can provide feedback on each individual element of the proposed guidance. We are particularly keen to know if there are any factors we may have overlooked that could impact on animal health and welfare, and/or public trust.

Before answering the questions, however, I would urge you to read the background and detail of the proposal set out on the following pages. This will help to explain the journey to this point and the challenges we have met along the way.

Full details on how to respond are set out on page 22, but please make sure to send us your feedback by 5pm on Monday, 12 September 2022.

Thank you in advance for your time and consideration.

Dr Melissa Donald BVMS MRCVS
RCVS President, Former Chair of Standards Committee

B. Background

1) The Royal College of Veterinary Surgeons (RCVS) is both the Royal College and regulatory body for veterinary surgeons and veterinary nurses in the UK. As a regulator, we set, uphold and advance veterinary standards and, as a Royal College, we promote, encourage and advance the study and practice of the art and science of veterinary surgery and medicine. We do all these things in the interests of animal health and welfare, and in the wider public interest.

2) Our review of telemedicine, 'under care' and 24/7 first-aid and pain relief began in 2016 with the Vet Futures initiative. This then led to the ambition in the RCVS Strategic Plan 2017-2019 to 'review the regulatory framework for veterinary businesses to ensure a level playing field, enable a range of business models to coexist, ensure professionalism in commercial settings, and explore the implications for regulation of new technologies (eg telemedicine)'. This led to consideration of 'telemedicine' in its narrowest sense, ie in relation to remote prescribing, including the possibility of 'trialling' remote prescribing.

> ***"As this review hinges on the legal interpretation of the terms 'clinical assessment' and 'under care', we sought legal advice to ensure that the basis of the guidance that governs the profession is correct and reliable."***

3) A key theme that emerged through these discussions was that remote prescribing and out-of-hours care were closely linked. The reason being that if a medicine is prescribed without a physical examination, consideration needs to be given to where owners go to seek help or their animals in the event of an adverse reaction or deterioration.

4) All the of the above ultimately resulted in the current, broad-ranging review of under care and out-of-hours guidance that began in 2019, conducted by the RCVS Standards Committee. As this review hinges on the legal interpretation of the terms ‘clinical assessment’ and ‘under care’, we sought legal advice to ensure that the basis of the guidance that governs the profession is correct and reliable. That legal advice is discussed further below and underpins the recommendations made.

5) The Standards Committee presented its findings to Council in spring 2022, and we now wish to consult on the changes proposed as a result.

C. The current position

Under care

6) Before a veterinary surgeon can prescribe prescription-only veterinary medicines (POM-Vs), according to **Schedule 3, paragraph 4 of the Veterinary Medicines Regulations 2013 (VMRs)** they must first carry out a 'clinical assessment' and have the animal 'under their care'. These terms are not defined by the VMRs and so it is left to the RCVS to interpret what they mean.

7) It is important to note that, under the VMRs, the requirements to carry out a clinical assessment and have the animal under one's care only apply to the prescription of POM-Vs. This means that when prescribing other classes of medicines or treatment not involving the prescription of POM-Vs, veterinary surgeons do not need to satisfy these requirements (although there are more general obligations relating to the provision of veterinary care, 24-hour emergency first-aid and pain relief, and responsible prescribing that must be met).

> ***"The terms 'under care' and 'clinical assessment' are not defined by legislation, so it is left to the RCVS to interpret what they mean."***

8) Our **current guidance on prescribing POM-Vs** effectively requires a physical examination to be carried out before **a** veterinary surgeon can establish that **an** animal is under their care. The guidance states that animals should be 'seen' immediately prior to prescribing or 'recently or often enough for the veterinary surgeon to have personal knowledge' of the animal or herd. It goes on to say that a veterinary surgeon cannot usually have an animal under their care if there has been no physical examination and that they should not prescribe POM-Vs via the internet alone. Remote prescribing is therefore allowed under our current guidance, but only where the animal is already under the veterinary surgeon's care.

9) We recognise, however, that there are some situations where the precise requirements of the VMRs are not practical, for example, when prescribing for herds, shoals and flocks, or issuing repeat prescriptions as a locum. In addition, the current guidance was written at a time before good quality video calls were widely accessible and physiological data could, in some cases, be gathered at a distance.

24-hour emergency first aid and pain relief

10) The *RCVS Code of Professional Conduct* requires all veterinary surgeons in practice to 'take steps to provide 24-hour emergency first aid and pain relief to all animals according to their skills and the specific situation'. Veterinary surgeons are not obliged to provide the service personally or expected to remain constantly on duty. They are, however, required to ensure clients are directed to another appropriate service when they are off duty or otherwise unable to provide the service. The current guidance is set out in full in **Chapter 3: 24-hour emergency first aid and pain relief**.

11) The out-of-hours obligations for veterinary surgeons working for limited service providers (LSPs), or based in referral practices, are slightly different to the general position described above and this is discussed more below.

D. The review

12) The current review began in 2019 to find out whether the current rules are fit for purpose, or whether change is required. As with all RCVS guidance, the aim is to protect animal health and welfare, maintain and uphold veterinary standards and ensure public confidence in the profession.

13) To assist with data gathering, the Standards Committee engaged the services of RAND Europe (an independent consultancy). The review comprised focus group discussions with members of the professions, the outcomes of which informed a survey which went out in May 2021 and had 5,544 responses. RAND analysed the survey responses and produced a report, which can be found via **www.rcvs.org.uk/undercare**.

> ***"The issue of whether a physical examination is necessary [in order to make a clinical assessment] should be a matter of judgement for the veterinary surgeon in each individual case."***

14) As a result of the difficulties arising from the Covid-19 pandemic, it was necessary to suspend the normal guidance and introduce temporary guidance allowing veterinary surgeons to establish 'under care' remotely in certain situations. The purpose of this was to ensure that veterinary surgeons could continue to care for animals without breaching government guidelines and restrictions, and in a way that was safe for them, their teams and their clients.

15) The operation of this temporary guidance presented us with a unique opportunity to carry out research and gather evidence based on real experiences. We therefore commissioned two independent pieces of research from SAVSnet and VetCompass to find out how veterinary surgeons applied the temporary guidance, and to compare treatment

before and after the pandemic to see whether there were any negative implications for animal health and welfare. The findings showed that veterinary surgeons behaved responsibly and, where issues were identified, these have been factored into the proposals (see section B of the online survey). In the words of VetCompass: *'Throughout the pandemic, veterinary professionals have acted in a manner that not only protected human health but ensured animal health or welfare were not compromised'*. The research report from SAVSnet and executive and project summaries from VetCompass can also be found via **www.rcvs.org.uk/undercare**.

16) As explained above, this review hinges on the interpretation of legislation and, in particular, the terms 'clinical assessment' and 'under care'. Therefore, we sought legal advice to ensure the basis of the guidance that governs the profession is correct and reliable. Interpreting legislation requires an assessment of intention at the time it was enacted, as well as applying the context of today's world.

17) In the case of 'clinical assessment', we have been advised that this should be interpreted as including both in-person and remote clinical assessments. The issue of whether a physical examination is necessary should be a matter of judgement for the veterinary surgeon in each, individual case. We were further advised that 'under care' does not change the interpretation of 'clinical assessment' and involves consideration of whether the veterinary surgeon has taken professional responsibility for the animal. This legal advice can be found via **www.rcvs.org.uk/undercare**.

18) The proposals in this consultation therefore reflect the findings of the review, the results of the independent research projects, and legal advice we have received.

Why are we consulting?

19) With all the above in mind, we would like your views on our proposed guidance on 'under care', in particular, on whether there are adequate safeguards built in to protect animal health and welfare and to maintain public confidence in the veterinary profession. As regards out-of-hours care, we would like to know whether you agree with the approach taken, together with some specific questions about what level of 24-hour emergency cover is appropriate for limited service providers and referral practices.

20) We believe that the proposed guidance set out in Section E will continue to protect animal health and welfare and ensure veterinary surgeons prescribe POM-Vs safely. The proposed guidance is intended to uphold public trust in the profession and give clarity, as well as providing a degree of future proofing so that the profession is prepared for the inevitable development of technology.

21) We also intend to consult with members of the public to better understand their views and how the proposals might affect access to veterinary care.

E. Proposed ‘under care’ guidance

22) We propose that the current guidance on ‘under care’ be removed and replaced with the following.

Prescribing POM-Vs

1. *According to the Veterinary Medicines Regulations 2013 (VMRs), to prescribe prescription-only veterinary medicines (POM-Vs), a veterinary surgeon must carry out a clinical assessment of the animal and the animal must be under their care. The terms ‘clinical assessment’ and ‘under…care’ are not defined by the VMRs, however the RCVS has interpreted them in the following way.*

2. *An animal is under a veterinary surgeon’s care when the veterinary surgeon is given, and accepts, responsibility for the health of an animal (or a herd, flock or group of animals) whether generally, or by undertaking a specific procedure or test, or prescribing a course of treatment. Responsibility for an animal may be given by the owner/client, statute or other authority.*

3. *A clinical assessment is any assessment which provides the veterinary surgeon with enough information to diagnose and prescribe safely and effectively. A clinical assessment may include a physical examination, however, this may not be necessary in every case.*

4. *Whether or not a physical examination is necessary is a matter for the veterinary surgeon’s judgement. The following factors are relevant in this respect, however veterinary surgeons should note this list is not exhaustive:*

    a. *The health condition, or potential health conditions, being treated and any associated risks (see further guidance below at paragraph 5 and 6).*

b. The nature of the medication being prescribed, including any possible side effects (see further guidance below at paragraphs 7 and 8).

c. When the animal (or premises in the case of agricultural animals) was last physically examined by a veterinary surgeon.

d. Whether there is access to the animal's previous clinical history.

e. The experience and reliability of the animal owner.

f. Whether the animal is known to the veterinary surgeon and/or whether there is an existing relationship with the client or animal owner.

g. The practicality of a physical examination for individual animals, particularly when dealing with herds, flocks or groups of animals.

h. The health status of the herd, flock or group of animals.

i. The overall state of the animal's health.

j. The impact of any prescription made without physical examination on the ability to gather subsequent diagnostic information.

5. *The more complex or unusual the health needs of the animal, or where a differential diagnosis includes serious conditions not yet ruled out, the more likely a physical examination will be necessary.*

6. *In respect of paragraph 4(a) above, a physical examination is required where a notifiable disease is suspected or part of a differential diagnosis.*

7. *In respect of paragraph 4(b) above, and given the importance of minimising the development of antimicrobial resistance:*

    a. *A physical examination is required in all but exceptional circumstances where a veterinary surgeon prescribes antimicrobials for an individual animal or group of animals that are not agricultural animals. Veterinary surgeons should be prepared to justify their decision in cases where antimicrobials are prescribed without a physical examination and record this justification in the clinical notes.*

    b. *When prescribing antimicrobials for agricultural animals, veterinary surgeons should ensure they have an in-depth knowledge of the premises, including its production systems, the environment, disease challenges and the general health status of the herd or flock. Veterinary surgeons should have attended the premises and physically examined at least one animal immediately prior to prescribing or, where this is not possible, recently enough to ensure they have adequate information and knowledge to prescribe responsibly. Veterinary surgeons should be prepared to justify their decision in cases where antimicrobials are prescribed without conducting a physical examination and record this justification in the clinical notes.*

Note: *For more information about responsible prescribing to minimise antimicrobial resistance, please see* ***Chapter 4: Medicines, paragraphs 4.23 and 4.24****.*

8. *In respect of 4(b) above, when prescribing controlled drugs to an animal in the first instance, veterinary surgeons should carry out a physical examination in all but exceptional circumstances and be prepared to justify their decision where no physical examination has taken place. This justification should be recorded in the clinical notes. It is acceptable to issue a repeat prescription for controlled drugs without a physical examination, however, veterinary surgeons should carry out a further clinical assessment to ensure they have enough information to do so safely and effectively.*

9. *Where a physical examination is not carried out immediately prior to prescribing POM-Vs, veterinary surgeons should ensure that a 24/7 follow-up service involving physical examination and any other necessary investigation if required is immediately available in the event that the animal does not improve, suffers an adverse reaction or deteriorates. Where a veterinary surgeon is not able to provide this service themselves, they should arrange for another veterinary service provider to do so. This arrangement should be made before veterinary services are offered and confirmed in writing as part of the conditions of service agreed by the client.*

10. *Veterinary surgeons must maintain clinical records of animals, herds, flocks or other groups of animals under their care.*

F. Recommendations regarding 24-hour emergency cover

23) We do not propose any substantive change to our **current guidance on 24-hour emergency first aid and pain relief**, except for the proposed guidance for limited service providers (LSPs) set out below. We believe that, in the absence of an animal equivalent to a local accident and emergency department, animal welfare is best served by the current requirement that veterinary surgeons in practice take steps to provide 24-hour emergency first-aid and pain relief.

24) Our current supporting guidance only recognises two kinds of LSP, namely, vaccination clinics and neutering clinics. Veterinary surgeons who work in vaccinations clinics are required to make provision for 24-hour emergency cover for the period in which adverse reactions may arise. Those working in neutering clinics must make provision for the entire post-operative period during which complications arising from the surgery may develop.

"The issue of "Animal welfare is best served by the current requirement that veterinary surgeons in practice take steps to provide 24-hour emergency first-aid and pain relief."in each individual case."

25) We recognise that there are many other types of LSP not currently provided for, and that fairness requires that providers should be treated the same unless there is good reason not to. We therefore propose that the current guidance on LSPs (see paragraphs 3.49-3.41 of **Chapter 3: 24-hour emergency first aid and pain relief**) be removed and replaced with that set out below, which provides a broader definition of the type of practice that can be considered an LSP and imposes a general obligation to provide out-of-hours emergency care that is proportionate to the service offered.

26) We believe that the proposed guidance will protect animal health and welfare whilst providing clarity and ensuring fairness.

Limited service providers

1. *A limited service provider is a practice that offers no more than* ***one*** *service to its clients and includes, but is not limited to, vaccination clinics, equine reproductive clinics and neutering clinics. For these purposes, a 'practice' is a Registered Veterinary Practice Premises (RVPP) as entered into the register held by the RCVS.*

2. *Limited service providers should provide 24-hour emergency cover that is proportionate to the service they offer. This means that veterinary surgeons working for limited service providers should ensure that the 24-hour emergency cover provision covers any adverse reaction or complication that could be related to procedures or examinations carried out, or medicines prescribed or used.*

G. How to respond

27) This consultation is for veterinary professionals and those working alongside them, vet and vet nurse students, and representatives of stakeholder organisations.

28) Details of a separate consultation exercise for the animal-owning/-keeping public will be published in due course.

29) Before you respond to this consultation, we would urge you to view the additional reports, research papers and legal advice information provided at **www.rcvs.org.uk/undercare**.

"This is your opportunity to tell us whether the proposed guidance contains adequate safeguards to protect animal health and welfare, and maintain public confidence in the veterinary professions."

30) This is your opportunity to tell us whether our proposed new guidance on 'under care' and 24-hour emergency first-aid and pain relief contains adequate safeguards to protect animal health and welfare, and to maintain public confidence in the veterinary professions.

31) We would like to know how much you either agree or disagree with each element of the guidance, and whether you have any specific comments or suggestions to make in each case.

32) To submit your views, please visit our online survey available via 'How to respond' at **www.rcvs.org.uk/undercare**. You will first be prompted to answer a few demographic questions, for example, whether you are responding as an individual or on behalf of an organisation, before answering questions on the guidance itself.

33) The deadline for responses is 5pm on Monday, 12 September 2022.

34) Thank you for taking the time to send us your views. Responses from individuals will be treated as confidential and anonymised. With permission, we may quote from individual responses in any subsequent report, however these quotes will be anonymised. Where comments from organisations are quoted in any report, the organisation may be identified.

RCVS SETTING VETERINARY STANDARDS

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