Standards Committee

Agenda for the meeting to be held on 17 June 2026 at remotely

1.	Apologies for absence, declarations of interest. Minutes from the meeting of April 22nd	
2.	Matters for discussion and decision	
	a. VetCompass research update – presentation by Dr Stuart Becker MRCVS	Cover sheet attached
	b. Review of guidance on prescribing POM-Vs – progress and next steps - partially confidential	Paper attached
3.	Matters for report	
	a. Standards and Advice Team update - confidential	Paper attached
	b. Disciplinary Committee Report	Paper in library
4.	Risk and equality	Verbal update
5.	Any other business and date of next meeting on 16 Sep 2026	Verbal update

Standards Committee 2025/2026

Chair

Dr Olivia Cook MRCVS

Vice Chair

Dr Sinéad Bennett MRCVS

Members

Miss Linda Belton MRCVS (Officer Observer)

Dr Sam Bescoby MRCVS

Dr David Black FRCVS

Professor Derek Bray

Dr Abbie Calow MRCVS

Ms Linda Ford

Professor Christoper Loughrey FRCVS

Mr Matthew Rendle RVN

Mr Tim Walker

Terms of reference

The Standards Committee shall provide advice and guidance on the professional conduct of veterinary surgeons and veterinary nurses, including, but not limited to:

a. Publishing a Code or Codes of Professional Conduct, subject to the approval of the Council;

b. Publishing as necessary advice on professional conduct;

c. Responding to professional conduct issues raised by the RCVS Council, Veterinary Nurses' Council or any committee of the RCVS;

d. Responding to requests for advice from members of the profession and the public, as agreed by the chair; and,

e. Overseeing the development of the RCVS Practice Standards Scheme by the Practice Standards Group, making recommendations to Council as appropriate, and considering appeals from the Practice Standards Scheme Review Group.

Summary	
Meeting	Standards Committee
Date	22 April 2026
Title	Standards Committee Minutes
Summary	Minutes of the Standards Committee meeting held in person and remotely on Wednesday 22 April 2026, at 10am. The Committee's attention is drawn to paragraphs 1-11 of the Classified appendix.
Attachments	Classified appendix
Author	Ky Richardson Senior Standards and Advice Officer/Solicitor k.richardson@rcvs.org.uk / 0207 202 0757

Classifications

Document	Classification[1]	Rationales[2]
Minutes	Unclassified	n/a
Classified appendix	**Confidential**	1

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

2 Classification rationales	
Confidential	1. To allow the Committee or Council to come to a view itself, before presenting to and/or consulting with others 2. To maintain the confidence of another organisation 3. To protect commercially sensitive information 4. To maintain public confidence in and/or uphold the reputation of the veterinary professions and/or the RCVS
Private	5. To protect information which may contain personal data, special category data, and/or criminal offence data, as listed under the General Data Protection Regulation

Minutes of the Standards Committee meeting held in person and remotely on 22 April 2026, at 10am

Members:
Olivia Cook (Chair)
Sinéad Bennett (Vice Chair)
Derek Bray
Linda Ford
Christopher Loughrey
Matthew Rendle
Tim Walker
David Black
Sam Bescoby
Abbie Calow
Linda Belton (Officer Observer)

In attendance:

RCVS	Lizzie Lockett	Chief Executive Officer
	Clare Paget	Registrar and Director of Legal Services
	Gemma Kingswell	Head of Legal Services (Standards)
	Beth Jinks	Standards and Advisory Lead
	Ky Richardson	Senior Standards and Advice Officer/Solicitor
	Bri McLachlan	Standards and Advice Administrator
	Alice Duvernois	Lead PSS Assessor
	Ben Myring	Head of Policy, Insight and Public Affairs

AI 1 Apologies for absence, declarations of interest, minutes of the meeting of 11 February 2026

1. Apologies were received from Christopher Loughrey and the Chair confirmed that Derek Bray will be late. Sinéad Bennett did not attend.

2. There were no new declarations of interest.

3. The minutes of the meeting of 11 February 2026 were agreed.

Matters for decision

AI 2 (a) Chapter 13 review

4. The Head of Legal Services (Standards) summarised the progress of this review and steps taken since the last meeting. At the previous meeting, it had been raised that some practices were of the view that the names of the veterinary surgeons and veterinary nurses who had provided care should be redacted from clinical records in order to comply with GDPR. The

Committee's view was that veterinary surgeons and veterinary nurses should be identified in the clinical records to facilitate continuity of care as well as transparency for the purposes raising concerns. The Committee therefore asked for some research to be carried out in this area.

5. The Committee was advised that the Information Commissioner's Office (ICO) had been consulted on the issue of redacting the names of veterinary surgeons and veterinary nurses in clinical and client records. The ICO confirmed that in the human medical field, a specific provision is in place requiring that the names of doctors and nurses are not redacted but this same provision does not apply to the veterinary profession. It was agreed however that this is a good principle to start from.

6. The proposed new paragraph 13.9 of Chapter 13 incorporates this principle with enough flexibility for professionals/practices to meet their own obligations under the GDPR. The Committee recognised that redaction of a veterinary surgeon's or veterinary nurse's personal data may be required in exceptional cases, for example where threats have been made against them.

7. The Committee was asked whether the proposed new paragraph 13.9 containing a general requirement that veterinary surgeons and veterinary nurses be identified was sufficient, or whether an example, such as threats or harassment, should be included. The Committee agreed that no example is required but should be strengthened to make clear that redacting names from records will only be appropriate in exceptional cases.

8. The Committee was then asked to approve the remainder of the proposed new Chapter 13 for publication, which it did, after making the following comments:

General

a. It was noted that some practices may not have systems in place to record a veterinary nurse's name against their clinical records in the same way as a veterinary surgeon, but the expectation still applies equally to veterinary surgeons and veterinary nurses.

b. A signpost to Chapter 5 of the supporting guidance should be added to highlight the expectations on the incoming veterinary surgeon to obtain clinical histories before treating a new patient, save for in emergencies.

Paragraph 13.10

a. The language about the lifetime of the animal should be removed entirely as there may be reasons to retain records beyond this point, for example, terms of a professional indemnity insurance policy or in the event of an RCVS conduct concern

being raised. It was agreed that the wording *"…should be retained for as long as is necessary, taking into account legal and regulatory responsibilities…"* should be included instead.

9. It was agreed that minor amendments will be made to account for the Committee's comments before the new Chapter 13 is published.

Action: Standards and Advisory Lead

AI 2 (b) PSS review – partially confidential

Derek Bray joins the meeting

10. The Registrar and Director of Legal Services asked the Committee whether it first had any questions in relation to the general reporting papers.

11. The Committee made the following general comments and suggestions:

    a. The PSS Team was commended for its work on the new suicide prevention plan standard as this is a difficult issue to grasp and has already had a positive influence on practices.

    b. The Committee is impressed with the PSS Assessors and their general approach to assessments.

    c. It would be useful to conduct some research around how to mitigate any barriers that practices may face when considering joining the scheme, as well as exploring how to better articulate to those not in PSS what the real value is in joining, as this is hard to appreciate until a practice is already in the scheme.

Action: Lead PSS Assessor

12. The Committee's attention is also drawn to paragraphs 1 - 6 of the Classified appendix.

Matters of discussion

AI 3 (a) VN prescribers – confidential

13. The Committee's attention is drawn to paragraphs 7 - 11 of the Classified appendix.

AI 3 (b) CMA recommendations

14. The Head of Legal Services (Standards) informed the Committee that once the draft CMA Order relating to the remedies available, and there is a clearer idea of the exact wording of the remedies/recommendations, this matter will be brought back to the Committee for discussion, with proposed amendments to the Code of Professional Conduct and supporting guidance.

Matters for report
AI 4(a) Disciplinary Committee Report

15. The report was noted.

AI (5) Risk and equality

16. No new risks were reported.

AI 6 Any other business and date of next meeting on 17 June 2026

17. The Head of Legal Services (Standards) informed the Committee that the VetCompass research on under care is moving along well and is in its second phase of looking at compliance in more detail. Stuart Becker of VetCompass will attend the next meeting on 17 June 2026, to report to the Committee, and the next steps in the review can be discussed.

Table of actions

Paragraph	Action	Responsibility
9	**Make minor amendments to the current draft of Chapter 13 and publish.**	**Standards and Advisory Lead**
11	**Conduct some research around what barriers exist for practices joining PSS.**	**Lead PSS Assessor**

Summary

Meeting	Standards Committee
Date	17 June 2026
Title	Review of revised guidance on prescribing POM-Vs (aka under care) – update from VetCompass
Summary	Dr Stuart Becker MRCVS, who is leading the ongoing research by VetCompass, will attend the meeting to give an update on the project and a presentation summarising the findings so far. As themes begin to emerge from this research, the Committee is asked to consider the possible actions to be taken in view of the findings.
Decisions required	None – for discussion
Attachments	None
Author	Gemma Kingswell Head of Legal Services (Standards) g.kingswell@rcvs.org.uk

Classifications

Document	**Classification[1]**	**Rationales[2]**
Paper	Unclassified	NA

[1]Classifications explained

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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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Under care

Prescribing POM-Vs and veterinary medicinal products under the cascade

This section provides guidance on what it means to have an animal under your care and what is required when carrying out a clinical assessment before prescribing POM-Vs and veterinary medicinal products under the cascade. This section also includes a ***requirement*** *for veterinary surgeons to be able, on a 24/7 basis, to physically examine animals under their care, or attend the premises in the case of production animals, equines, farmed aquatic animals and game, should it become necessary.*

4.12 To prescribe POM-Vs or veterinary medicinal products under the cascade a veterinary surgeon is required to 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.

4.13 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 by prescribing a course of treatment. Responsibility for an animal may be given by the owner, client or keeper, statute or other authority. A veterinary surgeon who has an animal under their care must be able, on a 24/7 basis, to physically examine the animal, or visit the premises in the case of production animals, equines, farmed aquatic animals and game. Veterinary surgeons should also be prepared to carry out any necessary investigation in the event that animals taken under their care do not improve, suffer an adverse reaction or deteriorate. Veterinary surgeons should provide this service within an appropriate timeframe depending on the circumstances, which could be immediately.

4.14 Where a veterinary surgeon is not able to provide the service set out in paragraph 4.13 themselves, another veterinary service provider may do so on their behalf. It is the veterinary surgeon's responsibility to make these arrangements and it is not sufficient for the client to be registered at another practice. This arrangement should be in line with paragraphs 3.4 -3.6 of Chapter 3: 24-hour emergency first-aid and pain relief, made in advance before veterinary services are offered and confirmed in writing as part of the conditions of service agreed by the client. Veterinary surgeons should provide clients with full details of this arrangement and make this information publicly available, including relevant telephone numbers, location details, when the service is available, and the nature of service provided.

4.15 Where an animal is under the care of more than one veterinary surgeon, those veterinary surgeons should keep each other informed of any relevant clinical information (see Chapter 5: Communication between professional colleagues for further guidance on mutual clients).

4.16 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.

4.17 Whether a physical examination is necessary for the prescription of POM-Vs or veterinary medicinal products under the cascade is a matter for the veterinary surgeon's judgement depending on the circumstances of each individual case (please note that the Animals (Scientific Procedures) Act 1986 should be followed where it applies). When deciding whether a physical examination is required, the following factors are relevant, however veterinary surgeons should note this list is **not** exhaustive:

a. The health condition(s), or potential health condition(s), being treated and any associated risks (see further guidance below at paragraph 4.18 and 4.19)

b. The nature of the medication being prescribed, including any possible risks and side effects (see further guidance below at paragraphs 4.20 and 4.21)

c. Whether the medication is being prescribed under the cascade (see further guidance below at paragraph 4.24)

d. When the animal was last physically examined by a veterinary surgeon, or premises physically inspected in the case of production animals, farmed aquatic animals or game

e. Whether there is access to the animal's previous clinical history or, in the case of production animals, farmed aquatic animals and game, knowledge of the health status at the premises

f. The understanding and knowledge of the owner/keeper in relation both to animal health and welfare, and the importance of open and honest communication with the veterinary team

g. Whether the individual animal, herd, flock or group of animals is/are known to the veterinary surgeon and/or whether there is an existing relationship with the client or animal owner/keeper

h. The practicality of a physical examination for individual animals

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

j. The overall state of the animal's health

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

4.18 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.

4.19 In respect of paragraph 4.17 (a) above, a physical examination is required where a notifiable disease is suspected or part of a differential diagnosis.

4.20 In respect of paragraph 4.17 (b) above, and given the importance of minimising the development of resistance to antimicrobials and anthelmintics, and minimising the potential negative environmental impact of antimicrobials and antiparasitics:

a. A physical examination is required at the time of prescription in all but exceptional circumstances where a veterinary surgeon prescribes antibiotics, antifungals, antiparasitics or antivirals for an individual animal or group of animals that are not production animals, farmed aquatic animals or game. 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 antibiotics, antifungals, antiparasitics or antivirals for production animals, farmed aquatic animals and game, 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, flock or group. Veterinary surgeons should have attended and inspected the premises and physically examined at least one representative animal prior to prescribing, or recently enough to ensure they have adequate current information and knowledge to prescribe responsibly and effectively, taking into account any available production data and diagnostic laboratory results. In exceptional cases where this is not possible, or in sectors such as large-scale commercial poultry and fish enterprises, and antimicrobials are prescribed without conducting a physical examination, veterinary surgeons should be prepared to justify their decision and to record this justification in the clinical notes. For the factors relevant to whether a physical examination is required, please see paragraph 4.17, above.

c. Where samples are obtained for the purpose of testing following a physical examination (or, in the case of production animals, farmed aquatic animals and game, following a physical examination which was carried out 'recently enough'), it is acceptable for a veterinary surgeon

to prescribe antibiotics, antifungals, antiparasitics and antivirals based on the results of those contemporaneous tests without the need for a further physical examination.

Note: For more information about responsible prescribing to minimise antimicrobial resistance, please see paragraphs 4.36 to 4.37 and 4.44 to 4.47 below.

4.21 In respect of 4.17 (b) above, when prescribing a controlled drug to an animal, veterinary surgeons should in the first instance 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 further prescription for that controlled drug 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 (see RCVS Controlled Drugs Guidance - A to Z for further guidance on controlled drugs).

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