RCVS SETTING VETERINARY STANDARDS

Standards Committee

Agenda for the meeting to be held on 23 October 2024 at 9.30

1.	Apologies for absence, declarations of interest. Minutes from the meeting of 24 September 2024	
2.	Matters for decision	
	a. Under care – confidential	Cover sheet attached & oral update
	b. LONOs	Paper attached
	c. Industrial action – confidential	Paper attached
	d. Chapter 8 [carried over from Sept 24 meeting]	Paper attached
	e. Five Yearly Review of PSS Standards and Awards – confidential	Paper attached
3.	Matters for report	
	a. Disciplinary Committee Report	Paper in library
	b. PSS report	Paper attached
4.	Risk and equality	Oral update
5.	Any other business and date of next meeting on 3 December 2024 • Vice Chair vote • Subcommittee reports	Oral update

Standards Committee 2024/2025

Chair:

Miss Linda Belton BVSc MRCVS

Members:

Dr Sinéad Bennett MRCVS

Dr Olivia Cook MRCVS

Professor Derek Bray

Ms Linda Ford

Professor Christoper Loughrey FRCVS

Dr Alice McLeish MRCVS

Dr Sue Paterson FRCVS

Mr Matthew Rendle RVN

Mr Tim Walker

Dr Will Wilkinson MRCVS

Summary

Meeting	Standards Committee
Date	24 September 2024
Title	Standards Committee Minutes
Summary	Minutes of Standards Committee meeting held remotely on Tuesday, 24 September 2024, at 10:00am The Committee's attention is drawn to paragraphs 1-29 of the classified appendix.
Attachments	Classified appendix
Author	Vicki Price Senior Standards and Advice Officer v.price@rcvs.org.uk

Classifications

Document	**Classification**[1]	**Rationales**[2]
Minutes	Unclassified	n/a
Classified appendix	**Confidential**	1, 2 and 3

1 Classifications explained

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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 Tuesday 24 September 2024

Members:	Linda Belton (Chair)
	Sinéad Bennett
	Derek Bray
	Olivia Cook
	Linda Ford
	Alice McLeish
	Christopher Loughrey
	Sue Paterson
	Matthew Rendle
	Tim Walker
	Will Wilkinson

In attendance:

RCVS	Lizzie Lockett	CEO
	Gemma Kingswell	Head of Legal Services (Standards)
	Beth Jinks	Standards and Advisory Lead
	Vicki Price	Senior Standards and Advice Officer
	Ky Richardson	Senior Standards and Advice Officer/Solicitor

AI 1 Apologies for absence, declarations of interest, minutes from the meeting of 12 June 2024.

1. Apologies were received from D Bray, C Loughrey and A McLeish.

2. The minutes from the meeting of 12 June 2024 were agreed.

Matters for decision

AI 2 (a) Review of Letters of non-objection (LONOs) - phase 2

3. The Committee was reminded that at its meeting in June 2024 it had considered several issues that have arisen in respect of the current process for handling LONO requests and the advertising of practice names more broadly. At the June meeting the Committee agreed that new guidance should be drafted for Chapter 23 of the supporting guidance to the Code of Professional Conduct incorporating the Committee's comments from Phase 1 of this review; that objections to proposes company names should now only be made in line with the RCVS' limited power to object where the use of 'protected titles' in a company name is likely to constitute an offence under the Veterinary Surgeons Act 1966 (VSA); and a series of FAQs be drafted to address common issues,

including use of ‘specialist’ and ‘hospital’/’veterinary hospital’, to be published in all relevant departments, i.e., Advice, Registration, and PSS.

4. The Committee was presented with proposed new guidance for Chapter 23 of the supporting guidance in **Annex B** to the paper. The proposed new guidance included adding an explicit reference to practice names in the current guidance around making claims of superiority or comparisons and reporting misleading practice names; amending paragraph 23.33 to extend the newly agreed guidance on the use of the term ‘specialist’ in practice names to include the use ‘advanced practitioner’ in practice names; and inserting a new section of guidance titled ‘Advertising of practice names’ setting out the new position agreed by the Committee in its meeting in June 2024.

5. The Committee made the following general comments:

    a. The suggested changes to the guidance were broadly supported. However, it was raised that it was unclear as to what elements of the guidance amounted to legal obligations, and which amount to guidance from the College. To simplify, it would be useful for the guidance to provide a clearer hierarchy addressing the legal requirements first (for example, the Advertising Standards requirements that apply to everyone, and what the College can object to in carrying out its statutory duty under the VSA), and then the best practice guidance recommended by the College. For example, the guidance at paragraph 23.27 is an abuse of title issue rather than an advertising issue.
    b. It was agreed that it would be useful for the guidance to provide some further explanation of why certain complaints need to be directed to the Advertising Standards Authority (ASA) in the first instance.
    c. The inclusion of an FAQ regarding the use of LONOs by Registered Veterinary Nurses (RVNs) prompted a wider discussion of the procedures RVNs can perform when working as community nurses. The Head of Legal Services confirmed that due to the wording of Schedule 3 of the VSA, which allows RVNs to undertake acts of veterinary surgery, the animal must be under the care of the RVN’s veterinary surgeon employer (or a vet working on the employer’s behalf), and our usual advice is that RVNs need to be clear with clients on the limits of what they can do when working independently and not covered by Schedule 3. It was raised that it might be possible to consider the work RVNs can do when working independently by looking at how ‘employer’ is interpreted.

6. The Committee agreed that Chapter 23 should be restructured so as to separate out legal obligations and to add further explanation of why certain complaints need to be directed to the ASA in the first instance. The Committee also agreed that the FAQ relating to RVNs should be reworded to focus on what RVNs can do in terms of practice names.

Action: Restructure guidance and revise RVN FAQ.

7. The Committee agreed that whether there is any scope for broadening the tasks that RVNs can do when working independently will be brought back for consideration in a future meeting.

Action: Bring issue of tasks RVNs can do when working independently back to future meeting

AI 2 (b) Mutual clients in farm practice

8. The Committee was reminded of the background for this item, which arises out of difficulties identified in complying with the obligation to share relevant clinical information with other veterinary surgeons when there are mutual clients, particularly in the farm sector. Discussions with stakeholders have identified the following barriers to complying with this obligation:

    a. Veterinary surgeons being unaware of the requirement to share information, or believing the requirement does not apply to them as they are the 'primary vet';
    b. Veterinary surgeons being aware another veterinary surgeon is treating the animals, but being unable to identify the other veterinary surgeon because of the client being unwilling to share details;
    c. Veterinary surgeons finding medicines prescribed by someone else on farm but being unable to identify the prescriber because those details are not included on the label. At present, PSS Core standards require 'the name and address of the veterinary practice supplying the medicine' to be recorded on the label of POM-Vs. However, the prescriber and supplier are not always the same person/practice;
    d. Even if the other veterinary surgeon can be identified, it can be challenging to identify what their out-of-hours arrangements are for the purpose of sharing information with any external provider and signposting the client. At present, RCVS guidance requires veterinary surgeons to 'provide their clients with full details of their 24-hour emergency cover provision', and does not expressly state this information should be made public;
    e. The term 'mutual clients' could be interpreted as only applying where there is a mutually beneficial relationship between the veterinary surgeons, which is not always the case.

9. The Committee provided the following feedback on the proposed actions set out in paragraph 9 of the paper:
    a. It is reasonable to expect transparency around the publication of details of the out-of-hours service provider;
    b. Care should be taken in the terminology that we use to refer to each veterinary surgeon equally, so as to reflect that they are all mutually share the animals' care without hierarchy;

c. The FAQ wording could be revised to focus more on building a relationship of trust with the client, and to avoid implying that the client has done something wrong or is trying to be misleading. Veterinary surgeons should be transparent with the client that they need the other veterinary surgeon's details so that they can contact the other veterinary surgeon for the sake of the animal's welfare.
d. It would be helpful to develop a flowchart or quick glance table setting out the obligations of each veterinary surgeon, and a case study;
e. It was agreed that it would be useful to improve owner awareness of why it is important for veterinary surgeons to be aware of others involved in the care of animals, including awareness of co-morbidities/avoiding adverse reactions; antimicrobial resistance; compliance with veterinary certification obligations; and assisting farmers to comply with their own legal obligations in relation to veterinary medicines.
f. There is also a concern for some practices that they are losing lucrative work and the involvement of other veterinary surgeons is impacting on their sustainability, which in turn has implications for out-of-hours provision and access to veterinary care across the country.

10. The Committee agreed that the labelling requirements contained in PSS core standards should be amended so that the name of the prescriber must be recorded on the label.

Action: Amend labelling requirements in PSS core standards to require name of prescriber to be recorded on label

11. It was agreed that the guidance should be amended to clarify that veterinary surgeons should make the details of their 24-hour emergency cover provision publicly available, for example, by published details on the practice website, and providing this information to those who enquire.

Action: Amend guidance to clarify that vets should make details of 24-hour emergency cover publicly available

12. It was agreed that the FAQ should be simplified, use a more positive tone, and include more information to help clients understand why it is important for veterinary surgeons to have the details of other veterinary surgeons involved in the care of the animals, including that this is important in order to protect the animals, farmers, and the veterinary surgeon.

Action: Revise FAQ

AI 2 (c) Under care review - confidential

13. The minutes of this agenda item discussion can be found in the classified appendix at paragraphs 1-4.

AI 2 (d) Professional autonomy

14. The minutes of this agenda item discussion can be found in the classified appendix at paragraphs 5-10.

AI 2 (e) Chapter 8 review

15. It was agreed this paper would be held over until the October Standards Committee meeting to enable more time for discussion. It was noted that written feedback had been provided to the Standards and Advice team by one Committee member, which would be reviewed in the meantime.

AI 2 (f) Industrial action

16. The Committee was informed the College had been asked to provide clarity for the profession on the implications of taking part in industrial action, in light of the current strikes. The College prepared a statement setting out the legal and regulatory position for veterinary surgeons and veterinary nurses who wish to take part in industrial action, which was shared with the union involved with the ongoing action. The Committee was asked to consider whether a version of the statement should be added to Chapter 2 of the supporting guidance, and if so, to agree the proposed wording for the statement.

17. The Committee provided the following comments and feedback:
    a. The Committee acknowledged the sensitivity involved in the strikes, and that the decision to strike is extreme and last resort for many colleagues. However, anecdotally it was noted that in the current industrial action there have been some issues with comments on social media from both sides which may be considered to bring the profession into disrepute;
    b. The statement wording was preferable to the proposed guidance wording insofar as it referred to the cover arrangements being a matter for veterinary surgeons and veterinary nurses to establish in advance through collaboration and dialogue;
    c. It was queried whether it could be stated that out-of-hours cover does not require all staff to be there and set a minimum cover level. The Chair noted however that it is unfortunately not possible to specify a minimum number given the variation in practices;
    d. It was noted that the industrial action has also included lay people acting detrimentally to animal welfare. For example, there are anecdotal reports of oxygen deliveries being disrupted by lay staff. It was agree that this was possibly something to think about covering in the guidance.

18. The Committee agreed that the proposed guidance should be added to Chapter 2, with additional points to be added regarding not bringing the profession into disrepute and clarify the need to establish arrangements for emergency cover in advance, and worded so as to cover everyone involved in the industrial action and not just those striking.

Action: Add agreed guidance to Chapter 2

AI 2 (g) APHA blood sampling - confidential

19. The minutes of this agenda item discussion can be found in the classified appendix at paragraphs 11-13.

Matters for discussion

AI 3(a) GEFS update – confidential

20. The minutes of this agenda item discussion can be found in the classified appendix at paragraphs 14-16.

Matters for report

AI 4 (a) Disciplinary Committee Report

21. The report was noted.

AI 4 (b) Riding Establishments Subcommittee Report

22. The report was noted.

AI 4 (c) PSS Report

23. The report was noted.

Confidential matters for report

AI 5 (a) Routine Veterinary Practice Subcommittee Report

24. The report was noted.

AI 5 (b) Ethics Review Panel Report

25. The report was noted.

AI 5 (c) Certification Subcommittee Report

26. The report was noted.

AI 6 (a) Risk and equality

27. The minutes of this agenda item discussion can be found in the classified appendix at paragraph 17.

AI 7 Any other business and date of next meeting on 23 October 2024 (remote)

28. The date of the next meeting on 23 October 2024, to be held remotely, was noted.

29. The Committee was informed of the need to appoint a Vice-Chair. It was agreed that the Committee would be emailed with the opportunity to volunteer for the role.

Action: Appoint a Vice-Chair at the next meeting

30. The Committee was asked to volunteer to be the Standards Committee representative for the Finance and Resourcing Committee. Linda Ford volunteered, and it was agreed that she would be the representative.

Action: Inform FRC Secretary of the SC rep

Table of actions - unclassified

Paragraph	Task	Responsibility
6	Restructure guidance and revise RVN FAQ	Standards and Advisory Team (KR)
7	Bring issue of tasks RVNs can do when working independently back to future meeting	Head of Legal Services (Standards)
10-13	• Amend labelling requirements in PSS core standards to require name of prescriber to be recorded on label • Amend guidance to clarify that vets should make details of 24-hour emergency cover publicly available • Revise FAQ • Update guidance to refer to 'shared clients'	Head of Legal Services (Standards)
19	Add agreed guidance to Chapter 2	Standards and Advisory Lead
29	Appoint a Vice-Chair at the next meeting	Committee
30	Inform FRC Secretary of the SC representative	Standards and Advisory Lead

Summary	
Meeting	Standards Committee
Date	23 October 2024
Title	Review of letters of non-objection (LONOs) and advertising of practice names – Phase 2 continued
Summary	This paper follows discussions by the Committee at its last meeting regarding phase 2 of the LONO review. The paper proposes a restructure to Chapter 23 of the supporting guidance in line with the Committee's comments, together with minor amendments to Chapter 23 of the supporting guidance and the FAQs.
Decisions required	The Committee is asked to: 1. approve the restructure and amendments to Chapter 23 of the supporting guidance; and 2. approve the amended FAQs.
Attachments	**Annex A** – Phase 2 paper from September 2024 **Annex B** – Proposed restructure and amendments to Chapter 23 of the supporting guidance **Annex C –** Proposed amendments to the FAQs
Author	Ky Richardson Senior Standards and Advice Officer/Solicitor Secretary to the Certification Sub-Committee k.richardson@rcvs.org.uk / 0207 202 0757

Classifications

Document	Classification[1]	Rationales[2]
Paper	Unclassified	
Annex A	Unclassified	
Annex B	Confidential	1
Annex C	Confidential	1

[1]Classifications explained

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[2]Classification rationales

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Review of letters of non-objection (LONOs) and advertising of practice names - Phase 3

Introduction

1. At its meeting in September 2024, the Committee was presented with a paper setting out proposed changes to Chapter 23 of the supporting guidance and a series of FAQs (**Annex A**). This paper asked the Committee to approve the proposed changes to Chapter 23 of the supporting guidance and the series of FAQs.

2. The Committee provided its approval subject to several comments.

Chapter 23 of the supporting guidance

3. The Committee noted that legal requirements under the Veterinary Surgeons Act 1966 (VSA), professional conduct requirements set by the RCVS, and obligations set by other regulators were intertwined throughout Chapter 23. The Committee therefore asked for Chapter 23 to be restructured to offer more clarity on what each statutory authority was responsible for.

4. The Committee also noted that signposting to other regulators 'in the first instance' is mentioned on two occasions in Chapter 23 of the supporting guidance and had concerns that this might be interpreted as suggesting that *all requirements* in the chapter first fell to the statutory authority of other regulators. As this is not the case, the Committee felt that further clarity ought to be provided.

5. In light if this, please see **Annex B** which sets out a restructured and amended Chapter 23 of the supporting guidance taking into consideration the Committee's comments above.

6. Please see paragraphs 23.43 and 23.50 at **Annex B** for further clarity relating to the Committee's comment at paragraph 4 above.

FAQ 3 - *I am an RVN working independently, (i.e., not under direction of a veterinary surgeon employer). Can I incorporate my new company, 'Mobile Vet Nurse Ltd' at Companies House?*

7. The Committee remained concerned that this FAQ might be interpreted as limiting RVNs at a time when the RCVS is encouraging them to explore what more they can do under the current regulatory framework.

8. The Committee requested that this FAQ be re-drafted as supportively as possible within the current limitations of the VSA. The Committee also asked that a separate review be conducted in relation to what more RVNs can do in their own businesses so this can be more readily understood.

9. As this separate review may provide necessary additional context to inform FAQ 3, FAQ 3 has temporarily been removed and a re-draft will be presented to the Committee later as part of the separate review.

FAQ 6 - *I am not a veterinary surgeon or veterinary nurse, but I am in the process of registering a practice and incorporating it at Companies House. I would like to use vet in my practice name - can I?*

10. The Committee expressed concern that companies could engage veterinary surgeons in a temporary and performative manner to meet the requirement for issuing a LONO. The Committee requested that further consideration be given in relation to safeguards in this respect.

11. As such, FAQ 6 has been amended (please see **Annex C)** to include a safeguard in respect of this concern. This safeguard has also been included at paragraph 23.9 of Chapter 23 of the supporting guidance at (please see **Annex B)**.

Decisions required

12. The Committee is asked to:

    a. approve the restructure and amendments to Chapter 23 of the supporting guidance; and
    b. approve the amended FAQs.

Summary	
Meeting	Standards Committee
Date	24 September 2024
Title	Review of letters of non-objection (LONOs) and advertising of practice names – Phase 2
Summary	This paper sets out phase 2 of this review which proposes amendments to Chapter 23 of the supporting guidance in line with the Committee's comments from phase 1, together with a series of FAQs to be published in Chapter 23 and alongside Registration and PSS resources.
Decisions required	The Committee is asked to: 1. approve the proposed amendments to Chapter 23 of the supporting guidance, with or without comments; 2. approve the proposed series of FAQs, with or without comments; and 3. discuss any known or anticipated additional issues not mentioned in this paper.
Attachments	**Annex A –** Paper for phase 1 of this review from June 2024 **Annex B** – Proposed amendments to Chapter 23 of the supporting guidance, Advertising, endorsements, and publicity **Annex C –** Proposed series of FAQs
Author	Ky Richardson Senior Standards and Advice Officer/Solicitor Secretary to the Certification Sub-Committee k.richardson@rcvs.org.uk / 0207 202 0757

Classifications

Document	Classification[1]	Rationales[2]
Paper	Unclassified	
Annex A	Unclassified	
Annex B	Confidential	1
Annex C	Confidential	1

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Review of letters of non-objection (LONOs) and advertising of practice names - Phase 2

Introduction

1. At its meeting in June 2024, the Committee was presented with a paper setting out the background and current process for LONO requests, together with an explanation of several issues that have arisen in this respect and in relation to the advertising of practice names more broadly (**Annex A**).

2. The issues identified included:

    a. a lack of supporting guidance in relation to LONO requests;

    b. no explicit reference to practice names as a form of advertising in Chapter 23 of the supporting guidance, save for the recent update relating to the use of 'specialist' in practice names;

    c. a long-established list of standard objections to LONO requests that should more appropriately be dealt with by way of advice and not an objection due to the RCVS' limited power to object (i.e., only to situations where the use of 'vet', 'veterinary', veterinary surgeon' or 'veterinary practitioner' in a company name is likely to constitute an offence under the Veterinary Surgeon's Act 1966 (VSA)); and

    d. matters being dealt with in isolation across departments, i.e., Registration, PSS, and the Advice Team which has led to it being assumed that a practice name is deemed compliant by the RCVS when it might not be.

3. The Committee was informed of how some of those issues had already been addressed and was asked to consider the remaining issues and agree to the following proposed solutions:

    a. That new guidance be drafted for Chapter 23 of the supporting guidance, Advertising, endorsements, and publicity, incorporating the Committee's comments from Phase 1 of this review;

    b. That standard objections to LONO requests no longer be applied and objections should now only be made in line with the RCVS' limited power to object where the use of 'protected titles' in a company name is likely to constitute an offence under the VSA; and

    c. That a series of FAQs be drafted to assist with and anticipate common issues, especially in relation to use of 'specialist' and 'hospital'/'veterinary hospital', to be published in all relevant departments, i.e., Advice, Registration, and PSS.

4. The Committee agreed to the proposed solutions and made the following comments and observations:

    a. New guidance should be mindful of the fact that preventing RVNs from using sensitive words when incorporating their companies may appear to be the RCVS limiting their roles at a time when it is encouraging them to explore what more they

can do. Context as to the limitations of the VSA is therefore crucial in this respect and it should be borne in mind that the position might change with new legislation.

b. New guidance should make it clearer to the profession where it can report misleading practice names such as names that make claims of superiority or comparisons, i.e., to the Advertising Standards Authority.

c. New guidance should not seek to object to LONO requests where use in a particular situation is unlikely to constitute an offence under the VSA even when no veterinary surgeon is involved in the running or management of the company, for example, an accountancy service tailored to the profession that otherwise does not engage in the provision of veterinary services.

Proposed new guidance

5. Proposed new guidance for Chapter 23 of the supporting guidance incorporating the Committee's comments from phase 1 of this review can be seen in **Annex B**, and is summarised as follows:

    a. Guidance in relation to reporting misleading practice names that make claims of superiority or comparisons has been amended to include an explicit reference to practice names, see paragraphs 23.12 and 23.17 of **Annex B**.

    b. In April 2024, the Committee approved new guidance in relation to the use of 'specialist' in practice names which has now been published and can be seen at paragraph 23.33 of **Annex B**. 'Advanced practitioner' is not typically used in practice names in the same way and as such, this did not form part of the Committee's discussions in April. For completeness however, and assuming the Committee intends for the same principles to apply, paragraph 23.33 had been amended to include practice names that seek to use 'advanced practitioner'.

    c. A new section titled, 'Advertising of practice names' has been inserted from paragraph 23.40 of **Annex B** which sets out the new position agreed by the Committee in its meeting in June 2024. This includes expectations relating to unincorporated practice names, LONOs, including the process for requesting one, and confirmation that LONOs may be issued where there is no veterinary surgeon involved in the running or management of the company so long as there is no risk of an offence under the VSA being committed.

6. The Committee is asked to approve the proposed amendments to Chapter 23 of the supporting guidance, with or without comments.

Proposed series of FAQs

7. A series of proposed FAQs to serve as a resource for all relevant RCVS departments can be seen at **Annex C**.

8. The ten questions contained in the FAQs, are as follows:

    a. I am thinking of opening a veterinary practice. What should I consider in relation to practice names?

b. I am a veterinary surgeon, and I would like to incorporate my practice at Companies House using, '…Veterinary Hospital Ltd' or '…Hospital Ltd', are either of those, okay?

c. I am an RVN working independently (i.e., not under direction of a veterinary surgeon employer). Can I incorporate my new company, 'Mobile Vet Nurse Ltd' at Companies House?

d. Can I now use my full name in the name of my practice?

e. Can I now incorporate my company with 'veterinary surgery' included in the company name, even though this was previously objected to?

f. I am an RCVS listed specialist and I plan to open a specialist referral only practice. Can I call my practice, 'Specialist Vet Referrals'?

g. I am not a veterinary surgeon or veterinary nurse, but I am in the process of registering my practice and incorporating it at Companies House. I would like to use vet in my practice name - can I?

h. I am a veterinary physiotherapist, but I am not a veterinary surgeon. Can I have a letter of non-objection for 'Jake's Vet Physio Limited'?

i. I am a veteran and provide a mental health service to other veterans. My incorporation request at Companies House has been rejected for 'Mental Health for Vets Limited'. Why do I need your permission when this has nothing to do with the veterinary profession?

j. I have seen a practice called 'Trusted Vets', which gives the impression that my practice cannot be trusted. Where do I report this?

9. These questions are designed to anticipate and respond to common issues in relation to unincorporated practice names as well as companies to be incorporated at Companies House. The questions contemplate multiple practice ownership scenarios, as well as proactively addressing the substantial change in relation to the removal of the standard objections and that now, in some circumstances, a LONO may be issued even where no veterinary surgeon is involved in the running and management of the company.

10. It is anticipated that these questions will be kept under review by the Advice Team and updated periodically to reflect any changes to the supporting guidance, or to include new questions addressing future common issues observed by the Advice Team.

11. The Committee is asked to approve the proposed series of FAQs, with or without comments.

Decisions required

12. The Committee is asked to:

    a. approve the proposed amendments to Chapter 23 of the supporting guidance, with or without comments;

    b. approve the proposed series of FAQs, with or without comments; and

    c. discuss any known or anticipated additional issues not mentioned in this paper.

Summary

Meeting	Standards Committee
Date	23 October 2024
Title	Review of Chapter 8 of the supporting guidance relating to euthanasia of animals
Summary	The Committee is asked to consider amendments to Chapter 8 of the supporting guidance relating specifically to euthanasia of animals
Decisions required	The Committee is asked to a. Consider whether the amendments to Chapter 8 are sufficient, and if so, approve the guidance.
Attachments	**Annex A** – Draft revised Chapter 8 of the supporting guidance **Annex B** – Guidance from other regulators
Author	Stephanie Bruce-Smith Senior Standards and Advice Officer s.bruce-smith@rcvs.org.uk

Classifications

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Paper	Unclassified	NA
Annex A-C	Unclassified	NA

1Classifications explained	
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Review of euthanasia of animals

Chapter 8: Euthanasia of animals

1. Chapter 8 of the supporting guidance relating to euthanasia of animals has been reviewed as part of a proactive ongoing general review of the supporting guidance. In some instances, veterinary surgeons have expressed confusion around interpreting the guidance due to the way it is set out, such as in relation to euthanasia without the owner's consent. The amendments seek to clarify the guidance so that it is easier to understand and follow.

2. For context, the purpose of Chapter 8 of the supporting guidance is to advise on a veterinary surgeon's role in relieving suffering around euthanasia. Euthanasia is not, in law, an act of veterinary surgery, and in most circumstances may be carried out by anyone provided that it is carried out humanely (a lay person may only use methods which are not acts of veterinary surgery). Veterinary surgeons do, however, have the privilege of being able to relieve an animal's suffering in this way in appropriate cases.

3. As standalone additions have been made to Chapter 8, such as guidance on who can euthanise animals which are kept under a licence (2019) and checking microchips prior to euthanasia of healthy animals (2021), the wording of the whole chapter has now been comprehensively reviewed to ensure cohesion, relevance and readability.

4. The proposed new guidance can be found in **Annex A**.

5. The main amendments include:
    a. Rearranging the guidance under appropriate headings to make it easier to understand and follow;
    b. Updating language to make it more accessible and in line with how the Standards and Advice team would advise;
    c. Referencing further sources of advice.

6. The BHA guidance referenced under the headings 'Sporting Events' and 'Destruction of Injured Horses' was added to the guidance in 2012 when the BHA updated their rules. Anecdotally, the Standards and Advice Team do not recall having ever advised on either of these sections of the guidance, and it is unclear why the guidance was added, so they have been removed in the draft for the purpose of relevance. The Committee may however feel that there is merit to this guidance being included and are asked to consider this point below at paragraph 9b.

Approaches of veterinary regulators

7. To assist the Committee and provide some context, the approaches of overseas veterinary regulators on advising on this topic have been provided in **Annex B**.

8. In summary, the language used by the other regulators largely aligned with the language used in our guidance, however some of the language around ‘difficulties with the decision’ has been adopted into the proposed wording at Annex A from the CVMA guidance. None of the veterinary regulators cited guidance on euthanasia in relation to sporting events or injured horses specifically.

Decisions required

9. The Committee is asked to:
    a. Consider whether the amendments to Chapters 8 are sufficient, and if so, approve the guidance; and
    b. Consider whether the BHA guidance referenced under the headings ‘Sporting Events’ and ‘Destruction of Injured Horses’ should be removed.

8. Euthanasia of animals

Updated ~~11 January 2023~~ ~~XX~~October 2024

Introduction

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

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

~~8.3 Animals which are kept under a licence granted under the Animal Welfare (Licensing of Activities Involving Animals) (England) Regulations 2018 or from March 2020 the Animal Welfare (Licensing of Animal Exhibits) (Wales) Regulations 2020 must either be euthanased by a veterinary surgeon, or by a person who has been authorised to do so by a veterinary surgeon. These animals may include animals sold as pets, boarded cats and dogs, and animals trained for exhibition. Horses held under a licence granted by the regulations may be euthanased by a person who is competent and holds a licence or certificate to do so. Veterinary surgeons are expected to use their clinical judgment when authorising a non-veterinary surgeon to euthanase an animal, however, the following factors may be considered:~~

~~a. the experience of the person~~

~~b. whether the method of euthanasia is humane and effective~~

~~8.4 Generally, only veterinary surgeons and veterinary nurses acting under their direction and in accordance with Schedule 3 of the Veterinary Surgeons Act, have access to the controlled drugs often used to carry out the euthanasia of~~

~~animals. An exception to this is the use of pentobarbitone by RSPCA Inspectors in England and Wales for the euthanasia of wild animals.~~

~~Purpose of euthanasia~~

8.~~5 The primary purpose of euthanasia is to relieve suffering.~~ The decision to ~~follow this option~~ euthanise an animal will be based on an assessment of many factors. These may include the extent and nature of the disease or injuries, other treatment options, the prognosis and potential quality of life after treatment, the availability and likelihood of success of treatment, the animal's age and/or other disease/health. ~~status and the ability of the owner to pay for private treatment.~~

Difficulties with the decision

8.6 Veterinary surgeons may face difficulties where a request is made by a client for the destruction of an animal, where in the clinical/professional judgement of the veterinary surgeon destruction of the animal is not necessary, for instance where there are no health or welfare reasons for the animal to be euthanised, or when an owner wishes to keep an animal alive in circumstances where euthanasia would be the kindest course of action.

8.7 The veterinary surgeon's primary obligation is to relieve the suffering of an animal, but account must be taken not only of the animal's condition, but also the owner's wishes and circumstances. To refuse an owner's request for euthanasia may add to the owner's distress and could be ~~deleterious~~detrimental to the welfare of the animal. There may be circumstances where a request is made by a client for the destruction of a dog or cat, as above where in the clinical/professional judgement of the veterinary surgeon destruction of the animal is not necessary, for instance where there are no health or welfare reasons for the animal to be euthanised.

8.8 ~~In these circumstances~~ The veterinary surgeon should establish the current keeper's relationship with the animal, which should include scanning for a microchip. If a microchip is found, the relevant database should be checked before carrying out euthanasia. ~~before carrying out the request for euthanasia the veterinary surgeon should scan the animal for a microchip and check the relevant database if a microchip is found.~~ Further, veterinary surgeons should note that where the dog or cat in question has been rehomed from a shelter, clients may have a contract such that the dog or cat can be returned to that shelter and so it may be appropriate to discuss this with the client prior to euthanasia. Alternatively, there may be another individual willing to take responsibility for the dog or cat (who may be named on the microchip database), and this may also be discussed with the client. In

relation to cats, clients may have brought in a healthy cat under the mistaken impression that the cat is a stray. It is therefore important to check whether there is another owner who has responsibility, or is willing to take responsibility, for the cat, who may be named on the microchip database. If no microchip is found, this should be recorded on the clinical record.-

~~8.8 Where, in all conscience, a veterinary surgeon cannot accede to a client's request for euthanasia, they should recognise the extreme sensitivity of the situation and make sympathetic efforts to direct the client to alternative sources of advice. Further information regarding conscientious objection can be found in Chapter 2 Veterinary Care.~~

Field Code Changed

8.9 ~~There may be circumstances where a request is made by a client for the destruction of a dog or cat, as above where in the clinical/professional judgement of the veterinary surgeon destruction of the animal is not necessary, for instance where there are no health or welfare reasons for the animal to be euthanised. In these circumstances, veterinary surgeons should scan the dog or cat for a microchip and check the relevant database if a microchip is found before carrying out the request for euthanasia. Further, veterinary surgeons should note that where the dog or cat in question has been rehomed from a shelter, clients may have a contract such that the dog or cat can be returned to that shelter and so it may be appropriate to discuss this with the client prior to euthanasia. Alternatively, there may be another individual willing to take responsibility for the dog or cat (who may be named on the microchip database), and this may also be discussed with the client. In relation to cats, clients may have brought in a healthy cat under the mistaken impression that the cat is a stray. It is therefore important to check whether there is another owner who has responsibility, or is willing to take responsibility, for the cat, who may be named on the microchip database. If no microchip is found, this should be recorded on the clinical record.~~

8.10 Where the reason for a request for euthanasia is the inability of the client to pay for private treatment, it may be appropriate to make known the options and eligibility for charitable assistance or referral for charitable treatment. Note that the inability of an owner to pay for treatment should not prevent the provision of first aid and pain relief, which may include euthanasia (see Chapter 3 24-hour emergency first aid and pain relief).

8.~~8~~11 Where, in all conscience, a veterinary surgeon cannot accede to a client's request for euthanasia, they should recognise the extreme sensitivity of the situation and make sympathetic efforts to direct the client to alternative sources of advice. Further information regarding conscientious objection can be found in Chapter 2 Veterinary Care.

Field Code Changed

8.~~11~~ 12 Where a veterinary surgeon is concerned about an owner's refusal to consent to euthanasia, veterinary surgeons can only advise their clients and act in accordance with their professional judgement. A veterinary surgeon should guide the client in making the end of life decision by helping them understand the animal's quality of life and outlining options using sensitivity and compassion. The veterinary surgeon and the client should work together to determine the most humane outcome.

8.13 Where a veterinary surgeon is concerned that an animal's welfare is compromised because of an owner's refusal to allow euthanasia, a veterinary surgeon may take steps to resolve the situation, for example, ~~an initial step could be to~~by seeking another veterinary opinion for the client within a reasonable timeframe. ~~, potentially by telephone.or where~~ If the client insists on taking the animal home against veterinary advice, it may then be necessary to breach client confidentiality by making a report to the RSPCA (Chapter 14 - Client Confidentiality).

Euthanasia without the owner's consent

~~8.12 The Animal Welfare Act 2006 (which applies in England and Wales), the Animal Health and Welfare (Scotland) Act 2006 and the Welfare of Animals (Northern Ireland) Act 2011 contain provisions to safeguard the welfare of animals. For animals in distress, there are no provisions in these Acts that specifically authorise a veterinary surgeon to destroy an animal. Powers to destroy an animal, or arrange for its destruction, are conferred on an inspector (who may be appointed by the local authority) or a police constable. A veterinary surgeon may be asked to certify the condition of the animal is such that it should in its own interests be destroyed. An inspector or constable may act without a veterinary certificate if there is no reasonable alternative to destruction, and the need for action is such that it is not reasonably practical to wait for a veterinary surgeon.~~

8.~~13~~ 14 ~~An owner is always responsible for their animal but a~~A veterinary surgeon is likely to be responsible for the animal when it is an inpatient at the practice and~~.A person with responsibility for an animal~~ may commit an offence

under the Animal Welfare Act 2006 (which applies in England and Wales), the Animal Health and Welfare (Scotland) Act 2006 or the Welfare of Animals (Northern Ireland) Act 2011 if an act, or failure to act, causes an animal to suffer unnecessarily.. ~~An owner is always responsible for their animal but a veterinary surgeon is likely to be responsible for the animal when it is an inpatient at the practice.~~ If, in the opinion of the veterinary surgeon, the animal's condition is such that it should, in its own interests, be destroyed without delay, the veterinary surgeon may need to act without the owner's consent and should make a full record of all the circumstances supporting the decision in case of subsequent challenge. Generally, ~~there should be discussions with the owner of the animal before such a decision, which~~the decision should be endorsed by a veterinary surgeon not directly involved in the case until that time, and the owner should be informed unless it would not be appropriate to do so in the circumstances.~~.~~

Requests by inspectors or police

8.15 Under The Animal Welfare Act 2006 (which applies in England and Wales), the Animal Health and Welfare (Scotland) Act 2006 and the Welfare of Animals (Northern Ireland) Act 2011, powers to destroy an animal, or arrange for its destruction, -can be conferred on an inspector (who may be appointed by the local authority) or a police constable. A veterinary surgeon may be asked to certify the condition of the animal is such that it should in its own interests be destroyed. An inspector or constable may act without a veterinary certificate if there is no reasonable alternative to destruction, and the need for action is such that it is not reasonably practical to wait for a veterinary surgeon.

Animals kept under a licence

8.16~~3~~ Animals which are kept under a licence granted under the Animal Welfare (Licensing of Activities Involving Animals) (England) Regulations 2018 or ~~from March 2020~~ the Animal Welfare (Licensing of Animal Exhibits) (Wales) Regulations 2020 must either be euthanased by a veterinary surgeon, or by a person who has been authorised to do so by a veterinary surgeon. These animals may include animals sold as pets, boarded cats and dogs, and animals trained for exhibition. Horses held under a licence granted by the regulations may be euthanased by a person who is competent and holds a licence or certificate to do so. Veterinary surgeons are expected to use their clinical judgment when authorising a non-veterinary surgeon to euthanase an animal, however, the following factors may be considered:

a. the experience of the person

b. whether the method of euthanasia is humane and effective

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

~~Sporting events~~

~~8.14 Where the veterinary surgeon is asked to destroy an animal injured in a sporting event, the opinion of a professional colleague, if available, should be sought before doing so. Veterinary surgeons officiating at sporting events should consider:~~

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

~~b. whether the owner has delegated authority to another to make that decision in their absence and~~

~~c. whether if damages were sought for alleged wrongful destruction they would have adequate professional indemnity insurance cover.~~

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

~~Destruction of injured horses~~

~~8.15 The BHA's Rules of Racing, which apply to BHA-regulated events, state:~~

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

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

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

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

Destruction of 'dangerous' dogs

8.~~16~~ 18 Under the Dogs Acts of 1871 and 1906, the Dog Control Act 1966, the Dangerous Dogs Acts of 1989 and 1991, the Dangerous Dogs (Amendment) Act 1997 and the Dangerous Dogs Order (Northern Ireland) 1991, a destruction order may be made by the Court, Justice of the Peace or Sheriff, and the destruction of a healthy animal is normally involved. In these circumstances, a veterinary surgeon asked to destroy a dog should, unless there is a genuine threat to human safety, request a written and signed order from one of the appropriate statutory authorities.

Approaches of overseas veterinary regulators

1. To assist the Committee and provide some context, the approaches taken by the American Veterinary Medical Association (AVMA), Canadian Veterinary Medical Association (CVMA) and Veterinary Council of New Zealand are considered below. The language used by the other regulators aligns with our own in regards to the key topics such as the purpose of euthanasia, difficulties with the decision and euthanasia without owner consent. Some of the language around 'difficulties with the decision' has been adopted into the proposed wording from the CVMA guidance. None of the regulators reference sporting injuries or destruction of injured horses specifically.

AVMA

2. The AVMA guidelines for the euthanasia of animals are very detailed and are referenced by both the CVMA and the Veterinary Council of New Zealand. They discuss what euthanasia is, the medical ethics and the methods.

Euthanasia is derived from the Greek terms eu meaning good and thanatos meaning death. The term is usually used to describe ending the life of an individual animal in a way that minimizes or eliminates pain and distress. A good death is tantamount to the humane termination of an animal's life. In the context of these Guidelines, the veterinarian's prima facie duty in carrying out euthanasia includes, but is not limited to,
(1) their humane disposition to induce death in a manner that is in accord with an animal's interest and/or because it is a matter of welfare, and
(2) the use of humane techniques to induce the most rapid and painless and distress-free death possible.
These conditions, while separate, are not mutually exclusive and are codependent. Debate exists about whether euthanasia appropriately describes the killing of some animals at the end of biological experiments and of unwanted shelter animals. The Panel believes that evaluating the social acceptability of various uses of animals and/or the rationale for inducing death in these cases is beyond its purview; however, current AVMA policy supports the use of animals for various human purposes, and also recognizes the need to euthanize animals that are unwanted or unfit for adoption.Whenever animals are used by humans, good animal care practices should be implemented and adherence to those good practices should be enforced. When evaluating our responsibilities toward animals, it is important to be sensitive to the context and the practical realities of the various types of human-animal relationships. Impacts on animals may not always be the center of the valuation process, and there is disagreement on how to account for conflicting interspecific interests. The Panel recognizes these are complex issues since

how to bring about a "good death" for animals is regarded as "essentially contested" (morally and conceptually), raising concerns across a large number of domains, including scientific, ethical, economic, environmental, political, and social.

I3.1 A GOOD DEATH AS A MATTER OF HUMANE DISPOSITION

Humane disposition reflects the veterinarian's desire to do what is best for the animal and serves to bring about the best possible outcome for the animal. Thus, euthanasia as a matter of humane disposition can be either intent or outcome based. Euthanasia as a matter of humane disposition occurs when death is a welcome event and continued existence is not an attractive option for the animal as perceived by the owner and veterinarian. When animals are plagued by disease that produces insurmountable suffering, it can be argued that continuing to live is worse for the animal than death or that the animal no longer has an interest in living. The humane disposition is to act for the sake of the animal or its interests, because the animal will not be harmed by the loss of life. Instead, there is consensus that the animal will be relieved of an unbearable burden. As an example, when treating a companion animal that is suffering severely at the end of life due to a debilitating terminal illness, a veterinarian may recommend euthanasia, because the loss of life (and attendant natural decline in physical and psychological faculties) to the animal is not relatively worse compared with a continued existence that is filled with prolonged illness, suffering, and duress. In this case, euthanasia does not deprive the animal of the opportunity to enjoy more goods of life (ie, to have more satisfactions fulfilled or enjoy more pleasurable experiences). And, these opportunities or experiences are much fewer or lesser in intensity than the presence or intensity of negative states or affect. Death, in this case, may be a welcome event and euthanasia helps to bring this about, because the animal's life is not worth living but, rather, is worth avoiding. Veterinarians may also be motivated to bring about the best outcome for the animal. Often, veterinarians face the difficult question of trying to decide (or helping the animal's owner to decide) when euthanasia would be a good outcome. In making this decision many veterinarians appeal to indices of welfare or quality of life. Scientists have described welfare as having 3 components: that the animal functions well, feels well, and has the capacity to perform behaviors that are innate or species-specific adaptations (an alternative view is also available). An animal has good welfare if, overall, its life has positive value for it. When an animal no longer continues to enjoy good welfare (when it no longer has a life worth living because, on balance, its life no longer has positive value for it, or will shortly be overcome by negative states), the humane thing to do is to give it a good death. Euthanasia relieves the animal's suffering, which is the desired outcome.

AVMA GUIDELINES FOR THE EUTHANASIA OF ANIMALS: 2020 EDITION 7

I3.2 A GOOD DEATH AS A MATTER OF HUMANE TECHNIQUE

When the decision has been made to euthanize and the goal is to minimize pain, distress, and negative effect to the animal, the humaneness of the technique (ie, how we bring about the death of animals) is also an important ethical issue. As veterinarians and human beings it is our

responsibility to ensure that if an animal's life is to be taken, it is done with the highest degree of respect, and with an emphasis on making the death as painless and distress free as possible. When euthanasia is the preferred option, the technique employed should result in rapid loss of consciousness followed by cardiac or respiratory arrest and, ultimately, a loss of brain function. In addition, animal handling and the euthanasia technique should minimize distress experienced by the animal prior to loss of consciousness. The POE recognized that complete absence of pain and distress cannot always be achieved. The Guidelines attempt to balance the ideal of minimal pain and distress with the reality of the many environments in which euthanasia is performed. While recommendations are made, it is important for those utilizing these recommendations to understand that, in some instances, agents and methods of euthanasia identified as appropriate for a particular species may not be available or may become less than an ideal choice due to differences in circumstances. Conversely, when settings are atypical, methods normally not considered appropriate may become the method of choice. Under such conditions, the humaneness (or perceived lack thereof) of the method used to bring about the death of an animal may be distinguished from the intent or outcome associated with an act of killing. Following this reasoning, it may still be an act of euthanasia to kill an animal in a manner that is not perfectly humane or that would not be considered appropriate in other contexts. For example, due to lack of control over free-ranging wildlife and the stress associated with close human contact, use of a firearm may be the most appropriate means of euthanasia. Also, shooting a suffering animal that is in extremis, instead of catching and transporting it to a clinic to euthanize it using a method normally considered to be appropriate (eg, barbiturates), is consistent with one interpretation of a good death. The former method promotes the animal's overall interests by ending its misery quickly, even though the latter technique may be considered to be more acceptable under normal conditions. Neither of these examples, however, absolves the individual from their responsibility to ensure that recommended methods and agents of euthanasia are preferentially used.

<u>I4 Euthanasia and Veterinary Medical Ethics</u>

The AVMA has worked to ensure that veterinarians remain educated about public discourse around animal ethics and animal welfare issues and that they are able to participate in meaningful ways. While an essential ingredient in public discourses about animals, sound science is by itself inadequate to address questions of ethics and values that surround the appropriate treatment of animals, especially as they relate to end-of-life issues. Since the 2013 edition, a number of authors20,21 have probed in greater depth the issue of a good death for animals in both philosophical and ethical terms. To this end, and consistent with its charge, the POE hopes to provide veterinarians, those under their supervision, and the public with well-informed and credible arguments on how to approach the ethically important and sometimes complex issue of the death of an animal. In so doing, it hopes to promote greater understanding regarding the contexts or settings involving euthanasia and the complexity of end-of-life issues involving animals. While not a regulatory body, the AVMA also hopes to offer guidance to those

who may apply these Guidelines as part of regulatory structures designed to protect the welfare of animals used for human purposes. By creating and maintaining these Guidelines, the AVMA hopes to ensure that when a veterinarian or other professional intentionally kills an animal under their charge, it is done with respect for the interests of the animal and that the process is as humane as possible (ie, that it minimizes pain and distress to the animal and that death occurs as rapidly as possible). The AVMA does not take the death of nonhuman animals lightly an attempts to provide guidance forits members on both the morality and practical necessity of the intentional killing of animals. Veterinarians, in carrying out the tenets of their Oath, may be compelled to bring about the intentional death of animals for a variety of reasons. The finality of death is, in part, what makes it an ethically important issue; death forever cuts off future positive states, benefits, or opportunities. In cases where an animal no longer has a good life, however, its death also extinguishes permanently any and all future harms associated with poor welfare or quality of life. What constitutes a good life and what counts as an impoverished life, or one that has limited quality such that the death of the animal is the most humane option, are research areas in need of further study by the veterinary and ethics communities. Animal scientists and veterinarians are also investigating the processes by which an animal dies during the antemortem period and euthanasia methods and techniques that mitigate harmful effects. Further research is also needed regarding the different contexts within which euthanasia occurs, so that improvements in the performance and outcomes of euthanasia can be made. The intentional killing of healthy animals, as well as those that are impaired, is a serious concern for the public. When animals must be killed and veterinarians are called upon to assist, the AVMA encourages careful consideration of the decision to euthanize and the method(s) used. This is also true for euthanasia carried out during the course of disease control or protection of public health, as a means of domestic or wild animal population control, in conjunction with animal use in biomedical research, and in the process of food and fiber production. Killing of healthy animals under such circumstances, while unpleasant and morally challenging, is a practical necessity. The AVMA recognizes such actions as acceptable if those carrying out euthanasia adhere to strict policies, guidelines, and applicable regulations. In thinking seriously about veterinary medical ethics, veterinarians should familiarize themselves with the plurality of public moral views surrounding animal issues and also be cognizant of personal views and complicating factors that may impact their own ethical decision-making. While the Veterinarian's Oath,10 Principles of Veterinary Medical Ethics of the AVMA, state veterinary practice acts, and other guidance emanating from veterinary professional organizations and regulatory bodies provide direction for how veterinarians should interact with clients and their animals, different veterinarians may have different personal ethical values and this may impact their recommendations. In their capacity as animal advocate and client advisor, the precision and credibility of advice provided by veterinarians will help to advance client compliance. In many instances when veterinarians are called upon to benefit society through their scientific knowledge, practical experience, and understanding of how animals are benefited and harmed, straightforward answers may not be forthcoming. In such cases, veterinarians and animal welfare scientists may have to facilitate conscientious

decision-making by promoting ethical dialogue. As advisor and conduit for information (and while respecting the autonomy of their clients to make decisions on behalf of their animals) veterinarians should advance pertinent scientific knowledge and ethical concerns related to practices and procedures so that their clients and/orsociety can make informed decisions. Veterinarians who are committed to a broad understanding of the "do no harm" principle may have to determine whether an animal's life is worth living, especially when there is no consensus on when it is appropriate to let that life go. While welfare or quality of life is typically adopted as part of the assessment of an animal's interests, what is in an animal's interest need not be singularly identified with its welfare, especially if welfare is defined narrowly and if the animal is harmed more by its continued life than its death. For example, if welfare is defined solely in terms of an animal's subjective experience, euthanasia may be warranted even if the animal is not showing signs of suffering at the present time and if there is some commitment to avoid harm. Euthanasia may be considered to be the right course to spare the animal from what is to come (in conjunction with a more holistic or objective account of what is in an animal's interest), if medical intervention would only prolong a terminal condition, or if current health conditions cannot be successfully mitigated. In these instances, intentional killing need not be motivated by narrow welfare-based interests35 but may be connected to the overall value of death to the animal. That some animals are subjects-of-a-life, and that human caretakers have moral responsibilities to their animals and do not want to see them endure continued harm, may be factors in deciding whether death is in an animal's interest. (A subject-of-a-life is a being that is regarded as having inherent value and should not be treated as a mere means to an end. It is a being that possesses an internal existence and has needs, desires, preferences, and a psychosocial identity that extends through time. In some cases (eg, animals used for research), intentional killing of the animal to minimize harm to it may be trumped by more pressing ends. Here, the decision to kill an animal and how to do so will be complicated by external factors, such as productivity, the greater public and general good, economics, and concern for other animals. In human-animal relationships there usually are other mitigating factors that are relevant besides ones pertaining only to animal welfare or the animal's interest(s). In laboratory situations, for example, where animals are employed as research subjects and death may be a terminal point, animal welfare considerations are balanced against the merits of the experimental design and merits of the research. In such cases, ensuring the respectful and humane treatment of research animals will be largely up to IACUCs. These committees must apply the principles of refinement, replacement, and reduction, and ensure a respectful death for research animals. The decision to induce death may also involve whether replacements can be created for the animals that are killed. These other factors might justify killing an animal, despite the fact that the animal might otherwise have had a life worth living. For example, killing may be justified for disease control or public health purposes, population control, biomedical research, or slaughter for food and/or fiber. In other instances, keeping an animal alive that does not have a life worth living can be justified (eg, research circumstances where it would be impractical to kill the animal or when ensuring its survival would promote a greater good.

There may be instances in which the decision to kill an animal is questionable, especially if the animal is predicted to have a life worth living if it is not killed. One example is the healthy companion animal whose owner wants to euthanize it because keeping it in the home is no longer possible or convenient. In this case, the veterinarian, as advisor and animal advocate, should be able to speak frankly about the animal's condition and suggest alternatives to euthanasia. Prima facie, it is the ethical responsibility of veterinarians to direct animal owners toward euthanasia as a compassionate treatment option when the alternative is prolonged and unrelenting suffering. However, accommodating a pluralism of values, interests, and duties in animal ethics is challenging. This underscores the need for veterinarians to consider the broader context in thinking about what animal care she or he will prescribe. There are no easy reductionist formulas to which to appeal. In many cases, advice will need to be responsive to the needs at hand. Attention must be given to how the welfare and suffering of the animal are understood within the context of its whole life and in light of socially acceptable ways in which humans and animals interact in different environments. Because veterinarians are committed to improving animal and human health and welfare, and because they work tirelessly to discover causes and cures for animal diseases and promote good animal management, some may feel a sense of disquiet or defeat when euthanasia becomes the better course of action. The POE hopes that these Guidelines and other AVMA policies will assist veterinarians who may be struggling with what may seem to be gratuitous euthanasia, the acceptability of certain procedures, and the sometimes routine nature of performing euthanasia. Toward that end, the decision aids in Figures 1 and 2a are offered as a resource.

CVMA

The CVMA position statement on euthanasia advises that when an animal is euthanized the method used must be appropriate for the species, reliable, humane and must minimize fear, pain, and distress. They discuss guiding animal owners in making end of life decisions by helping them assess the animal's quality of life and outlining options using sensitivity and compassion. They also discuss working together to determine the most humane outcome.

Summary

Veterinarians have a responsibility to help guide animal owners in making end of life decisions and to ensure that the lives of animals are ended humanely.

Appropriate protocols for the species must be employed when euthanizing an animal.
Appropriate handling, movement and physical restraint of animals is essential to reduce stress, be sufficient to facilitate effective euthanasia and meet safety requirements.
The training, experience, sensitivity, and compassion of the individual(s) carrying out the procedure are critical to ensure a 'good death'. In most circumstances, veterinary professionals should perform euthanasia procedures.

Background

Euthanasia (from the Greek meaning "a good death") is the act of intentionally and humanely ending the life of an animal (1). This assisted death of an animal must be conducted in a manner that minimizes fear, pain, and distress.

Veterinarians have a responsibility to help guide animal owners in making end of life decisions and to ensure that the lives of animals are ended humanely. Veterinarians should assist caretakers in assessing the animal's quality of life and should outline options such as the suitability of treatment, palliative care and/or euthanasia. The option of euthanasia should be raised by the veterinarian if the veterinarian is of the opinion that it is appropriate, and the animal's caretaker has not initiated that discussion.

Sensitivity and compassion are essential for all individuals involved when discussing end of life planning and euthanasia.

Veterinarians must develop and employ appropriate species-specific protocols for euthanasia. The method(s) must result in irreversible loss of consciousness and subsequent death which must then be verified. Rapid loss of consciousness during the procedure is preferred, but the rapidity of the method should not be prioritized over the need to prevent fear or distress (2,3).

Handling, movement, and physical restraint of animals should endeavour to reduce stress but be sufficient to facilitate effective euthanasia and meet safety requirements. To achieve this balance, sedation is recommended prior to euthanasia in many cases and the duration and intensity of physical restraint is to be minimized.

The CVMA holds that veterinarians must be involved in the development of euthanasia protocols of all vertebrate species, including farm animals, laboratory animals, companion animals, and non-companion animals (4).

If the euthanasia is to be carried out without the presence of a veterinarian then species appropriate protocols developed by a veterinarian must be employed.

The training, experience, sensitivity, and compassion of the individual(s) carrying out the procedure are critical to ensure a 'good death' (5-7). Veterinary professionals should perform euthanasia procedures. Where veterinary participation is not possible, personnel must be trained to recognize and respond to pain and distress, appropriately euthanize, and confirm death in each species and class of animal under their care (2,5,6,8-10).

Performing euthanasia can lead to psychological stress. Veterinarians, their staff and personnel who regularly perform or witness euthanasia of animals should be aware that they may be at risk of psychological harm (e.g. compassion fatigue or 'burnout') and take preventive measures to mitigate this risk (11-13).

On occasion, the opinions of a veterinarian and a caretaker differ with respect to the need to end an animal's life.

If the veterinarian is of the opinion that euthanasia is necessary to end suffering or for public safety reasons, and the caretaker refuses, then steps should be taken to resolve the situation in a timely manner. When an animal is in pain or distress that cannot be relieved and the differences

of opinion cannot be resolved, contacting animal welfare law enforcement authorities may be appropriate (14,15).
If the veterinarian is refusing the request to euthanize, the veterinarian should consider the welfare consequences for the animal and provide alternatives to their client.
It should be stated however that each circumstance is unique, and the parties are encouraged to work together to determine the most humane outcome.

Veterinary Council of New Zealand

The Veterinary Council of New Zealand Code of Professional Conduct for Veterinarians discusses humane euthanasia, what to do when an owner cannot be contacted, the duty of vets to take steps to relieve unreasonable and unnecessary pain regardless of whether payment can be made at time of treatment and the importance of seeking a second opinion and seeking advice where they are unsure whether euthanasia is appropriate.

When euthanasia is necessary it must be carried out humanely. In situations where an animal's owner is not known or cannot be contacted, veterinarians must exercise their duty under section 138 of the Animal Welfare Act 1999 to euthanise severely sick or injured animals responsibly.

Veterinarians have a professional and legal duty to take steps to relieve unreasonable or unnecessary pain or distress in animals under their care. This includes the need to administer first aid and adequate pain relief (and even euthanasia) whether or not payment can be made at the time of the treatment. They are expected to exercise sound professional judgement when making decisions on treatment, recognising the need in some cases to balance what treatment might be necessary or appropriate against commercial considerations and the wishes of the owner. The over-riding priority is to ensure that animal welfare is not compromised. There is further discussion on this topic as it relates to providing emergency services to clients who have economic restraints in the Veterinary Services explanatory notes section 7, l and m.

b. Veterinarians are encouraged to develop and foster relationships with local SPCA branches. Such relationships can include standard protocols for how the practice and the SPCA might share responsibility for the emergency care of animals where the owner cannot be identified.

c. Section 138 of the Animal Welfare Act 1999 identifies the powers of veterinarians relating to the destruction of severely injured or sick animals (excluding marine mammals).
This section deals both with situations when an owner of the animal is known and also when the owner cannot be found within a reasonable time.

i. Veterinarians are advised to read section 138 of the Animal Welfare Act 1999 very carefully and must be familiar with these legal requirements, their authority under this section and also the limitations on their authority.
ii. Veterinarians must act with extreme caution, exercising sound professional judgement when using these powers in order to avoid possible legal liability associated with an inappropriate decision to destroy the animal.
iii. Section 138 requires that where a veterinarian (or Inspector or auxiliary officer appointed under the Animal Welfare Act 1999) finds a severely sick or injured animal and 'reasonable treatment will not be sufficient to make the animal respond and the animal will suffer unreasonable or unnecessary pain or distress' he or she must destroy the animal if the owner cannot be found within a reasonable time. Alternatively, if the owner is available but does not agree with the decision to euthanise the animal this section provides for a second opinion to be sought.

iv. The critical factor is that the veterinarian must 'find' the animal. Interpretation of 'find' is broad and includes the situation where a veterinarian is presented with such an animal by an owner or by a member of the public. The significance of the word 'find' is that the veterinarian does need to physically come across the animal, as distinct from simply gaining knowledge of the animal. This suggests that the veterinarian is required to carry out a physical examination of the animal before reaching a conclusion. It follows that where a veterinarian learns of a severely sick or injured animal but has not seen it, the destruction of the animal cannot be authorised by the veterinarian. The veterinarian has a professional duty to examine the animal and take all reasonable steps to locate the owner before considering the option of euthanasia.

v. While the legislation does not constrain the veterinarian to act only under the authority of an appointed inspector in making the decision to euthanise the animal, it is strongly recommended that they do so wherever possible. While the veterinarian is most likely to understand the medical basis for the decision to euthanise, the appointed inspector may be able to advise on the soundness of the decision taking into account the legal complexities. In an emergency, if a warranted inspector is not readily available, veterinarians are advised to consult with a member of the police, as police officers are deemed to be inspectors under the Animal Welfare Act 1999.

vi. Where veterinarians act independently in reliance on s138, they must be very sure that they follow all the obligatory procedural steps to minimise the risk of associated legal liability and should document the same.

vii. If veterinarians are unsure about making a decision to euthanise an animal under section 138 they are encouraged to discuss this with VCNZ, NZVA, MPI Animal Welfare or their

lawyer before they act.

d. Section 140 of the Animal Welfare Act 1999 identifies the obligations applying to veterinarians when presented with a severely sick or injured marine mammal.

e. The American Veterinary Medical Association Guidelines on Euthanasia define euthanasia as the act of inducing humane death in an animal. In order to be humane euthanasia techniques should result in rapid loss of consciousness followed by cardiac or respiratory arrest and the ultimate loss of brain function. In addition, techniques should minimise distress and anxiety experienced by the animal prior to loss of consciousness. Selection of the most appropriate method of euthanasia in any given situation depends on the species of animal involved, available means of animal restraint, skill of personnel, number of animals, and other considerations. Veterinarians are expected to exercise sound professional judgment and use their knowledge of clinically acceptable and science-based techniques in selecting an appropriate euthanasia technique taking into account the above factors.

Summary

Meeting	Standards Committee
Date	23 October 2024
Title	Practice Standards Scheme Update
Summary	An update on the Practice Standards Scheme (PSS)
Decisions required	No decisions required – For information only.
Attachments	PSG Minutes 30 April 2024 PSG Minutes 31 January 2024 (Classified)
Authors	Sarah Iddon Head of Legal Services- PSS s.iddon@rcvs.org.uk

Classifications

Document	Classification[1]	Rationales[2]
Paper	Unclassified	n/a
PSG Minutes 30th April 2024	Unclassified	n/a
PSG Minutes 30th April 2023	Confidential	Confidential

[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

An Update on the Practice Standards Scheme

Practice Standards Group (PSG) meetings

1. PSG last met on 9 October 2024. The minutes from this meeting are yet to be ratified. The minutes relating to the previous PSG meeting, held on 30 April 2024, are attached.

PSS update

2. The five yearly Review of the Standards and Awards is well underway, and a paper has been tabled to update Standards Committee.

3. Following the assessor consultation last year that was launched on 1 April this year to move to a more supportive geographical model, PSS recruited a further five assessors into the team in July 2024, who have completed their training and are now assessing solo in Q4.

4. PSS has begun the process of scheduling practices for Q1 in 2025 to ensure we are proactive in our approach and can maximise the time for practices to prepare and upload documentation for their assessment. We will aim to have Q1 and Q2 assessments scheduled before the end of 2024, with resource in place to meet the demand in 2025.

5. The Veterinary Medicines Regulations changes have been implemented into PSS. Details of the changes can be found on our website pages.

Scheme figures

6. Scheme membership – the percentage of practices that are members of the Practice Standards Scheme has reduced slightly overall, to 66% (from 67% in April 2024 and 69% in October 2023, the variance between now and the last reported membership figures in April 2024 shows a decrease of 45 members of PSS, but with an increase of 30 non-PSS eligible members. Non-eligible are practice premises that are not public-facing and offering clinical services, including pharmacies and storage facilities. The explanation for this decrease, is the rise in PSS practice closures that we have seen as an result of the 12-month rule introduced in January 2024 (compliance must be achieve within 12 months of assessment to at least Core level or the practice will be restarted and re-assessed). The cumulative number of closures for the year to date is 144. This includes acquisitions that leave the Register of Veterinary Practice Premises (RVPP) and rejoin at a later date. It is therefore typical that the membership figure fluctuates between 65-70%, as we have seen over the last year.

7. The number of new joiners to the Scheme was 93 by Q3 this year, which is in line with 2023 total figure of 116. However, the number of closures is higher this year to date which would suggest that membership to the Scheme is likely to be lower overall this year than last, for the reasons set out in the above paragraph.

8. Performance – the number of assessments delivered to date in 2024 has fallen below our

average of 250 assessments per quarter. In Q1 we delivered 320 assessments, Q2 93 and Q3 212. The reduction is largely due to the impact of the restructure carried out in early 2024, which has led to an additional five new assessors joining the team and a resource gap until they are fully trained to assess solo by Q4. We expect that the number of assessments carried out in Q4 will increase above expected figures (305 assessments have been allocated).

9. The number of accreditations held has decreased slightly from 4,177 at the end of April 2024 and from 4,204 the end of July 2024, to 4169. This is to be expected when viewed with the decrease in PSS membership and the number of closures to date. More than one accreditation can be held by a single practice premises.

10. Awards have also decreased slightly, there are 176 practice premises that currently hold awards. This has dropped from 227 in April 2024 and represents 3.04 % of the October 2024 membership figures and 5% of the number of accreditations held. Only practise premises that hold an accreditation can apply and hold an award. An overall reduction of over 2% since reported figures in April 2024. This is mainly due to less demand as practices continue to focus on their routine accreditations. The top three awards remain as:

    a. Client Services– Small Animal,
    b. Team & Professional Responsibility - Small Animal
    c. In Patient Service - Small Animal.

11. The current number of ‘candidates’ as at April 2024 is 254. This is the number of practices either waiting for the first assessment (as they are a brand-new practice that has joined the Scheme or are an acquisition that requires a new assessment) or has had their first assessment and is not yet compliant within PSS. This figure is relevant as it has an impact in the accreditations figures and non-compliance figures. Candidates do not pay annual fees, until they are accredited/ compliant. PSS Rules set out that that new practices are to be assessed within six months, and within 12 months for an acquisition. This is a reduction of 54 practices since April 2024, when 308 were reported.

12. The number of non-compliant practices 12 months after their assessment date and therefore scheduled for a re-start was 83 in Q1, 21 in Q2, 24 in Q3 and 20 so far in Q4. This represents a non-compliance rate of less than 0.5% of the membership each quarter and when compared to first reported figures at the start of the new PSS Rule coming into effect pre-January 2024) the non-compliance figure was at 20%. This is a great achievement for the team in such a short period.

13. Data is pulled on the top 10 deficiencies – medicines and non-medicines, and the general themes are:

    For non-medicines deficiencies: It appears that there are issues with Portable Appliance Testing (PAT) across all species. Farm Animal have issues with consent and Equine have issues with Personal Protective Equipment. Small Animal and Equine still have Radiation Protection Act (RPA) and related issues, which are all areas for us to target improvements.

    For VMR-related deficiencies: There is quite a lot of commonalities across all species and the

areas to target here might be monitoring / recording of temperatures, anything related to Controlled Drugs and protocols for handling cytotoxics/hormones and drugs used under Cascade.

14. The work to target and provide support and information to practices on the top three VMR deficiencies has been delayed by the Veterinary Medicines Directorate, but we hope to make progress again in the coming weeks.

15. After each PSS assessment, a survey is sent to the practice premises to gain feedback on the process, to identify any areas that require improvement. Overall, the feedback is very positive towards the PSS standards, the online system, the service provided by the PSS team, and the Scheme in general, but there are some notable areas for improvement, which are primarily aimed at the online system and the amount of preparation work required for practices. PSS is addressing some of these concerns within the work we are doing on the five-yearly review of the standards. We are also looking at our future IT needs.

End of paper

Summary	
Meeting	Practice Standards Group
Date	30 April 2024
Title	Minutes of meeting
Summary	Minutes of the Practice Standards Group meeting held on 30 April 2024
Attachments	Annex A – PSG Actions updated **Confidential appendix**
Author	Sarah Iddon Head of Legal Services PSS S.iddon@rcvs.org.uk / +442081485561

Classifications

Document	**Classification**[1]	**Rationales**[2]
Minutes	Unclassified	n/a
Classified appendix	**Confidential**	**1, 3**
Annex A	Unclassified	n/a

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Practice Standards Group

Minutes of the in-person meeting held on Tuesday, 30 April 2024

Members:

Belinda Andrews-Jones	Chair & VN Council
Adam Mugford	BAVECC
Andrew Parker	SPVS
Lyndsay Hughes	BVNA
Tim Mair	BEVA
Jim Hughes	BSAVA
Anna Judson	BVA
Stuart Saunders (via Teams)	VMG
James Adams	BCVA
Holly Witchell	VN Council
Bob Partridge	BVHA

In attendance

Eleanor Ferguson	RCVS Registrar / Director of Legal Services (DoLS)
Sarah Iddon	RCVS Head of Legal Services – Practice Standards Scheme (HoLS – PSS)
Alice Duvernois	PSS Lead Assessor (PSS LA)
Anne Lawson	PSS Assessor, Review group Member and Lead Assessor Support
Sally Stockton (Via Teams)	PSS Assessor and Review Group Member

Welcome and introductions

1. The Chair welcomed everyone and members introduced themselves.

Apologies for absence

2. No absences were noted.

Declarations of interest

3. Jim Huges (BSAVA) declared that he was employed by IVC. Adam Mugford (BAVECC) confirmed that he was no longer employed by Linnaeus.

ACTION: HoLS- PSS to circulate the declarations of interest form for completion by PSG members to update the register.

Minutes and actions of previous meeting

4. The minutes and actions of the meeting from January 2024 were approved including the confidential minutes.

5. The Group was reminded that actions to date could be found in Annex A.

Practice Standards Scheme (PSS) Update

Scheme Update

6. The HoLS-PSS outlined achievements since the last meeting.

7. HoLS-PSS confirmed that we have had the first round of the six scheduled rounds of meetings for the Working Groups looking that the review of the standards. Those meetings had gone well.

8. The introduction of the 12-month time limit imposed on the PSS process to ensure compliance at Core was launched in January 2024 and in Q2 we had begun to re-assess (or re-start) those practices. The original figures when the concept was being developed were around 500 practices not achieving compliance within 12 months from the date of their assessment. Since launch we were assessing 83 practices in Q2, which was a great achievement for the profession that we have reduced that number. For Q3, projections were that this figure would be 21 practices to be re-started.

9. The new regional model of working, following the consultation with assessors last year, was launched on 1 April and so far the model is proving successful, with no immediate issues to report.

10. The recruitment of two Officers in the team to replace two who were departing, was going well, and we would be in a position to make offers later that week.

11. The Lead Assessor was continuing to work with the Academy department to launch the internal PSS induction programme by spring 2024.

12. We were talking to the Veterinary Medicines Directorate (VMD) about the implementation of the likely changes to the Veterinary Medicines Regulations (VMRs) and what this would mean for PSS. We would report back at the next meeting.

13. The joint shadowing of assessments and inspections with the VMD and PSS assessors were due in May 2024. We were aiming for at least one joint visit per month.

14. The Mandatory Practice Regulation Working Group (MPRWG) had its first meeting in April. Eleanor Ferguson, DoLS/Registrar, Alice Duvernois, Lead Assessor, and Belinda Andrew-Jones, Chair of PSG and VN Council member, were all members of the group.

Scheme figures update

15. HoLS-PSS presented the Scheme figures, confirming that the figures were presented in year quarters, and this was how they would be presented in the future, to aid analysis.

16. The number of practices that were members of the Practice Standards Scheme had reduced slightly overall, to 67%. The explanation for the decrease was the rise in PSS practice closures as a result of the 12-month rule introduced in January 2024 (ie compliance must be achieved within 12 months of assessment to at least Core level or the practice would be restarted and re-assessed). Organisations were also making decisions to close practices that did not meet the Core requirements. This could only be a positive step in maintaining the integrity of the Scheme and maintaining minimum compliance standards. The PSS had 31 practices join the Scheme in the first quarter, which was consistent with previous years, averaging about 100 joining the Scheme.

17. The market share of our members remains stable and shows the six largest organisations still holding a slight majority, at 51% of total PSS membership. IVC holds the majority of practices in the Scheme, with 984; Linnaeus, the smallest, with 196 practices; and the other four large groups with around 400. Other practices make up 18% of our members and non-PSS practices that are eligible to join the Scheme sit at 31%.

18. When looking at species, the majority of practice premises in the Scheme were small animal, at 52%, with Equine and Farm remaining at 1% and 2% respectively, and mixed practices making up 12%. The remainder were non-PSS practices, with 19% Small Animal, 3% Equine, 1% Farm, and 8% mixed practices.

19. Our assessment numbers have remained stable and according to the graph that showed the numbers of assessments carried out since 2019, the team was still averaging 250 a quarter. There was a slight reduction reported last quarter (Q1), but this was mainly due to the re-arrangement of assessments following Covid times and changes to internal staffing following the assessor consultation and the launch of the regional delivery model.

20. Accreditations held had decreased slightly to 4,177, which corresponded to the number of practices that had left the Scheme or closed.

21. The definition of ‘candidates’, was explained to the Group. It was explained that it was a term used to describe new practices joining the Scheme, practices that had not yet had their first assessment, re-starts or practices that had been acquired and were awaiting an assessment under the new ownership. Essentially, they were practices at the very beginning of the process and had paid their joining fees. This was relevant as we have 308 practices in this category. It was explained that the PSS Rules set out that we should assess these within six months, if a new practice, and 12 months, if they were an acquisition.

22. Awards uptake had declined, with 227 awards currently held and the top three awards remained as: Client Services awards held by small animal, Team and Professional Responsibility held by small animal and Inpatient Service held by small animal.

23. The deficiency data presented for Q1 2024 was based on 230 assessments, displaying VMR and Non-VMR by species. For non-VMR deficiencies, it appeared that there were issues with PAT testing across all species. Farm Animal practices had issues with consent and Equine had issues with PPE. Small Animal and Equine still had RPA and related issues, which were all areas for us to target improvements. For VMR-related deficiencies, there were quite a lot of commonalities across all species and the areas to target there might be monitoring / recording of temperatures, anything related to Controlled Drugs and protocols for handling cytotoxics/ hormones and drugs used under cascade.

24. The HoLS-PSS noted that the deficiencies remained the same yet there was a shift in the order of the deficiencies. It was discussed that the high deficiency for PAT testing was representative of the feedback PSS received in December, where many large organisations were having some difficulty delivering.

25. The HoLS-PSS confirmed that the survey results were cumulative results but the main points to note were the comments made by practices, which had been categorised into three main areas: the PSS process, the PSS team and the IT system ‘Stanley’. There had been some interesting feedback around the burden to upload the amount of evidence that was required and that practices were finding the process difficult to navigate.

26. The Group asked if the figures paper could be more specific on the breakdown of numbers into those that were large organisations and those that were independents, particularly for new joiners and those waiting to be assessed (‘candidates’). It was discussed that independents were the practices that had more of a choice to join the Scheme and therefore it might give an indication of how the Scheme was viewed and valued.

27. The HoLS-PSS commented that generally there was an equal divide between new joiners that were independent and those that were joining as part of a large organisation that was already in the Scheme. It was mentioned that PSS did appear to receive an influx of new joiners at periods of time when the large organisations tended to purchase practices in groups of acquisitions, whereas the independents joined at any time throughout the year.

    ACTION: HoLS-PSS to report on the breakdown number of independents verses the number of practices premises form large organisations in the figures presented in the PSS figures paper.

28. The Group asked if there was an increase in the number of large groups forming or joining the Scheme, with around 30-50 practice premises.

29. The HoLS-PSS commented that PSS was seeing a slight increase in large groups forming, and those practices were not currently reported in the Scheme figures. The paper captured the six largest organisations only. The HoLS-PSS expressed a view that there may be some benefit to

beginning to report on those. We also had some charities in the Scheme, and it might be useful to report on those too.

30. The Group mentioned that the Major Employers Group was made up of organisations with over 50 sites.

31. There was some discussion on what number of sites a group should have before it was reported upon. Some felt over 50, some 30 and others suggested 25. It was agreed that the PSS team would look at the data and report on those with over 30 sites, and a further discussion could be had once the data was presented.

32. The DoLS raised the question as to what benefit the figures would be to the Group, to ensure that data was being collated and presented for a good reason. The DoLS suggested that maybe it was to understand that the membership of the Scheme has evolved to those that have the support from large organisations as opposed to independents.

33. The Group agreed it would be helpful to see the data on practices with over 30 premises.

ACTION: HoLS-PSS to report on practices with over 30 sites.

34. A further question was raised by the Group to clarify that the large organisations already in the Scheme must sign up new practices that they acquire to the Scheme. The HoLS-PSS confirmed that this was the current position as set out in the PSS Rules (Rule 12). It was further discussed that practices that did not meet the Core requirement were likely to be closed by a large organisation in comparison to an independent practice, that was unlikely to close in those circumstances.

35. The HoLS-PSS confirmed that closures of practice premises by the large organisations had happened as a result of the introduction of the 12-month time limit imposed. These tended to have been practices that required major building works in order to meet Core Standards. Those organisations then made a strategic decision whether the practices could be relocated, invested in, or merged with a neighbouring site, or if it needed to close.

36. It was reiterated by the HoLS-PSS that operating at Core level was the minimum Standard and the basic legislative and Code-level requirements that must be met to ensure the welfare of animals and humans are protected.

Matters for Discussion and Decision

Five-yearly review of the Standards – update from working groups

37. This information was available in the classified appendix.

Five-yearly review of the Standards – Assessment model

38. This information was available in the classified appendix.

Five-yearly review of the Standards – Awards

39. This information was available in the classified appendix.

Matter Arising

40. There were no matters arising.

Risk and Equality

41. There were no new items to add to the PSG Risk Register

Dates of the next meetings

22 July 10-12 (remote)
9 October 1.30-3.30 (remote)

Any other business

42. The HoLS-PSS asked if members of the Group could ask their respective organisations to provide login details to the PSS internal team for access to their secure website pages, which required membership. It was noted that some links and guidance referred to within PSS was within member-only areas and not all staff in PSS were veterinary surgeons or nurses. The PSS team needed to be in a position to check links and guidance from time to time.

ACTION: Group members to provide login details to the PSS internal team.

43. The meeting was drawn to a close.

Close.