Standards Committee

Agenda for the meeting to be held on 24 September 2024 at 10am in person at NCVO, London N1 9RL

1.	Apologies for absence, declarations of interest. Minutes from the meeting of 12 June 2024.	
2.	Matters for decision	
	a. Review of LONOs (phase 2)	Paper attached
	b. Mutual clients in farm practice	Paper attached
	c. Under care review - confidential	Paper attached
	d. Professional autonomy	Paper attached
	e. Chapter 8 review	Paper attached
	f. Industrial action	Paper attached
	g. APHA blood sampling – confidential	Paper attached
3.	Matters for discussion	
	a. GEFS update – confidential	Paper attached
4.	Matters for report	
	a. Disciplinary Committee Report	Paper in library
	b. Riding Establishments Subcommittee Report	Paper attached
5.	Confidential matters for report	
	a. Routine Veterinary Practice Subcommittee Report	Paper attached
	b. Ethics Review Panel Report	Paper attached
	c. Certification Subcommittee Report	Paper attached
6.	Risk and equality	Oral update
7.	Any other business and date of next meeting on 23 October 2024 (remote) • Vice-Chair • December 3rd meeting format • Standards Committee rep for FRC	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	12 June 2024
Title	Standards Committee Minutes
Summary	Minutes of Standards Committee meeting held remotely on Wednesday, 12 June 2024, at 9:30am The Committee's attention is drawn to paragraphs 1-29 of the classified appendix.
Attachments	Classified appendix
Author	Stephanie Bruce-Smith Senior Standards and Advice Officer s.bruce-smith@rcvs.org.uk

Classifications

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

1 Classifications explained

Unclassified	Papers will be published on the internet and recipients may share them and discuss them freely with anyone. This may include papers marked 'Draft'.
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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 Wednesday 12 June 2024

Members:	Linda Belton (Chair)
	Claire McLaughlan
	Danny Chambers
	Olivia Cook
	Will Wilkinson
	Derek Bray
	Alice McLeish
	Tim Walker
	Melissa Donald
	Matthew Rendle
	Sue Paterson

In attendance:

RCVS	Lizzie Lockett	CEO
	Eleanor Ferguson	Registrar
	Gemma Kingswell	Head of Legal Services (Standards)
	Beth Jinks	Standards and Advisory Lead
	Stephanie Bruce-Smith	Senior Standards and Advice Officer
	Ky Richardson	Senior Standards and Advice Officer/Solicitor
Defra	Laurentiu Patea	Veterinary Advisor
	Bhavisha Patel	Veterinary Advisor
	Arjen Brewer	Veterinary Advisor
	Annabel Holton	Senior Policy Advisory for Future Import Policy
	Kirsty Scotter	Policy Lead on Trusted Trader Programme

AI 1 Apologies for absence, declarations of interest, minutes from the meeting of 16 April 2024.

1. Apologies were received from L Allum. D Chambers did not attend.

2. O Cook declared an interest in relation to AI 2(c). She explained she was a friend of a vet who was recently before the Disciplinary Committee in respect of matters relevant to this item, namely veterinary surgeons relying on attestations by lay people.

3. The minutes from the meeting of 16 April 2024 were agreed.

Matters for decision

AI 2 (a) Letters of non-objection

4. The Committee were provided with the background for this item, as follows – the Veterinary Surgeons Act 1966 makes it an offence for a person not registered on the RCVS register to take or use the titles ‘vet’, ‘veterinary’, veterinary surgeon’, or ‘veterinary practitioner’ to imply they are registered. As such, these titles are considered sensitive words for the purposes of company incorporation at Companies House. Companies House refer to this as ‘protection of title’. A person or entity wishing to incorporate a business/practice as a Limited Company or a Public Liability Company at Companies House with a company name that includes one of these sensitive words will first need a letter of non-objection (LONO) from the RCVS. Note that trading names/unincorporated names do not go through this same process. Requests for LONOs are dealt with by the Standards and Advice team, which follows a long-established administrative process which considers only whether to provide a LONO or object to the request based on standard objections.

5. Several issues have arisen in relation to the LONO request process, the standard objections, and ancillary matters concerning the advertising of practice names (i.e., trading names/unincorporated names) more broadly, all of which prompted a review. The paper represents phase 1 of the review on LONOs, with the Committee being asked to consider and discuss the issues and agree to the proposed solutions/recommendations. It is intended that phase 2 will be considered at the Committee’s next meeting which will include proposed amendments to the supporting guidance if the Committee agrees that amendments are required as part of this phase 1.

6. The Committee made the following general comments:

   a) Although RCVS jurisdiction regarding incorporated company names only extends to the use of the title ‘vet’, ‘veterinary’, veterinary surgeon’, or ‘veterinary practitioner’, the Code and Chapter 23 of the supporting guidance around advertising provides a basis for the RCVS to provide advice to those with trading names/unincorporated names which may be misleading.
   b) To prevent RVNs from using the sensitive words when incorporating their companies may appear to limit their roles at a time when the RCVS is encouraging them to explore what they can do within their remit.
   c) To help the profession in reporting misleading or unsuitable business names, the current references in the supporting guidance to raising a concern with the Advertising Standards Authority (where laypeople misuse the title ‘vet’, ‘veterinary’, veterinary surgeon’, or ‘veterinary practitioner’) could be made more prominent.
   d) Guidance on the LONO process should be provided to veterinary professionals at the earliest stages of the process of setting up their business, such as when registering as an RVPP or becoming a member of PSS. It was clarified that the LONO process has been flagged with

the Registration Department which has added guidance on the RVPP page of the website, and with PSS so that they can direct veterinary professionals to the relevant guidance.

e) Future changes to the Veterinary Surgeons Act, as well as any expansion of the RVN role, should be kept in mind as the RCVS' role around company names may change.

f) Inclusion of clear guidance will mean that the process is streamlines for the team, as well as providing transparency to the profession.

7. The Committee therefore agreed that the supporting guidance should be updated to include information on inclusion of sensitive words when incorporating a company, ensuring that the guidance only extends to where the RCVS has the power to object, with links included to the existing guidance around advertising. The new guidance should also be referenced in the Registration and PSS areas of the website to ensure a consistent approach across the College.

Action: Standards and Advice Team (KR)

AI 2 (b) Consumer choice and professional autonomy follow up

8. The Committee was reminded of the background f or this item, along with an update on three action points which arose from the April meeting:
    a. Existing guidance regarding consumer choice and obligations under consumer law has been consolidated into Chapter 10 of the supporting guidance and signposted to in the relevant chapters of the guidance.
    b. Chapter 2 of the guidance has been updated to clarify the position on contextualised care and address situations where vets may feel under pressure to treat animals in a particular way under their practice policy.
    c. Chapter 17 of the guidance has been updated to require vet practices to have a senior appointed vet surgeon who ensures that the practice is compliant with consumer law, signposting to the guidance in Chapter 10.
    In response to the Committees query from the April meeting regarding whether the senior appointed veterinary surgeon of PSS practices could be recorded in some way, the PSS team have confirmed that following would be possible, and the detail of the options can be found in the paper at para 6.

9. The Committee provided the following feedback:
    a. The primary purpose of collating the existing guidance in one place is to make the obligations more accessible and easier to navigate for the professions. It will also no doubt be of assistance to the CMA for all of the relevant guidance to be in one place.
    b. While many vet practices are members of PSS, separate processes will need to be considered for recording the senior appointed vet surgeon for those practices which are not members.

c. In Chapter 10, some of the supporting guidance could be viewed as repetitive, however it was acknowledged that this is because it is a consolidation of other guidance throughout all chapters. Once the CMA review is complete, a more substantial review of the guidance in this area can commence.
d. The new guidance in Chapter 2 should hyperlink to the information on contextualised care provided by the RCVS Knowledge.
e. Where there is guidance regarding consent and considering treatment options, an option could be added to monitor the animal and reassess after a period of time.
f. The inclusion of reference to freedom of choice in paragraph 10.1 may lead to the whole chapter being interpreted as only being in relation to freedom of choice, detracting from the broader principles around general good practice.
g. A requirement for practices to display prices and fees on their website was discussed however it was acknowledged that the supporting guidance is not the appropriate place to create obligations for practices
h. The additional considerations in the guidance may result in consultations being longer and vet fees increasing for clients a result.
i. Paragraph 10.3(a) should be amended to clarify that clients have the options of fulfilling the prescription at the practice or obtaining a written prescription to have it fulfilled elsewhere, e.g., *"…ensure clients can obtain prescriptions either by dispensing at the practice, or if to be dispensed elsewhere, via written prescription*."
j. Some of the guidance seems directed at small animal practices only and may cause difficulties for farm and equine vets who may not have a computer available meaning that they can only give a ballpark estimate to clients initially. Therefore, it could be added that the precision of estimate is linked to the resources available and that it is acceptable to provide a more accurate estimate shortly after.
k. It was agreed that bringing together the relevant guidance in one place is useful, however the comms around the introduction of Chapter 10 should be carefully considered to reassure the profession that there is no new guidance.

10. It was agreed that the Committee would flag via email any parts of the guidance that they consider unclear by 19th June, before a clean copy of the amended guidance is circulated to the Committee for approval.

Action: Committee

11. It was agreed that the guidance would be summarised clearly when communicated to the profession and that the CMA would be made aware of the amendments.

Action: Head of Legal Services (Standards)

AI 2 (c) Defra Trusted Traders - confidential

12. The minutes of this agenda item discussion can be found in the classified appendix at paragraphs 1-11.

AI 2 (d) VMR update – confidential

13. The minutes of this agenda item discussion can be found in the classified appendix at paragraphs 12-16.

Matters for discussion

AI 3(a) Vet attestation audit update – Defra – confidential

14. The minutes of this agenda item discussion can be found in the classified appendix at paragraphs 17-20.

AI 3 (b) FSA update re TRNOVs – confidential

15. The minutes of this agenda item discussion can be found in the classified appendix at paragraphs 21-23.

Matters for report

AI 4 (a) Disciplinary Committee Report

16. The report was noted.

AI 4 (b) Riding Establishments Subcommittee Report

17. The Committee thanked Riding Establishments Subcommittee Member Bertie Ellis for his extensive contribution to the Subcommittee.

AI 4 (c) PSS Report

18. It was explained that the review of PSS standards happens on a five-yearly cycle, and is currently underway for 2025, with 6 groups looking at the various standards and assessment processes. The standards are also being updated to align with the updated VMRs, and the PSS team is liaising with the Standards and Advice team on this.

19. The percentage of practices with PSS membership has stayed relatively static despite an increase in RVPPs, at 67% down from 69% despite 31 new joiners. It was noted that the loss of practices may be because those that were not meeting Core standards, and/or because the practices were shut down.

20. In terms of the PSS modules, it was noted that while many reviews have been carried out on specific issues, there had not been an opportunity to look at the standards afresh and as a whole.

It was clarified however that a full review of the methodology of the assessment process was being carried out and that the findings of this would be presented to Standards Committee.

Action: Head of Legal Services (PSS)

Confidential matters for report

AI 5 (a) Routine Veterinary Practice Subcommittee Report

21. The report was noted.

AI 5 (b) Ethics Review Panel Report

22. The report was noted.

AI 5 (c) Certification Subcommittee Report

23. The report was noted.

Risk and equality

AI 6 (a) CMA, Specialist guidance, wildlife euthanasia advice

24. The minutes of this agenda item discussion can be found in the classified appendix at paragraphs 27-29.

AI 7 Any other business and date of next meeting on 24 September 2024 (in-person)

25. The Committee queried why Standards Committee papers are additionally sent out via password-protected email to all RCVS Council members as well as the Committee via Boardeffect, whereas the papers for other Committees are not sent to Council directly. It was explained that this was a historic decision due to the nature of the issues which Standards Committee discusses, however, Council will be asked which bundles they would like to receive directly in the future.

Action: CEO

26. The Head of Legal Services (Standards) thanked the Standards and Advice team for the minutes and for all their work with the updated VMRs and the CMA projects alongside business as usual.

27. The Committee noted that it was the Registrar's last meeting before retirement and thanked her for work with the Committee.

28. The Committee noted that it was MDs last meeting before retirement from RCVS Council and thanked her for her tenure on the Committee.

29. The date of the next meeting on 24 September 2024, to be held in-person, was noted.

Table of actions - unclassified

Paragraph	Task	Responsibility
7	Update supporting guidance to include information on inclusion of sensitive words when incorporating a company.	**Standards and Advisory Team (KR)**
10	Committee to send comments on Chapter 10.	**Committee**
11	Communication with the profession on publication of Chapter 10.	**Head of Legal Services (Standards)**
20	Present findings of review of the assessment process to the Committee.	**Head of Legal Services (PSS)**
25	Ask Council which bundles to be received via email.	**CEO**

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

[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 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	12 June 2024
Title	Review of letters of non-objection (LONOs) and advertising of practice names – Phase 1
Summary	This paper sets out a review exploring how the RCVS currently manages LONO requests and the advertising of practice names more broadly. This phase 1 identifies several issues and proposes solutions designed to provide a more consistent, efficient, and joined-up approach. It is intended that phase 2 will propose amendments to the supporting guidance in-line with the Committee's comments from this phase 1.
Decisions required	The Committee is asked to: 1. Discuss the issues; 2. Discuss any known or anticipated additional issues not mentioned in this paper; 3. Decide whether to accept the proposed solutions, with or without comment, in full or in part; and 4. Decide which standard objections should continue to be applied in the LONO request process (*see* paragraphs 23 and 24).
Attachments	**Annex A** – Chapter 23 of the supporting guidance, Advertising, endorsements, and publicity
Author	Ky Richardson Senior Standards and Advice Officer/Solicitor Secretary to the Certification Sub-Committee k.richardson@rcvs.org.uk / 0207 202 0757

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Annex A	Unclassified	

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Review of letters of non-objection (LONOs) and advertising of practice names - Phase 1

Introduction

1. The Veterinary Surgeons Act 1966 (VSA) makes it an offence for a person not registered on the RCVS register to take or use the titles ‘vet’, ‘veterinary’, veterinary surgeon’, or ‘veterinary practitioner’ to imply they are registered. As such, these titles are considered sensitive words for the purposes of company incorporation at Companies House. Companies House refer to this as ‘protection of title’.

2. A person or entity wishing to incorporate a business/practice as a Limited Company (LTD) or a Public Liability Company (PLC) at Companies House with a company name that includes one of these sensitive words will first need a letter of non-objection (LONO) from the RCVS. Note that trading names/unincorporated names do not go through this same process.

3. Requests for LONOs are dealt with by the Standards and Advice team (Advice Team). The Advice Team follow a long-established administrative process which considers only whether to provide a LONO or object to the request based on standard objections set out at paragraph 13 below.

4. Several issues have arisen in relation to the LONO request process, the standard objections, and ancillary matters concerning the advertising of practice names (i.e., trading names/unincorporated names) more broadly, all of which prompted this review and will be explored in further detail below.

5. This paper represents phase 1 of this review and asks the Committee to consider and discuss the issues and agree to the proposed solutions/recommendations. It is intended that phase 2 will be considered at the Committee’s next meeting which will include proposed amendments to the supporting guidance if the Committee agrees that amendments are required as part of this phase 1.

Background and current process

Companies House

6. Companies House informs the public of the requirement for a LONO from the RCVS in Annex C of its website guidance, which reads as follows:

> 37. Vet / Veterinary / Veterinary surgeon / Veterinary practitioner
>
> These titles are protected by The Veterinary Surgeons Act 1966. To use any of them in your proposed company or business name, please provide an email or letter of authorisation from The Royal College of Veterinary Surgeons.

7. Companies House cannot incorporate a company if the use of a company name by the company would constitute an offence. The only way Companies House can form an opinion is by requiring a view from the RCVS and adopting that as its own. Companies House is unlikely to challenge the RCVS' view.

8. The RCVS' power to object therefore is limited only to situations where the use of 'vet', 'veterinary', veterinary surgeon' or 'veterinary practitioner' in a company name is likely to, in its opinion, constitute an offence under the VSA, i.e., if a person or entity who is not registered with the RCVS takes or uses the title(s) to imply they, or somebody else, is registered.

Current process

9. There is currently no supporting guidance in relation to LONO requests, although company names, like all other practice names, are a form of advertising and as such, should comply with Chapter 23 of the supporting guidance, Advertising, endorsements, and publicity, i.e., they should be accurate, truthful, and not of a character likely to bring the profession into disrepute (**Annex A**).

10. LONO requests are typically sent to the Advice Team when an incorporation request at Companies House is rejected. Requests are also sent to the Advice Team from the Registration Team when an enquiry is made during/after the registration of a veterinary practice premises (RVPP).

11. The Advice Team then requests the following information:

    a. Confirmation that the principal line of business is veterinary related;
    b. Confirmation that there is at least one veterinary surgeon involved in the running or management of the company;
    c. The full name of the company to be incorporated; and
    d. The name and address of one director to address the LONO to.

12. The Advice Team considers the above information and applies the following standard objections, if applicable, to the request:

    a. **[****] Veterinary Surgery Ltd** – The RCVS currently objects to company names that include 'veterinary surgery' on that basis that this implies that everyone working for the company is a veterinary surgeon which is unlikely.

    b. **[****] Veterinary Surgeons Ltd** – The RCVS currently objects to company names that include 'veterinary surgeons' on the basis that this implies that everyone working for the company is a veterinary surgeon which is unlikely.

    c. **[Full name of person] Veterinary [****] Ltd** – The RCVS currently objects to company names that include full names as companies can be and are sold on.

d. **[****] Veterinary Nurse/Nurses/Nursing Ltd** – The RCVS currently objects to company names that include references to RVNs because they are not veterinary surgeons.

13. As a note, the Advice Team does provide advice in relation to the expectations set out in Chapter 23 of the supporting guidance during the LONO request process. However, this development is relatively recent as historically, the LONO process had been carried out in isolation.

14. Issues also arise regarding the use of the words 'hospital' or 'veterinary hospital' – under the PSS Rules, only a practice that has achieved hospital level accreditation is entitled to use 'veterinary hospital' or 'hospital'. Practices that are not part of PSS may use 'hospital' in their practice name, e.g., 'pet hospital' or 'animal hospital', but if an application is made to PSS in the future, they would be unable to continue using that name as, under the PSS Rules, only those accredited to veterinary hospital level may use 'hospital'. Again, the Advice Team now provides advice to this effect when the issue arises, but until recently the LONO request was processed in isolation.

Ancillary matters

15. Practice names/the advertising of practice names more broadly is currently dealt with in different ways depending upon the context in which it is raised with the RCVS.

16. The RCVS is informed of practice names (not all of which will be incorporated at Companies House) across several departments for several reasons and each department deals with matters in isolation according to their specific function, as follows:

    a. The Registration Team is informed of practice names for the purposes of registering as an RVPP;
    b. The Advice Team is informed of practice names for the purposes of responding to LONO requests;
    c. The Advice Team is informed of practice names for the purposes of providing professional conduct advice in relation to alleged non-compliance with the supporting guidance (where this is brought to the attention of the RCVS by third parties);
    d. The PSS Team is informed of practice names for the purposes of accreditation; and
    e. The PSS Team is informed of practice names for the purposes of providing advice in relation to alleged non-compliance with the PSS Rules, which might be redirected to the Advice Team.

Main issues and proposed solutions

Lack of supporting guidance

17. As noted above, there is currently no supporting guidance to inform the profession in advance of company incorporation of the requirement for a LONO and the process involved. This has led to the following issues:

    a. Company incorporation requests being routinely rejected by Companies House with a re-direction to the RCVS to obtain a LONO. This contributes to delayed company incorporation which has led to criticism of the RCVS as often a rejection from Companies House is the first time the profession becomes aware of the need for a LONO, unless a person has previous experience with the process or reads Annex C on the Companies House website.

    b. Members of the profession, or paraprofessionals, i.e., veterinary physiotherapists, choosing a business vehicle that does not include incorporation at Companies House immediately (and sometimes not for several years) and proceeding to build a brand/reputation around that business/practice name for it to then later be objected to for the purposes of company incorporation by the RCVS. For example, 'Smiths Veterinary Surgeons' would not be challenged if used as a trading name under a partnership structure but under the current standard objections, a LONO would not be granted if the partners decided to incorporate the practice at Companies House.

18. It is proposed that new guidance on business/practice names is drafted to be included in Chapter 23 of the supporting guidance alongside the new guidance agreed in relation to the use of 'specialist' in practice names at this Committee's meeting in April 2024. Proposed draft guidance will reflect the Committee's comments and decisions at this meeting and will be presented to the Committee for comment and approval at its next meeting. This will form phase 2 of this review.

Standard objections

19. The standard objections set out at paragraph 12. a. to d., above conflate two regulatory functions, 1) the RCVS' power to object to the use of 'vet', 'veterinary', veterinary surgeon' or 'veterinary practitioner' in a company name where it is likely to, in its opinion, constitute an offence under the VSA, and 2) the RCVS' role in setting standards and providing advice in relation to those standards, specifically in relation to advertising under Chapter 23 of the supporting guidance.

20. Conflating the two regulatory functions has led to a lack of transparency in relation to what exactly is being objected to and what amounts to professional conduct advice. It has also led to inconsistency in the advice provided due to slightly different interpretations of the VSA and the supporting guidance. This has led to criticisms of unfairness where, for example, some

practices have been provided with a LONO for company name formats that include ‘veterinary surgery’ and others have not, depending on the timing of the request.

21. It is therefore proposed that standard objections are limited to the RCVS’ power to object to situations where the use of ‘protected titles’ in a company name is likely to, in its opinion, constitute an offence under the VSA. If the use of a company name is not likely to be an offence but otherwise does not appear to be compliant with the supporting guidance, advice will then be provided alongside the granting of the LONO instead of being conflated into a standard objection.

22. This will ensure greater transparency around the RCVS’ statutory functions and how they are exercised. It will also ensure a more consistent and fairer outcome as the grounds for objecting to company names will be extremely limited and will not change (until the VSA does) whereas advice can and will naturally evolve as and when the supporting guidance does. This will future proof the LONO process and how the advertising of practice names more broadly is dealt with by the Advice Team.

23. Considering the above, the Committee is asked to review the standard objections. It is suggested that these should no longer be applied for the following reasons:

    a. **[****] Veterinary Surgery Ltd** – This does not imply that everyone working for the company is a veterinary surgeon and is an accurate descriptor of a veterinary practice. ‘Surgery’ is also commonly used for human GP practices with no concerns that its use amounts to holding all staff out as GPs.

    b. **[Full name of person] Veterinary [****] Ltd** – The person’s full name is what is being objected to, not sensitive words for the purposes of company incorporation. This is therefore not likely to constitute an offence under the VSA.

    c. **[****] Veterinary Nurse/Nurses/Nursing Ltd** – Where there is no veterinary surgeon involved in the running or management of a company, a LONO will not be provided. Therefore, if an RVN requests a LONO using this name format and there is no veterinary surgeon involved in their company, their request will be rejected on this basis. However, if a veterinary surgeon is involved in the running or management of a company using this name format, it would likely not constitute an offence under the VSA, and a LONO should be granted. If the use of the word ‘nurse’ alongside ‘veterinary’ is otherwise misleading (e.g., an RVN intending to provide acts of veterinary surgery without appropriate veterinary direction, or no RVN involvement), advice can be provided alongside the granting of the LONO as an alternative to a standard objection.

24. The Committee is also asked to decide whether the standard objection relating to **[****] Veterinary Surgeons Ltd** name formats should continue to be applied, i.e., whether it believes it is likely in all situations to constitute an offence under the VSA because it implies that everyone working for the company is a veterinary surgeon.

Ancillary issues and proposed solutions

Dealing with matters in isolation

25. By way of example and because of matters being dealt with in isolation, the following issue arose in 2023:

    a. Information was brought to the attention of the Advice Team that a non-PSS accredited practice was holding itself out as a veterinary hospital by using 'veterinary hospital' in its company/practice name which was alleged to be misleading to the public and contrary to the PSS Rules (which would have become applicable to the practice when it attempted to later become accredited at Core or GP level). The PSS Rules state, '[t]he titles 'Hospital' and 'Veterinary Hospital' on their own, or as part of any practice signage or practice advertising, may only be used by practices accredited as Veterinary Hospitals.'

    b. The Advice Team provided advice as per the above and requested that the practice name be changed.

    c. The practice confirmed its intention to become PSS accredited at hospital level, however, noted it would take some time to achieve this. The RCVS was criticised for not raising the issue with the practice/company name earlier, i.e., when registering as an RVPP or during the LONO request process, and before significant financial investment was made in advertising the practice.

26. Similar issues have arisen when practices register as RVPPs or are incorporated at Companies House and the practice/company name includes the word 'specialist(s)', but no RCVS listed specialist is contributing to the service in a genuine and meaningful way in each discipline. In these situations, the Advice Team has provided routine professional conduct advice which has included a request that the practice name be changed, or that specialists are engaged in each discipline. Similar criticisms have been made in relation to this not being brought to the attention of the practice at an earlier juncture.

27. The profession typically, and perhaps fairly, assumes that a lack of challenge at RVPP or LONO stages amounts to implied permission or confirmation that a practice/company name is compliant with the supporting guidance/PSS Rules and the RCVS typically assumes that a practice/company name is being used in a compliant manner.

28. Whilst it is the profession's responsibility to meet the expectations in the supporting guidance and seek advice if in doubt, the Committee may feel a more joined-up approach is in the best interests of the profession and the RCVS. It is therefore proposed that going forwards LONOs are no longer considered in isolation and the process within the Advice Team will be twofold, as follows:

a. One - Decide whether to issue a LONO or whether to object based only on the following:

    i. That the use is likely to constitute a criminal offence under the VSA – It should be noted that any standard objection to be applied reflects a decision by the RCVS that a particular name format is likely to constitute a criminal offence under the VSA regardless of the way it is used.

b. Two – Continue, as it began to do so recently, to decide whether professional conduct advice should be provided alongside the LONO, for example, where a veterinary surgeon requests a LONO for 'XY Vet Specialists', the LONO will be provided alongside professional conduct advice that the use of the company name, whether or not incorporated at Companies House, should be compliant with Chapter 23 of the supporting guidance, and specific reference will be made to the sections of the chapter that deals with the specialist title.

29. To ensure a joined-up approach more broadly within the College, a prompt has now been included in the 'Applications – Veterinary premises' section of the website, as follows:

    Before registering a new veterinary practice premises

    Practice names are a form of advertising and as such, should comply with Chapter 23 of the supporting guidance, Advertising, endorsements, and publicity. Consideration should also be given to the Practice Standards Scheme (PSS) Rules if accreditation is a future aspiration of the practice.

    For practice names that include the words, 'vet' or 'veterinary', a letter of non-objection (LONO) will be required from the RCVS before Companies House will incorporate a limited company that includes one of these sensitive words. A LONO is not required if you do not plan to incorporate your practice at Companies House.

    For advice in relation to advertising and your practice name or LONOs, especially in relation to the use of 'specialist', please contact the Advice Team on 020 7202 0789 or advice@rcvs.org.uk.

    For advice in relation to your practice name and the PSS Rules, especially in relation to the use of 'hospital', please contact the PSS Team on 020 7202 0767 or pss@rcvs.org.uk.

30. This prompt is designed to encourage the profession to obtain necessary advice at practice inception and before registering as an RVPP and will enable the Advice Team and PSS to help 'future proof' decisions around practice names.

31. It is also proposed that at the conclusion of phase 2 of this review, a 'practice names FAQ' is developed by the Advice Team with contributions by the PSS Team to assist with and

anticipate the common issues identified above, especially in relation to ‘specialist’ and ‘hospital’/’veterinary hospital’, which can then be included in the ‘related documents’ section of the above-mentioned section of the website. This will also serve as a useful resource for other departments in the College who deal with and process queries relating to practice names to signpost enquirers to. This can be kept under review by the Advice Team and updated as and when other common issues arise and/or when Chapter 23 of the supporting guidance is updated in the future.

Decisions required

32. The Committee is asked to:

    a. Discuss the issues;
    b. Discuss any known or anticipated additional issues not mentioned in this paper;
    c. Decide whether to accept the proposed solutions with or without comments, in full or in part; and
    d. Decide which standard objections should continue to be applied in the LONO process (*see* paragraphs 23 and 24).

Summary	
Meeting	Standards Committee
Date	24 September 2024
Title	Mutual clients in farm practice
Summary	This paper outlines the RCVS' current guidance on 'mutual clients', and outlines issues that have been raised including a number of barriers to compliance for those working in the farm sector. The paper proposes a package of actions to remedy the issues and to encourage better working relationships between veterinary surgeons who treat the same animals.
Decisions required	1. The Committee is asked to consider and discuss the issues raised in this paper and decide whether to proceed with the actions outlined in paragraph 9. 2. If the Committee wishes to proceed with an FAQ as described, it is asked to approve the draft at **Annex A.**
Attachments	**Annex A** – Draft FAQ
Author	Gemma Kingswell Head of Legal Services (Standards) g.kingswell@rcvs.org.uk / 020 7965 1100

Classifications

Document	**Classification**[1]	**Rationales**[2]
Paper	Unclassified	
Annex A	Unclassified	

[1]Classifications explained	
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[2]Classification rationales	
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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

Mutual clients in farm practice

Introduction and background

1. Under RCVS guidance, veterinary surgeons have an obligation to share relevant clinical information with each other when they have mutual clients. Following discussions with stakeholders, it has become clear that in some sectors - particularly farm - complying with this obligation is not always straightforward. One reason for this is because the identity of other vets involved in the care of the animals is not known and not easily ascertained.

2. The Committee is asked therefore to consider the actions outlined in this paper with the aim of encouraging good relationships between veterinary surgeons who share clients as well as supporting the profession in a practical way when they face difficulties in identifying other parties and therefore complying with their RCVS obligation.

Current guidance and the issues

3. The current guidance regarding mutual clients states as follows:

   5.9 Where different veterinary surgeons are treating the same animal, or group of animals, each should keep the other informed of any relevant clinical information, so as to avoid any danger that might arise from conflicting advice, or adverse reactions arising from unsuitable combinations of medicines.

   5.10 Even where two veterinary surgeons are treating different groups of animals owned by the same client, each should keep the other informed of any problem that might affect their work.

4. This obligation applies to all veterinary surgeons involved in the care of the animals equally. This means that veterinary surgeons should be seeking to share relevant clinical information as soon as they become aware that another veterinary surgeon is involved in the care of the animals, regardless of the nature or level of care being provided.

5. It has been observed that in addition to the aims currently set out in the guidance, i.e. avoiding any danger that may arise from conflicting advice and/or adverse reactions, sharing relevant clinical information also means veterinary surgeons provide accurate information when certifying medicine use on farms.

6. The barriers to complying with the above guidance, particularly in the farm sector, have been outlined as follows:

   a. Veterinary surgeons being unaware of the requirement to share information, or believing it 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 them because the client is unwilling to give 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, it is not always the case that the prescriber and supplier are the same person/practice.

7. It has also been reported that 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 as well as signposting the client. At present, RCVS guidance requires veterinary surgeons to 'provide their clients with full details of their 24-hour emergency cover provision'. As it currently stands, the guidance does not expressly state that a practice's out of hours provision should be made public (although it is suspected that this was the intention) and so a veterinary surgeon can technically comply if they refuse to disclose details of their 24-hour emergency cover arrangements to other veterinary surgeons so long as they have informed their clients. For ease, the guidance on this is set out in full below:

   3.23 Veterinary surgeons should provide their clients with full details of their 24-hour emergency cover provision. This should include relevant telephone numbers, location details, information about when the out-of-hours service is available and the nature of the service provided. Veterinary surgeons should also inform their clients about the likely initial costs of the service.

   3.24 Veterinary surgeons should provide information about their 24-hour emergency cover provision at the outset of the professional relationship with the client and supply regular reminders, as appropriate. If the details change, veterinary surgeons should provide their clients with full updates as promptly as possible. Such communications would be deemed necessary for the performance of the contract with the client and, if they do not contain marketing information, they may be sent without the explicit consent of the client, including by email.

   3.25 Veterinary surgeons should use all possible means to provide information about their 24-hour emergency cover provision. Examples include client information leaflets, notices or posters in the practice, clear statements on the practice website / social media, other advertisements and providing additional information on vaccination record cards. As above, email notifications about emergency cover may be sent without the explicit consent of the client, including by email.

   3.26 Information about the practice's 24-hour emergency cover provision should enable clients to make an informed decision about their animal's veterinary care, particularly, where to go in an emergency. Special consideration should be given to clients registered as disabled who may have difficulty travelling, especially outside normal working hours.

   3.27 Those who outsource their 24-hour emergency cover should ensure that their clients are given full information about the service, as above. It is not acceptable for such veterinary surgeons to state that they provide 24-hour emergency cover (or words to that effect) without providing full information about the service.

8. A further issue identified is with the term 'mutual clients' as it could suggest a mutually beneficial relationship between the veterinary surgeons, which is not always the case. Alternatives such as 'shared clients' or 'clients in common' have been suggested.

Proposed actions

9. It is suggested that the following could assist in achieving the aims set out above, that is to encourage good relationships between veterinary surgeons who share clients as well as

supporting the profession in a practical way when they face difficulties in identifying other parties and therefore complying with their RCVS obligation.

a. A targeted FAQ setting out the actions veterinary surgeons should take if they find themselves in one of the situations described. Please see draft attached at **Annex A**, which incorporates feedback from a group of farm practitioners and the British Cattle Veterinary Association (BCVA).

b. A further FAQ written from the point of view of a remote veterinary surgeon wishing to supply remote services.

c. Developing a 'bite-size' academy course based on this information contained in this FAQ.

d. Amending the labelling requirements contained in PSS core standards so that the name of the prescriber must be recorded on the label. This requirement already exists for medicines prescribed under the cascade and so the facility for veterinary surgeons to include this already exists. The VMD's view has been sought on this and no objection has been made.

e. Clarifying that veterinary surgeons should make the details of their 24-hour emergency cover provision publicly available, e.g. details to be published on the practice website, providing information to those who enquire.

f. Reviewing whether the guidance on 'mutual clients' is adequate, looking in particular at:

i. the terminology,
ii. whether any amendment is required to make clear that the obligation applies to all equally,
iii. including reference to accurate certification of medicine use.

Decisions required

10. The Committee is therefore asked to consider and discuss the issues raised in this paper and decide whether to proceed with the actions outlined in paragraph 9, above.

11. If the Committee wishes to proceed with an FAQ as described above, it is asked to approve the draft at **Annex A**.

I suspect another vet has prescribed medicines to animals belonging to one of my farm clients, what should I do?

Where different veterinary surgeons are treating the same animal, or group of animals, the RCVS requires that each should keep the other informed of any relevant clinical information, to avoid any danger that might arise from conflicting advice, or adverse reactions arising from unsuitable combinations of medicines. It also allows veterinary surgeons to be accurate when certifying medicine use on farms. The guidance goes on to say that where two veterinary surgeons are treating different groups of animals owned by the same client, each should keep the other informed of any problem that might affect their work.

This obligation applies equally to all veterinary surgeons involved in the care of the animals. This means that it does not matter whether you are the 'primary vet', or you provide one aspect of care such as vaccinations, or who was involved in the care of the animals first. As soon as you suspect another vet's involvement, or when you take on a client and could reasonably be expected to know that another vet is likely to be involved in the care of the animals, you should take steps to identify them so that relevant clinical information can be shared. The most direct way to find out who the other veterinary surgeon is by asking your client. During this conversation, you may wish to remind them that there is a professional obligation for veterinary surgeons treating the same animals to share relevant clinical information with each other and that being unable to do you puts you in a difficult position. Another way of identifying the other veterinary surgeon is by checking the labels of medicines prescribed. Currently, only the supplying vet (as opposed to the prescribing vet) is obliged to include their details on the label, however it may still contain useful information.

If you can identify the other vet, you should contact them to establish a relationship. We suggest that contact with the other vet is made in writing so that there is evidence of your attempts. If no response is received, you may wish to draw attention to their RCVS obligations in respect of mutual clients as described above. You may also wish to reference the fact that where a veterinary surgeon takes a production animal under their care for the purpose of prescribing POM-Vs, they must be able, on a 24/7 basis, to visit the premises to provide care if required. Please note that if the veterinary surgeon is not able to provide this service themselves, they may engage another veterinary service provider to do so on their behalf. Where this is the case, this arrangement should be made in advance of veterinary services (such as prescribing POM-Vs) being offered and confirmed in writing. In the event that a concern is raised about a veterinary surgeon prescribing for animals without the requisite in-person follow up care arrangements in place, the RCVS may request evidence of this agreement to be provided. You can read more about this requirement in Chapter 4 of the RCVS Supporting guidance at paragraphs 4.13-4.14.

If your client is reluctant to disclose details of the other vet and you cannot find out another way, or if you continue to receive no response, you may need to consider whether you should (and indeed are willing to) continue to provide services. If you find yourself in this difficult situation, you can seek further advice from the RCVS advice team on **020 7202 0789** 9:15-5pm Monday to Friday, or by emailing **advice@rcvs.org.uk**.

If you wish to raise a formal concern, as distinct from seeking advice/information, you can find more information about this on the RCVS website. Alternatively, you can discuss the process via our confidential reporting line on **020 3795 5600** between 9am and 5pm Monday-Friday, or by emailing **reporting@rcvs.org.uk**.

Please note that although advice can be sought from either the advice team or the reporting line confidentially and/or anonymously, you will need to identify yourself if you would like our professional conduct department to formally investigate your concerns. To discuss your specific situation in respect of this, or anything else, please use the contact details provided.

Summary	
Meeting	Standards Committee
Date	24 September 2024
Title	Professional Autonomy
Summary	This paper asks the Committee to consider its response to a letter received by the RCVS President re professional autonomy and employer imposed 'targets'
Decisions required	The Committee is asked to: a. Discuss what, if any, advice it would give to the veterinary surgeon, and b. Decide whether to take further action such as implementation of new guidance.
Attachments	Annex A – Letter to President (confidential) Annex B – paper from April 2024 Standards Committee
Author	Beth Jinks b.jinks@rcvs.org.uk Standards and Advisory Lead

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

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Background

1. The Committee will remember that at its April meeting it considered the issue of professional autonomy and consumer choice. The discussion was triggered by the findings of the Competition and Markets Authority (CMA) following its review of the veterinary sector providing services to household pets. The paper from that meeting can be found at **Annex B**.

2. At the April meeting the Committee was asked to consider whether a new approach should be taken towards presenting the existing guidance on consumer rights and competition, and it was agreed that Chapter 10 of the supporting guidance to the Code of Professional Conduct ('the Code') would be redrafted to incorporate the existing guidance from other chapters which relate to the topic. The Committee has approved these changes and the revised chapter can be found on the RCVS website here.

3. With regards professional autonomy, at the April meeting the Committee discussed whether RCVS guidance sufficiently empowers veterinary surgeons to exercise professional autonomy when working in all sectors, and considered whether additional guidance was needed. The Committee discussed how the most detailed guidance on professional autonomy was found in the context of advertising, where it is stated that *'23.20 Advertisements, endorsements, or claims of 'general' veterinary approval made by organisations should not impact upon the clinical freedom and decision-making of veterinary surgeons and veterinary nurses employed by, or associated with, that organisation,'* and '*23.21 Veterinary surgeons and veterinary nurses should not allow any interests, including those arising from associations with particular organisations or products, to affect their clinical decision-making, i.e. they must make animal health and welfare their first consideration when attending to animals.'*

4. The only other relevant existing guidance was in Chapter 17 in relation to making it clear that veterinary surgeons in leadership roles are responsible for ensuring that the systems and protocols in place within practice are compliant with the Code.

5. To this end, the Committee agreed that the guidance in Chapter 17 on the role of the appointed senior veterinary surgeon should clarify that it includes responsibility for consumer issues within the practice. These changes have been made and can be found on the RCVS website here (paragraph 17.15).

6. The Committee noted that there was no existing guidance which covered scenarios that have been anecdotally reported, such as:
    a. Reduced range of products to choose from, e.g. all supplied by one company that has won a tender.
    b. Incentives to supply medicines from the practice pharmacy rather than give the client a written prescription for an alternative that the vet believes may be more suitable.

c. Protocols on prescribing practice, e.g. when product X is prescribed, product Y and Z should also be prescribed, and bonuses may be linked to achieving these kinds of 'sales' targets.
d. Policies and protocols enabling professional autonomy on the face of it, but culture means that this is not what happens in practice.

7. The Committee agreed to add new guidance into Chapter 2 to make it clear that veterinary surgeons are expected provide contextualised care by making decision on treatment regimes based first and foremost on animal health and welfare, and considering whether organisational protocols are appropriate in each individual case. The new guidance can be found on the website here (paragraphs 2.2 c/d).

Professional autonomy

8. The President/Chair of the Standards Committee has now received a letter from a veterinary surgeon setting out the effect that employer imposed 'targets' are having within the writer's practice. This letter can be found in **Annex A** (identifiable information relating to the writer has been removed).

9. The Committee is reminded that the RCVS only has jurisdiction to regulate individuals on the register. However, the Mandatory Practice Regulation Working Party is currently developing a proposal for practice regulation in anticipation of a new Veterinary Surgeons Act.

10. In the meantime, one option is to clarify the guidance in Chapter 17 of the supporting guidance regarding the appointed senior veterinary surgeon. It is implicit that part of the role of the appointed senior veterinary surgeon is to ensure that the clinical freedom and professional autonomy of vets and nurses is not eroded or impeded, the clear purpose being to ensure animal health and welfare as well as public and environmental health. However, this is not stated explicitly in the guidance and an amendment to this effect could be made.

Decision

11. The Committee is asked to:
    a. Discuss what, if any, advice it would give to the veterinary surgeon, and
    b. Decide whether to take further action such as implementation of new guidance.

Summary	
Meeting	Standards Committee
Date	16 April 2024
Title	Consumer choice and professional autonomy
Summary	This paper outlines the recent findings of the Competition and Markets Authority (CMA) following its review of the veterinary sector providing services to household pets. The paper identifies relevant areas of RCVS guidance and makes suggestions as to how the guidance might be strengthened and made more accessible. The paper also identifies possible issues impacting the professional autonomy of veterinary surgeons, and asks the Committee to consider what, if any, next steps it wishes to take in relation to this.
Decisions required	In respect of the CMA findings, the Committee is asked to decide: a. whether a more thematic approach the guidance on competition, consumer rights and freedom of choice is required (see paragraph 11); if so b. what form the should guidance take (see paragraph 12-14); and c. whether any guidance should be added, amended or strengthened to better address the concerns of the CMA (see paragraph 15). In respect of professional autonomy, the Committee is asked to discuss this issue and indicate whether it would like to revisit this matter at its next meeting. If so, the Committee is asked to consider: a. what additional guidance (if any) should cover; b. whether any additional investigations should be carried out; and if so, c. what those additional investigations should be.
Attachments	Annex A – Existing RCVS guidance
Author	Gemma Kingswell Head of Legal Services (Standards) g.kingswell@rcvs.org.uk / 020 7965 1100

Classifications

Document	Classification[1]	Rationales[2]
Paper	Unclassified	
Annex A	Unclassified	

[1]Classifications explained

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Consumer choice and professional autonomy

Introduction

1. As the Committee will be aware, on 12 March 2024 the Competition and Markets Authority (CMA) published its main concerns following an initial review of the veterinary sector providing services to household pets. The areas highlighted included many areas that the RCVS already provides guidance on. The Committee is therefore asked to read the CMA's findings, together with the relevant, existing guidance and consider how the guidance could be made more effective to aid those working in clinical practice to better understand and apply the requirements. It is also asked to identify areas where guidance should be developed, clarified or improved.

2. Related to this, the Committee will recall that at its meeting in November 2023, it posed a question as to whether the RCVS' current guidance goes far enough in articulating and thereby empowering veterinary surgeons to exercise professional autonomy if faced with pressure from their employer to follow one treatment path above another. The question arose as part of the discussion regarding social media, but it was recognised that this was a wider issue. As such, the Committee agreed that this issue should be discussed in further detail at a later meeting.

3. At the heart of both topics are questions about how best to enable transparency and greater choice for consumers.

CMA findings

4. The CMA's initial review into the veterinary sector prompted over 56,000 responses, comprising 45,000 from the public and 11,000 from the veterinary industry. In addition, the CMA engaged with and secured feedback from the RCVS as well as vet practices, industry bodies such as the BVA, charities and others to better understand the issues facing the sector.

5. As a result of its findings (set out below), the CMA proposes to launch a formal market investigation and a four-week consultation was commenced to seek views from the sector on this proposal. According to the CMA, a market investigation *'enables the CMA to investigate its concerns in full and to intervene directly in markets if it finds that competition is not working well'*. It goes on to say that '*as well as compelling those under investigation to provide information, it also gives the CMA access to a wide range of legally enforceable remedies, such as mandating the provision of certain information to consumers, imposing maximum prescription fees and ordering the sale or disposal of a business or assets'*.

6. The main concerns highlighted by the review are (text taken directly from the CMA):

   a. ***Consumers may not be given enough information to enable them to choose the best veterinary practice or the right treatment for their needs.***

      i. *Most vet practices do not display prices on their website – of those practices checked, over 80% had no pricing information online, even for the most basic services. Pet owners tend not to shop around between vet practices and assume prices will be similar, although that is not always the case.*

      ii. *People are not always informed of the cost of treatment before agreeing to it – around one fifth of respondents to the CFI said that they were not provided with any cost information before agreeing to tests, around one in 10 said they were not provided with cost information before their pet had surgery, and around half said they were not informed about costs before agreeing to out of hours treatment.*

      iii. *A company can own multiple vet practices in a local area without making that clear – for example, only 4 out of 6 of the largest groups don't change the name or branding when they take over an independently owned vet practice. This means pet owners are not always comparing competitors when choosing a vet practice.*

   b. ***Concentrated local markets, in part driven by sector consolidation, may be leading to weak competition in some areas.***

      Market concentration measures how many competitors operate in a particular market – the fewer firms operating in a market, the more concentrated it is.

      i. *In 2013, around 10% of vet practices belonged to large groups, but that share is now almost 60%, and many of the large groups have expressed an intention to continue expanding their business through acquisition of independently owned practices.*

      ii. *To illustrate this another way, since 2013 1,500 of the 5,000 vet practices in the UK have been acquired by the 6 large corporate groups (CVS, IVC, Linnaeus, Medivet, Pets at Home and VetPartners).*

iii. *This may reduce the number of business models in locations where most or all of the first opinion practices are owned by one large corporate group, giving less choice to consumers because they tend to choose practices close to home.*

c. ***Large corporate groups may have incentives to act in ways which reduce choice and weaken competition.***

Given the significant and ongoing growth of large corporate groups, the CMA is concerned that:

i. *The large, integrated corporate groups (especially those whose business models include significant investment in advanced equipment) may concentrate on providing more sophisticated, higher cost treatments, meaning that consumers are less able to access simpler, lower cost treatments even if they would prefer that option.*

ii. *To varying extents, the large vet groups have also bought businesses which offer related services such as specialised referral centres, out of hours care, diagnostic labs and/or crematoria. These large groups may have the incentive and ability to keep provision of these related services within the group, potentially leading to reduced choice, higher prices, lower quality and exit of independent competitors.*

d. ***Pet owners might be overpaying for medicines or prescriptions.***

i. *Vets must use signs in reception or treatment rooms to tell customers that they can get a prescription for medicine and buy it elsewhere, but the CMA is concerned that these may not be effective. While it can be convenient to buy a medicine directly from the vet as part of a consultation, around 25% of pet owners did not know that getting a prescription filled elsewhere was an option – meaning they are missing out on potential savings, even with the prescription fee.*

ii. *Some vet practices may make up to a quarter of their income selling medicines – so there may be little incentive to make pet owners aware of alternatives.*

iii. *The current regulatory regime may contribute to concerns by restricting veterinary practices' ability to source cheaper medicines online.*

e. ***The regulatory framework is outdated and may no longer be fit for purpose.***

i. *The main regulation in the industry dates from 1966, before non-vets were able to own vet practices. It relates to individual practitioners, not practice owners or vet practices as businesses. This means that the statutory regulator, the RCVS, has limited leverage over the commercial and consumer-facing aspects of veterinary businesses, for example how prices are communicated or whether there is transparency about ownership of vet practices or related services.*

ii. *The RCVS has put in place a Practice Standards Scheme which applies to the vet practice rather than individual vets. Only 69% of eligible practices have signed up to this voluntary scheme, meaning that almost a third of the market has not committed to this approach.*

iii. *The provisional view is that outcomes for consumers could be improved if regulatory requirements and/or elements of best practice could be monitored or enforced more effectively.*

RCVS' position and existing guidance

7. The review highlights that the regulatory framework requires updating, an issue well known to the RCVS. To that end, and as the Committee is aware, the RCVS has been lobbying for new legislation that would better reflect modern veterinary practice and, among other things, introduce mandatory practice regulation.

8. Lobbying and work on the draft legislation is ongoing, and work on devising a mandatory practice regulation framework, which would necessarily include powers of entry and sanctions, has already begun. Other aspects, such as improving advice for animal owners and keepers, in particular around what consumers should expect from their vets, are being addressed in other ways such as through the work of the recently established Public Advisory Group (PAG).

9. Notwithstanding the above, there are many areas of the CMA's findings on which the RCVS already provides guidance. These areas include:

   a. Referrals and incentives
   b. Providing veterinary care that is 'appropriate and adequate', including taking into account factors such as the client's financial circumstances
   c. Providing fee estimates

d. Client freedom of choice
e. Prescription charges
f. Prohibition on discriminating between clients based on whether they buy their medicines directly or ask for a prescription to take elsewhere
g. Informed consent as it related to costs, particularly where costs are not fixed
h. Discussion of fees with clients
i. Conflicts of interest

10. The existing guidance on these matters is set out in full at **Annex A.**

11. As the Committee can see, there is a huge breadth of information set out across several different chapters of guidance. While this is an essential resource, the way it is presented means it may not be easy for those in clinical practice to access and navigate the requirements they need to meet. In light of this, the Committee is asked to consider whether a more thematic approach consolidating the existing guidance might better suit the needs of the profession.

Possible ways forward

12. If the Committee is satisfied that the format of the guidance should change, there is more than one way it could be done.

13. One option is to leave the guidance itself as it is but to create a ‘cheat sheet’ which highlights all the relevant areas and pulls it together in one place. This would not require amendment to the existing guidance and would retain the contextual references to the requirements within the guidance, for example a veterinary surgeon considering their obligations regarding advertising and publicity in Chapter 23 would be alerted to the relevant consumer considerations in the course of their reading.

14. An alternative is to move the existing guidance to a newly created chapter of guidance specifically dealing with the obligations relevant to competition, consumer rights and freedom of choice. For this option to work, clear signposting throughout the rest of the guidance at relevant points would be essential.

Outstanding areas

15. Although many of the concerns articulated in the CMA’s finding are already addressed within existing guidance, some are not. In addition, the Committee may feel that some areas would benefit from clarification, strengthening or amendment. The Committee is invited to consider

the CMA's findings and the existing guidance with a view to identifying these possible areas. The following may be useful as a starting point for discussion:

a. Explicit requirement to make clear when a practice is part of a larger corporate group. As the Committee knows, the RCVS does not regulate practices and many individual veterinary surgeons will have no input into the wider running of the business. As such, if the Committee was minded to pursue this as a requirement, it may think the best way to approach it would be to impose a requirement on the appointed senior veterinary surgeon who, according to our guidance (see para 17.14 onwards), has overall responsibility for professional matters within the practice such as clinical policy guidelines, complaints policies and procedures relating to medicines.

b. Expanding on the guidance around providing 'adequate and appropriate' care to reinforce the message that the RCVS does not require 'gold standard care' and that in many cases, a pragmatic approach will be the appropriate way forward (SG, para 2.1-2.2)

c. Exploring what the requirement for veterinary surgeons to 'keep within their own area of competence and refer cases responsibly' means in practice (Code, 1.2)

d. Explicit reference to declaring an interest when referring to or recommending services that are part of or owned by the same corporate group, e.g. referral practices, crematoria (SG, para 23.10)

e. Strengthening the guidance surrounding conflicts of interest and making clear that the interests of one's employers should also be declared (e.g. SG, para 1.9)

f. Strengthening the guidance regarding inclusion of fee estimates on consent forms (SG, para 9.11)

g. Strengthening guidance regarding discussion of fees as part of informed consent (SG, para 11.2 (d)(f) and (h))

h. Strengthening guidance regarding obtaining prescriptions elsewhere (SG, chapter 10)

Professional autonomy

16. As explained in the introduction, this topic follows previous discussions by the Committee regarding whether RCVS guidance sufficiently empowers veterinary surgeons to exercise professional autonomy when working in all sectors.

17. As the Committee is aware, the Code of Professional Conduct (the Code) requires veterinary surgeons to *'make animal health and welfare their first consideration when attending to animals'* and there is no doubt that professional autonomy is part of what allows veterinary surgeons to do this.

18. Although the general effect of the Code and guidance is to ensure, maintain and encourage professional autonomy, the most detailed guidance is found in the context of advertising, endorsement and publicity:

    Maintaining clinical freedom

    23.20 Advertisements, endorsements, or claims of 'general' veterinary approval made by organisations should not impact upon the clinical freedom and decision-making of veterinary surgeons and veterinary nurses employed by, or associated with, that organisation.

    23.21 Veterinary surgeons and veterinary nurses should not allow any interests, including those arising from associations with particular organisations or products, to affect their clinical decision-making, i.e. they must make animal health and welfare their first consideration when attending to animals.

19. It should be noted that Chapter 2 of the supporting guidance (veterinary care) recognises that providing adequate and appropriate care involves balancing *'what treatment might be necessary, appropriate or possible against the circumstances, wishes and financial considerations of the client'* (as set out in **Annex A**). The intention of this guidance is to emphasise that there is no 'one size fits all' and that what is appropriate in any given case will depend on myriad factors which are not limited to clinical matters.

20. Whilst not directly dealing with professional autonomy, the following guidance within Chapter 17 (Veterinary teams and leaders) is also relevant as it makes clear that those in leadership roles are responsible for ensuring that the systems and protocols in place within the practice are compliant with the RCVS Code and guidance:

    17.8 Veterinary surgeons and veterinary nurses in leadership roles should ensure that any working systems, practices or protocols allow veterinary surgeons and veterinary nurses to practise in accordance with the RCVS Codes of Professional Conduct. If in the course of an RCVS investigation into a concern it appears that a veterinary surgeon or veterinary nurse has followed working systems, practices or protocols which contravene the RCVS Codes of Professional Conduct, the veterinary surgeon or veterinary nurse responsible for the working

systems, practices or protocols will be at least as accountable as the veterinary surgeon or veterinary nurse who has followed them.

21. As such, if something more explicit and general were to be added to the guidance in respect of enabling professional autonomy, it would be the responsibility of senior veterinary surgeons, clinical directors and so on to ensure that policies and systems were compliant.

The extent of the issue

22. The RCVS is aware of anecdotal reports describing different ways professional autonomy can be impacted. As the Committee will see, most of these are in the context of small animal practice. Practical examples include:

    a. Reduced range of products to choose from, e.g. all supplied by one company that has won a tender.

    b. Incentives to supply medicines from the practice pharmacy rather than give the client a written prescription for an alternative that the vet believes may be more suitable.

    c. Protocols on prescribing practice, e.g. when product X is prescribed, product Y and Z should also be prescribed, and bonuses may be linked to achieving these kinds of ‘sales’ targets.

    d. Policies and protocols enabling professional autonomy on the face of it, but culture means that this is not what happens in practice.

23. The standards and advice team is rarely, if ever, asked for advice on this issue although enquirers do sometimes mention that the practice group they work for is tendering for a new supplier of, e.g., antiparastics. As such, in order to ascertain whether there is any merit to these anecdotal reports, the input of other departments within the RCVS has been sought:

    a. The professional conduct department has indicated that no formal concerns by veterinary surgeons against senior veterinary surgeons have been raised regarding this. The only relevant example given was clients reporting that their vet has said they have to do something ‘because it is company policy’.

    b. The RCVS has a confidential reporting line that members of the profession are able to call to discuss sensitive issues. To date, no calls have been received about professional autonomy or a lack thereof.

c. The practice standards scheme (PSS) assessors have heard anecdotally of employers insisting that referrals are made to practices within the same group rather than the vet or owner being free to choose. It has also been reported that vets are expected to make a 'business case' setting out why they wish to prescribe something other than 'preferred products', i.e. those available from the practice, which is in and of itself is a limiting factor in a busy practice.

24. In addition to the fact that current information is purely anecdotal, there are a number of reasons why it may be difficult gather reliable information on the extent of any problem. For example, limited alternative employment opportunities in some areas may mean not only that employees are unable to move if they are unhappy, but also a reluctance to speak up about issues.

25. It is important to note that in order for concerns to progress through the formal concerns process, the complainant must be willing to identify themselves.

Decisions required and next steps

26. In respect of the CMA findings, the Committee is asked to decide:

d. whether a more thematic approach the guidance on competition, consumer rights and freedom of choice is required (see paragraph 11, above); if so
e. what form the should guidance take (see paragraph 12-14, above); and
f. whether any guidance should be added, amended or strengthened to better address the concerns of the CMA (see paragraph 15, above).

27. In respect of professional autonomy, the Committee is asked to discuss this issue and indicate whether it would like to revisit this matter at its next meeting. If so, the Committee is asked to consider:

a. what additional guidance (if any) should cover;
b. whether any additional investigations should be carried out; and if so,
c. what those additional investigations should be.

Summary

Meeting	Standards Committee
Date	24 September 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

Document	**Classification**[1]	**Rationales**[2]
Paper	Unclassified	NA
Annex A-C	Unclassified	NA

1Classifications 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.
2Classification 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

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~~September 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. In these circumstances 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.

~~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.~~

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 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.

8.11 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.

8.12 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 even 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 ~~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 where appropriate.~~.~~

Requests by inspectors or police

Powers to destroy an animal, or arrange for its destruction, 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

8.3 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.

~~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 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	24 September 2024
Title	Industrial action
Summary	This paper asks the Committee to consider whether information on participation in industrial action should be added to the supporting guidance.
Decisions required	The Committee is asked to discuss the wording in paragraph 5, and approve for publication within Chapter 2.
Attachments	None
Author	Beth Jinks b.jinks@rcvs.org.uk Standards and Advisory Lead

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

[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

Background

1. Recently, members of a veterinary union voted to undertake industrial action involving striking at a veterinary practice group. This action is the first organised strike by veterinary surgeons, veterinary nurses, and other staff in the UK. Those strikes are ongoing.

2. Veterinary surgeons and veterinary nurses are entitled to take part in industrial action, including striking, however they are still liable to fulfil their obligations under the Code of Professional Conduct. The most relevant obligation relates to the provision of 24-hour emergency first aid and pain relief. How the obligation is met is matter for the veterinary surgeons and veterinary nurses in each scenario, and those involved also have the option of discussing each situation further with the Standards and Advice team.

3. The following statement sets out the legal and regulatory position for veterinary surgeons and veterinary nurses who intend to take part in industrial action. This statement was shared with the union involved with the ongoing action:

   'Veterinary surgeons and lawful industrial action

   Veterinary surgeons are entitled to take part in lawful industrial action. The decision whether to do so is a matter for individuals.

   However, as veterinary professionals, individuals have responsibilities and obligations, in particular under the Code of Professional Conduct – see Supporting Guidance Chapter 3.

   These responsibilities and obligations do not fall away when taking industrial action. How these are fulfilled will depend on the particular circumstances of each case and the specific role of individuals within a practice.

   We would therefore urge employers and anyone contemplating industrial action to enter into a dialogue to allow for planning and preparation to ensure that professional responsibilities and obligations are fulfilled.

   NB this is draft guidance in response to a specific query, and is due to be reviewed by Standards Committee at a future meeting, with a view to something being formally added to the Supporting Guidance to the Code of Professional Conduct.'

Supporting guidance

4. It is proposed that a version of the statement be added to Chapter 2 (veterinary care) in order to provide clarity and assurance to the profession. Chapter 2 has been determined as the best place for the guidance as it already contains other employment-related guidance, e.g., conscientious objection.

5. The proposed guidance is as follows:

   Veterinary professionals and lawful industrial action

   2.XX Veterinary surgeons and veterinary nurses are entitled to take part in lawful industrial action. The decision whether to do so is a matter for individuals.

   2.XX Participating in industrial action does not absolve veterinary surgeons and veterinary nurses of their obligations under the Code of Professional Conduct, in particular, the obligation for those in practice to provide 24-hour emergency first aid and pain relief. To

mitigate potential risks to animal welfare, it is essential to establish in advance how these obligations will be met during any periods of industrial action.

Decision

6. The Committee is asked to discuss the wording in paragraph 5 above, and approve for publication within Chapter 2.

Summary

Meeting	Standards
Date	24 September 2024
Title	Disciplinary Committee Report
Summary	Update of Disciplinary Committee since the last Standards meeting on 12 June 2024
Decisions required	None
Attachments	None
Author	Natasha Bance DC Clerk n.bance@rcvs.org.uk

Classifications

Document	Classification[1]	Rationales[2]
Paper	Unclassified	n/a

[1]Classifications explained	
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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

Report of Disciplinary Committee hearings since the last Standards meeting on 12 June 2024

Hearings

Alberto Fioletti MRCVS

1. On Thursday 6 June 2024, the Committee met virtually to hear the Inquiry into Dr Fioletti.

2. The charge against the Respondent involved a conviction of murder. This conviction had resulted in life imprisonment with a minimum term of 15 years.

3. Prior to the hearing, Dr Fioletti sent an acknowledgement confirming that he would not be in attendance and that he would not be represented. This was further accompanied by a handwritten note stating that he accepted his conviction for murder. Thus, the Committee began by deciding whether to proceed in his absence.

4. Firstly, the Committee were satisfied that the College had complied with the requirements for service as the Notice of Inquiry contained the information required by Rule 5.2 and it had been sent within the 28 day period to the Respondent's last known address under Rule 5.5 and section 26 of the Act. Within his acknowledgement form, the Committee noted that the Respondent had not asked for an adjournment nor objected to the hearing going ahead in his absence. Secondly, the allegation involved matters of the most serious kind which carried public interest and duties to uphold the reputation of the profession.

5. Taking all factors into account, the Committee decided to proceed in the Respondent's absence. A full copy of their decision can be accessed here: Fioletti, Alberto Giacomo, June 2024, Decision on Proceeding in Absence - Professionals (rcvs.org.uk).

6. During the finding of facts stage, the Committee accepted the certificate of conviction, the Respondent's admission and the sentencing transcript. Accordingly, it was decided that the Respondent had been convicted of the offence of murder so the facts were found proved.

7. The Committee proceeded to stage two, fitness to practise. At this stage, the Committee took into account aggravating and mitigating factors. Aggravating factors included *Actual injury to an animal or human, Risk of injury to an animal or human, Causing serious harm to … the public,* and *Offences involving violence and/or loss of life.* Mitigating factors, as set out by the Sentencing Judge, included the Respondent's mental disorder, no premeditation, admissions were made to the emergency services at the outset, genuine remorse had been shown and that he was a person of previous good character.

8. “This Committee considers that the offence of Murder is so inherently deplorable and shocking that it must constitute conduct falling **far** short of that to be expected of a member of the profession; and is certainly liable to bring the profession into serious disrepute and undermine public confidence in the profession.” Accordingly, the Committee found that the Respondent was unfit to practise veterinary surgery.

9. At the sanction stage, the Committee had regard to the earlier aggravating factors and considered further mitigating factors. These involved no previous criminal convictions, an unblemished career, whereby the College had no matters recorded against him, and his mental health issues.

10. The Committee considered sanction in ascending order. In their decision not to adjourn the hearing, the Committee did not believe that it was appropriate to postpone judgement. A reprimand or warning did not capture the gravity of the offence and a suspension order could not match the minimum term that the Respondent would be in prison for. Therefore, an automatic return to the register, following a suspension, would not be appropriate.

11. “The Respondent’s behaviour was so serious that removal of professional status and the rights and privileges accorded to that status is considered to be the only means of protecting the wider public interest and of maintaining confidence in the profession.”

12. The Committee therefore directed the Registrar to remove the Respondent’s name from the register. Full copies of the decisions can be accessed here: Disciplinary Committee hearings - Professionals (rcvs.org.uk)

Jamie Rushton MRCVS

13. On Monday 10 and Tuesday 11 June 2024, the Committee met to hear the Inquiry into Dr Rushton, online via Zoom.

14. The charge against the Respondent was in relation to a conviction involving sexual assault. Following a guilty plea in court, this had resulted in 18 months’ imprisonment, a Restraining Order, a Sexual Harm Prevention Order for a period of 10 years until further order, an order to appear on the Sex Offenders Register for 10 years and orders to pay costs and a victim surcharge.

15. Dr Rushton was absent for the hearing and was unrepresented. Thus, the College began by providing submissions on proceeding in absence.

16. Firstly, it was submitted that effective service of the Notice of Inquiry had taken place as required by The Rules. The College continued by explaining that the Respondent had not communicated directly with the College in relation to these proceedings, but directed his father to act on his behalf whilst he was in prison. Communication ceased from his father upon his release and nothing further had been responded to by Dr Rushton.

17. The Committee concluded that the Respondent had voluntarily decided not to participate in these proceedings. Due to the lack of communication, an adjournment would not guarantee future participation. Furthermore, the conviction was serious and had amounted in long term imprisonment so there was strong public interest to proceed in his absence.

18. The full decision on proceeding in absence can be found here: Rushton, Jamie Francis, June 2024, Annex 1 - Professionals (rcvs.org.uk)

19. During the finding of facts stage, the certificate of conviction and transcript of the sentencing remarks satisfied the Committee that the Respondent was guilty of the offence laid by the College. Thus, the Committee continued to stage two to establish whether the Respondent was unfit to practise veterinary surgery.

20. The Committee accepted the aggravating factors presented by the College in that the Respondent's behaviour had caused significant psychological injury to the victim and carried with it a risk of injury. The victim was vulnerable because they were intoxicated and under the Respondent's care. The Respondent was a senior colleague to the victim in which he abused his position of trust and responsibility due to his predatory behaviour and sexual misconduct.

21. The Committee were further satisfied that the Respondent was in serious breach of section 6.5 of the Code as his offending was in itself very serious which was liable to undermine the reputation of the profession. Furthermore, the College had pointed out that the Respondent was subject to a Sexual Harm Prevention Order that would not expire until May 2033 and he was required to remain on the Sex Offenders' Register until that date. Resuming practice within this period of restriction should not be permitted.

22. As a result, the Committee found that the Respondent was unfit to practise veterinary surgery and went on to consider the appropriate sanction to impose.

23. The Committee were unable to identity any mitigating factor in relation to the matters which led to the conviction. They had already identified earlier aggravating factors which were considered again at this stage.

24. The Committee firstly found it inappropriate to take no further action in view of the serious nature of the conviction. Similarly, no purpose would be served by postponing sanction and a warning and/or reprimand would also be insufficient.

25. When considering a suspension, the Committee noted the Respondent's poor insight during the sentencing remarks. No further material had been placed before them to show that his level of insight had since changed. Furthermore, the type of criminal conviction was so serious that a suspension would not be proportionate.

26. The Committee concluded that "removal from the register is the only proportionate outcome to this case. This sanction is necessary to declare and uphold appropriate standards of conduct for members of the veterinary profession and to maintain public confidence in the profession." Factors in the Sanctions Guidance, which highlighted incompatibility with continued registration, were present such as *a. Serious departure from professional standards as set out in the RCVS Code of Professional Conduct, c. Causing serious harm (or causing a risk of serious harm) to…the public, particularly where there is a breach of trust. d. Offences of a sexual nature f. Evidence of a harmful deep-seated personality or attitude problem.*

27. The Committee's full decision paper can be accessed here: Rushton, Jamie Francis, June 2024, Decision of the Disciplinary Committee - Professionals (rcvs.org.uk)

Nikolay Radev MRCVS

28. Between Monday 17 to Wednesday 26 June 2024, the Disciplinary Committee met to hear the Inquiry into Dr Nikolay Radev at the Chartered Institute of Arbitrators in London.

29. Dr Radev faced three charges against him. These involved failings to provide both appropriate and adequate care and clinical records.

30. At the outset of the hearing, an application was made for the charges to be amended. It was "submitted that an amendment should be made, inter alia to clarify the Charge in accordance with the evidence and following a meeting of the parties' experts at which they produced a Joint Expert Agreement". The Respondent did not oppose the application.

31. The Committee allowed the amendment to the charges excluding the identification of Dr Radev's clinics. The amendments that were allowed did not result in any injustice to the Respondent.

32. Dr Radev admitted the amended charges 1(b)(ii), 1(c)(ii) (solely in respect of aspiration) and 2(a) (which following amendment became 2(i)).

33. After hearing from four witnesses and the submitted statements from eight witnesses, both parties also relied on expert witnesses to give oral evidence. The respondent further provided his own oral evidence in response to the charges alongside his written witness statement.

34. At the end of the College's factual evidence, the College applied for further amendments to the charges and the withdrawal of Charge 1(d). The Respondent objected to the amendment application as it had been made too late; the College had been in possession of the evidence for a period of two and a half years and the Respondent was entitled to know the case made against him. It was further submitted that the charges and therefore the case stood on the details of verbal exchanges which the Respondent's cross-examination was relying on. Consequently, amending the charges would amount to a shift in the case. The Respondent made no submissions on the withdrawal application.

35. In making their decision on the amendment of the charges, the Committee considered the public interest; the Respondent's right to a fair and informed hearing; the timing of the application; how long the College had in preparing the charges and how the amendment would lead to criticism of the Respondent. It was deemed unfair to amend the charge because a witness had not "come up to proof" on the words said. Thus, the application was rejected on the basis that the prejudice to the Respondent outweighed the prejudice to the College.

36. Regarding the withdrawal of Charge 1(d), the Committee concluded that it was not in the public interest to pursue a charge which was likely to fail. The Charge, without this particular, still remained a viable allegation with a potential for a finding of disgraceful conduct. As a result, this was withdrawn.

37. The Committee carefully considered all oral, written, documentary and expert evidence before it. They began with Charge 1, Dr Radev's treatment of an American Bulldog. Firstly, the Committee were not satisfied so that it was sure and found Charge 1(a) not proved. This was due to the unreliability of an invoice record in proving that repeated doses of medicine had been issued been to the dog. Similarly, Charge 1(b)(i) was found not proved. This was due to conflicting evidence in the College's case over the Respondent's recognition of fluid in the dog's abdomen. Charge 1(c)(i), which concerned the failure to recognise the possibility of septic peritonitis, was also found not proved. Whilst the Respondent had moved towards differential diagnoses of the dog's condition, he had not discounted this condition as proved by comments to the dog's owner. Charge 1(e) involved a failure to disclose the dog's medical history to another practice. The Committee found that the records that were available to the new practice would have confirmed the relevant medical history. The Respondent, in the Committee's opinion, had satisfied the obligation to provide a full medical history so that the appropriate care could be given to the dog. Accordingly, this was found not proved.

38. Charge 1(b)(ii), which concerned failure to take action following recognition of fluid and Charge 1(c)(ii) which concerned failure to take action following a possibility of septic peritonitis were proved by way of admission. These admissions were accepted by the Committee.

39. Charge 2 involved the taking of adequate and appropriate clinical records of the details in Charge 1. Charge 2(i), the writing of notes two months after the event, was admitted and thus found proved by the Committee. However, Charge 2(ii) which involved failure to include the surgery in medical records, was found not proved. This was due to the clinical records making a clear reference to that surgery having occurred.

40. Charge 3 alleged that Dr Radev's conduct in Charge 2 had been misleading and/or dishonest. As the Committee had not found charge 2(ii) proved, it was required to consider Charge 3 only in relation to Charge 2(i). For Charge 3(i) (misleading), the Committee concluded that it did not consider the content of the clinical records to be misleading as none of the witnesses had been misled by the information that was included. Furthermore, the Committee had not found Dr Radev's conduct to be misleading as there was not an intention to deceive or confuse. The Committee accepted that for Charge 3 (ii) (dishonesty), Dr Radev had not completed the notes as an oversight. He had been transparent about his handwritten notes, they accorded with the evidence given by others and ordinary, decent people would not consider this conduct to be dishonest. Therefore, the allegation of dishonest conduct could not be proved.

41. The Committee proceeded to examine whether the admitted charges amounted to disgraceful conduct in a professional respect.

42. Aggravating factors could not be identified from those listed in the Guidance. However, the Committee noted the mitigating factor in that this case related to the treatment of a single animal. The Respondent's admissions were also taken into account.

43. For Charge 1(b)(ii), the Committee accepted the evidence of the Respondent's expert witness that whilst the failing was below standard, "that it was not 'far below' the standard for Dr Radev to not have taken the adequate and appropriate action to aspirate Brooke's abdomen." Circumstances included that the dog appeared to be recovering well, the Respondent had been ready to accept advice, the necessary precautions were taken and that treatments were consistent with the diagnoses. For similar reasons, the Committee decided in relation to Charge 1(c)(ii) that Dr Radev's conduct had fallen below, but not far below the standard.

44. Regarding Charge 2(i), the Code and its Supporting Guidance stated that retrospective notes may be justified and the Respondent had indeed addressed the Code when completing these notes. The joint view of the expert witnesses was that Dr Radev's conduct fell below, but not far below, the required standard to which the Committee agreed.

45. The Committee did not believe that the Respondent's conduct fell far below the standard cumulatively. Where the failings related to distinct aspects of his conduct, the Committee acknowledged that it would be wrong to combine them. Thus, the Committee decided that Dr Radev was not guilty of disgraceful conduct in a professional respect.

46. As a result, the Committee did not reach stage three and as such did not impose a sanction on Dr Radev. The Committee's full decision of stage one and stage two can be found here: Disciplinary Committee hearings - Professionals (rcvs.org.uk)

Edmund Shillabeer MRCVS

47. On Monday 22 July 2024, the Committee met to hear the Inquiry into Dr Shillabeer, at the Chartered Institute of Arbitrators in London.

48. The charges against the Respondent involved failings to provide appropriate and/or adequate care to four cats and one dog. Thus, there were five charges in total.

49. At the outset of the hearing, an application was made by the Respondent for the Committee to adjourn sine die on the basis of undertakings.

50. The Respondent asked the Committee to take into account the following factors in coming to their decision: the complainant supported the application; the RCVS does not oppose the application; the Respondent is almost 85 years old with an unblemished career of 60 years; no previous disciplinary findings have been made; the Respondent has sought to serve his community by dedicating his life to the profession; he would like to retire and is in the process of selling his practice; this matter has had a significant impact on the Respondent; he deeply regrets his actions; the charges do not include dishonesty or fraud; the undertakings protect animal welfare and the reputation of the profession and it would not be proportionate nor in the public interest for a lengthy contested hearing to take place.

51. The College confirmed that they did not oppose the application and took a neutral stance. Several factors were highlighted to assist the Committee's decision. Firstly, the Respondent's undertaking would go beyond the powers of the Committee by way of sanction after a full Inquiry and therefore adequately addresses public interest and animal welfare concerns. The Respondent does not intend to return to practice in the future and had already retired over a

week ago. However, a full Inquiry would last for ten days involving expense and inconvenience to eight witnesses. The College were in contact with the complainant and confirmed that they supported the application. They also confirmed that no previous findings had been made against the Respondent. Finally, they reminded the Committee that if the Respondent were to breach the undertakings that they should continue with proceedings and proceedings for breach of undertakings.

52. The Committee considered the Inquiry bundle which included witness statements and documentary evidence from the College; the Respondent's bundle which included character testimonials and a supplemental witness statement and an Authorities bundle which outlined previous decisions of cases of a similar nature. Furthermore, they relied on the submissions made by both parties and legal advice.

53. "Taking into account the undertaking never to practice again, in conjunction with all of the circumstances and context set out above, the Committee considered that by allowing the application, such an outcome would be sufficient to uphold the public interest, confidence in the profession and the RCVS as regulator, and protect the welfare of animals."

54. "Taking into account proportionality, and weighing in the balance all the circumstances of the case, the interests of justice, the public interest, the need to uphold proper standards of conduct and performance, and the need to protect the welfare of animals" the Committee decided that this case did not warrant a full hearing and therefore granted the application.

55. A copy of the decision and undertakings can be found here: Shillabeer, Edmund Harold, July 2024, Decision of the Disciplinary Committee - Professionals (rcvs.org.uk)

Bronwyn Nicholls RVN

56. On Wednesday 24 July 2024, the Veterinary Nurse Disciplinary Committee met virtually to hear the Inquiry into Ms Nicholls.

57. The Respondent faced three charges involving inappropriate surgical removal of a microchip from a cat in December 2021, the failure to disclose this surgical procedure to her employer and associated allegations of dishonesty.

58. At the outset of the hearing, an application was made by the Respondent for the Committee to adjourn sine die on the basis of undertakings.

59. Counsel for the Respondent directed the Committee to Rule 22.4: *In deciding whether to postpone or adjourn a hearing, the Committee shall have regard to all of the circumstances*

and to the interests of justice. It was submitted that circumstances included the Respondent's personal circumstances; the allegations and supporting evidence; public interest in maintaining confidence in the profession and upholding proper standards of conduct; protection of animals and their welfare and what is just, fair and proportionate an outcome to achieve the protection of the public and animals.

60. Aspects of the case were also highlighted to the Committee. For example, the Respondent was 74 years of age and had resigned from her employment in 2022; the Respondent had a 40-year unblemished career without previous disciplinary finding; the Respondent had not practised since her retirement and had no intention to return to practice; the undertakings protected the welfare of animals, public confidence and the reputation of the profession; the Respondent's self-referral to the College, acknowledgement of conduct failings and full engagement in the College investigation; the criticism of her actions was under the direction of a veterinary surgeon; the dishonesty alleged related to a failure to disclose, and there had been no financial gain for herself or loss to another; the allegation concerned the treatment of a single animal; the undertakings went beyond the powers of the Committee and therefore protected animals and upheld the public interest and the application allowed the College to reinstate the proceedings for any breach of undertakings.

61. Counsel for the College did not oppose the application and added that there had been no formal 'complainant' in the case. There was also a saving in terms of hearing time and cost, if the application was granted.

62. The Committee was satisfied that it was sufficiently apprised of the facts of the case as set out in the Inquiry Bundle. It considered examples provided in the Authorities Bundle of other determinations on similar applications and it took into account the legal advice and submissions of the Respondent's unblemished career, self-referral and cooperation. It acknowledged that the College did not oppose the application.

63. It was decided that the Respondent's dishonesty was at the lower end of the scale and the Committee put weight on how the charges had related to a singular event. The admissions made to her employer and regulator as well as her interest in not continuing to be subject to the proceedings were taken into consideration. However, the Committee did not believe that where the Respondent had acted under the direction of a veterinary surgeon, that this outweighed her own professional obligations. Furthermore, the lack of financial gain did not have a great deal of impact on their decision as veterinary nurses are expected to act honestly.

64. “The Committee considered that an informed member of the public…would not be alarmed or concerned if the application is granted and public confidence in the profession would not be undermined”. Thus, the application and signed undertakings were accepted.

65. A full copy of the decision and undertakings can be found here: Nicholls, Bronwyn Anne, July 2024, Decision of the Disciplinary Committee - Professionals (rcvs.org.uk)

Mpho Lesolle MRCVS

66. Between Tuesday 27 and Friday 30 August 2024, the Committee met to hear the Inquiry into Mr Mpho Lesolle, at the Chartered Institute of Arbitrators in London.

67. The respondent faced one charge relating to export health certificates (EHC) as part of his position as Official Veterinarian (OV). Subsections of the charge included failures relating to animal feed supplements, cooked frozen beef, live birds, communications with APHA and protection of animal and/or avian welfare and/or public health.

68. Mr Lesolle began by admitting the facts of the charges in full and admitting that his conduct was mostly misleading. However, he fully denied dishonesty.

69. The College announced that they no longer pursued allegations that the Respondent’s conduct was dishonest and/or misleading in relation to a subsection of the charge concerning live birds. More specifically, allegations of inserting detail into a table of the EHC without crossing out the remaining blank sections; leaving blank a paragraph of the said EHC, without the words “not applicable” or “N/A” or equivalent; failure to include the words “none given” or equivalent at another paragraph and including a schedule at the end of the said EHC without giving the certificate reference number. Furthermore, relating to animal feed supplements, the act of stating that the country of origin was “UK” when it should have been recorded as “United Kingdom - GB” and a failure to delete the words “either/or” of the said EHC.

70. As part of the College’s evidence, the Committee submitted a written witness statement from a Veterinary Advisor at the APHA who had investigated the concerns raised about the Respondent. As part of their statement, three advisory letters that had been sent to the Respondent between 2013-2015 were produced. These identified further failings in the EHC’s issued by the Respondent. The contents of this statement were agreed. Similarly, a member of the APHA who had reviewed this investigation and had determined the outcome provided a written statement. They explained that the Respondent’s APHA authorisations had been revoked for a period of three years due to his failings. The contents of this statement were also agreed.

71. The Respondent submitted a detailed witness statement and gave oral evidence. Within these, he accepted that the serious errors that had occurred in his certification had caused the EHC's to be misleading. He further acknowledged his failures with record-keeping when explaining his lack of communication with the APHA. He continued to deny dishonesty, however.

72. After hearing from both parties, the Committee considered each sub-head of charge separately. It found the factual elements of the charges proved by way of admission and accepted the College's decision to withdraw allegations that the Respondent's conduct was dishonest and/or misleading in respect of the EHC charges relating to live birds and animal feed supplements.

73. The Committee found four proved instances of dishonest conduct. These included: *failed to inspect the said animal feed supplements before signing the said EHC; declared that the said beef had been inspected and found to be fit for human consumption, when you had not inspected the said beef; undertook the certification process for the said EHC remotely without the consent of the Animal and Plant Health Agency (APHA) to do so and failed to inspect the said animal feed supplements before signing the said EHC.*

74. The Committee went on to decide whether, by reason of the facts found proved, Dr Lesolle was guilty of disgraceful conduct in a professional respect.

75. "It was an aggravating factor that this dishonest conduct had taken place in the context of the Respondent's work as an OV, which was work that involved a special responsibility for the protection of animal welfare and human health. Further, the Respondent's approach to his work as an OV fell far short of what was expected of any practitioner." His failures to read the Notes for Guidance, undertake inspections and chaotic way in which he had completed an EHC for live birds risked undermining the systems designed to protect animal welfare and public health. Honest and accurate certification was required and set out in the Code and the 10 Principles of Certification.

76. Accordingly, the Committee concluded that the Respondent was guilty of disgraceful conduct in a professional respect and moved to stage three.

77. In considering sanction, the Committee identified the following aggravating factors: a serious risk of injury to both animals and humans; reckless certification errors in so many different respects, especially after receiving reminder letters from APHA; a pattern of working since 2021 which had similarly involved a breach of trust over a significant period of time; limited insight provided by the Respondent; previous disciplinary findings which meant there was a significant risk of repetition.

78. Regarding mitigating factors, the Committee recognised that the Respondent had cooperated with APHA's investigation; admissions and an acceptance of the evidence submitted by the College had been made; there were pressures relating to Covid-19 and Brexit in the Respondent's work and the testimonial evidence held him in high regard. However, in the Committee's judgement, the aggravating factors significantly outweighed the mitigating factors.

79. Having regard to the seriousness of the disgraceful conduct, the Committee considered that it would be inappropriate to take no further action and no purpose would be served by a postponement. The findings were too serious to issue a reprimand and/or warning.

80. In considering a suspension order, the Committee noted the Sanctions Guidance: *Suspension may be appropriate where some or all of the following apply: a) The misconduct is serious, but a lesser sanction is inappropriate and the conduct in question falls short of being fundamentally incompatible with remaining on the register; b) The respondent veterinary surgeon has insight into the seriousness of the misconduct and there is no significant risk of repeat behaviour; c) The respondent veterinary surgeon is fit to return to practice (after the period of suspension).* The Committee did not believe that these features were present.

81. The Committee considered the guidance in relation to Removal from the Register and identified examples of behaviour warranting removal present: *a. Serious departure from professional standards as set out in the RCVS Code of Professional Conduct for Veterinary Surgeons; b Deliberate or reckless disregard for the professional standards as set out in the RCVS Code; c Causing serious harm (or causing a risk of serious harm) to animals or the public, particularly where there is a breach of trust; f. Evidence of a harmful deep-seated personality or attitude problem; g. Dishonesty (including false certification) particularly where persistent or concealed; h. Putting his /her own interests before the health or welfare of animals.*

82. As the disgraceful conduct was at the top end of the spectrum of gravity; involved repeated dishonesty; was a particularly serious case of false certification and occurred within his responsibilities of OV, the Respondent's conduct was fundamentally incompatible with remaining on the Register. His approach to these issues and previous findings evidenced an attitudinal problem.

83. The Committee therefore directed that Dr Lesolle's name be removed from the register. A full copy of the decision paper can be accessed here: Lesolle, Mpho Donald, August 2024, Decision of the Disciplinary Committee - Professionals (rcvs.org.uk)

Upcoming DC cases

1. There are currently seven listed hearings, one of which is an RVN case:

    - 16 – 25 September (excl 19)
    - 30 September – 2 October
    - 7 – 11 October
    - 15 – 16 October
    - 21 – 25 October
    - 28 – 29 October
    - 18 – 22 November

2. There are currently three referred cases, which will be listed shortly.

Summary	
Meeting	Standards Committee
Date	24 September 2024
Title	Riding Establishments Subcommittee report
Summary	Standards Committee is asked to note this brief update on the work and considerations of the Riding Establishments Subcommittee. The topics discussed are as follows: • Training and Induction Course 2024; • Subcommittee member recruitment; • 2024 Audit; • Annual Q&A sessions; • Annual Meeting; and • Advice queries.
Decisions required	None
Attachments	None
Author	Stephanie Bruce-Smith Senior Standards and Advice Officer s.bruce-smith@rcvs.org.uk

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

1Classifications 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.

2Classification 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

Training and Induction Course 2024

1. The compulsory Q&A sessions for refreshing inspectors and the in-person course day for new applicants took place in June/July.

2. Feedback about the Course has been provided by attendees via SurveyMonkey and has been collated for discussion at the Annual Meeting.

Subcommittee member recruitment

3. The Subcommittee appointed and welcomed Dr Mark Tabachnik as a Subcommittee member in July.

2024 Annual Audit

4. The annual audit process has begun, with individual Inspectors throughout the UK having been asked to participate by sending through their inspector reports and accompanying documentation over the past year. The reports will be collated for review at the Annual Meeting.

Annual Q&A sessions

5. The Annual Q&A session dates have been set for 31 October and 7 November. These are optional sessions and are open to the wider Inspectorate. Pre-submitted questions have been requested in advance of the session, and the hosts will run through these questions and other recent advice queries alongside interactive discussions.

Annual Meeting

6. The Annual Meeting date has been set for 12 November and will be held at the Royal College of Nursing. As in previous years, the morning session will be for Subcommittee members (and our Subcommittee Consultant) only with external attendees joining the meeting for the afternoon session. The sessions can be attended in-person or remotely.

Advice queries

7. The Standards and Advice Team continue to receive a steady number of enquiries from local authorities, veterinary surgeon Inspectors and the owners of riding establishments.

8. Recent queries have related to the following topics:

    a. Alleged non-compliance of Inspectors;
    b. Schedule of Horses form;
    c. One year licenses;
    d. Pony parties;
    e. Dual role inspections; and

f. Adding horses/ponies.