

Extract from Standards Committee meeting on 16 April 2024

AI 2 (a) Prescribing for and euthanasia of wildlife - confidential

1. A summary of the issue was provided to the Committee, as follows. Representatives from the wildlife sector, including the RSPCA have raised concerns that RCVS' current position on a number of issues is affecting the welfare of wildlife brought into wildlife centres for euthanasia. These issues are:
 - a) Remote prescription of the controlled drug (CD) pentobarbitone for the purpose of euthanasia – under the 2023 guidance on prescribing prescription-only medicines, a physical examination should be undertaken at the time of prescribing a CD.
 - b) Euthanasia of wildlife by lay people using CDs via intraperitoneal (IP), intracoelomic (IC), and intrahepatic (IH) injections – there is no specific dispensation to allow this type of administration by lay persons under Schedule 3 of the Veterinary Surgeons Act 1966 (VSA).
2. The Chair asked if there were any issues the Committee wanted further information on, and it was raised that they would like further information on pain caused by intraperitoneal injections in 'small furries'.

Representatives from the wildlife sector joined the meeting.

3. The RSPCA's Chief Vet introduced the guests and raised that they have asked to discuss this issue with the Committee as they believe that the 2023 guidance on prescription-only medicines has created challenges for wildlife centres in relation to the euthanasia of wildlife by lay people. They thanked the Committee for the opportunity to discuss the issues.
4. The Committee was provided with a short presentation, as follows:
 - a) Each year 4-6000 injured wildlife are seen at the larger rescue centres, particularly in March-August. For wildlife not able to be returned to the wild, euthanasia is required without delay. If controlled drugs cannot be used by lay staff, methods such as shooting, captive bolt or decapitation must be used. These methods are not suitable for many species (e.g. hedgehogs) and their use is stressful for staff, especially due to the large numbers. Generally the lack of funding means that there is not veterinary cover 24/7. Additionally, many 'traditional' veterinary practices do not have the capacity to treat wildlife despite the obligation under the RCVS Code of Professional Conduct which requires the provision of emergency first aid and pain relief (COPC 1.4).
 - b) There is limited regulation of wildlife centres and their staff. The British Veterinary Zoological Society (BVZS) published key guidance in 2016 which includes guidance on the use of medicines which encourages regular veterinary visits to centres and the administration of the medicines required for euthanasia in accordance with carefully worded protocols if a vet is not immediately available to examine an animal. The BVZS would like centres to be regulated as Registered Veterinary Practice Premises (RVPPs) and inspected by the VMD, but this is not a matter for this meeting.
5. The RSPCA Chief Vet stated that the prescription of euthanasia medicines is a significant challenge. Ideally, they would like a limited exemption to the prescribing guidance to allow remote prescription of euthanasia medicines for wildlife. It was reported that remote prescription for this scenario has been happening in reality for a long time. With regards the methods of administration by lay persons, it is felt that this is permitted by the 'emergency first aid to relieve pain and suffering' provision in Schedule 3 of the VSA.

6. The Committee asked the following questions:

- a) What was happening in wildlife centres prior to these issues being raised? – *Under the BVZS guidelines small amounts of CDs could be kept locked up on the premises, with limited access by trained staff. Sometimes an animal would be euthanised with the vet prescribing over the phone, but sometimes the standard operating procedures (SOP) would be followed with the ultimate decision made by a lay person. The ideal scenario was always to have a vet involved, but this can lead to unacceptable delay which is not in the interests of animal welfare.*
- b) How was prescribing done before? – *It was explained that prescription would be made via message or phone call and would be oral, not written. Sometimes there would be no vet contact and drugs would be administered in accordance with the SOP, similar to the way farm vets work. It was reported that the VMD was involved in developing the BVZS guidance and they did not raise this approach as a concern at the time. (It has been clarified by the RCVS that the VMD has confirmed that as POM-Vs these medicines should be prescribed in the usual way under the 2023 guidance.)*
- c) What are the current controls/who is responsible for the CDs and delegation to lay persons? – *The prescribing vet is responsible even if prescribing remotely, and for centres that are RVPPs the VMD carry out medicines checks.*
- d) If the Committee says yes to both proposals, what is there to stop other lay people offering euthanasia services? – *The exemption would need to be worded to only apply to wildlife in wildlife centres which are registered as RVPP.*
- e) How many centres would be RVPPs? – *There are around 600 wildlife centres across the UK, ranging from home-based set ups to full-service rehabilitation centres. Only a small number of those would be RVPPs, around 20-30 of the larger centres.*

7. The following points were discussed:

- a) Risk of medicine misuse – given there is little regulation of these centres at the moment, there will be a lot of variation in standards. Controlled drugs are at risk of misuse and the RCVS cannot allow open access to these when this could result in harm to humans or animals. Allowing access according to an SOP is a risk and not in line with the VMRs which requires a clinical assessment in each and every case before POM-Vs are prescribed. It was however raised that if access is not allowed by lay persons, CDs may instead be obtained illegally from overseas.
- b) Intraperitoneal injections – the wildlife sector representatives argued that this route of administration is acceptable for small animals and is the next best option to using inhalation methods, and that any lay staff using this method would be trained. However, the Committee discussed how an IP injection of a CD for euthanasia would be an off-licence use, which in itself raised questions about whether it should be administered by a lay person. Further, it was raised by the Committee that IP injections can be painful and slow to take effect and require a large volume of medicine. As such, sedation is often given.
- c) Administration of CDs by lay people – It was confirmed there is no specific exemption in the VSA for lay people to carry out this type of injection. Chapter 19 of the supporting guidance permits lay people in practice to carry out procedures similar to those provided for in the 'owner exemption', i.e., minor medical treatment including subcutaneous injection. However, this exemption does not extend to more invasive administration such as intramuscular or intravenous injections. The RCVS definition of 'minor medical treatment' needs to be appropriate for all lay people, including owners, and so extending the definition in this context could mean that owners would be able to undertake invasive injections on their own animals.

It was also discussed that the first aid exemption within Schedule 3 was intended to allow lay people to carry out basic first aid to an animal until qualified veterinary assistance was available, and was not a way to circumvent the rules restricting the provision of medical treatment to animals by lay people.

8. In relation to remote prescription of the controlled drug for the purpose of euthanasia, the Committee agreed that the guidance already allows for vets to remotely prescribe the CDs required for euthanasia of wildlife on a case-by-case basis if the vet is satisfied there are exceptional circumstances. It was acknowledged that it was possible that every occasion may be exceptional, but each case must be considered individually by the prescribing vet. Further, due to the restrictions within the VMRs, the Committee was of the view that an SOP alone would not be sufficient for these purposes as there needs to be a prescription by a vet in every case. It was acknowledged that the vet's involvement could be via telephone call, video chat, instant messaging, etc. where appropriate. Contact with a vet is necessary for the responsible vet to do a risk/benefit analysis and decide whether remote prescribing is appropriate in the circumstances. The CDs must be appropriately stored with limited access and there needs to be detailed record keeping in line with legislation and the RCVS' CD guidance. It is a matter for the VMD to decide whether centres should be required to be RVPPs.

9. In relation to the administration issues, the Committee concluded that it would be acceptable for RVNs to administer the injections required for euthanasia under veterinary direction in accordance with Schedule 3, but not lay people. The Committee did not feel there was a way to allow lay people to euthanise wildlife with CDs under the current legal framework as it does not fall within the scope of the Schedule 3 exemption for first aid, and could not be categorised as 'minor medical treatment'. In coming to this decision, the Committee was mindful of the wider consequences of extending the scope of what can be considered 'minor'. Whilst it appreciated the practical difficulties of this decision for the wildlife sector, the Committee felt there was no other conclusion it could reach at the current time. The Committee agreed to continue to engage in discussions on this topic and participate in any discussions with the VMD going forward.

Action: Head of Legal Services (Standards)

Representatives from the wildlife sector left the meeting.

Minutes declassified in July 2024