

Standards Committee

Agenda for the meeting to be held on 16 April 2024 at 10.00am

1.	Apologies for absence, declarations of interest. Minutes from the meeting of 14 February 2024.	
2.	Matters for decision	
	a. Prescribing for and euthanasia of wildlife - confidential	Paper attached
	b. Consumer choice and professional autonomy	Paper attached
	c. Specialists - confidential	Paper attached
	d. Letters of non-objection	Paper attached
	e. Compulsory microchipping of cats – new guidance	Paper attached
3.	Matters for discussion	
	a. Blood sampling for TB gamma testing - 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 12 June 2024 (remote) - Ch 28 (social media) and Ch 23 (re cold calling) have been updated	Oral update

Chair:

Miss Linda Belton BVSc MRCVS

Members:

Dr Louise Allum MRCVS

Dr Danny Chambers MRCVS

Dr Olivia Cook MRCVS

Professor Derek Bray

Dr Melissa Donald MRCVS

Ms Claire-Louise McLaughlan

Dr Alice McLeish MRCVS

Dr Sue Paterson FRCVS

Mr Matthew Rendle RVN

Mr Tim Walker

Mr Will Wilkinson MRCVS

Summary	
Meeting	Standards Committee
Date	14 February 2024
Title	Standards Committee Minutes
Summary	Minutes of Standards Committee meeting held remotely on 14 November 2023
Author	Beth Jinks Standards and Advice Lead B.jinks@rcvs.org.uk

Classifications		
Document	Classification¹	Rationales²
Minutes	Unclassified	n/a

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	<ol style="list-style-type: none"> 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	<ol style="list-style-type: none"> 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 remotely on Wednesday 14 February 2024

Members:

Linda Belton (Chair)
Claire McLaughlan
Louise Allum
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
Victoria Price	Senior Standards and Advice Officer
Ben Myring	Policy and Public Affairs Manager

The Department of Agriculture, Environment and Rural Affairs, Northern Ireland

David Kyle Deputy Chief Veterinary Officer

AI 1 Apologies for absence, declarations of interest, minutes from the meeting of 13 November 2023.

1. Apologies were received from W Wilkinson.
2. No new conflicts of interest were declared; however, the Committee was reminded about an already declared conflict at AI 2(b).

3. The minutes from the meeting of 13 November 2023 were agreed.

Matters for decision

AI 2 (a) Temporarily registered official veterinarians (Northern Ireland) – confidential

4. The minutes of this agenda item discussion can be found in the classified appendix at paragraphs 1-6.

AI 2 (b) Review of guidance re use of 'specialist' and other related titles – confidential

5. The minutes of this agenda item discussion can be found in the classified appendix at paragraphs 7-20.

AI 2 (c) Maintaining professional boundaries

6. The Committee was reminded of the discussion at the previous meeting which explored whether guidance on maintaining professional boundaries could be added to the supporting guidance to the Code of Professional Conduct. The Committee discussed that, while relationship dynamics between vets/nurses and clients are different to that in human medicine, there is still a potential power disparity.
7. The Committee was directed to consider the proposed guidance in the paper at paragraph 7, which is presented as one potential option. The Committee discussed the following:
 - a) Vets and nurses are important parts of the community, and it can be hard to separate their social and professional lives. However, vets and nurses do need to be aware of situations where one of the parties could potentially be exploited – this goes for the client as well as for the professional.
 - b) The current wording addresses clients 'who could be considered vulnerable', however the nature of the vet-client relationship and emotive work involved means that any client could be vulnerable due to the imbalance of power.
 - c) Regarding certification services at 3.0, it could be made clearer that this refers to certification which will be relied upon in an official capacity (e.g. equine passports) as opposed to small animal vaccination cards which are not considered certification and instead form part of the clinical record.
 - d) It was raised that the Disciplinary Committee has not heard any recent cases with regards to crossing professional boundaries. The most similar issues have related to conflicts of interest when providing false certification for own animals in an official capacity.
8. The Committee requested that the proposed guidance be redrafted from a different angle of the inherent power imbalance in professional/client relationships and mutual protection for all involved.

Action: Standards and Advice Lead

AI 2 (d) Diagnosis case studies

9. The Committee was reminded of the background for this item - at its last meeting in November 2023, the Committee considered a set of four case studies on the topic of diagnosis. The case studies were requested by Veterinary Nurses Council (VNC) to determine if they would be a helpful way of explaining to the profession the dividing line between diagnosis, which may only be done by veterinary surgeons, and recognising conditions or symptoms and relaying this information to a veterinary surgeon, which may be done by veterinary nurses. At the November meeting, the Committee made a number of comments as to how the case studies could be clarified and amended – the amendments have been made and included within the paper.

10. The Committee was asked to consider whether the amendments to the case studies will achieve sufficient clarity and if not, to consider more generally whether the case studies are the appropriate vehicle for conveying the nuances of this topic.

11. The Committee had the following discussion:
 - a) It is difficult to capture every scenario within case studies, and the real effect of the case studies may instead cause confusion and inhibit the role of RVNs instead of empowering.
 - b) Although the case studies are improved following the amendments, it is perhaps not possible to make them nuanced or detailed enough to achieve the original intent of explaining the dividing line between diagnosis and the provision of information.
 - c) That the following would not be considered diagnosing:
 - i) Reporting of a clinical sign
 - ii) In terms of interprofessional communication, RVNs undertaking triage, making an assessment, and reporting this back to a vet
 - iii) Reporting a variation away from what is considered 'normal' (an abnormality)

12. The Committee was informed that the RCVS Fellowship Science Advisory Panel are currently looking at the relationship between animal behavioural medicine/therapy and 'acts of veterinary surgery' as protected by the Veterinary Surgeons Act 1966. The process used by these, and other paraprofessionals such as musculoskeletal services, involve the vet undertaking an initial clinical assessment to rule out underlying conditions before the paraprofessional does their own assessment within their own discipline which may go into more detail than the vet. These subsequent assessments by paraprofessionals may therefore involve more than just a report of clinical signs and reporting back to a vet. The Committee was reminded that in the near future, new legislation may allow the RCVS to regulate paraprofessionals, and so any interpretation of 'diagnosis' may have a 'knock on' effect.

13. It was discussed that the streams of work relating to paraprofessional regulation and RVNs under the new Act should be joined up to avoid parallel and unconnected conversations about this topic.
14. The Committee agreed that the case studies have not achieved the desired outcome and work on these should not continue. Instead, it was agreed that an illustrative article in VN Education may be more useful in providing clarity, but that this would be a matter for VN Council and/or the Director of Veterinary Nursing.

Matters for discussion

AI 3 (a) Update re recent discussions with VMD

15. The Committee was informed that the joint RCVS/VMD guidance on frequently asked questions has been published on the RCVS website, and that some wording within the RCVS controlled drugs guidance has been amended to ensure consistency,

AI 3 (b) Under care review

16. In preparation for the 12-month review of the under care guidance, the Committee was asked to confirm categories for use to collect data for analysis and agreed to discuss canvassing views of the profession more towards the end of the 12-month period.

Matters for note

AI 4 (a) Remote certification update from Defra

17. The report was noted.

Matters for report

AI 5 (a) Disciplinary Committee Report

18. The report was noted.

AI 5 (b) Riding Establishments Subcommittee Report

19. The report was noted.

AI 5 (c) PSS update

20. The report was noted.

Confidential matters for report

AI 6 (a) Routine Veterinary Practice Subcommittee Report

21. The report was noted.

AI 6 (b) Ethics Review Panel Report

22. The report was noted.

AI 6 (c) Certification Subcommittee Report

23. The report was noted.

AI 7 Risk and equality

24. Nothing added.

AI 8 Any other business and date of next meeting on 16 April 2024 (in-person)

25. The Committee congratulated Professor David Morton on his retirement from the position of Chair the of Ethics Review Panel and thanked him for his hard work.

Table of actions - unclassified

Paragraph	Task	Responsibility
8	Redraft guidance on maintaining professional boundaries	Standards and Advice Lead

Summary	
Meeting	Standards Committee
Date	16 April 2024
Title	Consumer choice and professional autonomy
Summary	<p>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.</p> <p>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.</p>
Decisions required	<p>In respect of the CMA findings, the Committee is asked to decide:</p> <ol style="list-style-type: none"> 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). <p>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:</p> <ol style="list-style-type: none"> 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	Classification¹	Rationales²
Paper	Unclassified	
Annex A	Unclassified	
¹Classifications 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., antiparasitics. 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.

Code requirements

2.1 Veterinary surgeons must be open and honest with clients and respect their needs and requirements.

2.2 Veterinary surgeons must provide independent and impartial advice and inform a client of any conflict of interest.

2.3 Veterinary surgeons must provide appropriate information to clients about the practice, including the costs of services and medicines.

2.4 Veterinary surgeons must communicate effectively with clients, including in written and spoken English, and ensure informed consent is obtained before treatments or procedures are carried out.

Supporting guidance

Chapter 1: Referrals and second opinions

[...]

Incentives

1.8 Veterinary surgeons' and veterinary nurses' first consideration is animal health and welfare. Veterinary surgeons and veterinary nurses considering offering or accepting any form of incentive, whether in a referral setting or otherwise, should consider whether the existence of the incentive gives rise to a real or perceived conflict of interest. An incentive should not distract a veterinary surgeon or veterinary nurse from their professional responsibilities towards animals and clients and, in some cases, should be declined, for example where a veterinary surgeon or veterinary nurse would not otherwise enter into that arrangement.

1.9 Veterinary surgeons and veterinary nurses should inform clients of any real or perceived conflict of interest (please see [Chapter 23](#) in relation to recommendations in the course of treatment, which includes referrals and second opinions).

[...]

Chapter 2: Veterinary care

2.1 The Codes of Professional Conduct state that veterinary surgeons and veterinary nurses must provide veterinary care and veterinary nursing care that is appropriate and adequate.

2.2 Veterinary surgeons and veterinary nurses are personally accountable for their professional practice and must always be prepared to justify their decisions and actions. When providing care, veterinary surgeons and veterinary nurses should:

- a. take all reasonable care in using their professional skills to treat animals;*
- b. ensure that a range of reasonable treatment options are offered and explained, including prognoses and possible side effects;*
- c. make decisions on treatment regimes based first and foremost on animal health and welfare considerations, but also the needs and circumstances of the client;*

- d. *recognise the need, in some cases, to balance what treatment might be necessary, appropriate or possible against the circumstances, wishes and financial considerations of the client**;
- e. *obtain the client's consent to treatment unless delay would adversely affect the animal's welfare (to give informed consent, clients must be aware of risks) (see [Supporting Guidance Chapter 11](#))*;
- f. *consider the welfare implications of any surgical or other procedure and advise or act appropriately*;
- g. *provide an environment in which animals are subjected to minimum stress and provided with optimal care*;
- h. *ensure a hygienic and safe environment*;
- i. *where possible, check that the care or treatment provided for each animal is compatible with any other treatments the animal is receiving (it is recognised that it may not be possible to do so in emergency situations)*;
- j. *keep within their own areas of competence, save for the requirement to provide emergency first aid*;
- k. *consult suitably trained colleagues, either within or outside the practice, when novel or unfamiliar procedures might be under consideration or undertaken*;
- l. *facilitate a client's request for a referral or second opinion and recognise when a case or a treatment option is outside their area of competence (see [Supporting Guidance Chapter 1](#))*;
- m. *comply with animal welfare legislation and relevant Codes of Practice in the jurisdiction(s) in which they practise*;
- n. *comply with relevant legislation, guidance and Codes of Practice if involved in research or teaching (see [Supporting Guidance Chapter 24](#) and [Chapter 25](#))*;
- o. *be familiar with any special rules or requirements of the particular industry in which they practise, for example, the meat hygiene industry or animals used in sport; and*
- p. *keep their skills and knowledge up to date.*

**There may be additional considerations for owners of animals kept for commercial or production purposes. Whatever the circumstances, the overriding priority is to ensure that animal health and welfare is not compromised.*

[...]

Chapter 9: Practice information, fees and animal insurance

Practice information

9.1 Under EU Directive 2006/123/EC, service providers, which include veterinary surgeons, must give clients relevant information, such as their contact details, the details of their regulator and the details of their insurer. Certain information must be provided on request, such as the price of a service or, if an exact price cannot be given, the method for calculating the price.

9.2 *In addition, in accordance with the following guidance, veterinary practices should provide clients, particularly those new to the practice, with comprehensive written information on the nature and scope of the practice's services, including:*

- a. *the provision, initial cost and location of the out-of-hours emergency service;*
- b. *information on the care of in-patients;*
- c. *the practice's complaints handling policy;*
- d. *full terms and conditions of business - to include for example:*
 - i. *surgery opening times;*
 - ii. *normal hours of business;*
 - iii. *fee or charging structures;*
 - iv. *procedures for second opinions and referrals; and*
 - v. *access to and ownership of record.*
- e. *the practice's privacy notice – to include for example:*
 - i. *the practice's contact details;*
 - ii. *how client data will be used and processed;*
 - iii. *the purposes for which the client data is being processed and the legal basis for doing so;*
 - iv. *the circumstances in which personal data may be shared with third parties e.g. debt recovery agencies, laboratories etc;*
 - v. *the data retention period or how such period is determined;*
 - vi. *the client's rights as data subject (e.g. the right to withdraw consent to the processing of his/her data, the right to access the data, the right to rectification or erasure, the right to data portability and the right to restrict processing); and*
 - vii. *the data subject's right to lodge a complaint with the Information Commissioner's Office.*

Freedom of choice

9.3 *Veterinary surgeons should not obstruct a client from changing to another veterinary practice, or discourage a client from seeking a second opinion.*

9.4 *If a client's consent is in any way limited or qualified or specifically withheld, veterinary surgeons should accept that their own preference for a certain course of action cannot override the client's specific wishes, other than on exceptional welfare grounds.*

Fees

9.5 *A veterinary surgeon is entitled to charge a fee for the provision of services. The RCVS has no specific jurisdiction under the Veterinary Surgeons Act 1966 over the level of fees charged by*

veterinary practices. There are no statutory charges and fees are essentially a matter for negotiation between veterinary surgeon and client.

9.6 Fees may vary between practices and may be a factor in choosing a practice, as well as the practice's facilities and services, for example, what sort of arrangements are in place for 'out-of-hours' emergency calls (eg are emergency consultations at the practice premises, or by another practice at another location). It may be helpful to explain to clients the factors that influence the determination of the level of fees.

9.7 Pricing practices should comply with the Consumer Protection from Unfair Trading Regulations 2008 and other consumer protection legislation, and should not be false or misleading.

9.8 Veterinary surgeons should be open and honest about fees for veterinary treatment. Clients should be provided with clear and easy to understand information about how fees are calculated and what it is they are being charged for. Clients should be furnished with sufficient information about the fees associated with treatment to be in a position to give informed consent to treatment.

([Communication and consent](#))

Estimates

9.9 Discussion should take place with the client covering a range of reasonable treatment options and prognoses, and the likely charges. If the animal is covered by pet insurance, it is in the interests of all parties to confirm the extent of the cover under the policy, including any limitations on cost or any exclusions which would apply to the treatment proposed. Insured clients should therefore be advised to contact their insurers to verify their cover at the earliest opportunity.

9.10 Veterinary surgeons should offer clients a realistic initial estimate (which may be for a defined period of time if appropriate), based on the best available information at the time, of the anticipated cost of veterinary treatment. The estimate should:

- 1. cover all likely charges in the time period covered, including ancillary or associated charges, such as those for medicines/anaesthetics, diagnostic tests, pre- or post-operative care, follow up or routine visits and should include VAT;*
- 2. include a clear warning that additional charges may arise, eg if the treatment plan changes or complications occur;*
- 3. be offered before treatment is commenced. If an estimate is declined, this should be clearly recorded;*
- 4. be the subject of clear client consent, except where delay would compromise animal welfare;*
- 5. preferably be provided in writing, especially where treatment involves surgery, general anaesthetic, intensive care or hospitalisation.*

9.11 It is recommended that veterinary surgeons should include any estimated charge or fee on the consent form. If it becomes evident that the initial estimate or a limit set by the client is likely to be exceeded, the client should be contacted as soon as it is practicable to do so and informed, and their additional consent obtained. This should be recorded in writing by the veterinary surgeon.

9.12 Veterinary surgeons should clearly inform clients that due to the unpredictable nature of clinical work, and variations in the way that each individual animal may react to treatment, treatment plans and the initial estimate may change. There is no reason a veterinary surgeon may not give a fixed

price 'quote' for treatment but should only do so on the understanding that this is an offer that once accepted may be binding in law.

Discounts on veterinary fees

9.13 Veterinary practices have the commercial freedom to offer discounts on their fees on terms set by them. This might include discounts for members of staff, discounts for early settlement and discounts for certain clients e.g. students, pensioners etc. Discounts generally are acceptable, but it is never acceptable to present a client with inflated fees so as to create the fiction of a discount.

9.14 Discounts should be clearly recorded and transparent for all parties liable for payment of an account. Where there is an arrangement that more than one party is liable for payment of an account (eg insurance companies where client pays the excess), it is not reasonable to apply a retrospective discount for the benefit of one party only.

Invoices

9.15 All invoices should be itemised showing the amounts relating to goods including individual relevant medicinal products and services provided by the practice. Fees for outside services and any charge for additional administration or other costs to the practice in arranging such services should also be shown separately.

([Fair-trading requirements](#))

[...]

Prescriptions

9.27 Veterinary surgeons may make a reasonable charge for written prescriptions. (Prescriptions for POM-V medicines may be issued only for animals under the care of the prescribing veterinary surgeon and following their clinical assessment of the animals.) Clients should be provided with adequate information on medicine prices. Clients should be informed of any significant changes to the practice's charges for prescriptions or medicines at the earliest opportunity to do so.

9.28 Clients may obtain relevant veterinary medicinal products from the veterinary surgeon, or may ask for a prescription and obtain medicines from another veterinary surgeon or pharmacy. Veterinary surgeons may wish to direct clients who are considering obtaining medicines from an online retailer to the [Veterinary Medicines Directorate's Accredited Internet Retailer Scheme \(AIRS\)](#).

9.29 The Supply of Relevant Veterinary Medicinal Products Order came into force on 31 October 2005 and is enforced by the Competition and Markets Authority. It implements recommendations from the Competition Commission and provides that veterinary surgeons must not discriminate between clients who are supplied with a prescription and those who are not, in relation to fees charged for other goods or services.

([Fair-trading requirements](#))

Advertising fees and competitions issues

9.30 All advertising and publicity in relation to practice information and fees should be professional, accurate and truthful, and should comply with the UK Code of Non-broadcast Advertising, Sales Promotion and Direct Marketing (CAP Code). Any price comparison should be accurate.

9.31 A veterinary surgeon or group of veterinary surgeons should not enter into any agreement that has the effect of fixing fees. The Competition Act 1998 prohibits anti-competitive agreements, meaning businesses must not agree to fix prices or terms of trade, and must not agree price rises with competitors.

[\(Advertising and publicity\)](#)

[...]

Chapter 10: Fair trading requirements

Introduction

10.1 These responsibilities were agreed between the RCVS and the former Office of Fair Trading (OFT), as an alternative to legislation under the Fair Trading Act 1973, to ensure that clients have access to sufficient information to be able to decide where to obtain veterinary prescriptions and medicines. Please see the [Government OFT website](#) for further information in relation to which organisations now share former OFT responsibilities.

10.2 Veterinary surgeons must:

- a. ensure clients are able to obtain prescriptions, as appropriate. (A veterinary surgeon may prescribe a medicine of category Prescription Only Medicine, Veterinarian (POM-V), only following a clinical assessment of an animal under their care; a prescription may not be appropriate if the animal is an in-patient or immediate treatment is necessary);
- b. subject to any legal restrictions, ensure there is adequate provision of information on medicine prices;
- c. provide the price of any relevant veterinary medicinal product stocked or sold, to clients, or other legitimate enquirers, making reasonable requests;
- d. if requested, inform clients of the price of any medicine to be prescribed or dispensed;
- e. where possible and relevant, inform clients of the frequency of, and charges for, further examinations of animals requiring repeat prescriptions;
- f. provide clients with an invoice that distinguishes the price of relevant veterinary medicinal products from other charges and, where practicable, provide clients with an invoice that distinguishes the price of individual relevant veterinary medicinal products;
- g. advise clients, by means of a large and prominently displayed sign, or signs, (in the waiting room or other appropriate area), with reference to the following:

"Prescriptions are available from this practice.

You may obtain relevant veterinary medicinal products from your veterinary surgeon OR ask for a prescription and obtain these medicines from another veterinary surgeon or a pharmacy. Your veterinary surgeon may prescribe relevant veterinary medicinal products only following a clinical assessment of an animal under their care.

A prescription may not be appropriate if your animal is an in-patient or immediate treatment is necessary.

You will be informed, on request, of the price of any medicine that may be prescribed for your animal.

The general policy of this practice is to re-assess an animal requiring repeat prescriptions for/supplies of relevant veterinary medicinal products every XX months, but this may vary with

*individual circumstances. The standard charge for a re-examination is £XX.
Further information on the prices of medicines is available on request."*

- h. provide new clients with a written version of the information set out in the sign, or signs, referred to in paragraph 10.2(g), which may be set out in a practice leaflet or client letter;*
- i. on a continuing basis, take reasonable steps to ensure that all clients are provided with a written version of the information set out in the sign, or signs, referred to in paragraph 10.2(g), which may be set out in a practice leaflet or client letter.*

10.3 A reasonable charge may be made for written prescriptions; such prescriptions for POM-V medicines may be issued only for animals under the care of the prescribing veterinary surgeon and following their clinical assessment of the animals.

10.4 A veterinary surgeon must not discriminate between clients who are supplied with a prescription and those who are not, in relation to fees charged for other goods or services.

10.5 A veterinary surgeon should not prevent a client from using the medicines retailer of their choice. Written prescriptions should not contain any specific recommendations of medicines retailers. If specific recommendations are given to clients by other means, however, veterinary surgeons should be able to justify their recommendations and where the veterinary surgeon or their employer has a financial or commercial interest in the medicines retailer, this should be drawn to clients' attention.

Note: 'Relevant veterinary medicinal product' has the same meaning as in The Supply of Relevant Veterinary Medicinal Products Order 2005; in brief, these are medicines of category POM-V, excluding medicated feeding stuffs.

Chapter 11: Communication and consent

[...]

Informed consent

11.2 Informed consent, which is an essential part of any contract, can only be given by a client who has had the opportunity to consider **a range of reasonable treatment options** (including euthanasia), with associated fee estimates, and had the significance and main risks explained to them. For non-urgent procedures, the consent discussion should take place in advance of the day of the treatment/procedure where possible. The client's consent to treatment should be obtained unless delay would adversely affect the animal's welfare.

The following matters should be considered during the discussion with the client to ensure informed consent:

- a. The nature, purpose, and benefits of any treatment or procedures;
- b. The likely outcomes of any treatment or procedures with a clear indication of both common and serious risks presented in a way that the client understands (e.g. explain any clinical terms);
- c. The veterinary surgeon should avoid making assumptions, for example, about a client's financial constraints or a client's understanding of the possible side effects, complications or the failure to achieve the desired outcome with agreed treatment;
- d. Financial estimates, and an agreement on any financial limits. This should also be documented on the consent form, or on an attached detailed estimate;

- e. Where appropriate an explanation that the diagnosis is tentative subject to further investigation;
- f. Checking with the client whether they have any questions or concerns regarding the diagnosis, treatment and costs;
- g. Informing the client (where appropriate) that other treatment is available that may have greater potential benefit than those available at the practice ([see Chapter 1, Referrals and second opinions](#)); and
- h. Ensuring, where possible, that consent can be obtained from the client for any deviations from the treatment plan (including costs), therefore where possible ensuring that the practice has the client's emergency contact details and that these are up to date.

[...]

Communication

[...]

11.18 Provision should be made for uncertain or unexpected outcomes (e.g in relation to dental procedures). Clients should be asked to provide contact telephone numbers to ensure discussions can take place at short notice. Provision for the veterinary surgeon or veterinary nurse to act without the client's consent if necessary in the interests of the animal should also be considered.

Discussion of fees

11.24 Discussion should take place with the client, covering a range of reasonable treatment options and prognoses, and the likely charges (including ancillary or associated charges, such as those for medicines/anaesthetics and likely post-operative care) in each case so as to ensure that the client is in a position to give informed consent. The higher the fee, the greater is the necessity for transparency in the giving of detailed information to the client.

11.25 It is wise for any estimate to be put in writing, or on the consent form, and to cover the approximate overall charge for any procedure or treatment including VAT, pre- and post-operative checks, any diagnostic tests, etc. The owner should be warned that additional charges may arise if complications occur. If a quote is given, it may be binding in law.

11.26 If, during the course of treatment, it becomes evident that an estimate or a limit set by the client is likely to be exceeded, the client should be contacted and informed so that consent to the increase may be obtained. This should be recorded in writing by the veterinary surgeon.

Chapter 23: Advertising, endorsement and publicity

[...]

Recommendations in the course of treatment or when providing other veterinary services to clients

23.9 Where veterinary surgeons recommend veterinary products and services in the course of treatment or when providing other veterinary services to clients (including by way of referrals and second opinions – please see [Chapter 1](#)), this recommendation should be clinically justified, i.e., based on sound scientific principles or have a recognised evidence base, and be in the best interests of the animal.

23.10 Veterinary surgeons should not allow any interest in a particular product or service to affect the way they prescribe or make recommendations. This is the case whether the interest is held by the veterinary surgeon themselves, their employer, or any other organisation they are associated with. Veterinary surgeons should inform clients of any real or perceived conflict of interest.

Summary	
Meeting	Standards Committee
Date	16 April 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: <ol style="list-style-type: none"> 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

Classifications

Document	Classification ¹	Rationales ²
Paper	Unclassified	
Annex A	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	<ol style="list-style-type: none"> 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	<ol style="list-style-type: none"> 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 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 in June 2024 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 register 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' opinion.
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. Similarly to LONO requests, practice names/the advertising of practice names more broadly is also 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 is made 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. This would also include the guidance discussed at AI 02(c) in relation to the use of 'specialist' in practice names. 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 in June 2024. 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 would 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 more 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	16 April 2024
Title	Compulsory microchipping of cats
Summary	This paper provides a summary of the new legislation relating to compulsory microchipping of cats, and suggests relevant updates to Chapter 29 and Chapter 8 of the supporting guidance to the Code of Professional Conduct.
Decisions required	<p>The Committee is asked to:</p> <ol style="list-style-type: none"> a. Consider whether scanning of healthy cats prior to euthanasia should be included in the new guidance (see paragraphs 11 and 12 below), and b. Approve the amended guidance relating to the obligations for compulsory microchipping of cats in Chapter 29 and Chapter 8.
Attachments	Annex A – Proposed changes
Author	Beth Jinks Standards and Advice Lead b.jinks@rcvs.org.uk

Classifications		
Document	Classification¹	Rationales²
Paper	Unclassified	
Annex A	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	<ol style="list-style-type: none"> 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	<ol style="list-style-type: none"> 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

Compulsory microchipping

Background

1. Historically only dogs have been subject to compulsory microchipping in the United Kingdom. From 10 June 2024, by way of the Microchipping of Cats and Dogs (England) Regulations 2023, keepers of cats older than 20 weeks in England will also have to ensure that the cat is microchipped.
2. This legislation revokes the previously used Microchipping of Dogs (England) Regulations 2015 and extends the obligations from the 2015 regulation to both dogs and cats.
3. As stated in the [Explanatory Memorandum](#) of the legislation, the aims are: *'...to reunite more cats that have strayed with their keepers; reduce costs to animal rescues and shelters by making it easier to reunite strays with their keepers; reduce the stray cat population; and help to identify stolen cats and reunite them with their keeper, which will act as a deterrent against cat theft.'*
4. The explanatory memorandum also states that the post implementation review of the 2015 dog microchipping regulations, including a Pet Theft Task Force report, has led to proposed improvements to the database systems, including ease of navigation and processes around revising keepership records. However, on comparison the additional obligations in the new regulations for database operators only relate to having to have a system which is available at all times for answering telephone and on-line requests for details stored on their database.

Guidance amendments

5. Compulsory microchipping is covered primarily in Chapter 29 of the supporting guidance to the Code of Professional Conduct which covers issues such as who can implant a microchip, when to scan for a microchip, and steps to take when there is a potential ownership dispute. The proposed amendments to this chapter can be found in **Annex A**.
6. In March 2021 the Standards Committee agreed to add wording to Chapter 29 (and Chapter 8 on euthanasia) relating to scanning of healthy dogs for microchips when they are presented for euthanasia. The wording was agreed following a petition to the government and to avoid any potential legislation which may have required compulsory scanning of microchips in these situations. The purpose of the new guidance was to make sure that when a healthy dog is presented for euthanasia that a vet scans the dog for a microchip and checks the database to make sure that there is no other party listed on the microchip who may take responsibility for the animal, such as a rescue centre. This guidance has been extended in Annex A to cover healthy cats, and specifically references situations where a wandering cat may be mistaken as a stray – see paragraphs 11 and 12 below.

Chapter 29. Small animals and microchips

7. The following proposed changes can be found in Annex A:
8. Paragraph 29.5 describes an existing requirement for those importing dogs into England, Scotland, and Wales. Particularly important is that where a foreign microchip cannot be registered on a UK database, the dog is not considered to be legally microchipped, and a compliant microchip should be inserted. The Standards and Advice team commonly answer queries relating to imported dogs so the inclusion of this guidance will be a useful reference. The same guidance is reflected in paragraph 29.9 for cats imported to England and is a new requirement under the 2023 regulations.
9. Paragraphs 29.8-29.11 provide the bulk of the detail contained within the 2023 regulations on what is expected of an owner when microchipping their cat.
10. Paragraph 29.13 sets out the legislative requirements for those inserting microchips into cats and dogs in England. The new requirements for cats mirror the 2015 requirements for microchipping dogs.
11. Paragraphs 29.30-29.32 extend the guidance relating to scanning the microchip of dogs presented for euthanasia where the vet considers that the euthanasia is not necessary.
12. Paragraph 29.33 provides further guidance on situations which are more common for cats. By their nature outdoor cats may wander into other people's houses and may be fed by people other than the owner. Many cats do not wear collars so may not be easily identified as owned at first glance, and cats may be presented at a practice for euthanasia as they are considered a stray and a nuisance to the person who has brought it in. These changes are also reflected in paragraph 8.9 of the chapter on euthanasia of animals.
13. Paragraph 29.23 reflects amendments requested by the RSPCA to remove references to their Initial Emergency Treatment scheme and to move references to Vetline elsewhere in the supporting guidance. The additional text has been included in this paragraph to provide further clarification of roles and responsibilities in these situations.

Decision required

14. The Committee is asked to:
 - a. Consider whether scanning of healthy cats prior to euthanasia should be included in the new guidance (see paragraphs 11 and 12 above), and

- b. Approve the amended guidance relating to the obligations for compulsory microchipping of cats in Chapter 29 and Chapter 8.

29. Small animals and microchips

Please note that where reference is made to ‘owner’ within this guidance, this is synonymous to ‘keeper’ as referenced in the Regulations, and has been replaced for consistency, and to differentiate between a registered owner and a current keeper, which is particularly important in relation to ownership disputes.

Compulsory microchipping - dogs

29.1 Microchipping of dogs has been mandatory in Northern Ireland since 2012. [The Dogs \(Amendment\) Act \(Northern Ireland\) 2011](#) requires dogs to be microchipped in order to obtain a valid dog licence. There is more information about the requirements at [GOV.UK Dog Licensing and Microchipping](#)

29.2 Microchipping of dogs in all other parts of the UK has been mandatory since 6 April 2016. The relevant legislation is as follows:

- a. [The Microchipping of Cats and Dogs \(England\) Regulations 2023](#);
~~[The Microchipping of Dogs \(England\) Regulations 2015](#)~~;
- b. [The Microchipping of Dogs \(Scotland\) Regulations 2016](#); and
- c. [The Microchipping of Dogs \(Wales\) Regulations 2015](#).

29.3 Dog owners have a legal obligation to have their dogs microchipped and registered with a microchip database, if they have not done so already. No owner may transfer a dog to a new owner until it has been microchipped.

29.4 Subject to an exemption for certified working dogs (not applicable in Scotland), all dogs older than eight weeks need to be microchipped and registered with their owner’s details. The owner is responsible for keeping these details up to date and, whenever there is a change of owner, the new owner must ensure their details are recorded with the database. The details to be recorded on the database are listed in the various regulations and these should be consulted carefully as there are subtle differences between each part of the UK.

[29.5 In England, Scotland, and Wales, where a dog has been imported the owner must ensure that it is microchipped within 30 days of entry into the country. Where a foreign microchip does not comply with the legislation \(i.e., unable to be registered on a UK database\), a second microchip may be inserted, but the original microchip should not be removed. See below at paragraph 29.25 for more information.](#)

29.56 There are ‘health’ exemptions from the general microchipping requirement:

- a. In England, the exemption applies for as long as a veterinary surgeon certifies, on a form approved by the Secretary of State, that a dog should not be microchipped for reasons of the animal’s health. The certificate must state the period for which the dog will be unfit to be microchipped.
- b. In Scotland, the exemption applies for as long as a veterinary surgeon certifies that a dog should not be microchipped for reasons of the dog’s health. The certificate must state the period for which the dog will be unfit to be microchipped.
- c. In Wales, the exemption applies for as long as a veterinary surgeon certifies, on a form approved by the Welsh Ministers, that microchipping would significantly compromise the dog’s health. The certificate must state the period for which the dog will be unfit to be microchipped.

29.67 An owner who fails to have their dog microchipped may be served with a notice requiring the dog to be microchipped within 21 days. Only an authorised person (as defined by the regulations) can serve such a notice. It is an offence to fail to comply with the notice. In addition, where an owner has failed to comply with the notice, the regulations give an authorised person powers to, without the consent of the owner, arrange for the dog to be microchipped and recover the cost of doing so from the owner. The regulations also permit an authorised person to take possession of a dog without the consent of the owner for the purpose of checking whether it is microchipped or for the purpose of microchipping it in accordance with the regulations.

Compulsory microchipping – cats (England)

29.8 In England, from 10 June 2024, owners of a cat older than 20 weeks must ensure that the cat is microchipped and registered on a microchip database in line with the Microchipping of Cats and Dogs (England) Regulations 2023. In the context of cats ‘the owner’ is the person with whom the cat normally resides. No owner may transfer a cat to a new owner until it has been microchipped.

29.9 For imported cats, the owner must ensure the cat is microchipped within 30 days of entry into England. Where a foreign microchip does not comply with the legislation (i.e., unable to be registered on a UK database), a second microchip may be inserted, but the original microchip should not be removed. See below at paragraph 29.25 for more information.

29.10 There are ‘health’ exemptions from the general microchipping requirement as long as a veterinary surgeon certifies, on a form approved by the Secretary of State, that a cat should not be microchipped for reasons of the animal’s health. The certificate must state the period for which the cat will be unfit to be microchipped.

29.11 An owner who fails to have their cat microchipped may be served with a notice requiring the cat to be microchipped within 21 days. Only an authorised person (as defined by the regulations) can serve such a notice. It is an offence to fail to comply with the notice. In addition, where an owner has failed to comply with the notice, the regulations give an authorised person powers to, without the consent of the owner, arrange for the cat to be microchipped and recover the cost of doing so from the owner. The regulations also permit an authorised person to take possession of a cat without the consent of the owner for the purpose of checking whether it is microchipped or for the purpose of microchipping it in accordance with the regulations.

Who can implant a microchip?

General - all UK jurisdictions

~~29.127 RCVS Council last approved guidelines on microchipping in February 2000 (RCVS News, March 2000). Following a review of these guidelines by the Veterinary Surgery Working Party, the following guidelines have now been agreed~~In most species, the following guidance applies:

- a. implantation by methods other than the subcutaneous route, ear tag or bolus will generally amount to veterinary surgery in view of the potential for pain or stress or for spreading disease, and in some cases the likely handling difficulties;

- b. the repair or closure of the entry site, where necessary, will generally amount to veterinary surgery;
- c. sedation and analgesia are medical treatment and so amount to veterinary surgery. Depending upon the nature of the treatment which is necessary it may be lawful for it to be carried out by a ~~suitably qualified~~ veterinary nurse under veterinary direction or by the owner;
- d. the procedure may amount to veterinary surgery if there is special risk to the health or welfare of the animal.

England – dogs and cats

29.138 Section 109(1) of The Microchipping of Cats and Dogs (England) Regulations 2023~~The Microchipping of Dogs (England) Regulations 2015~~ stipulates that no person may implant a microchip in a dog or cat unless:

(a) they are a veterinary surgeon or a veterinary nurse acting under the direction of a veterinary surgeon;

(b) they are acting under the direction of a veterinary surgeon and are a student of veterinary surgery or a student veterinary nurse;

(c) in the case of a dog, they have:

(i) been satisfactorily assessed on a training course approved by the Secretary of State on or after 24th February 2015 for the purpose of implanting a microchip in a dog; or

(ii) received training in implantation which included practical experience of implanting a microchip in a dog before 24th February 2015; or

(d) in the case of a cat, they have:

(i) been satisfactorily assessed on a training course approved by the Secretary of State on or after 10th June 2024 for the purpose of implanting a microchip in a cat; or

(ii) received training in implantation which included practical experience of implanting a microchip in a cat before the 10th June 2024.

~~a. they are a veterinary surgeon or a veterinary nurse acting under the direction of a veterinary surgeon;~~

~~b. they are a student of veterinary surgery or a student veterinary nurse and in either case acting under the direction of a veterinary surgeon;~~

~~c. they have been satisfactorily assessed on a training course approved by the Secretary of State for that purpose; or~~

~~d. before the day on which these Regulations come into force, they received training on implantation which included practical experience of implanting a microchip.~~

Wales - dogs

29.149 Section 9(1) of The Microchipping of Dogs (Wales) Regulations 2015 stipulates that no person may implant a microchip in a dog unless:

a. they are a veterinary surgeon or a veterinary nurse acting under the direction of a veterinary surgeon;

- b. they are a student of veterinary surgery or a student veterinary nurse and in either case acting under the direction of a veterinary surgeon;
- c. they have been satisfactorily assessed on a training course approved by the Welsh Ministers for that purpose; or
- d. before the day on which these Regulations come into force, they received training on implantation which included practical experience of implanting a microchip.

29.159 Anyone seeking to rely on the provision at section 9(1)(d) should note that this provision will cease to have effect at the end of the period of two years beginning with the date on which these Regulations come into force.

Scotland - dogs

29.164 Section 3(1) of The Microchipping of Dogs (Scotland) Regulations 2016 stipulates that no individual other than an ‘implanter’ may implant a microchip of any kind in a dog. An ‘implanter’ means any of the following individuals:

- a. a veterinary surgeon, or a veterinary nurse acting under the direction of a veterinary surgeon;
- b. a student of veterinary surgery or a student veterinary nurse and in either case acting under the direction of a veterinary surgeon;
- c. an individual who has been assessed as meeting a satisfactory standard in the implantation of microchips in dogs on a training course for that purpose approved by the Scottish Ministers; or
- d. an individual who, before the day on which the Regulations come into force, received training on implantation which included practical experience of implanting a microchip.

Dogs with docked tails

Northern Ireland

29.172 The Dogs (for the purpose of The Welfare of Animals (Docking of Working Dogs’ Tails and Miscellaneous Amendments) Regulations (Northern Ireland) 2012) stipulates that a competent person may microchip dogs for the purpose of the certification requirements of the tail docking regulations. A “competent person” means a veterinary surgeon or person who has received instruction on how to implant a microchip and they must work in the same practice as the veterinary surgeon who performed the tail docking. (For further guidance on tail docking see [Chapter 27.](#))

England and Wales

29.183 The Dogs (for the purpose of The Docking of Working Dogs' Tails (England) Regulations 2007 and The Docking of Working Dogs' Tails (Wales) Regulations 2007) stipulate that only veterinary surgeons and veterinary nurses acting under the direction of a veterinary surgeon can microchip dogs for the purpose of the certification requirements of the tail docking regulations. (For further guidance on tail docking see [Chapter 27.](#))

For pet travel

Dogs, cats and ferrets (for the purpose of pet travel)

29.149 In Great Britain, The Non-Commercial Movement of Pet Animals Order 2011 (as amended by The Non-Commercial Movement of Pet Animals (Amendment) Order 2014)

states that no person may implant a microchip in a dog, cat or ferret for the purposes of pet travel unless:

- a. they are a veterinary surgeon or a veterinary nurse acting under the direction of a veterinary surgeon;
- b. they are a student of veterinary surgery or a student veterinary nurse and in either case are acting under the direction of a veterinary surgeon;
- c. they have been satisfactorily assessed on a training course approved by the appropriate authority for that purpose; or
- d. before the 29th December 2014 they received training on implantation which included practical experience of implanting a microchip.

29.2045 There is an identical provision in The Non-Commercial Movement of Pet Animals Order (Northern Ireland) 2011 (as amended by The Non-Commercial Movement of Pet Animals (Amendment) Order (Northern Ireland) 2015).

29.2146 Given the potential implications should a microchip fail on entry to the UK (for example, time in quarantine at the cost of the owner) veterinary surgeons should encourage their clients to have their pet's microchip checked before travel.

Microchip Adverse Event Reporting Scheme

29.2247 The various regulations on compulsory microchipping for cats and dogs require reports to be made whenever there is an adverse reaction to microchipping, migration of a microchip from the site of implanting or the failure of a microchip.

29.2348 Veterinary surgeons and veterinary nurses should report an adverse reaction to microchipping, or the migration or failure of a microchip to the Veterinary Medicines Directorate (VMD). Further information about the Microchip Adverse Event Reporting Scheme is available from the VMD's Pharmacovigilance Unit on 01932 338427 and reports can be submitted online at www.vmd.defra.gov.uk. The VMD closely monitors all reports to identify emerging issues and will feed back any concerns to the chip manufacturer and Microchip Trade Association (MTA).

29.2449 In addition to the above, veterinary surgeons and veterinary nurses in Scotland should also note that the Scottish Regulations require reports to be made within 21 days beginning with the day the adverse reaction, migration or failure is identified.

Removing microchips

29.250 Because of the importance attached to the accurate identification of animals and the potential for fraud, a microchip must only be removed where this can be clinically justified. This justification should be documented and where required another microchip or alternative method of identification used.

29.264 Removal of a microchip in any other circumstances would be an unnecessary mutilation. While the insertion of a second microchip may be problematic, this in itself does not justify removal of a microchip and an audit trail must be maintained.

Scanning for microchips

29.272 Microchips are implanted in companion animals to assist with their return if lost or stolen. A veterinary surgeon or veterinary nurse may scan for a microchip where, for

example, the animal has been lost or is a stray, it is suspected that the animal has been stolen, or where a client is unaware that the animal has been microchipped.

29.283 There may be other situations when a veterinary surgeon or veterinary nurse may scan for a microchip, for example, on first presentation at the practice in order to add details to the clinical and client records, at annual boosters and/or prior to travel in order to check that the microchip is working properly, and, prior to implantation to check for an existing microchip.

29.294 There may be some situations when veterinary surgeons are required to scan for a microchip, for example, prior to a rabies vaccination for the purposes of obtaining a pet passport.

29.3025 There may be circumstances where a request is made by a client for the destruction of a dog or cat, where in the clinical/professional judgement of the veterinary surgeon destruction of the dog or cat is not necessary, for instance where there are no health or welfare reasons for the dog or cat to be euthanised.

29.3126 In these circumstances, before carrying out the request for euthanasia the veterinary surgeon should scan the dog or cat for a microchip and check the relevant database if a microchip is found.

29.3227 In relation to both dogs and cats, Clients may have a contract with the shelter from which they acquired the animal/dog such that it can be returned to that shelter, and that it may be appropriate to discuss this with them prior to euthanasia. Alternatively, there may be another individual willing to take responsibility for the dog/animal (who may be named on the microchip database), and this may also be discussed with the client.

29.33 In relation to cats, clients may request that a healthy cat be euthanised 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.

Lost or stray small animals without microchips or other forms of identification

29.3428 Where possible, it may be sensible to adopt the approach taken by local authorities with lost or stray dogs, which is to keep the animal for 7 days before considering re-homing or euthanasia, provided that to do so would not compromise the animal's welfare. There may be other factors to consider but, ideally, it is helpful to allow a reasonable period of time for enquiries to be made or for an owner to come forward. Ultimately, how long to keep a stray animal will be a matter for the practice.

29.3529 Veterinary surgeons and veterinary nurses should ensure that records are made of the attempts made to locate an owner, any treatment provided and the reasons for any decisions made. This can be helpful in the event of disputes, for example, if an owner contacts the practice at a later stage.

29.3630 Lost or stray animals presented to a veterinary practice may be in good health, or they may be ill or injured and require first aid and pain relief, which could include euthanasia. Veterinary surgeons and veterinary nurses should have regard to supporting guidance Chapter 3 (24-hour emergency first aid and pain relief), particularly that emergency first aid and pain relief should not be delayed where this would compromise animal welfare, and they should be familiar with the RSPCA scheme for Initial Emergency Treatment and the Vetline telephone number (0300 123 8022). In the absence of an identified owner, veterinary surgeons and veterinary nurses should be guided by welfare considerations and should be

cautious about undertaking significant procedures, particularly those with lasting effects e.g. neutering. Local animal organisations/charities may be able to assist with ongoing treatment and rehoming but there is no requirement for them to do so.

Ownership disputes

29.374 An ownership dispute may arise where a client presents an animal with a microchip registered in another person's name.

29.382 Veterinary surgeons should consider the following information if faced with this situation:

Seek prior agreement to disclose

29.393 Practices may wish to request express written agreement from clients on registration that if the practice discovers the animal is registered to another person, the personal data of the client and details of the animal and its location will be passed on to the person in whose name the animal is registered and/or the database provider.

29.4034 A written agreement should be obtained through a standalone consent document, not merely included in the practice's standard terms and conditions. The client must be given the opportunity to make a positive indication that they would be happy for their personal data to be passed on in such circumstances. This consent must be freely given, which means it cannot be a condition of registering with the practice. There should be systems and processes in place to keep the consent up to date and veterinary surgeons and veterinary nurses should properly acknowledge and document any withdrawal of consent.

Seek consent to disclose

29.4135 If there is no prior agreement for disclosure between the practice and the client, the veterinary surgeon should first try and obtain the current keeper's consent to release their personal information (i.e. name/address) to the registered owner and/or database provider. However, the name and details of the registered owner should not be provided to the current keeper (unless the registered owner volunteers them).

29.4236 It is likely that consent will be given freely if the registered owner is aware that the animal is in the possession of the current keeper e.g. the current keeper is caring for the animal.

Failure to obtain consent

29.4337 If the current keeper refuses to consent to the release of their personal information to the registered owner, the veterinary surgeon should contact the registered owner and/or the database provider and explain that the animal has been brought in by someone else. However, the veterinary surgeon should not release the current keeper's personal information to the registered owner (or any other third party including the database provider) at this stage.

29.4438 If the veterinary surgeon makes contact with the registered owner and the registered owner is not concerned that the animal has been brought in by another person, then the veterinary surgeon should still not release the current keeper's personal information to the registered owner or any other third party as the veterinary surgeon would not have a legal basis for this disclosure. Under the GDPR, consent will need to be obtained from the registered owner to change the details on the microchip.

29.4539 If the veterinary surgeon makes contact with the registered owner and/or the database provider and from the conversation discovers that (i) the animal has been reported as stolen; (ii) the registered owner was not aware that the animal is in someone else's possession; and/or (iii) the registered owner wants to recover the animal, then the veterinary surgeon may have a legal basis for disclosing the current keeper's personal information i.e. they are certain that such disclosure is "necessary" for the purposes of the registered owner to exercise their legal rights, and those interests are not overridden by the interests of the current keeper. If there is any doubt as to a legal basis for such disclosure, it may be preferable not to disclose the data to the registered owner, and instead request that they ask the police to contact the veterinary surgeon for the details of the current keeper.

a. Suspected Theft/Stolen Animal

In the event that the registered owner and/or database provider tells the veterinary surgeon that the animal is stolen, the veterinary surgeon should ask the registered owner and/or database provider to report the theft to the police. If the police then contact the veterinary surgeon, they should ask for a formal request for disclosure from the police, setting out their legal basis for requesting this information.

b. Civil/Ownership dispute

In some cases, the animal may not have been reported stolen, but the registered owner still wants to recover the animal. This may be the case where there is a civil/domestic dispute. In these circumstances, the veterinary surgeon should not immediately provide the current keeper's details to the registered owner. The registered owner or their legal representative should expressly confirm, in writing, the legal basis on which disclosure is permitted under the GDPR. The veterinary surgeon should then assess that request before deciding whether to disclose this information.

29.460 It is recommended that these steps are set out in a policy document, which is displayed at the practice so that the process is clear to clients.

Additional guidance

29.474 Additional guidance on client confidentiality and microchipped animals is available to download in the form of a [Flow Chart](#).

Relevant extracts from Chapter 8:

8. Euthanasia of animals

[...]

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~~dog~~ is not necessary, for instance where there are no health or welfare reasons for the animal~~dog~~ 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.

Summary	
Meeting	Standards Committee
Date	16 April 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: <ul style="list-style-type: none"> • <i>REIN</i> 2024; • Training and Induction Course 2024; 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	Classification¹	Rationales²
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	<ol style="list-style-type: none"> 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	<ol style="list-style-type: none"> 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

REIN 2024

1. The articles for the 2024 edition of *REIN* are currently being collated for publication and circulation to the Inspectorate shortly.

Training and Induction Course 2024

2. The Training and Induction Course 2024 dates have been set, with the webinars to be released via Academy on 15 May and compulsory Q&A sessions for refreshing inspectors to be held online in June and July.
3. In addition to the Webinars recorded last year through Academy, we are also in the process of recording an optional Polo Club webinar as an additional resource.
4. Following completion of the webinar part of the course, new applicants will again be required to attend an in-person training day which will include shadowing of an inspection. The training day will be held at the Riding for the Disabled Association National Training Centre in Warwickshire where the 2022 and 2023 training days were held. Refreshers who wish to may also attend the in-person day if numbers allow.

Subcommittee member recruitment

5. In light of Bertie Ellis' retirement, the Subcommittee is now recruiting for an additional member. The role has been advertised in RCVS News and on the RCVS social media pages with a view to the new member starting in June.

Advice queries

6. 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.
7. Recent queries have related to the following topics:
 - a. Isolation facilities;
 - b. Meeting the Inspector equine work requirements;
 - c. Schedule of Horses form;
 - d. Retention of Inspector records; and
 - e. Moving riding school premises.