

CVS UK Ltd Response to: RCVS Review of “Under Care” and 24/7 Emergency Cover

Overview

CVS UK Ltd (CVS) is a major employer of the veterinary professionals in the UK, owning over 500 practices, with approximately 2,000 veterinary surgeons and 1,800 Registered Veterinary Nurses in its employment. Individual veterinary staff within CVS have been encouraged to submit their own independent responses to the RCVS’s consultation on the Review of “Under Care” and 24/7 Emergency Cover.

CVS is proud of our core purpose of giving the best possible care to animals and our strategic pillars, including that we take our responsibilities seriously. Therefore, in addition to our individual staff responses, CVS clinical leadership has reviewed the RCVS consultation on the review of ‘Under Care’ and 24/7 Emergency Cover. Below is the submission to the RCVS of the response to the consultation on behalf of CVS. This response is supplementary to the online consultation survey as the format of the survey does not permit adequate scope to consider and report our findings on the full impact of the proposal.

In summary of our full response below, CVS accepts the legitimate need for remote prescribing through a telemedicine approach where a physical clinical examination may not be necessary. CVS recognises that telemedicine without an existing vet-client-patient-relationship risks bypassing the established mechanisms of conduct detection and concern raising to the RCVS due to the remote nature of the activity. As such, the current regulatory structures within the RCVS are not sufficient to protect the public interest in a well-regulated profession. This risks undermining the public expectations of the high standard of clinical care expected of all veterinary practices and runs contrary to the RCVS mission to ‘set, maintain and uphold’ veterinary standards. It is the position of CVS that the proposed changes to the Code of Professional Conduct must not be adopted until the implementation of structures for regulatory scrutiny of these remote activities. To only impose further duties upon the telemedicine veterinarian within the Code of Professional Conduct, without simultaneously increasing the regulatory oversight, does not satisfy the public interest need to properly govern an area of the profession which will become largely invisible to scrutiny.

The summary position of CVS is as follows:

- The existing structures and activities of the RCVS are insufficient to protect the public interest in animal welfare and, more importantly, to maintain the public confidence in the standards of the profession if the change of the Code of Professional Conduct is implemented as it is currently set out
- The proposal does not include the necessary and proportionate mechanism by which the RCVS can detect breaches related to the updated guidance on remote prescribing

- The proposal does not include sufficient, unambiguous guidance in regard to the minimum requirements for a veterinary surgeon to accept responsibility for the health of an animal. This should be considered as the Vet-Client-Patient-Relationship
- The proposal does not include sufficient, unambiguous guidance in regard to a veterinary surgeon's obligations to maintain and share records of remote prescribing behaviour
- The proposal does not include sufficient, unambiguous guidance in regard to the exceptional circumstances in which remote prescribing of antimicrobials or controlled drugs could be justified

It should be noted that the RCVS currently relies on submission of public complaints to detect breaches of the Code of Professional Conduct for it to maintain and uphold veterinary standards in line with the public interest. It also relies on a voluntary scheme of practice standard inspections which may include the review of patient records. In respect of remote prescribing activities these regulatory mechanisms of detection are insufficient due to the invisibility of the professional activity.

Without the necessary corresponding adjustment to the regulatory activities of the RCVS to ensure public confidence can be maintained with the proposed changes, CVS believes that these changes are detrimental through the undermining of public confidence in a well-regulated profession. **CVS therefore proposes adjustments to the proposed changes:**

- 1. A requirement that veterinarians must record their clinical reasoning and their clinical justification for the remote prescribing of antimicrobials or controlled drugs**
- 2. Increased scrutiny of veterinarians undertaking remote prescribing through independent auditing of prescribing behaviours, record keeping and clinical reasoning of those conducting remote consultations without physical examination. The scrutiny must focus on the required written clinical reasoning and justification around antimicrobial or controlled drug prescriptions**
- 3. The inclusion of the Veterinarian-Client-Patient-Relationship as a fundamental principle in the Code of Professional Conduct**

The full CVS response is as follows:

The Proposed change to the Code of Professional Conduct

The RCVS review of "under care" has looked at the current definitions of this in the RCVS Code of Professional Conduct, and the associated legislation in the Veterinary Medicines Regulations 2013.

The proposed changes are as follows:

According to the Veterinary Medicines Regulations 2013 (VMRs), to prescribe prescription-only veterinary medicines (POM-Vs), a veterinary surgeon must carry out a clinical assessment of the animal and the animal must be under their care. The terms 'clinical assessment' and

'under...care' are not defined by the VMRs, however the RCVS has interpreted them in the following way

1. *An animal is under a veterinary surgeon's care when the veterinary surgeon is given, and accepts, responsibility for the health of an animal (or a herd, flock or group of animals) whether generally, or by undertaking a specific procedure or test, or prescribing a course of treatment. Responsibility for an animal may be given by the owner/client, statute or other authority*
2. *A clinical assessment is any assessment which provides the veterinary surgeon with enough information to diagnose and prescribe safely and effectively. A clinical assessment may include a physical examination; however, this may not be necessary in every case.*
3. *Whether or not a physical examination is necessary is a matter for the veterinary surgeon's judgement. The following factors are relevant in this respect, however veterinary surgeons should note this list is not exhaustive:*
 - a. *The health condition, or potential health conditions, being treated and any associated risks (see further guidance below at paragraph 5 and 6)*
 - b. *The nature of the medication being prescribed, including any possible side effects (see further guidance below at paragraphs 7 and 8)*
 - c. *When the animal (or premises in the case of agricultural animals) was last physically examined by a veterinary surgeon*
 - d. *Whether there is access to the animal's previous clinical history*
 - e. *The experience and reliability of the animal owner*
 - f. *Whether the animal is known to the veterinary surgeon and/or whether there is an existing relationship with the client or animal owner*
 - g. *The practicality of a physical examination for individual animals, particularly when dealing with herds, flocks or groups of animals*
 - h. *The health status of the herd, flock or group of animals*
 - i. *The overall state of the animal's health*
 - j. *The impact of any prescription made without physical examination on the ability to gather subsequent diagnostic information*
4. *The more complex or unusual the health needs of the animal, or where a differential diagnosis includes serious conditions not yet ruled out, the more likely a physical examination will be necessary.*
5. *In respect of paragraph 4(a) above, a physical examination is required where a notifiable disease is suspected or part of a differential diagnosis.*
6. *In respect of paragraph 4(b) above, and given the importance of minimising the development of antimicrobial resistance:*
 - a. *A physical examination is required in all but exceptional circumstances where a veterinary surgeon prescribes antimicrobials for an individual animal or group of animals that are not agricultural animals. Veterinary surgeons should be prepared to justify their decision in cases where antimicrobials are prescribed without a physical examination and record this justification in the clinical notes.*
 - b. *When prescribing antimicrobials for agricultural animals, veterinary surgeons should ensure they have an in-depth knowledge of the premises, including its production systems, the environment, disease challenges and the general health status of the herd or flock. Veterinary surgeons should have attended the premises and physically examined at least one animal immediately prior to prescribing or, where this is not*

possible, recently enough to ensure they have adequate information and knowledge to prescribe responsibly. Veterinary surgeons should be prepared to justify their decision in cases where antimicrobials are prescribed without conducting a physical examination and record this justification in the clinical notes.

7. *In respect of 4(b) above, when prescribing controlled drugs to an animal in the first instance, veterinary surgeons should carry out a physical examination in all but exceptional circumstances and be prepared to justify their decision where no physical examination has taken place. This justification should be recorded in the clinical notes. It is acceptable to issue a repeat prescription for controlled drugs without a physical examination, however, veterinary surgeons should carry out a further clinical assessment to ensure they have enough information to do so safely and effectively.*
8. *Where a physical examination is not carried out immediately prior to prescribing POM-Vs, veterinary surgeons should ensure that a 24/7 follow-up service involving physical examination and any other necessary investigation if required is immediately available in the event that the animal does not improve, suffers an adverse reaction or deteriorates. Where a veterinary surgeon is not able to provide this service themselves, they should arrange for another veterinary service provider to do so. This arrangement should be made before veterinary services are offered and confirmed in writing as part of the conditions of service agreed by the client.*
9. *Veterinary surgeons must maintain clinical records of animals, herds, flocks or other groups of animals under their care.¹*

CVS believe there is a legitimate purpose to allow remote prescribing of POM-V by veterinary surgeons. It is the experience of many veterinary professionals during the COVID lockdown periods that remote consultation can be an effective method of providing care to animals. It is imperative, however, that any change to the guidance to allow remote prescribing ensures the protection of the welfare of animals as set out by the RCVS Mission Statement: *“We aim to enhance society through improved animal health and welfare. We do this by setting, upholding and advancing the educational, ethical and clinical standards of veterinary surgeons and veterinary nurses.”*

We hold the following concerns in regard to the suitability of the current structures and activities of the RCVS:

1. The proposal does not include the necessary and proportionate mechanism by which the RCVS can detect breaches related to the updated guidance on remote prescribing due to the remote and transient nature of the professional conduct
2. The existing structures and activities of the RCVS are insufficient to protect the public interest in animal welfare and, more importantly, to maintain the public confidence in the standards of the profession if the change of the Code of Professional Conduct is implemented as it is currently set out

¹ <https://www.rcvs.org.uk/news-and-views/our-consultations/review-of-under-care-and-out-of-hours-emergency-cover/> . Accessed 25/08/2022

In relation to maintaining animal health and upholding the clinical standard of veterinary surgeons we have identified the following failings in the updated guidance:

1. The proposal does not include sufficient, unambiguous guidance in regard to the minimum requirements for a veterinary surgeon to accept responsibility for the health of an animal
 - We believe that it is not possible to accept sufficient responsibility for the health of animal to undertake remote prescribing outside an existing Vet-Client-Patient-Relationship without a timely physical examination or visit to the operation where the animals are kept
 - The current proposal insufficiently defines what we would consider to be the minimum Vet-Client-Patient-Relationship
2. The proposal does not include sufficient, unambiguous guidance in regard to a veterinary surgeon's obligations to maintain and share records of remote prescribing behaviour
 - We believe that the provider of telemedicine and remote prescribing activities should have an obligation to immediately share records of remote prescribing behaviour and the associated justification with any other provider of veterinary care to ensure continuity of care and avoid unsafe drug interactions
3. The proposal does not include sufficient, unambiguous guidance in regard to the exceptional circumstances in which remote prescribing of antimicrobials or controlled drugs could be justified
 - In the current antimicrobial resistance crisis, we believe that remote prescribing of antimicrobials cannot be justified. The proposed guidance is insufficiently prescriptive in describing the exceptional circumstances which would allow the justification of antimicrobial prescribing; the result of this may be to excuse inappropriate antimicrobial usage

In support of our concerns, and to allow the RCVS to meet its own professional aims, we believe that the proposed changes to the guidance must be adjusted to specify

1. Details of the Veterinarian-Client-Patient-Relationship as a fundamental principle in the Code of Professional Conduct
2. Active audit of prescribing behaviours, record keeping and clinical reasoning of those conducting remote consultations without physical examination

The Vet-Client-Patient-Relationship (VCPR)

At CVS, we believe that the relationship between the Veterinary Surgeon, the Client and the Patient is paramount in protecting animal health and welfare. Maintaining public confidence in the veterinary profession, and its regulatory structure, is dependent upon the promotion and realisation of a strong veterinarian-client-patient trust relationship (VCPR). The absence of a VCPR risks the full context of the care of the patient and its 'owner environment' not being understood. A shallow or cursory VCPR risks leading to a sub-

optimal, insufficient or inappropriate veterinary care plan which is contrary to the public interest test.

To form a meaningful VCPR means that the veterinary surgeon can provide care to the client and patient that goes beyond what can be achieved in a momentary remote consultation. The context in which the animal lives and the needs, requirements, wishes and limitations of the client are deeply relevant factors to successful treatment and patient care. A longitudinal client relationship strengthens the understanding of the context in which veterinary care can be provided to that client. The inclusion of the principle of the VCPR into the Code of Professional Conduct exists in other regulatory contexts and provides important safeguarding to the public trust of service given by veterinary practices.

The American Veterinary Medical Association (AVMA) Principle of Veterinary Medical Ethics sets out conditions which must be satisfied in order to establish a VCPR.

- *The licensed veterinarian has assumed the responsibility for making medical judgments regarding the health of the patient(s) and the need for medical therapy and has instructed the client on a course of therapy appropriate to the circumstance*
- *There is sufficient knowledge of the patient(s) by the veterinarian to initiate at least a general or preliminary diagnosis of the medical condition(s) of the patient(s)*
- *The client has agreed to follow the licensed veterinarian's recommendations*
- *The licensed veterinarian is readily available for follow up evaluation or has arranged for:*
 - *Emergency or urgent care coverage, or Continuing care and treatment has been designated by the veterinarian with the prior relationship to a licensed veterinarian who has access to the patient's medical records and/or who can provide reasonable and appropriate medical care*
 - *The veterinarian provides oversight of treatment*
 - *Such a relationship can exist only when the veterinarian has performed a timely physical examination of the patient(s) or is personally acquainted with the keeping and care of the patient(s) by virtue of medically appropriate and timely visits to the operation where the patient(s) is(are) kept, or both*
- *Patient records are maintained²*

We believe that to have an animal “under care” there must be an established VCPR. The RCVS should publish a clear definition of “under care” which should be defined and supported by clear unambiguous guidance of the minimum requirements. We believe that

² <https://www.avma.org/resources-tools/avma-policies/principles-veterinary-medical-ethics-avma> . Accessed 25/08/2022

the RCVS should formally adopt the concept of the Veterinarian-Client-Patient relationship (VCPR) and define this in a way that is fit for purpose, providing guidance on the conditions under which a VCPR can be established appropriate to all species.

We believe that a VCPR cannot be reliably established remotely without this longitudinal relationship and an initial physical examination. Therefore, it is in this context that the activities of the remote clinician and client should be curtailed.

Enhanced active audit of those providing remote care without a timely physical examination

The full impact of remote prescribing on patient safety has yet to be demonstrated. Whilst the clinical audit performed by S. Smith et al³, on the use of the Jooi Petcare telemedicine platform is a first step, it does not provide appropriately sufficient, complete and scientifically defensible information to be able to support the current proposed changes to the 'under care' definition. It raises important questions regarding the full impact of remote prescribing via telemedicine on patient safety e.g. actual clinical outcomes and avoiding unintended patient harm due to care. Addressing these issues will call for unprecedented collaboration and communication between a platform provider and practice team, which has not yet been achieved. We believe that monitoring clinical outcomes and improving systems of care to avoid patient harm can be more easily achieved by the practice team, under an established VCPR.

A SAVSNET study found that, during 2020, prescription of antimicrobials was increased in remote consultations when compared to a face-to-face consultation control group.⁴ The responsible use of antimicrobials is already a key challenge to the veterinary sector, and we have carried out significant work to understand how we influence antimicrobial use in veterinary practices⁵. Aside from concerns around patient safety we believe that remote prescribing under the current proposal provides significant risk to the progress that the profession has worked so hard to achieve in demonstrating our commitment to responsible use of antimicrobials.

The proposed guidance is insufficiently prescriptive in describing the exceptional circumstances which would allow the justification of antimicrobial prescribing; the result of this may be to excuse inappropriate antimicrobial usage. In addition, the proposal does not include the necessary and proportionate mechanism by which the RCVS can detect breaches or inappropriate frequency of antimicrobial prescribing. As a result, we believe that a

³ Clinical audit of POM-V / POM prescriptions by remote consultation via a veterinary video telemedicine smartphone application - <https://veterinaryevidence.org/index.php/ve/article/view/553> - Accessed 05/09/2022

⁴ <https://www.rcvs.org.uk/document-library/exploring-telemedicine--remote-consultations-using-electronic/> - Accessed 05/09/2022

⁵ <https://www.nature.com/articles/s41467-021-21864-3> - Accessed 05/09/2022

mandatory system of enhanced active audit should be introduced for those undertaking remote prescription without a timely physical examination. This should include:

- Frequent (at least yearly) inspections of veterinarians undertaking remote provision of care without timely physical examination, including in depth examination and auditing of clinical records and patient outcomes, not limited to adverse medication reactions
- A requirement in the Code of Professional Conduct for a clinical justification to be recorded for every remote prescription of the following classes of pharmaceuticals:
 - Antimicrobials
 - Controlled drugs
- Inclusion of sufficient, unambiguous guidance in regard to the exceptional circumstances in which remote prescribing of antimicrobials or controlled drugs could be justified

This mechanism of enhanced scrutiny should be visible and actively communicated to the public, to ensure confidence in the regulation of remote veterinary services. It should also include a dedicated channel for reporting of any concerns to the regulator with veterinarian oversight to ensure compliance.

Conclusion

In conclusion, we believe that the existing structures and activities of the RCVS are insufficient to protect the public interest in animal welfare and to maintain the standards of the profession if the change of the Code of Professional Conduct is implemented as it is currently set out. Without the described adjustments to the regulatory activities of the RCVS to ensure public confidence can be maintained with the proposed changes, CVS believes that these changes will be detrimental to whole of the profession, through the undermining of public confidence in a well-regulated profession. CVS opposes these changes until such time that the necessary regulatory structures are implemented to ensure public confidence can be maintained.