

## Executive summary

# BVA position on under care and the remote provision of veterinary services

1. The term ‘under care’ has been in existence since the introduction of the Medicines Act 1968. An RCVS interpretation of ‘under care’ was introduced shortly after and exists in its current form in the supporting guidance to the RCVS Code of Professional Conduct for Veterinary Surgeons. The term originally related to responsible prescribing, and this remains one aspect of its meaning. However, the practice of veterinary medicine is much more than prescription of medicines.
2. In September 2019 BVA Policy Committee agreed to prioritise the development of a BVA position on under care, 24/7, telemedicine, and remote prescribing. This was in response to ongoing discussions within RCVS, and in recognition of concerns across the profession. Concerned about a perceived lack of transparency of RCVS Council discussions<sup>1</sup> and that the term “telemedicine” remained ill defined, the primary aim of this initiative was to inform a response to RCVS.

## Under Care

- **Recommendation 1:** The RCVS interpretation of ‘under care’ should go beyond the temporal relationship to the act of prescribing, such that it more accurately captures the relationship between vets, clients, and their animals, and the shared responsibilities for safeguarding welfare. It should be appropriate for all species and situations, including food, companion, equine, zoo, laboratory animals, and British wildlife. It should be equally relevant to groups of animals and individuals.
- **Recommendation 2:** Any revised definition of ‘under care’ should be supported by RCVS guidance.
- **Recommendation 3:** RCVS should look to existing international definitions or descriptions of the relationship between vets, their clients, and their patients, for pragmatic alternatives to the existing requirement for a physical examination.
- **Recommendation 4:** Veterinary businesses should maximise opportunities to discuss with their clients the responsibilities of owners under the Animal Welfare Act, including the responsibility of ensuring access to care that is appropriate to their animals’ needs, and the use of multiple care providers.
- **Recommendation 5:** RCVS, BVA, specialist divisions and other stakeholders should play a role in supporting the profession to communicate responsibilities to animal owners.
- **Recommendation 6:** The RCVS should formally adopt the concept of the vet-client-patient relationship (VCPR) and define it in a way that is fit for purpose now and in the future.

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<sup>1</sup> <https://www.rcvs.org.uk/news-and-views/news/rcvs-provide-reassurance-over-recent-council-decision-to-review/>

- **Recommendation 7:** The RCVS should provide guidance on the overarching conditions under which a VCPR is established, definitively enough that it is not open to abuse, but sufficiently flexibly that it is appropriate to all species and allows for the terms to be defined at a practice or business level.
- **Recommendation 8:** The RCVS should provide guidance on the appropriate 'longstop' in consultation with BVA specialist divisions.
- **Recommendation 9:** Veterinary businesses should set out their terms of business and within those terms include the principle of a VCPR and the local conditions under which it is established, taking the time to explain it to the client.
- **Recommendation 10:** Veterinary businesses should ensure that their terms of business are made available to clients.
- **Recommendation 11:** All animal owners should seek to establish a VCPR with a veterinary practice as a means of fulfilling some of their responsibilities under the Animal Welfare Act.
- **Recommendation 12:** A VCPR cannot be established solely by remote means.
- **Recommendation 13:** An established VCPR should enable access to remote veterinary service provision, subject to veterinary professional judgement.
- **Recommendation 14:** Veterinary businesses should seek to communicate the value that can be added by an established VCPR.

## Continuity of care

- **Recommendation 15:** Practice arrangements for continuity of care provision should be set out in the terms of business and form part of the established VCPR.
- **Recommendation 16:** Practices should promote high-quality continuity of care provision.
- **Recommendations 17:** Outsourced continuity of care should be contractual, appropriate, and reviewed regularly.
- **Recommendation 18:** The approach to two-way data sharing should form part of the contract and should be sufficient to enable continuity of care.
- **Recommendation 19:** The responsibility of owners to ensure that they can access the continuity of care provision appropriate to their needs should be communicated by practices as part of their terms of business.
- **Recommendation 20:** Limited-service providers, and providers of peripatetic veterinary services, should provide continuity of care appropriate to the services rendered. The arrangements should be set out in the terms of business and form part of the VCPR.

## Remote veterinary service provision

- **Recommendation 21:** Under an established VCPR, veterinary businesses should consider integrating the provision of remote veterinary services to expand and complement the care

package. Veterinary businesses should promote the added value of the remote services offered and justify and make clear where these are chargeable.

- **Recommendation 22:** Veterinary businesses should proactively review approaches to remote consultation and establish ways of working which are practical, accessible, reliable, and valued by clients.
- **Recommendation 23:** RCVS, BVA and other stakeholders should share examples of good practice to support and guide the veterinary profession in integrating the provision of remote veterinary services into existing veterinary services.
- **Recommendation 24:** Providers of remote advice operating outside an established VCPR should only offer generic information and advice, ensure that the limitations of their offering are communicated to any animal owner choosing to use their service.
- **Recommendation 25:** Providers of remote advice operating outside an established VCPR should, in most cases, and subject to owner consent, make an onward referral to a vet with which the owner already has a VCPR. In the absence of an existing VCPR, onward referral should be made to a vet who can establish a VCPR with the owner via physical interaction.
- **Recommendation 26:** POM-Vs should only be prescribed remotely in the presence of an established VCPR and where, in the professional judgement of the vet, animal health and welfare will benefit.
- **Recommendation 27:** Consideration should be given, by the regulator, to which POM-Vs should never be prescribed remotely.
- **Recommendation 28:** Animal health telemetry data, and the added value of veterinary interpretation of that data, should be communicated by the profession and form part of the modern provision of veterinary services.

## Technology and innovation

- **Recommendation 29:** The veterinary profession should show leadership in adoption by being forward-looking and informed as to the value of the range of technology available.
- **Recommendation 30:** Vet schools should adopt new technologies, and the veterinary undergraduate degree programmes should teach critical assessment of new technologies as part of the syllabus.
- **Recommendation 31:** Data to support the efficacy claims of new technology should be published.
- **Recommendation 32:** RCVS Knowledge, BVA, and other stakeholders should consider how best to provide guidance on emerging technology and showcase best practice.
- **Recommendation 33:** Guidance should be provided for the profession about the risks associated with the processing, storage, and security of animal health data.
- **Recommendation 34:** The potential need to regulate veterinary medical devices in relation to safety and efficacy should be kept under review.

## Emergency care

- **Recommendation 35:** Fear of liability and accountability when providing emergency care outside an established VCPR should not paralyse action that supports animal health and welfare. RCVS and professional indemnity insurers should provide appropriate reassurance for the profession.
- **Recommendation 36:** Stakeholders should better communicate the role of euthanasia as an acceptable treatment choice where poor quality of life or inability to pay are factors.
- **Recommendation 37:** All vets on duty in clinical practice should be willing and able to make an initial veterinary clinical assessment of British wildlife casualties and provide appropriate first aid, including pain relief, or euthanasia where necessary.