

## Vets4BVU Response to RCVS Draft Health Protocol Consultation

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The RCVS has sought consultation on the new draft 'Health Protocol' which according to the RCVS *"aims to protect animals and the interests of the public by helping veterinary surgeons whose fitness to practise may be impaired because of adverse health"* by dealing with *"veterinary surgeons suffering from adverse health without referring a case to the Disciplinary Committee"* on the grounds that *"generally it is more appropriate to take a medical approach to cases involving medical problems"*.

Whereas the RCVS is responsible for protecting animals and the interests of the public, it is mandatory for the profession to protect the interests of the veterinary surgeons. It is therefore important that the proposed RCVS Health Protocol be scrutinised with an empathetic approach towards vets to ensure that whilst it protects the animals and interests of public, it does not violate the interests of the most vulnerable section of our profession.

With this in mind, Vets4BVU conducted a consultation with its members. Based on this consultation we present the following response to RCVS draft Health Protocol.

The points which we believe need discussing are presented as quotations from the Health Protocol, prefixed with bullet points and cited in italics, followed by our response to each point. At the end we provide some concluding remarks and our recommendations to modify the Health Protocol.

- *'This would bring the RCVS procedures into line with other professional regulators.'*

The draft protocol neither provides the names of the professions referred to nor does it provide any reference to their relevant regulations. It would have been helpful to know these details for the purpose of comparison.

- *'Sometimes it will be in the public interest to deal with veterinary surgeons suffering from adverse health without referring a case to the Disciplinary Committee.'*

If the protocol is modified as suggested below, Vets4BVU appreciate this as a positive step from RCVS.

- *'When considering whether a veterinary surgeon's fitness to practise could be impaired because of adverse health, one of the factors that may be taken into account is 'the veterinary surgeon's current physical or mental condition'.'*

There is a great concern that the terms "physical and mental condition" are too broad and could potentially be abused when reporting vets regarding such problems,

given the fact that the problems of stress, anxiety and depression appear to be quite widespread in the profession. The RCVS will need to be very specific about the problems and conditions that might attract necessary attention.

- *‘Anyone coming into contact with veterinary surgeons, including other veterinary surgeons, veterinary nurses, members of practice staff, clients, and healthcare professionals, for example, medical practitioners, who have concerns about a veterinary surgeon’s health are encouraged to report those concerns to the RCVS as soon as is reasonably practicable’.*
  - By allowing “anyone” in contact with a veterinary surgeon to make a complaint regarding the vet’s health, without having to provide hard and defensible evidence, would not only be considered to be a violation of human rights but would potentially open the gates for malicious reporting.
  - There is no guarantee that fellow members of staff at a veterinary practice, or a member of the public cannot make an error in judgement even if their intent is right.
  - It will provide the public and possibly fellow workers and employers potential ammunition to either make a false complaint against a veterinary surgeon or use the health protocol to bolster a complaint by adding a suspicion/claim of a mental or physical problem with the veterinary surgeon to their complaint.
  - It would be breach of patient - doctor confidentiality if a medical practitioner reported a veterinary surgeon to RCVS without informing the patient. Therefore, it is inappropriate to expect medical practitioners to report vets to RCVS. It is not unlikely that medical profession will have serious objections to this liability thrown at their shoulders.
  - It is also not unlikely, that vets in need of medical help or advice may avoid seeing their medical practitioner for the fear of being reported, which is going to be counterproductive.

One veterinary surgeon responding to the consultation stated: “I worked with a veterinary surgeon with health problems in the past. If I were to find myself in this situation again with current draft proposal in place, I would resign immediately in order to avoid a potentially damaging situation that I had no control over.”

- *‘Veterinary surgeons and veterinary nurses who are concerned about the health of a veterinary surgeon must also take steps to ensure that animals are not put at risk and that the interests of the public, including those of their colleague, are protected. This may mean that a colleague must be reported to the RCVS’.*

- It is unfair, unreasonable, impractical, and without legal justification to shift the responsibility of welfare of the animals under the care of a vet with suspected “adverse health” to other fellow vets and nurses. It should be the responsibility of the employer, not other employees.
- A different mechanism will be required where the employer is the sole practitioner.
- *‘All investigations follow a similar procedure and timeline as complaint cases not involving adverse health.’*
  - It is hard to imagine that the RCVS will have any options but to act on all reported veterinary surgeons in order to avoid potential liability if anything goes wrong. Therefore, regardless of the seriousness of the complaint, all reported vets will have to submit themselves to the procedures of the health protocol.
  - The protocol would appear to operate a system whereby vets will be considered guilty unless they prove themselves to be innocent, which flies in the face of accepted standards of justice.
  - It takes several weeks to months to go from initial complaint to resolution. If the RCVS does not intend to deal with complaints relating to health any quicker, it will just impose a greater amount of stress and pressure to the affected veterinary surgeon – which surely in the case of mental health is not in the best interests of the vet!
- *‘Where the Preliminary Investigations Committee (PIC) may decide not to refer the case to Disciplinary Committee (DC), the PIC may also take reasonable steps in the circumstances to protect the public interest, for example, it may: a) invite the veterinary surgeon to undergo medical examinations, assessments, or tests at his/her expense; b) invite the veterinary surgeon to agree to be visited and interviewed by representatives of the RCVS, for example, a Senior Case Manager and/or a veterinary investigator; c) invite the veterinary surgeon to provide medical reports to the PIC at his/her expense; d) invite the veterinary surgeon to embark on a course of treatment recommended by a medical practitioner at his/her expense; and e) invite the veterinary surgeon to give undertakings to the PIC.’*
  - Since the protocol does not lay the requirements of hard evidence and accountability for the reporting person, it is essentially unfair, unethical and potentially illegal to put a veterinary surgeon through the above described ordeal.
  - In absence of the above mentioned requirements for reporting, the onus of the validity of proof of the report should lie on PIC. Before proven guilty, it is wrong to expect a reported veterinary surgeon to pay the bills. Therefore the

RCVS should pay for the costs of all preliminary medical or other assessments.

- It is hard to understand why the RCVS thinks it necessary to stipulate that a medical practitioner other than the vet's own medical practitioner should be involved.
- The protocol adds in more and more people that are involved - the vet, the RCVS case manager, vet's doctor, the RCVS appointed medical practitioner, the employer, the workplace supervisor etc - which would clearly raise the questions of confidentiality issues with such a large number of people being involved.
- It is also understood that an independent medical referral without consent of patient may be not be legally acceptable. So, if a veterinary surgeon refuses the claims of the report, one wonders how the RCVS then proceeds.
- *'If the PIC decides to invite the veterinary surgeon to give undertakings. The undertakings may include, for example: a) undergoing treatment from the veterinary surgeon's medical practitioner at his/her expense; b) supervision from a medical supervisor appointed by the RCVS. The medical supervisor will not be the veterinary surgeon's own treating medical practitioner; c) supervision from a workplace supervisor appointed by the RCVS, who may be suitable colleague in the same practice; d) specific undertakings to address concerns identified by the RCVS or the medical supervisor, for example, relating to the veterinary surgeon's practice or the specific facts of the case; e) undertakings allowing the sharing of information between relevant persons, for example the veterinary surgeon's medical practitioner, employer, medical supervisor, workplace supervisor and the RCVS; and, f) submitting to blood, urine or other medical tests.*
  - The veterinary surgeons under investigation required to give undertakings will feel under pressure to accept any undertaking suggested by the RCVS for fear of facing a charge of professional misconduct should they refuse.
  - The protocol does not provide any provisions to ensure that the undertakings are suggested on a fair basis.

## Conclusions

The protocol as such throws open the gates for "anyone" to report vets to the RCVS for health problems without any need for defensible evidence. Not to speak of the veterinary surgeons that may be having real health problems, the protocol is going to be a standing nightmare in the waiting for every ordinary veterinary surgeon. So far, they constantly endure the fear of being reported for their professional work mainly by clients, but now they will have to also fear being reported on the grounds of their health.

In the absence of any independent support, if a veterinary surgeon suffering from a mental or other health related issues is subjected to the additional strain of a preliminary investigations committee, having to undergo dictated medical assessments from assigned medical practitioners, deal with a multitude of people involved in the process, having to pay for the costs of medical assessments and treatments, having to give undertakings to whatever the RCVS suggests, and to feel forced to comply with such undertakings will only exacerbate their problem and can push the vulnerable individuals over the limits and may even provoke further tragedies of suicides in the profession.

Therefore, in its present form, the health protocol may well protect the interests of public but will NOT help the concerned veterinary surgeons, as claimed by the RCVS.

It's astonishing to note that in the entire Health Protocol the word 'employer' is not mentioned even once, which reflects the seriousness of how biased the protocol is towards the employers. The Vets4BVU believe that practice principals / employers can make a significant contribution to make the health protocol work well for all stakeholders.

### **Recommendations**

In order for the Protocol to strike a balance, it will need a complete rethinking.

We make the following recommendations: -

- Reporting should NOT be open to 'everyone', especially not to members of the public or a veterinary surgeon's general medical practitioner.
- Reporting should only be acceptable from fellow vets and nurses, who are the only people working closely with a veterinary surgeon. The reporting should be voluntary and not a 'must' as prescribed by the protocol.
- In case of employed veterinary surgeons, fellow professionals should only report the matter to the to the practice principal.
- If the practice principal is satisfied about the validity of the report, they should speak to the concerned veterinary surgeon in confidence and advise them to seek necessary medical help and monitor the progress and take care to support the vet and organise for the necessary work related adjustments.
- In a case where the practice principal feels that progress is not being made or they do not want to deal with it directly, the practice principal should report this to the RCVS.
- The practice principal should produce specified evidence to support the report. The same should apply to the direct reports in case of solo practitioners.
- The RCVS should ensure that there is no conflict of interest involved between the reporter and the reported vet, for example any pre-existing internal disputes.

- If the PIC is thoroughly convinced that the reported veterinary surgeon needs help, it should contact the concerned veterinary surgeon, seek their consent to approach the vet's GP for a medical examination, advise the vet about work related adjustments that may be deemed necessary and inform and advise the principal veterinary surgeon to implement such adjustments.
- Rather than fellow vets and nurses, the animals under the care of the reported vet should be the responsibility of the employers.
- The entire medical process should be operated through the vets own GP and if necessary RCVS can request the GP to seek further advice from a medical consultant.
- Should the GP confirm that the vet needs medical help; arrangements for such help should be made in consultation with the GP. Any programme of treatment should be a matter exclusively between the RCVS, the vet and the GP concerned.
- Once the GP confirms that the vet needs medical and other help, RCVS may ask the GP to inform the vet about various sources of help like VBF etc if necessary.
- Any monitoring required at the work place should exclusively be the responsibility of the practice principal on a very confidential basis.
- Any undertakings required from the veterinary surgeon should be in consultation with the vet's GP and that the GP should certify that all undertakings are strictly indispensable.
- Should the GP and the practice principal report lack of progress due to persistent non-compliance, the case may be referred to DC.

Rather than being helpful, without a radical change the draft protocol is likely to serve as a springboard to plunge the vulnerable members of our profession deeper into their problems, which can potentially have catastrophic consequences for them and is likely to further worsen the bad statistics of our profession.

However, modifications to the health protocol in line with the above recommendations will on one hand meet the objectives of the protocol to 'protect animals and public interests' and on the other hand it will in real terms "help" the affected veterinary surgeon by facilitating the much needed personal and confidential medical care through their own medical general practitioner.

- The end -