Recognise when you are out of your depth: who to ask for help

Stuart Ellis and Michael Stanford

The Veterinary Defence Society insures veterinary practices against civil claims alleging negligence and also provides support and representation for individual vets and nurses throughout RCVS and VCI investigations with criminal and disciplinary cover included in the policy for every member.

RCVS complaints against veterinary surgeons have steadily increased in recent years but are a new risk to RVNs. The possibility of a Disciplinary Hearing is extremely low, less than 1% of concerns end up being determined in a front of a Disciplinary Tribunal. The majority of allegations of professional misconduct are not upheld or are felt to be at the minor end of the spectrum. Nevertheless, the chance of a RCVS concern is still quite significant, especially working in small animal practice, and it is important to understand how the system works.

The RCVS disciplinary system starts with contact from a case handler in the professional conduct department. This includes full details of the client's grievance, potential areas of professional misconduct identified by the RCVS and a request for a full response within 14 working days.

The majority of concerns are closed without any finding of misconduct. On some occasions the RCVS dispatches investigators to the practice and the complainant to gather further information. The interviews are informal, but still potentially a stressful process. Provided you are a member, the VDS will provide a claims consultant to provide support and ensure fair play on the day.

Only the most serious allegations, usually involving allegations of dishonesty, may lead to a veterinary surgeon or

nurse facing a Disciplinary Hearing. The Hearings are a formal legal process with counsel acting on both sides and judged by a committee of peers and lay personnel. Ultimately, if found guilty of disgraceful conduct in a professional respect, sanctions including erasure from the Register, a short suspension or a reprimand are given.

The risk of any veterinary professional facing an RCVS investigation, especially a concern of a serious nature, is markedly reduced by understanding the obligations the College places on your profession. This is achieved by simply reading and following the relevant Codes to Conduct. Honesty is always the best policy for professionals, however embarrassing it might be at the time of any incident.

Criminal charges against veterinary surgeons or nurses involving issues related to carrying out their daily duties are rare and easily avoided by simply following the law. Examples include breaches of the Veterinary Surgeons Act 1966, misunderstanding the dispensations set out in Schedule 3 permitting non-veterinary surgeons to carry out certain procedures, prosecutions under the Animal Welfare Act 2006 for failing to provide appropriate care to animals and the Misuse of Drug Regulations 2001.

The veterinary profession is a Notifiable Occupation so the Court system is obliged to report any criminal prosecution to the RCVS following a successful conviction. If a veterinary surgeon or nurse was prosecuted for offences outside their daily work duties, such as a drink driving charge, the RCVS would still hear about the incident. Additionally, veterinary surgeons and nurses have a professional obligation to inform the College at the point of annual registration in any event.

KEY LEARNING OBJECTIVES

- Be better informed about the differences between negligence and misconduct
- Be aware of the help available when trouble is brewing in everyday practice situations
- Be better equipped to minimise the stress of claims, complaints and regulatory enquiries

Could checklists help to improve patient safety in your practice?

Pam Mosedale

Veterinary medicine is becoming ever more complex, with animals presenting with multiple conditions. The potential for human error has increased with the complexity. If one small step in a procedure is missed out it can have serious consequences.

In 2004 the World Health Organization estimated that at least 50% of the adverse effects of surgery are preventable, so they launched the Global Patient Safety Challenge, 'Safe Surgery saves Lives'. As a result of this they published the Safe Surgery checklist.

The checklist which contains 19 items is broken down

into three sections. It takes the team through from the first checklist before the induction of anaesthesia, then the second list before the skin incision and finally the third before the patient leaves the operating theatre.

Implementation of the checklist needs good team engagement, training and education, and adapting the list to local circumstances. It has been shown to not only improve patient safety but improve team communication. A team member, usually a nurse, is empowered to stop the procedure if any items on the checklist are missed.

Practices may feel that they already carry out sufficient checks and do not need a checklist, but evidence is that use of the Safe Surgery checklist, for example, has decreased complications in all hospitals where it has been used whether in first- or third-world countries.

Other checklists are used in human medicine for specific situations. For example in 2001, Peter Pronovost at John Hopkins University introduced a simple checklist for putting in a central line. This reduced the infection rate from 11% to zero. Checklists like this are now used in veterinary practice.