

Council Meeting

Remote meeting to be held by Zoom on Thursday, 9 November 2023 at 10:00 am

RCVS Council meeting - Agenda	Classification ¹	Rationale ²
1. President's introduction	Oral report Unclassified	n/a
2. Apologies for absence	Oral report Unclassified	n/a
3. Declaration of interests	Oral report Unclassified	n/a
4. Minutes of meeting held on 7 September 2023 and remote decision 15 – 20 September 2023		
i. Unclassified minutes	Unclassified	n/a
ii. Classified appendix	Confidential	1, 2, 3, 4
5. Matters arising		
a. Obituaries	Oral report Unclassified	n/a
b. Council correspondence	Oral report Unclassified	n/a
c. CEO update	Oral report Unclassified	n/a
6. Matters for decision by Council and for report (unclassified items)		
a. Discretionary Fund	Oral report Unclassified	n/a
b. RCVS Council Election Scheme	Unclassified	n/a
c. Handling potential conflicts of interest	Unclassified	n/a
d. Clinical career pathways	Unclassified	n/a
7. Reports of standing committees – to note		

a. Advancement of the Professions Committee	Oral report Unclassified	n/a
b. Audit and Risk Committee	Oral report Unclassified	n/a
c. Education Committee	Oral report Unclassified	n/a
d. Finance and Resources Committee	Oral report Unclassified	n/a
e. Registration Committee	Oral report Unclassified	n/a
f. Standards Committee	Oral report Unclassified	n/a
g. Veterinary Nurses Council	Oral report Unclassified	n/a
h. PIC/DC Liaison Committee	Oral report Unclassified	n/a
8. Reports of statutory committees – to note		
a. Preliminary Investigation Committee	Unclassified	n/a
b. RVN Preliminary Investigation Committee	Unclassified	n/a
c. Disciplinary Committee and RVN Disciplinary Committee	Unclassified	n/a
9. Notices of motion	Oral report Unclassified	n/a
10. Questions	Oral report Unclassified	n/a
11. Any other College business (unclassified)	Oral report Unclassified	n/a
12. Risk Register, equality and diversity (unclassified)	Oral report Unclassified	n/a
13. Date of next meeting Thursday, 18 January 2024 at 10:00 am (virtual meeting)	Oral report Unclassified	n/a

14. Risk Register assessment – annual consideration	Confidential	1, 3
15. Matters for decision by Council and for report (confidential items)		
a. Budget 2024	Confidential	1, 2, 3
b. Statutory Instrument for Statutory Membership Examination	Oral report Confidential	1, 3
c. Honorary Associateship: nominations from Council	Confidential	3
16. Any other College business (confidential items)		
a. Comments on classified appendices	Oral report Confidential	# TBC
17. Risk Register, equality and diversity (confidential items)	Oral report Confidential	# TBC
18. Reflective session (confidential item)		
	Oral report Confidential	# TBC
Dawn Wiggins Secretary, RCVS Council 020 7202 0737 / d.wiggins@rcvs.org.uk		

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.

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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

Terms of Reference

The vision of the Royal College of Veterinary Surgeons [as agreed in the current strategic plan]

1. Our vision is to be recognised as a trusted, compassionate and proactive regulator, and a supportive and ambitious Royal College, underpinning confident veterinary professionals of whom the UK can be proud.

Role of the Royal College of Veterinary Surgeons [derived from the Charter]

2. The objects of the Royal College of Veterinary Surgeons, as laid down in the Supplemental Charter granted on 17 February 2015 to the Royal Charter of 1844, ie:
 - a. To set, uphold and advance veterinary standards, and to promote, encourage and advance the study and practice of the art and science of veterinary surgery and medicine, in the interests of the health and welfare of animals and in the wider public interest.
 - b. The Charter also recognises those functions provided for in the Veterinary Surgeons Act 1966, in terms of the regulation of the profession, and also recognises other activities not conferred upon the College by the Veterinary Surgeons Act or any other Act, which may be carried out in order to meet its objects, including but not limited to:
 - i. Accrediting veterinary education, training and qualifications, other than as provided for in the Act in relation to veterinary surgeons;
 - ii. Working with others to develop, update and ensure co-ordination of international standards of veterinary education;
 - iii. Administering examinations for the purpose of registration, awarding qualifications and recognising expertise other than as provided for in the Act;

- iv. Promulgating guidance on post-registration veterinary education and training for those admitted as members and associates of the College;
- v. Encouraging the continued development and evaluation of new knowledge and skills;
- vi. Awarding fellowships, honorary fellowships, honorary associateships or other designations to suitable individuals;
- vii. Keeping lists or registers of veterinary nurses and other classes of associate;
- viii. Promulgating guidance on professional conduct;
- ix. Setting standards for and accrediting veterinary practices and other suppliers of veterinary services;
- x. Facilitating the resolution of disputes between registered persons and their clients;
- xi. Providing information services and information about the historical development of the veterinary professions;
- xii. Monitoring developments in the veterinary professions and in the provision of veterinary services;
- xiii. Providing information about, and promoting fair access to, careers in the veterinary professions.

The purpose of RCVS Council [derived from the Charter]

3. It is laid down in the Charter that the affairs of the College shall be managed by the Council as constituted under the Act. The Council shall have the entire management of and superintendence over the affairs, concerns and property of the College (save those powers of directing removal from, suspension from or restoration to the register of veterinary surgeons and supplementary veterinary register reserved to the disciplinary committee established under the Act) and shall have power to act by committees, subcommittees or boards and to delegate such functions as it thinks fit from time to time to such committees, subcommittees or boards and to any of its own number and to the employees and agents of the College.
4. The Council is also responsible for the appointment of the CEO and Registrar, and the ratification of the Assistant Registrars. Appointment of all other staff members is the responsibility of the CEO and relevant members of the Senior Team.
5. A strategic plan is developed and agreed by Council to facilitate the delivery of these activities and to ensure ongoing development and quality improvement.
6. A delegation scheme that outlines how Council's functions are managed via system of committees and other groups is agreed annually by Council.

How Council members work

7. In order to enable the Royal College of Veterinary Surgeons to fulfil its vision, and to discharge its functions under its Royal Charter and the Veterinary Surgeons Act 1966, RCVS Council members will:
 - a. Abide by the Nolan Principles of Public Life;
 - b. Work in the best interests of the public, and of animal health and welfare and public health;
 - c. Respectfully listen to the voices of the professions, the public and other stakeholders, and reflect them in discussions where appropriate, ensuring they are put into context;

- d. Neither be answerable to, nor represent, any group of individuals;
- e. Support the College's vision and work towards the success of the College and its functions;
- f. Live the College's values;
- g. Act at all times in a constructive, supportive and compassionate manner;
- h. Exercise a duty of care to the staff employed by the College, working through the CEO and Registrar;
- i. Recognise the importance of a collegiate atmosphere where robust discussion is welcomed in the formation of policy and multiple points of view are listened to and respected;
- j. Respect and support the decisions made by Council when communicating externally;
- k. Communicate College activities and positions to relevant stakeholders;
- l. Abide by the Code of Conduct for Council and Committee members.

Summary	
Meeting	Council
Date	9 November 2023
Title	Minutes of the meeting held on Thursday, 7 September 2023 and remote decision made 15 – 20 September 2023
Summary	Minutes of the meeting held on Thursday, 7 September 2023 and remote decision made 15 – 20 September 2023
Decisions required	To approve the unclassified minutes and classified appendix.
Attachments	Classified appendix (confidential)
Author	Dawn Wiggins Secretary, Council 020 7202 0737 / d.wiggins@rcvs.org.uk

Classifications		
Document	Classification¹	Rationales²
Paper	Unclassified	n/a
Classified appendix	Confidential	1, 2, 3, 4

¹Classifications explained

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²Classification rationales

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RCVS Knowledge Annual General Meeting and RCVS Council Meeting

Hybrid meetings held on Thursday, 7 September 2023 at 10:30 am at Harper Adams University, Telford, Shropshire TF10 8NB

Members:

Dr S Paterson (President in the Chair)	
Dr L H Allum	Mr T M Hutchinson
Mrs B S Andrews-Jones	Dr M D Jones
Miss L Belton	Professor S A May
^Professor D Bray	Mrs C-L McLaughlan
^Dr A L Calow	Dr A J McLeish
^Mr J M Castle	Professor T D H Parkin
^Dr D S Chambers	Dr K A Richards
Mrs O D R Cook	Mr T J Walker
Dr M A Donald	Mr W A S Wilkinson
Ms L Ford	^Professor J L N Wood
Dr M M S Gardiner	Ms J S M Worthington
Mrs S D Howarth	

*Denotes absent

^Denotes remote attendee

In attendance:

Miss H Alderton	Committee Liaison Officer (CLO)
^Mr L Bishop	Media and Publications Manager (open session only)
Ms A K Boag	Chair, RCVS Knowledge Board of Trustees (open session only)
Ms H Cartlidge	RCVS Knowledge Trustee (open session only)
Ms E C Ferguson	Registrar
^Ms H Haid	Governance Officer
^Ms A Hanson	Media and Publications Officer (open session only)
Mr I A Holloway	Director of Communications (DoComms)
Ms L Lockett	Chief Executive Officer (CEO)
Ms C McCann	Assistant Registrar / Director of Operations (DoO)
Mr B Myring	Policy and Public Affairs Manager (PPAM)
Mr A Quinn-Byrne	Governance Manager
Ms J Shardlow	Chair, RCVS Audit and Risk Committee
^RCVS Knowledge Trustees	(remote attendees, open session only)

Guests:

^Mr J Loeb	Veterinary Record
^Mr M Turner	MRCVS

RCVS Knowledge Annual General Meeting

1. RCVS Knowledge Trustees had received their papers in August 2023; the minutes would be recorded separately to the RCVS Council minutes herewith.

RCVS Council Meeting

President's introduction and welcome to new members

2. The President welcomed guests and outlined the order of the meeting.
3. Mrs Howarth, Mr Hutchinson, Dr Jones, and Dr McLeish were welcomed to their first Council meeting.

Apologies for absence

4. Apologies for absence had been received from Dr Middlemiss, Chief Veterinary Officers (UK) and RCVS Council Observer.

Declarations of interest

5. There were no new declarations of interest to report.

Minutes of previous Council meetings and remote decisions

6. Council had had the opportunity to comment electronically on the unclassified minutes and classified appendices for the meetings held on 8 June and 7 July 2023, and the remote decisions made 30 June – 4 July and 8 – 14 August 2023; these were unanimously approved by a show of hands.

Matters arising

Obituaries

7. The President reported the passing of Dr Alastair Porter HonAssocRCVS; he was past Registrar of the College from 1966 – 1991. She also acknowledged the one-year anniversary of the passing of Her Majesty Queen Elizabeth II and thoughts were with the Royal Family at this time.

8. Council, staff and guests stood and observed a minute silence for colleagues and all members of the veterinary professions that had passed since it last met.

Council correspondence

9. The President reported the following items:

National honours

10. Two veterinary surgeons had received recognition in King Charles' inaugural Birthday Honours List:
- Dr Navaratnam Partheeban MRCVS, co-founder of the British Veterinary Ethnicity and Diversity Society OBE;
 - Major Roly Owers MRCVS, Chief Executive of World Horse Welfare OBE.
11. In addition, John Millward, Head of Inspections and Enforcement Division, Veterinary Medicines Directorate (VMD) was awarded an OBE, and Claire Bessant, formerly Chief Executive of International Cat Care, was made an MBE. They had been written to and congratulated.

Fellowship Day

12. This event would be held on 27 November 2023 at One Great George Street. The keynote speaker would be Dame Sally Davies GCB DBE FRS FMedSci, further details would be sent out from the Events Team in due course.

RCVS Honours and Awards

13. The nomination period for RCVS Honours and Awards to be presented at RCVS Day in 2024 was due to open shortly, the deadline for submissions was mid-December.

Contacts and Calendar Booklet

14. This would be completed and circulated following the meeting, once scheduling and frequency of meetings had been discussed.

Declarations of interest

15. Council members were reminded to check their declarations of interest on their individual web pages and forward any amendments to the Council Secretary on d.wiggins@rcvs.org.uk or Committee Liaison Officer on h.alderton@rcvs.org.uk.

RCVS Knowledge update (taken out of order)

16. In the absence of an Executive Director of RCVS Knowledge, the update was provided by the Chair of the RCVS Knowledge Board of Trustees. She thanked the recently departed Executive Director for his hard work and leadership over the past six years to ensure the charity thrived.
17. Council was reminded that the mission of RCVS Knowledge was '*to advance the quality of care for the benefit of animals, the public, and society*'. This was done in a number of different ways with a strong focus on evidence-based, key activities were:

- *Veterinary Evidence*: open-access periodic journal that in 2022 saw a 7% growth in content and c.14,000 page views per month;
- knowledge summaries: an example was a knowledge gap identified in the risk of surgical site infection; the use of reusable or disposable drapes was informing new research in practice to better ask the question and ultimately help reduce the environmental impact of veterinary practice;
- Library and Information Service (LIS), the 'evidence engine':
 - o produces materials for its 9,000 journal watch *In Focus* subscribers;
 - o creates resources for in-practice journal clubs;
 - o supports refugees;
 - o supports authors to publish the *Veterinary Evidence* journal;
 - o access for a growing number of library members;
 - o membership had increased by 10%, had 33,000 log ins, and had been used over 100,000 times in the last year – there was a real appetite from practitioners to access evidence who did not have access through veterinary institutions;
 - o online support;
- *In Focus*: a bi-monthly email journal highlighting research articles, systematic reviews, guidelines, etc., that had the potential to positively impact patient care;
- sharing hub: 57 published case examples that focussed on topics with immediate relevance particularly within general practice; these had been accessed over 32,000 times;
- the Continuing Professional Development (CPD) environment *Learn* had been redeveloped; the number of users completing courses had doubled to 2,000 from 44 countries;
- strong focus had been on Antimicrobial Resistance (AMR), Quality Improvement (QI), and working with the Veterinary Medicine Directorate (VMD) on managing veterinary medicines that included a link to the Under Care webinar hosted by the College;
- Canine Cruciate Registry had been launched and had had its first peer review publication with data used from the Registry. Other registries were being explored, for example, spinal surgery;
- regular publication of longer articles that delved into more technical skills alongside the clinical evidence base, the aim was to build cultural readiness as a foundation for better QI outcomes; topics included teamwork and communication frameworks, risk management, distributed leadership and contextualised care, and these had been accessed over 22,000 times.

What was next for the charity?

18. Three things identified for the next strategic plan were:

- support and catalyse improvement in veterinary care;
- bring the veterinary past to life;
- continue to develop the organisation: digital first, ethical and sustainable, vibrant and diverse.

19. With regards to bringing the veterinary past to life, it was questioned whether the Museum of Military Medicine been considered? It was confirmed that the Head of Library and Knowledge Services knew the curator of that museum and collaborated with them where they could.

20. There were no other questions, and the update was noted.

CEO update

21. The paper was introduced by the CEO, who highlighted:

- the College was in the last phase of the current RCVS Strategic Plan 2020 – 2024; work would commence on the production of a new plan shortly;
- 92% of veterinary surgeons were registered with the 1CPD app, 89% of whom were compliant;
- 3,333 Vet Graduate Development Programme (VetGDP) Advisers had finished their training and a further 2,000 were enrolled and working through the programme;
- four accreditation events had taken place this year under the new accreditation standards that covered schools in all different stages; initial feedback had been positive;
- 52 members had completed the accreditation panel member training run through RCVS Academy, who now became part of a bigger 'pool' of available visitors;
- a record number of candidates had passed the recent Statutory Membership Examination (SME), including a refugee candidate, so there would be positive communications about that sent to the profession;
- the newly formed Public Advisory Group (PAG) would meet for the first time shortly; there were approximately 30 people in the Group and the first meeting would be a broad induction to the College, thereafter the first workstream would be regarding advice to owners via the website. In light of the recent changes to guidance on remote prescribing, the College would seek their views on what was important for them in that messaging;
- Officers and staff would be attending the forthcoming British Equine Veterinary Association (BEVA); British Veterinary Nurses Association (BVNA); and Emergency and Critical Care (ECC) Congresses, and London Vet Show. In order to be more accessible, Officer attendance would be split into areas of interest e.g. Miss Belton would attend the BEVA Congress on behalf of the College;
- the Charter Case Committee had now launched; this committee would look at cases that met the professional misconduct threshold, but at the 'lower end', so that the College could deal

with them in a more compassionate way and, hopefully, more quickly, whilst still being robust and in the public interest.

22. Additionally, it was noted that the Competition and Markets Authority (CMA) had launched a review into the veterinary services market for household pets. This would include some areas where the College had jurisdiction i.e. out of hours, communication with clients, etc., but that pricing and business structure was not within the RCVS' remit. It was important that as many different voices from across the spectrum of the profession were heard to make the review as relevant as possible.

23. Comments and questions included but were not limited to:

- at first sight, the CMA's review was a fundamental piece of work that resonated with some of the matters that the College had heard from the profession, and it would be interesting to know what had triggered it and what the College's approach would be. Could Council be regularly updated, particularly if it was asked for a view;
 - o the College was trying to fix a meeting date with the CMA in the next 10 days. It was unknown what had triggered the review. It was expected that there would be an information-gathering exercise and then likely a point when the College would be asked for a view on a draft report. Council would not be asked to sign off on the information that the College would be providing as that would be operational. Once a point of view was requested, it would go through the relevant committee(s) dependent on what particular element it was, likely Standards Committee. If there were other elements beyond standards, then a broad update would be brought to Council. There was a limited amount of information available at the moment;
- re: the CMA: as there had been little progress on getting a new Veterinary Surgeons Act (VSA), the 2015 Royal Charter stated in our objects at paragraph 3 that the College shall set, uphold and advance veterinary standards, and to promote, encourage, and advance the study and practice of the art and science of veterinary surgery and medicine in the interests of health and welfare of animals and in the wider public interest. Under activities at paragraph 5, it stated in addition to those functions conferred on it by or under the act, or any other act of Parliament the College may undertake any activities which seemed to it necessary or expedient to help it achieve its objects. So, the College could do things not necessarily specified in other pieces of legislation and there was an argument that the way practices were run that affected standards and the public interest in terms of veterinary fees – was it possible to set up a working party to pursue those options, particularly as Council had agreed recent changes to the Practice Standards Scheme (PSS) if practices did not comply with certain aspects of the Scheme they would be referred to the veterinary regulator? That would expand the ability to regulate practices whilst sticking within the College's remit. Additionally, as the College held the Register of Veterinary Practice Premises (RVPP) on behalf of the VMD, was it possible to make the registration of practices conditional to meeting certain requirements, one of which being access to data or following certain structural obligations?

- the reason the College was unable to go as far as it wanted was that it had no powers of entry, and that was not something that it could give itself and would require a change to legislation; that was also why the PSS was a voluntary scheme (of which 70% of practices were members) as the College was unable to make membership compulsory and could not use the Charter to do so. The Charter had been extensively used to 'fill the gaps' of current legislation e.g. the regulation of veterinary nurses, practice standards, and, more recently, the Charter Case Committee, so the College was very much alive to the opportunities it provided.

With regards to the RVPP, the detail held was per the Veterinary Medicines Regulations (VMRs), so that would require a legislation change. Again, the College pushed these as far as possible by collecting a lot of voluntary data from the practices, that information populated the Find-A-Vet (FAV) system. However, practices did not have to answer the questions and the College was unable to make registration dependent on something; core registration was a legal responsibility under the VMRs, not under the Charter.

How far the PSS could be taken was considered in great detail, including getting external advice, and was additionally considered from other aspects of the regulatory world; it was clear the College had taken it as far as it could. In terms of better practice, the regulations were currently limited to an address, and information could be requested on a voluntary basis e.g. who was in charge, etc., but it could not be used as a 'back door' to do something else. Currently the College could only regulate individuals, not practices, it was not a case of asking someone for information and, if it was not provided, it was a matter of conduct, it was the other way round, there had to be a reason to be asking for it. There could, of course, be conversations with the VMD about changes to outdated legislation but ultimately the ball was in their court. The CMA review did provide a real opportunity to put some additional political pressure on legislative changes.

24. The report was noted.

Matters for decision by Council and for report (unclassified items)

RCVS Delegation Scheme 2023 – Audit and Risk Committee (ARC) Terms of Reference (ToR) addendum

25. The CEO reported that this paper followed the larger paper as approved by Council at its June meeting as ARC had been slightly out of sync with its meeting schedule.
26. The Chair, ARC, outlined the two main changes to the ARC ToR:
- internal audit had not been specific enough relating to what the committee did, so that had been clarified at paragraph 10; and
 - it was further clarified at paragraph 18 that when the committee had confidential meetings with the College's external auditors that College staff should not be present so that matters could be discussed in a very open and confidential manner.

27. There were no questions. Council was asked to approve the proposed changes to the ARC ToR as outlined in Annex A to the paper. A vote was taken:

For:	24
Against:	0
Abstain:	0

28. This was approved by a unanimous vote.

RCVS committee schedule

29. The CEO introduced the paper and highlighted that it was, perhaps, more of an operational issue, but it did affect individual members' diary commitments. Council was asked to consider the paper holistically and the rhythm of the meetings and their interrelationship, rather than look at individual dates. She said that one of the reasons for proposed changes was that having the majority of committees meeting in one week was challenging, with increasing amounts of paperwork to produce, and to be read. It was also noted that there would be more reliance on the meeting paper system, Board Effect, to host the minutes that people would just read between meetings rather than include them in the bundle before Council meetings; this in turn would potentially relieve the pressure on the staff teams when producing the minutes against the current short deadline.

30. It was noted that in-person meetings would be easier when the College moved into its new building, although there might still be an element of being 'on the road' to a certain extent, as this had had some benefits. The recommendation in the paper was for hybrid meetings, with a 50 / 50 split for committees in-person and remote. There were benefits from a diversity and inclusion perspective of online meetings and also from a sustainability point of view. Equally, there was a huge benefit to gather as many people as possible together and to encourage members to attend when meetings were to be held in person. Deciding which committee meetings in person and which virtual would be done in consultation with committee chairs and consideration of the likely topics to be discussed.

31. Comments and questions included:

- this was a welcome change as it had been difficult to attend meetings for four days out of five in one week, and the time taken to read the associated papers;
- forthcoming events should be considered when setting meeting dates particularly when primary congresses such as the British Equine Veterinary Association (BEVA) Congress clashed with in-person Council meetings;
- whilst it was to be reviewed later in the year, the financial implications were highlighted of having fewer meetings on one day in order to facilitate them if they overran but, for those meetings that were remote, members were only reimbursed for the duration of the meeting when they might not be able to work for the entire day. Also, how would the feeding in of

papers onto Board Effect affect the reading time as there was a significant amount of time required for reading?

- different Council members had different needs and it was difficult to juggle them all. Regarding the papers loaded to Board Effect, this was effectively the minutes from the committee meetings, so that rather than have them all in one massive bundle to read for a Council meeting, there would be the same amount of reading, just available in bite-sized chunks through the period between meetings. It would be up to individual members how and when they chose to read them;
- when a vet school was facing a visitation, particularly around a Recognition Order, there was angst around meeting scheduling and the stresses placed on students;
- noted. In such specific instances, the Director of Education would consider the scheduling of the Primary Qualifications Subcommittee / Education Committee meetings.

32. A vote was taken to approve the proposed changes as outlined in the paper and annex:

For:	24
Against:	0
Abstain:	0

33. This was approved by a unanimous vote. The Contacts and Calendar booklet for this current Council year would be finalised and forwarded to Council as soon as possible following the meeting.

Council Culture Working Group (CCWG) update

34. The Chair, CCWG, introduced the paper and stated that it was effectively the final update from the task and finish group; the summary of work undertaken had been set out at Annex C to the paper.

35. Two items were highlighted:

- whole Council effectiveness: it was pleasing to see that all 24 Council members had completed the questionnaire sent round; the results of which were attached at Annex A to the paper. This was a type of health check on how Council was doing overall, and the results were very positive; a number of areas for development had been identified and activities were either ongoing, planned, or required more thought to take forward, however, the idea would be to return to the questionnaire annually and use it as a 'sense check';
- reflection conversations: the CCWG was really keen that these were not seen as an appraisal process for Council members, but rather an opportunity to reflect on performance as individuals, and how to maximise contributions to the work of Council and identify areas where support might be required. The current, and previous two, Presidents had introduced individual conversations, which had been welcomed; set out at Annex B to the paper was a template that could provide a structure to those conversations. It was felt that both the

President and the individual member could note down what was important that needed to be addressed and it was important for every member to engage with the process.

36. Comments and questions included:

- where did individual members get feedback or evaluation? Also, meetings held online dictated the way members contributed both individually and as a group;
 - o the Group wanted to get away from the term 'evaluation' and being a summative approach to individual performances. This was proposed as a formative, reflective, approach, and the conversation should be confidential between the President and the member. Section 5 of the template addressed feedback – people were encouraged as part of the process to not just talk to the President but also to colleagues for views on how they felt their individual contributions were to Council or committee(s). Naturally, some people were keener to do that than others, but it was not about forcing the point but rather to take people on a journey of improvement and to see it as a positive experience. It was also thought that committee chairs should undertake this process with external committee members;
- looking at the feedback from the questionnaire at Annex A, the red lines showed that members did not review themselves individually or collectively and that was important when communicating to the profession and the public, for example, the discussions about what Council could, and could not, do led to frustrations. The development plan, individual review process, and reflection sessions at the end of each Council meeting addressed some of the concerns; some of the answers to the questions might, however, reflect a lack of knowledge. The improvement to the signposting of information was also seen as a critical step in the review process. It was about being more reflective individuals and how we contributed to the group; if this approach did not work it could be changed at a later date;
- this was a valuable piece of work and good practice; it was an opportunity for professional and personal development and, ultimately, to make sure that Council worked more effectively by having more cohesion respecting different views and opinions, and the unconscious bias training was really useful. Caution was noted in that feedback might need consideration on how to do that effectively if there had been a negative experience;
- re: reflection, some members might find they were super polite over a telephone call but state things differently in a face-to-face conversation;
- could there be an additional box on the template for a type of any other business, to provide the opportunity to raise things that might have been 'niggling' or for random thoughts?
 - o the Director of People could include an additional section to the template for a type of 'any other business';
- how did you envisage the conversations taking place, should the form be completed prior to the meeting?

- the idea was to arrange the meetings for May 2024 and for members to go to the meetings at least having looked at the template, thought about it, and made a few notes to be ready for a conversation on both sides. Instead of making it like a workplace appraisal; the suggestions on the template were for signposting purposes;
- how was this process going to be reviewed?
 - it was suggested this item should be brought back to Council in September 2024 to consider how the process went and how it should move forwards.

Professor Wood (temporarily) left the meeting

37. A vote was taken to approve the recommendations of the CCWG regarding the whole Council effectiveness actions and implementation of reflection conversations, and to continue its work to the end of 2023:

For:	23
Against:	0
Abstain:	0

38. This was approved by a unanimous vote.

Notices of motion

39. There had been no notices of motion received**.

[Please see 'Any other business (unclassified items)' for further information.]**

Questions

40. There had been no questions received.

Any other College business (unclassified items)

41. The President apologised for the short notice email that had been sent to Council on the eve of the meeting with the below motion:

Council agrees that the implementation date of the specific part of the UCOOH guidance that concerns the prescription of POM-V anti-parasiticides is delayed until 1 January 2024.

Proposer: Miss L S Belton

Seconder: Dr M A Donald

This is because we are now getting widespread reports of lack of compliance with an element of the Veterinary Medicine Regulations, which has specifically come to light because practices' lack of compliance in this area means they are therefore not able to comply with our new guidance.

We feel that it would be the compassionate and pragmatic approach to allow this delay, in order for practices to get their houses in order.

The relevant section of the guidance is paragraph 4.17: <https://www.rcvs.org.uk/settingstandards/advice-and-guidance/code-of-professional-conduct-for-veterinarysurgeons/supporting-guidance/veterinary-medicines/>

42. The Chair, Standards Committee (SC), introduced this item. She stated that the Under Care guidance had gone live on 1 September 2023 after having been announced in March 2023 with a six-month lead-in period.
43. In mid-late August, the College had been contacted for the first time from practices that had realised their prescribing habits were not in line with the VMRs; this meant that the guidance caused a problem because they were not VMR-compliant; the difference to the guidance change meant that they could not bring their prescriptions into the format that constituted a prescription in the clinical notes without seeing the animals, and that they would not be able to do so by 31 August.
44. In order to support those practices that were otherwise doing a good job, and to fundamentally end up with a much-improved position around prescribing, Council was asked to delay the implementation of the guidance around the prescribing of anti-parasitic Prescription-Only Medicines – Veterinarian (POM-V) in all species until 31 December 2023. The rationale for the timing was that most of the issues were in companion animals and the products being used were often prescribed over 12-weekly / three-monthly basis; by picking that date, the majority of the animals under care would come up naturally and thus enable the veterinarians to be able to prescribe without physically seeing the animal where they still felt that it was safe and effective to do so – it was not 'carte blanche', it still had to be done properly, but without the need to see the animal. Despite the transitional period, it seemed that practices had not noticed the issue until August and unfortunately the work had not been done in time, therefore the request was not to change the guidance but rather that Council approve a delay to the implementation of this specific point.
45. Comments and questions included but were not limited to:
 - it was thought that the vet had to see the animal?
 - o if the guidance was unchanged, and if it was felt appropriate to the situation, prior to 1 September the prescription for anti-parasitics could be written without physically examining the animal;

- given the panic in the profession about this, should the time be a little longer?
 - o guidance was put in place in March, and it was now September. It was surprising that questions were being received on 31 August and there had been a wasted opportunity for members to get their heads around it. However, people were in that situation, and Council might feel it was entirely reasonable to provide some support but, it should be 'ring-fenced' as there had already been a substantial period of time to adapt.

The principle that needed to be established was that it was compliance with the VMRs where there were issues, not the College's guidance, and these had been in place for more than 10 years so, although the College wanted to be compassionate and pragmatic, there had to be some push back because veterinary surgeons should be aware that POM-Vs had to have a level of detail to enable a person to supply against it in the future; a potential aspect would be that there was nothing on the records and there could be a lay person supplying against what they thought was a prescription but instead *they* were doing the prescribing, which was a whole different situation.

What was being suggested was to give people the time to resolve the problem in terms of the prescription because most of the products in question had a 12-weekly / three-monthly supply, it would mean an extra bit of work but would not mean that a vet had to go in tomorrow and find out how many animals had to be viewed immediately. It was a reasonable approach that still kept pressure on a fundamental part of practice, which was writing and knowing what should be in the clinical record. It was about being compliant with one of the key parts of the VMR legislation; anti-parasitics were highlighted but it was an opportunity to get better across the board for all POM-Vs;

- a lot of people had not been aware of this guidance coming into force; in future, when sending out detailed emails to the profession, could there be a 'tick box' to show who had logged on and read / understood what was being proposed? Outside of Council it was not as widely known as possible and having a proper prescription on record made so much sense; if that had been explained a bit more it would have given members so much more sight of it and also enable them to better explain to clients why it was important;
 - o the Communications Team had sent out extensive communications but could not force people to read the information. It had been reported on in January when Council agreed the guidance; it had been in press releases; in two *RCVS News* editions; there had been two webinars where members had been encouraged to send in their questions; over the summer it had been put out on social media platforms; and, in the lead up to the deadline, there had been another two *RCVS Connect* emails. The College did not currently have the technical functionality to be able to include checkboxes, particularly with things like the General Data Protection Regulations (GDPR) involved in collecting data. Similar communications were undertaken during the Covid outbreak when engagement had been very high; in recent communications information was sent to c. 55,000 people that were viewed or opened by over half of that number but other options could be considered;

- the communication did not say 'please check you are prescribing properly' because at the time that would have been wrong of the College to say as there was no information to suggest that people were not doing so;
- if Council approved this motion, could it be put to the profession in the form of 'you spoke, we listened'? At the Question Time held the evening before the meeting, it had been concerning to hear the number of people that were getting incorrect advice handed down from senior teams of the practices that were supposed to be giving the practice staff a way to implement the guidance; the College could not make members read their emails and it was not to do with the changes to the guidance brought in, but this was to do with how to write a prescription that members were taught in veterinary school;
- it was not about under care but rather the VMRs – if people were in breach of the VMRs they needed to be aware that they were in grave difficulty because they were breaking the law; if they were not prescribing properly, it was not about how compassionate the College was but that somebody would catch up to them at some point;
- [I] am happy with the motion except in one aspect, in which it suggested or implied that there was a defective bit in the College guidance; could something be added that '*in order to facilitate compliance with the VMRs, Council agrees that the implementation...*' as it returned focus to where there needed to be a change, it was not in the huge amount of work undertaken by Standards, and the RCVS;
- there was absolutely an issue in practice with vets not being compliant with the VMRs. Unfortunately, it was probably widespread amongst 99% of the profession and there was a massive learning point that when a medicine was sold, it was either being prescribed by yourself or being dispensed on a prescription that already existed within the clinical records;
- it was also to do with how much liaison there was with the British Veterinary Association (BVA) and British Small Animal Veterinary Association (BSAVA), Veterinary Defence Society (VDS), etc., in encouraging them to communicate on the College's behalf as they reached a different audience;
 - the College certainly had had a great deal of communication with them in terms of the issue at hand;
- there was a deep discomfort that what Council was about to do was to tolerate people breaking the law for another four months. The phrasing was important, it was not potentially delaying implementation, the guidance was there, and they knew what they should be doing; it was about interpreting the legislation and the law that exists in the first place. The College could not put out anything that created or suggested that people should not already be doing this, the position was that Council was making the decision not to essentially take enforcement on the new regulation during that period of time, with compassion, as had been recognised. The wording should be clear that the College neither accepted nor permitted people breaking the law, but that a decision had been made not to deal with any cases for that period of time;

- there had been a few comments seen that undermined the role of veterinary nurses (VNs) and [I] would like it to come across in the College communications that the prescribing laws had not changed, and the College was not trying to undermine anybody. The role of the VN was valued, also, were there any updates or pieces of information like Schedule 3 changes that could be sent out at the same time to enhance that this was not to undermine anybody and that the laws were unchanged?
- it was not just the VN that dispensed but also reception staff;
- as an ex-clinician there was some sympathy with the hard-working vets but [I] entirely supported the direction of communications; Council had reviewed where changes had been made but some action was still required.

46. The discussion was brought to a close. An amendment to the wording of the motion was proposed and carried by the verbal agreement of Council. Per the Meeting Procedure Rules 2021 (paragraph 28), as the amendment was carried then '*...the motion as amended shall then become the substantive motion before the meeting*':

Proposer: Mr T J Walker

Seconder: Miss L S Belton

In order to facilitate practices' compliance with the Veterinary Medicines Regulations, Council is asked to agree that the implementation date of the specific part of the under care / out of hours guidance that concerns the prescription of POM-V anti-parasitics is delayed until Friday, 12 January 2024

47. A vote was taken on the substantive motion as amended above:

For:	20
Against:	2
Abstain:	1

48. The motion as amended was agreed by a majority vote.

49. There was no other College business to report.

Risk Register, equality and diversity (unclassified items)

50. Council agreed that the following should be added to the Corporate Risk Register:

- compliance with the VMRs, particularly as the VMD would now be aware of the issue;
- CMA review into the veterinary services market for household pets.

Date of next meeting

51. The next meeting will be held on Thursday, 9 November 2023, with scheduled timings of 10:00 am – 4:00 pm. This meeting will be remote.

Professor Wood rejoined the meeting

Matters for decision by Council and for report (confidential items)

Discretionary Fund

52. This information is available in the classified appendix at paragraphs 1 – 3.

Major projects – update

53. This information is available in the classified appendix at paragraphs 4 – 13.

Veterinary Surgeons Act (VSA) – legislative reform

54. This information is available in the classified appendix at paragraphs 14 – 49.

Any other College business (confidential items)

Classified appendices from Council meetings

55. There were no comments on the classified appendices of the Council meetings before Council.

56. There was no other business to report. (Sentences duplicated in paragraphs 50 – 51 of the classified appendix).

Risk Register, equality and diversity (confidential items)

57. This information is available in the classified appendix at paragraph 52.

Risk Register assessment – annual consideration (confidential item)

58. Due to the shortage of time remaining in the meeting, it was agreed to hold this item over to the next Council meeting to be held in November 2023. Explanation is available in the classified appendix at paragraphs 53 – 55.

Reflective session (confidential item)

59. This information is available in the classified appendix at paragraphs 56 – 62.

60. The meeting was drawn to a close.

Remote decision made 15 – 20 September 2023 (confidential item)

Customer Relationship Management (CRM) system (confidential)

61. This information is available in the classified appendix at paragraphs 63 – 66.

Summary	
Meeting	Council
Date	9 November 2023
Title	Amendment to RCVS Council Election Scheme
Summary	This paper sets out two further amendments to the Election Scheme for Council's consideration.
Decisions required	To approve by formal resolution of Council the (further) amended RCVS Council Election Scheme.
Attachments	Annex A – Proposed further amendments to the RCVS Council Election Scheme with track changes; Annex B – Copy of RCVS Council Election Scheme with proposed amendments accepted.
Author	Eleanor Ferguson Registrar / Director of Legal Services 020 7202 0718 / e.ferguson@rcvs.org.uk

Classifications		
Document	Classification¹	Rationales²
Paper	Unclassified	n/a
Annexes A – B	Unclassified	n/a

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

RCVS Council Election Scheme

Background

1. Council will recall that, at its meeting on 8 June 2023, it approved a number of amendments to the RCVS Council Election Scheme. These were submitted to Defra / the Privy Council who have raised two matters on which clarification / amendment is sought prior to submission to the Minister.

Matters raised

Paragraph 5(1)

2. This relates to specific rules around the Veterinary Surgeons (Agreement with the Republic of Ireland) Order 1988. Essentially, it is only those specifically set out in that Order who cannot vote and stand for election. This has been scrupulously applied in all elections. However, the language in the Election Scheme is somewhat ambiguous, and by way of clarification, we would seek to amend paragraph 5(1) as follows:

5.-(1) *A member may be a candidate for election only if on the last date for nominations –*

(a) *they are a member who resides outside the Republic of Ireland; or*

~~(b) — (b) they are a member who resides in the Republic of Ireland and to whom the provisions of the Veterinary Surgeons (Agreement with the Republic of Ireland) Order 1988 do not pertain or who ~~and~~ has retained his right to vote under that Order the provisions of the Veterinary Surgeons (Agreement with the Republic of Ireland) Order 1988.~~

Paragraph 10(4)(f)

3. Council will recall that in June it agreed that anyone standing for Council (amongst other things) should confirm “*that there was nothing in their private or professional life which, if it became known, would embarrass the College*”. It has been suggested that this language is overly ‘wide’ and might inadvertently stray into impacting on human rights issues. While this might be unlikely, and most certainly was not the intention, it is suggested that to avoid any potential issues the language is amended to reflect the terminology in the Code of Professional Conduct (6.5) as follows:

(4) *Each nomination form shall be signed by the candidate to whom it relates, who in doing so confirms that –*

(f) They have not engaged in any activity or behaviour that would be likely to bring the profession into disrepute or undermine public confidence in the profession.

~~(f) that there is nothing in their private or professional life which, if it became known, would embarrass the College~~

Decisions required

4. Council is asked to approve by formal resolution of Council, the (further) amended RCVS Council Election Scheme as set out in Annexes A and B.

THE Council of the Royal College of Veterinary Surgeons have, in pursuance of paragraph 10 of Schedule 1 to the Veterinary Surgeons Act 1966 (a), amended the Royal College of Veterinary Surgeons Council Election Scheme 1967 (b).

BY virtue of that paragraph 10, the amendment shall not have effect unless approved by the Privy Council.

SCHEDULE

AMENDMENT TO THE ROYAL COLLEGE OF VETERINARY SURGEONS
COUNCIL ELECTION SCHEME 1967

The Council of the Royal College of Veterinary Surgeons, in exercise of its powers under paragraph 10 of schedule 1 to the Veterinary Surgeons Act 1966, hereby makes the following amendment to the Royal College of Veterinary Surgeons Council Election Scheme 1967 (hereinafter referred to as "the Scheme") -

1. The Scheme shall be amended by the deletion of paragraphs 2-25 and the substitution thereof of the following new paragraphs 2-24 –

“Interpretation

- 2.-(1) In this Scheme –

“the Act” means the Veterinary Surgeons Act 1966;

“elector” shall be construed in accordance with paragraph 15;

“Council” means the Council of the Royal College of Veterinary Surgeons;

“Independent Scrutineer” means the body appointed in accordance with paragraph 4;

“last date for despatch of voting papers” shall be construed in accordance with paragraph 7 read with paragraphs 12 and 13;

“last date for nominations” shall be construed in accordance with paragraph 6 read with paragraphs 12 and 13;

“last date for return of voting papers” shall be construed in accordance with paragraph 8 read with paragraphs 12 and 13;

“member” means a member of the College in accordance with sections 3(1) and 6(1) of the Act;

“registered address” means the address entered in the register under section 9 of the Act;

“Returning Officer” shall be construed in accordance with paragraph 3;

“signed” shall include an electronic signature;

“voting papers” means the electronic form used to register a person’s vote.

- (2) Any requirement in this Scheme for any nomination, voting paper, vote cast electronically or by means of telecommunications, or other material to be received by the Returning Officer or the Independent Scrutineer by a date fixed by the Returning Officer or calculated in accordance with these Rules shall be construed as a requirement that it shall be received by him not later than 5.00 pm on that date.

Returning Officer

- 3.-(1) The Registrar of the College shall act as the Returning Officer for each election to the Council.

- (2) In the absence or inability of the Registrar to act of the Returning Officer, the Assistant Registrar, or such other employee of the College as shall be appointed by the Registrar, shall act in their place.
- (3) The Returning Officer shall be responsible for the conduct of each election, subject to and in accordance with the provisions of the Act and this Scheme, and shall exercise the functions conferred upon them by this Scheme.
- (4) The Returning Officer may arrange for the Independent Scrutineer or any other person to carry out on his behalf such administrative functions as they consider appropriate.

Independent Scrutineer

- 4.-(1) Civica Election Services (CES), or such other body as shall be appointed by the Council, shall act as Independent Scrutineer for each election to the Council.
- (2) As well as carrying out its other functions set out in this Scheme, and any functions it carries out on behalf of the Returning Officer in accordance with paragraph 3(4), the Independent Scrutineer shall be responsible for –
 - (a) receiving and scrutinising the completed voting papers cast electronically or by telephone in the ballot;
 - (b) counting the votes cast and determining the votes cast for each candidate; and
 - (c) certifying the result of the ballot in writing to the Returning Officer.

Eligibility to become a candidate in the election

- 5.-(1) A member may be a candidate for election only if on the last date for nominations –
 - (a) they are a member who resides outside the Republic of Ireland; or
 - ~~(a)~~ (b) they are a member who resides in the Republic of Ireland [and to whom the provisions of the Veterinary Surgeons \(Agreement with the Republic of Ireland\) Order 1988 do not pertain or who](#) and has retained his right to vote under [that Order](#) ~~the provisions of the Veterinary Surgeons (Agreement with the Republic of Ireland) Order 1988.~~
- (2) The Returning Officer shall reject any nomination which appears to them to be invalid on the ground that the person nominated is not eligible to be a candidate by virtue of this paragraph.

Last date for nominations

- 6.-(1) Subject to paragraphs 12 and 13, the last date for nominations for each election shall be 31 January.
- (2) Any nomination which is received after the last date for nominations shall be invalid.

Last date for despatch of voting papers

7. Subject to paragraphs 12 and 13, the last date for despatch of voting papers for each election shall be 31 March.

Last date for return of voting papers

8. The Returning Officer shall determine a last date for the return of voting papers, which shall be not less than 21 days after the last date for despatch of voting papers.

Notice of election

- 9.-(1) Subject to paragraphs 12 and 13, at least 21 days before the last date for nominations, the Returning Officer shall give notice of an election.
- (2) The notice of election shall be published on the College's website and in such veterinary professional journals and on such number of occasions as the Returning Officer shall direct.
- (3) The notice of election shall be in such form as the Returning Officer shall determine and shall state –
- (a) the number of vacancies on the Council to be filled;
 - (b) the names of the elected members of the Council who are retiring in rotation;
 - (c) the address of the Returning Officer to which nominations are to be sent, together with such other information as to the mode of delivery of nominations as the Returning Officer thinks fit;
 - (d) details of the format of candidate information which candidates must supply, in accordance with paragraph 11 and as specified by the Returning Officer; and
 - (e) the last date for nominations.

Nominations

10.-(1) Nominations for election shall –

- (a) be made in writing on a nomination form which is in the form specified by the Returning Officer and obtainable from them;
 - (b) be sent to the Returning Officer by email or other electronic means specified by the Returning Officer, or handed in at the offices of the College, to be received not later than the last date for nominations.
- (2) Candidates must be nominated by two members, each of whom would be eligible to be a candidate in accordance with paragraph 5(1) and who should each complete a nomination form, specifying their full names and registered addresses.
- (3) No member shall nominate more than one candidate in each election and if they sign more than one nomination form their signature shall be inoperative on all but the first nomination form opened by the Returning Officer.
- (4) Each nomination form shall be signed by the candidate to whom it relates, who in doing so confirms that –
- (a) the information contained in the form is correct;
 - (b) that they are eligible to become a candidate in accordance with paragraph 5(1);
 - (c) that they consent to being nominated for election;
 - (d) that they are willing to serve, if elected; and
 - (e) that they are willing, if elected, to comply with any codes of practice or guidance issued by the Council from time to time governing the conduct of members of the Council.
 - ~~(f) They have not engaged in any activity or behaviour that would be likely to bring the profession into disrepute or undermine public confidence in the profession.~~
 - ~~(f) that there is nothing in their private or professional life which, if it became known, would embarrass the College~~
- (5) The Returning Officer shall reject any nomination or purported nomination which –
- (a) is received after the last date for nominations;
 - (b) is not on a nomination form which is in the form specified under paragraph 10(1)(a);
 - (c) does not bear the signatures of two members qualified to nominate by virtue of paragraph 10(2);

- (d) does not contain the information required by the nomination form; and
 - (e) which is not signed by the candidate to whom it relates.
- (6) A nomination may be withdrawn at any time until the last date for nominations by a written notification signed by the candidate and addressed to the Returning Officer.

Election statements by candidates

- 11.-(1) A candidate for election must supply with their nomination such candidate information and/or statements of such length, and containing such information as required by the Returning Officer.
- (2) Subject to the following provisions of this paragraph, any candidate information or statements received under sub-paragraph (1) shall be reproduced and circulated by the Returning Officer as part of the election material circulated in accordance with paragraph 16.
 - (3) This paragraph shall not require the Returning Officer to circulate an election statement or other information submitted which is greater in length than maximum number of words specified by the Returning Officer and in the absence of agreement with the candidate the election statement or other information circulated by the Returning Officer shall end at the last complete sentence within the specified length.
 - (4) This paragraph shall not require the Returning Officer to circulate any candidate information or statement which they reasonably consider to be defamatory or otherwise unlawful, or factually misleading, and may in the absence of agreement with the candidate either edit the information or statement before circulating it or decide not to circulate it.
 - (5) Any question as to the format or presentation of any candidate information or statement or contact details shall be decided conclusively by the Returning Officer.
 - (6) Every candidate who supplies any candidate information or statement shall be deemed to have agreed –
 - (a) that the decision of the Returning Officer not to issue the whole or any part of it is final; and
 - (b) to indemnify the Returning Officer and the College against any liability to any third party this arises by reason of issuing the candidate statement or information.

Procedure if no candidates nominated

12. If no candidates have been validly nominated in accordance with paragraph 10 –

- (a) The Returning Officer shall fix a new last date for nominations to be received for election to fill the vacancies together with a new last date for despatch of voting papers, and give notice in the manner required by paragraph 9 that an election will take place for that purpose; and
- (b) The provisions of this Scheme shall otherwise apply to any election which is re-started in accordance with this paragraph.

Procedure if fewer candidates nominated than vacancies

13. The following provisions shall apply if fewer candidates have been validly nominated in accordance with paragraph 10 than there are vacancies to be filled –
- (a) those candidates who have been so nominated shall be entitled to be elected and the chair of the next ensuing annual general meeting of the College shall formally declare elected the members so nominated;
 - (b) the Returning Officer shall fix a new last date for nominations to be received for election to fill the outstanding vacancies together with a new last date for despatch of voting papers, and give notice in the manner required by paragraph 9 that an election will take place for that purpose; and
 - (c) the provisions of this Scheme shall otherwise apply to any election which is re-started in accordance with this paragraph.

Procedure if no more candidates nominated than vacancies

14. If no more candidates have been validly nominated in accordance with paragraph 10 than there are vacancies to be filled, no ballot shall take place and the chair of the next ensuing annual general meeting of the College shall formally declare elected the members so nominated.

Entitlement to vote in an election

15. Only those members who would be eligible to become a candidate for election in accordance with paragraph 5 may vote in an election.

Conduct of the ballot

- 16.-(1) If more candidates have been nominated in accordance with paragraph 10 than there are vacancies to be filled, the Returning Officer shall not later than the last date for despatch of voting papers send a voting paper and election material to each elector.

- (2) The voting paper and election material shall together include the following –
- (a) the number of vacancies on the Council to be filled in the election;
 - (b) the full name of each candidate;
 - (c) instructions on how to complete the voting paper or to vote electronically, through the internet or by telephone;
 - (d) the address of the Independent Scrutineer to which a completed voting paper is to be returned;
 - (e) the last date for the return of voting papers or, subject to paragraph 17, for electronic, internet or telephone votes to be registered; and
 - (f) subject to the provisions of paragraph 11, copies of any candidate information or statement which were supplied by the candidates in the specified form.
- (3) Subject to paragraph 20, each elector shall be entitled to receive one voting paper only and a voting paper shall not be valid unless –
- (a) it is a voting paper issued to that elector by the Returning Officer or any external body acting on their behalf; or
 - (b) the member has recorded their vote or votes in accordance with the instructions on the voting paper.

Voting electronically or by means of telecommunications

- 17.-(1) The Returning Officer may if they think fit and in accordance with arrangements approved by the Independent Scrutineer make voting facilities available by any or all of the following –
- (a) use of electronic mail;
 - (b) use of the internet; or
 - (c) use of telecommunications. or such other electronic means as designated by the Returning Officer
- (2) Any elector wishing to vote by such a method shall do so –
- (a) in accordance with the instructions given on the voting paper; and
 - (b) by the last date for return of voting papers.

- (3) The Independent Scrutineer may take such steps as it considers necessary to ascertain that a vote cast by any of the methods referred to in sub-paragraph (1) is valid.

Double voting

18. An elector who has voted by one of the voting methods referred to in paragraph 17 shall not return a voting paper in that election or use any of the other methods referred to in that paragraph.

Replacement voting papers

19. An elector shall be entitled to receive from the Independent Scrutineer not later than the last date for return of voting papers and by such means as the Independent Scrutineer considers appropriate (including facsimile transmission or electronic mail) a replacement voting paper if –
- (a) the elector concerned states their full name and registered address; and
 - (b) the elector declares in writing (including by electronic mail) that they have not received a voting paper or that, if they have received one, it has been accidentally lost or destroyed.

Scrutiny of votes

20. The Independent Scrutineer shall reject any purporting vote which –
- (1)
- (a) is ambiguous;
 - (b) has not been registered in accordance with the arrangements approved by the Independent Scrutineer for voting by the method concerned; or
 - (c) has been received by the Independent Scrutineer after the last date for the return of voting papers.
- (2) The Independent Scrutineer shall certify the result of the ballot to the Returning Officer in writing (which may be by facsimile transmission or electronic mail), giving the following information –
- (a) the total number of votes cast by any of the voting methods referred to in paragraph 17;
 - (b) the total number of voting papers which were rejected and the grounds for rejection; and
 - (c) the number of valid votes cast for each candidate.

- (3) Subject to paragraph 23, the certificate of the Independent Scrutineer shall be conclusive as to the result of the ballot.
- (4) The Independent Scrutineer shall retain in secure custody for a period of one month after the annual general meeting of the College at which the results of the election are announced, any information in printed or electronic form relating to individual votes cast by any of the voting methods referred to in paragraph 17 or information relating to demographic analysis of the votes cast by whatever means. Following which, in the absence of any challenge made under paragraph 23, they shall be destroyed.

Election of successful candidates

- 21.-(1) Such number of candidates equal to the number of vacancies to be filled in the election who are certified by the Independent Scrutineer as having received the highest number of valid votes shall be deemed to be elected, and the names of the candidates elected shall be announced by the chair at the annual general meeting of the College at which the vacancies to be filled occur.
- (2) If in any ballot two or more candidates receive the same number of valid votes, then for the purpose of determining which of them has the highest number of valid votes –
 - (a) if one of the candidates has been registered longer than any of the others they shall be deemed to have the highest number of votes; and
 - (c) if two candidates have been registered for the same period, the candidate deemed to have the highest number of votes shall be determined by the drawing of lots by the responsible officer of the Independent Scrutineer.

Death or disqualification of a candidate

- 22.-(1) If notification of the death or disqualification of a candidate is received by the Returning Officer after the last date for nominations but before any voting papers have been circulated to the electors, the name of the deceased or disqualified candidate shall be removed from the voting paper and the election shall proceed in all respects as if they had never been nominated, unless the resulting number of candidates is the same as the number of vacancies, in which event the procedure set out in paragraph 14 shall be followed.
- (2) If notification of the death or disqualification of a candidate is received by the Returning Officer after voting papers have been circulated to the electors, but before the conclusion of the election, the ballot shall proceed but the Independent Scrutineer shall disregard votes cast for the deceased or disqualified candidate.

Challenge procedure

- 23.-(1) Any candidate in an election may, within one month after the annual general meeting at which the result of the election was declared, challenge the validity of the election, but only on the grounds that the election was –
- (a) not in accordance with the provisions of this Scheme; or
 - (b) furthered by conduct which, if the election had been regulated by the Representation of the People Act 1983, would have been a corrupt practice by way of bribery, treating or undue influence under sections 113, 114 or 115 of that Act.
- (2) Any such challenge must be in writing, signed by the candidate making it, and addressed to the Returning Officer, who shall send a copy of it to each of the other candidates in the election.
- (3) The Returning Officer shall refer any such challenge to a Challenge Committee, which shall consist of three members to include the Chair of the Audit and Risk Committee, together with a lay person and a professional person neither of whom should be members of Council, nominated by (in order of exercising the power) –
- (a) the President, unless they were a candidate in the election concerned;
 - (b) the Senior Vice-President, unless they were a candidate in the election concerned;
 - (c) the Junior Vice-President, unless they were a candidate in the election concerned;
 - (c) the most senior Past President of the College still serving on the Council who was not a candidate in the election
- (4) The Challenge Committee shall sit with one of the Legal Assessors appointed under paragraph 6 of schedule 2 to the Act, who shall act in an advisory capacity and have no vote, and who shall be nominated in the same manner as the members of the Challenge Committee.
- (5) The Challenge Committee shall determine whether to declare the election void according to such procedure as it thinks fit, subject to the provisions of the Act and this Scheme, but which shall afford all candidates in the election under challenge the right to make written representation on the subject of the challenge.
- (6) The determination of the Challenge Committee shall be final and conclusive for all purposes.
- (7) The Challenge Committee shall not declare an election void under sub-paragraph (5) unless it is satisfied –
- (a) that the irregularity concerned rendered the election substantially not in accordance with this Scheme; or

- (b) that the irregularity concerned significantly affected the result of the election.
- (8) No election under this Scheme shall be rendered void on the ground of the accidental omission to send a voting paper to any elector or the accidental non-delivery of a voting paper to any elector.

disruption and civil contingencies

- 24. In the event of a significant disruption to the internet, electronic mail, telephone services, or other electronic means as set out in paragraph 17, or of any other civil contingency arising, the Returning Officer may defer the last dates set out in this Scheme, and otherwise adjust the procedures set out in this Scheme, at their discretion.”

Pursuant to a resolution of the Council of the
Royal College of Veterinary Surgeons on
9 November 2023, the Common Seal of the said
Royal College was affixed hereto on the said
9 November 2023 in the presence of -

President

Member of Council

Member of Council

THE Council of the Royal College of Veterinary Surgeons have, in pursuance of paragraph 10 of Schedule 1 to the Veterinary Surgeons Act 1966 (a), amended the Royal College of Veterinary Surgeons Council Election Scheme 1967 (b).

BY virtue of that paragraph 10, the amendment shall not have effect unless approved by the Privy Council.

SCHEDULE

AMENDMENT TO THE ROYAL COLLEGE OF VETERINARY SURGEONS
COUNCIL ELECTION SCHEME 1967

The Council of the Royal College of Veterinary Surgeons, in exercise of its powers under paragraph 10 of schedule 1 to the Veterinary Surgeons Act 1966, hereby makes the following amendment to the Royal College of Veterinary Surgeons Council Election Scheme 1967 (hereinafter referred to as "the Scheme") -

1. The Scheme shall be amended by the deletion of paragraphs 2-25 and the substitution thereof of the following new paragraphs 2-24 –

“Interpretation

- 2.-(1) In this Scheme –

“the Act” means the Veterinary Surgeons Act 1966;

“elector” shall be construed in accordance with paragraph 15;

“Council” means the Council of the Royal College of Veterinary Surgeons;

“Independent Scrutineer” means the body appointed in accordance with paragraph 4;

“last date for despatch of voting papers” shall be construed in accordance with paragraph 7 read with paragraphs 12 and 13;

“last date for nominations” shall be construed in accordance with paragraph 6 read with paragraphs 12 and 13;

“last date for return of voting papers” shall be construed in accordance with paragraph 8 read with paragraphs 12 and 13;

“member” means a member of the College in accordance with sections 3(1) and 6(1) of the Act;

“registered address” means the address entered in the register under section 9 of the Act;

“Returning Officer” shall be construed in accordance with paragraph 3;

“signed” shall include an electronic signature;

“voting papers” means the electronic form used to register a person’s vote.

- (2) Any requirement in this Scheme for any nomination, voting paper, vote cast electronically or by means of telecommunications, or other material to be received by the Returning Officer or the Independent Scrutineer by a date fixed by the Returning Officer or calculated in accordance with these Rules shall be construed as a requirement that it shall be received by him not later than 5.00 pm on that date.

Returning Officer

- 3.-(1) The Registrar of the College shall act as the Returning Officer for each election to the Council.

- (2) In the absence or inability of the Registrar to act of the Returning Officer, the Assistant Registrar, or such other employee of the College as shall be appointed by the Registrar, shall act in their place.
- (3) The Returning Officer shall be responsible for the conduct of each election, subject to and in accordance with the provisions of the Act and this Scheme, and shall exercise the functions conferred upon them by this Scheme.
- (4) The Returning Officer may arrange for the Independent Scrutineer or any other person to carry out on his behalf such administrative functions as they consider appropriate.

Independent Scrutineer

- 4.-(1) Civica Election Services (CES), or such other body as shall be appointed by the Council, shall act as Independent Scrutineer for each election to the Council.
- (2) As well as carrying out its other functions set out in this Scheme, and any functions it carries out on behalf of the Returning Officer in accordance with paragraph 3(4), the Independent Scrutineer shall be responsible for –
 - (a) receiving and scrutinising the completed voting papers cast electronically or by telephone in the ballot;
 - (b) counting the votes cast and determining the votes cast for each candidate; and
 - (c) certifying the result of the ballot in writing to the Returning Officer.

Eligibility to become a candidate in the election

- 5.-(1) A member may be a candidate for election only if on the last date for nominations –
 - (a) they are a member who resides outside the Republic of Ireland; or
 - (b) they are a member who resides in the Republic of Ireland and to whom the provisions of the Veterinary Surgeons (Agreement with the Republic of Ireland) Order 1988 do not pertain or who has retained his right to vote under that Order.
- (2) The Returning Officer shall reject any nomination which appears to them to be invalid on the ground that the person nominated is not eligible to be a candidate by virtue of this paragraph.

Last date for nominations

- 6.-(1) Subject to paragraphs 12 and 13, the last date for nominations for each election shall be 31 January.
- (2) Any nomination which is received after the last date for nominations shall be invalid.

Last date for despatch of voting papers

7. Subject to paragraphs 12 and 13, the last date for despatch of voting papers for each election shall be 31 March.

Last date for return of voting papers

8. The Returning Officer shall determine a last date for the return of voting papers, which shall be not less than 21 days after the last date for despatch of voting papers.

Notice of election

- 9.-(1) Subject to paragraphs 12 and 13, at least 21 days before the last date for nominations, the Returning Officer shall give notice of an election.
- (2) The notice of election shall be published on the College's website and in such veterinary professional journals and on such number of occasions as the Returning Officer shall direct.
- (3) The notice of election shall be in such form as the Returning Officer shall determine and shall state –
 - (a) the number of vacancies on the Council to be filled;
 - (b) the names of the elected members of the Council who are retiring in rotation;
 - (c) the address of the Returning Officer to which nominations are to be sent, together with such other information as to the mode of delivery of nominations as the Returning Officer thinks fit;
 - (d) details of the format of candidate information which candidates must supply, in accordance with paragraph 11 and as specified by the Returning Officer; and
 - (e) the last date for nominations.

Nominations

10.-(1) Nominations for election shall –

- (a) be made in writing on a nomination form which is in the form specified by the Returning Officer and obtainable from them;
 - (b) be sent to the Returning Officer by email or other electronic means specified by the Returning Officer, or handed in at the offices of the College, to be received not later than the last date for nominations.
- (2) Candidates must be nominated by two members, each of whom would be eligible to be a candidate in accordance with paragraph 5(1) and who should each complete a nomination form, specifying their full names and registered addresses.
- (3) No member shall nominate more than one candidate in each election and if they sign more than one nomination form their signature shall be inoperative on all but the first nomination form opened by the Returning Officer.
- (4) Each nomination form shall be signed by the candidate to whom it relates, who in doing so confirms that –
- (a) the information contained in the form is correct;
 - (b) that they are eligible to become a candidate in accordance with paragraph 5(1);
 - (c) that they consent to being nominated for election;
 - (d) that they are willing to serve, if elected; and
 - (e) that they are willing, if elected, to comply with any codes of practice or guidance issued by the Council from time to time governing the conduct of members of the Council.
 - (f) they have not engaged in any activity or behaviour that would be likely to bring the profession into disrepute or undermine public confidence in the profession.
- (5) The Returning Officer shall reject any nomination or purported nomination which –
- (a) is received after the last date for nominations;
 - (b) is not on a nomination form which is in the form specified under paragraph 10(1)(a);
 - (c) does not bear the signatures of two members qualified to nominate by virtue of paragraph 10(2);
 - (d) does not contain the information required by the nomination form; and

- (e) which is not signed by the candidate to whom it relates.
- (6) A nomination may be withdrawn at any time until the last date for nominations by a written notification signed by the candidate and addressed to the Returning Officer.

Election statements by candidates

- 11.-(1) A candidate for election must supply with their nomination such candidate information and/or statements of such length, and containing such information as required by the Returning Officer.
- (2) Subject to the following provisions of this paragraph, any candidate information or statements received under sub-paragraph (1) shall be reproduced and circulated by the Returning Officer as part of the election material circulated in accordance with paragraph 16.
- (3) This paragraph shall not require the Returning Officer to circulate an election statement or other information submitted which is greater in length than maximum number of words specified by the Returning Officer and in the absence of agreement with the candidate the election statement or other information circulated by the Returning Officer shall end at the last complete sentence within the specified length.
- (4) This paragraph shall not require the Returning Officer to circulate any candidate information or statement which they reasonably consider to be defamatory or otherwise unlawful, or factually misleading, and may in the absence of agreement with the candidate either edit the information or statement before circulating it or decide not to circulate it.
- (5) Any question as to the format or presentation of any candidate information or statement or contact details shall be decided conclusively by the Returning Officer.
- (6) Every candidate who supplies any candidate information or statement shall be deemed to have agreed –
 - (a) that the decision of the Returning Officer not to issue the whole or any part of it is final; and
 - (b) to indemnify the Returning Officer and the College against any liability to any third party this arises by reason of issuing the candidate statement or information.

Procedure if no candidates nominated

- 12. If no candidates have been validly nominated in accordance with paragraph 10 –
 - (a) The Returning Officer shall fix a new last date for nominations to be received for election to fill the vacancies together with a new last date for despatch of voting papers,

and give notice in the manner required by paragraph 9 that an election will take place for that purpose; and

- (b) The provisions of this Scheme shall otherwise apply to any election which is re-started in accordance with this paragraph.

Procedure if fewer candidates nominated than vacancies

- 13. The following provisions shall apply if fewer candidates have been validly nominated in accordance with paragraph 10 than there are vacancies to be filled –
 - (a) those candidates who have been so nominated shall be entitled to be elected and the chair of the next ensuing annual general meeting of the College shall formally declare elected the members so nominated;
 - (b) the Returning Officer shall fix a new last date for nominations to be received for election to fill the outstanding vacancies together with a new last date for despatch of voting papers, and give notice in the manner required by paragraph 9 that an election will take place for that purpose; and
 - (c) the provisions of this Scheme shall otherwise apply to any election which is re-started in accordance with this paragraph.

Procedure if no more candidates nominated than vacancies

- 14. If no more candidates have been validly nominated in accordance with paragraph 10 than there are vacancies to be filled, no ballot shall take place and the chair of the next ensuing annual general meeting of the College shall formally declare elected the members so nominated.

Entitlement to vote in an election

- 15. Only those members who would be eligible to become a candidate for election in accordance with paragraph 5 may vote in an election.

Conduct of the ballot

- 16.-(1) If more candidates have been nominated in accordance with paragraph 10 than there are vacancies to be filled, the Returning Officer shall not later than the last date for despatch of voting papers send a voting paper and election material to each elector.
- (2) The voting paper and election material shall together include the following –

- (a) the number of vacancies on the Council to be filled in the election;
 - (b) the full name of each candidate;
 - (c) instructions on how to complete the voting paper or to vote electronically, through the internet or by telephone;
 - (d) the address of the Independent Scrutineer to which a completed voting paper is to be returned;
 - (e) the last date for the return of voting papers or, subject to paragraph 17, for electronic, internet or telephone votes to be registered; and
 - (f) subject to the provisions of paragraph 11, copies of any candidate information or statement which were supplied by the candidates in the specified form.
- (3) Subject to paragraph 20, each elector shall be entitled to receive one voting paper only and a voting paper shall not be valid unless –
- (a) it is a voting paper issued to that elector by the Returning Officer or any external body acting on their behalf; or
 - (b) the member has recorded their vote or votes in accordance with the instructions on the voting paper.

Voting electronically or by means of telecommunications

- 17.-(1) The Returning Officer may if they think fit and in accordance with arrangements approved by the Independent Scrutineer make voting facilities available by any or all of the following –
- (a) use of electronic mail;
 - (b) use of the internet; or
 - (c) use of telecommunications. or such other electronic means as designated by the Returning Officer
- (2) Any elector wishing to vote by such a method shall do so –
- (a) in accordance with the instructions given on the voting paper; and
 - (b) by the last date for return of voting papers.
- (3) The Independent Scrutineer may take such steps as it considers necessary to ascertain that a vote cast by any of the methods referred to in sub-paragraph (1) is valid.

Double voting

18. An elector who has voted by one of the voting methods referred to in paragraph 17 shall not return a voting paper in that election or use any of the other methods referred to in that paragraph.

Replacement voting papers

19. An elector shall be entitled to receive from the Independent Scrutineer not later than the last date for return of voting papers and by such means as the Independent Scrutineer considers appropriate (including facsimile transmission or electronic mail) a replacement voting paper if –
- (a) the elector concerned states their full name and registered address; and
 - (b) the elector declares in writing (including by electronic mail) that they have not received a voting paper or that, if they have received one, it has been accidentally lost or destroyed.

Scrutiny of votes

20. The Independent Scrutineer shall reject any purporting vote which –
- (1)
 - (a) is ambiguous;
 - (b) has not been registered in accordance with the arrangements approved by the Independent Scrutineer for voting by the method concerned; or
 - (c) has been received by the Independent Scrutineer after the last date for the return of voting papers.
 - (2) The Independent Scrutineer shall certify the result of the ballot to the Returning Officer in writing (which may be by facsimile transmission or electronic mail), giving the following information –
 - (a) the total number of votes cast by any of the voting methods referred to in paragraph 17;
 - (b) the total number of voting papers which were rejected and the grounds for rejection; and
 - (c) the number of valid votes cast for each candidate.

- (3) Subject to paragraph 23, the certificate of the Independent Scrutineer shall be conclusive as to the result of the ballot.
- (4) The Independent Scrutineer shall retain in secure custody for a period of one month after the annual general meeting of the College at which the results of the election are announced, any information in printed or electronic form relating to individual votes cast by any of the voting methods referred to in paragraph 17 or information relating to demographic analysis of the votes cast by whatever means. Following which, in the absence of any challenge made under paragraph 23, they shall be destroyed.

Election of successful candidates

- 21.-(1) Such number of candidates equal to the number of vacancies to be filled in the election who are certified by the Independent Scrutineer as having received the highest number of valid votes shall be deemed to be elected, and the names of the candidates elected shall be announced by the chair at the annual general meeting of the College at which the vacancies to be filled occur.
- (2) If in any ballot two or more candidates receive the same number of valid votes, then for the purpose of determining which of them has the highest number of valid votes –
 - (a) if one of the candidates has been registered longer than any of the others they shall be deemed to have the highest number of votes; and
 - (c) if two candidates have been registered for the same period, the candidate deemed to have the highest number of votes shall be determined by the drawing of lots by the responsible officer of the Independent Scrutineer.

Death or disqualification of a candidate

- 22.-(1) If notification of the death or disqualification of a candidate is received by the Returning Officer after the last date for nominations but before any voting papers have been circulated to the electors, the name of the deceased or disqualified candidate shall be removed from the voting paper and the election shall proceed in all respects as if they had never been nominated, unless the resulting number of candidates is the same as the number of vacancies, in which event the procedure set out in paragraph 14 shall be followed.
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Challenge procedure

- 23.-(1) Any candidate in an election may, within one month after the annual general meeting at which the result of the election was declared, challenge the validity of the election, but only on the grounds that the election was –
- (a) not in accordance with the provisions of this Scheme; or
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- (a) the President, unless they were a candidate in the election concerned;
 - (b) the Senior Vice-President, unless they were a candidate in the election concerned;
 - (c) the Junior Vice-President, unless they were a candidate in the election concerned;
 - (c) the most senior Past President of the College still serving on the Council who was not a candidate in the election
- (4) The Challenge Committee shall sit with one of the Legal Assessors appointed under paragraph 6 of schedule 2 to the Act, who shall act in an advisory capacity and have no vote, and who shall be nominated in the same manner as the members of the Challenge Committee.
- (5) The Challenge Committee shall determine whether to declare the election void according to such procedure as it thinks fit, subject to the provisions of the Act and this Scheme, but which shall afford all candidates in the election under challenge the right to make written representation on the subject of the challenge.
- (6) The determination of the Challenge Committee shall be final and conclusive for all purposes.
- (7) The Challenge Committee shall not declare an election void under sub-paragraph (5) unless it is satisfied –
- (a) that the irregularity concerned rendered the election substantially not in accordance with this Scheme; or

- (b) that the irregularity concerned significantly affected the result of the election.
- (8) No election under this Scheme shall be rendered void on the ground of the accidental omission to send a voting paper to any elector or the accidental non-delivery of a voting paper to any elector.

disruption and civil contingencies

- 24. In the event of a significant disruption to the internet, electronic mail, telephone services, or other electronic means as set out in paragraph 17, or of any other civil contingency arising, the Returning Officer may defer the last dates set out in this Scheme, and otherwise adjust the procedures set out in this Scheme, at their discretion.”

Pursuant to a resolution of the Council of the
Royal College of Veterinary Surgeons on
9 November 2023, the Common Seal of the said
Royal College was affixed hereto on the said
9 November 2023 in the presence of -

President

Member of Council

Member of Council

Summary	
Meeting	Council
Date	9 November 2023
Title	Handling potential conflicts of interest
Summary	This paper outlines proposals to support Chairs and other committee/Council members in handling potential conflicts of interest, recommendations from the Council Culture Working Group.
Decisions required	Council is asked to approve: <ol style="list-style-type: none"> 1. The proposed amendments to the existing Policy for Managing Potential Conflicts of Interest 2. The proposed new Declaration of Interest Decision Tree
Attachments	Annex A – proposed amendments to the existing Policy for Managing Potential Conflicts of Interest Annex B – proposed new Declaration of Interest Decision Tree
Author	Tim Walker Chair, Council Culture Working Group Lizzie Lockett CEO l.lockett@rcvs.org.uk

Classifications		
Document	Classification¹	Rationales²
Paper	Unclassified	n/a
Annexes A - B	Unclassified	n/a

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

Handling potential conflicts of interest

Background

1. A detailed policy to help Council, committee and working group/subcommittee members to identify potential declarations of interest has been in place for some time, and was last approved in 2019 (see Annex A).
2. A request for any new declarations of interest is made at the start of every meeting, and Council/committee members are also asked to remind the room of any relevant existing conflicts if they pertain to a specific agenda item.
3. It is included in the Chair's role specification description that they: *"Ensure declarations of interest are made at the start of any meeting; identify which declarations may be material conflicts and manage those within the committee, including asking someone to leave a meeting, recuse themselves from a discussion or abstain from voting."*
4. Earlier in the year, a request was made for greater clarity on what should happen when a declaration of interest is made, how is it agreed that this is indeed a significant conflict, and what happens next in terms of a person's participation in the meeting. It was felt appropriate that this be directed to the Council Culture Working Group (CCWG) and a proposed decision tree was submitted to them for consideration, alongside the policy, for reference.
5. The CCWG recommended some changes to the draft decision tree and a proposed version agreed with the Chair, Tim Walker, is attached at Annex B.
6. In the course of discussion at the meeting (May 2023), the CCWG also requested some small changes to the wider policy, which is attached, with proposed amendments marked up, at Annex A.

Proposal

7. The decision tree aims to improve consistency over how perceived conflicts of interests are managed across different groups within the organisation.
8. The tree covers both real and perceived conflicts – as a regulatory body we need to be able to defend our decisions in the public domain.
9. A decision could have a positive or negative impact on an individual, their organisation, family or friends. And not only a change, but maintaining the status quo, could also have an impact.
10. NB a different arrangement exists for the Preliminary Investigation Committees and Disciplinary Committees, where any conflict, perceived or significant, leads to the person being removed from the discussion.

11. The changes to the Policy are relatively minor and include some housekeeping changes, safeguards regarding declaration of sensitive information, and reference to the decision tree.

Decisions to be made

12. Council is requested to approve:
 - a. The proposed amendments to the existing Policy for Managing Potential Conflicts of Interest
 - b. The proposed new Declaration of Interest Decision Tree

Annex A – Proposed amendments to Policy for Managing Potential Conflicts of Interest

Last agreed by Council 2019

Role of the RCVS

1. The Royal College of Veterinary Surgeons has statutory functions as set out in the Veterinary Surgeons Act 1966 and Charter functions.
2. In relation to the discharge of its statutory functions the College has the status of a public body, which makes it imperative to follow the principles of good governance.

Why do conflicts of interest need to be managed?

3. The RCVS is the guardian of the good standing of the profession and, in order to maintain this position and the powers of self-regulation, it is important that everybody elected or appointed to undertake activities on behalf of the RCVS must behave in a way that commands the respect and trust of the public and the profession. This must involve high standards and adherence to the Seven Principles of Public Life ('The Nolan Principles') as recited in the Code of Conduct for Council Members. There is both a legal and public relations imperative to look after the reputation of the profession and College by ensuring that business is conducted in accordance with proper procedures. The RCVS is subject to the Freedom of Information Act and is obliged to make information about its activities available to the public.
4. A conflict of interest is any situation in which personal interests, or loyalties that are owed to another person or body, may (or may appear to) unduly influence or affect a decision. Conflicting interests usually fall into the following categories:
 - Financial interests: These may apply either directly or indirectly through a partner, spouse, close relative, or to an entity or institution to which you are connected (e.g. your partner being in the management team of a company RCVS proposes to hire or is paid to provide a service to RCVS)
 - Non-financial interests: These cover other kinds of potential gain (e.g. increase in reputation, ability to carry out activities)
 - Loyalties: These arise from a personal connection or duty to another person or organisation (e.g. to a past employer, past student, family member, friend, close colleague or frequent collaborator)

Judicial Review

5. A number of the College's statutory and public functions can be challenged in the courts, for example, by means of judicial review. The grounds for such a challenge might be based on alleged illegality, irrationality, failure to give reasons or some procedural impropriety such as bias or abuse of process. One of the common grounds for seeking judicial review is that a decision is

unfair or unreasonable because one or more of those making the decision were less than objective or prejudiced in some way.

6. All those involved in the decision-making process must understand their responsibilities and declare publicly – so far as that is possible – full details of all their external interests. The purpose is to ensure widespread knowledge and understanding of the background of those making the relevant decision on any particular issue under consideration by the Council. Following such declarations it is far easier to defend the validity and fairness of the decision-making process carried out by the Council, its committees and its individual members.
7. Bias (or the appearance of bias) may arise in a number of forms; it may be the result of an involvement with a particular organisation or activity; it may be by virtue of knowing a particular individual; or it may be because of certain views or beliefs, which have been publically expressed. If a decision is challenged on the basis of such bias or the clear presence of a prejudicial interest it is likely that any legal proceedings would be brought against the College rather than any individual. Individuals can, however, be personally liable in certain circumstances, such as defamation, but the College does carry insurance to cover such possibilities.

The veterinary profession

8. In a small profession the potential for conflicts of interest is exacerbated. In order to utilise relevant knowledge and experience in decision making it is often necessary to involve those who have personal or professional interests. In making decisions about particular individuals, it may be the case that those involved in the decisions know the individuals involved, directly or indirectly. In order to discharge its responsibilities the College must take a pragmatic approach and take particular care in assessing the risks involved and in mitigating them, wherever possible. This policy is intended to assist in this by ensuring that all concerned are fully aware of any conflicts of interest and that those interests are declared or managed appropriately and proportionately.

Who is the Code for?

9. The Code of Conduct for Council Members should be made available to all those standing for election to Council or offered an appointment to sit on Council, its committees or to undertake any of the activities for which Council has decided that declarations of interest are required and the responsibilities set out in the Code should be accepted by all concerned.

Who needs to submit a declaration of interest?

10. Council members and those non-Council members who serve on Council Committees (for example, Audit & Risk; Education; Standards; PIC & DC Liaison; and Veterinary Nurses Council) must submit a Biographies and Declaration of Interest form (attached).
11. Members of the statutory Committees: Veterinary Preliminary Investigation and Disciplinary Committees; and Registered Veterinary Nurse Preliminary Investigation and Disciplinary Committees, are covered in the practices and procedures for those committees. Given the nature of the work of these committees it is necessary for interests to be declared on a case by case basis, in addition to completing the form.

12. Other activities undertaken on behalf of the RCVS in relation to which declarations of interest need to be made only on a case by case basis, rather than on a general form, include, but are not limited to:
 - i. Members of the Examination and Registration Appeals Committees – on a case by case basis;
 - ii. All members of Council Committee subcommittees and working parties and Boards;
 - iii. University visitors;
 - iv. Practice Standards Assessors and Preliminary Investigation Committee Investigators – on a visit by visit basis;
 - v. Examiners – in response to an advance list of candidates;
 - vi. Postgraduate Deans.

When should declarations be made?

13. The form attached should be completed on election or appointment to Council or any Council Committee and reviewed annually. ~~T~~ Wherever possible the form should be submitted electronically, on the RCVS intranet or by email to the Governance Officer. Interests not recorded on the form, such as personal relationships or any change of circumstance, should be raised at any meeting or online discussion at which they may be relevant.
14. Members of subcommittees or working parties do not need to complete a formal declaration but should mention at any meeting or online discussion interests which relate to matters on the agenda.
15. For visitors, inspectors, board members and examiners the relevant time to record any declarations of interest is when the list of visits or candidates is circulated in advance.

What interests need to be declared?

16. Any professional, business or personal interests that may impinge on the activities of the College. *If in doubt, disclose* – or at least ask the President, relevant Committee Chair, Chief Executive or Registrar.
17. The list may include current or previous employment or practice (covering at least the last seven years); professional qualifications; trusteeships; memberships; fellowships and offices held in professional bodies; links with local, national and community organisations; consultancies and directorships; relevant shareholdings, bonds and derivatives (including, but not limited, to options and contracts for difference), in public or private limited companies, limited partnerships or other commercial entities - but excluding collective investment schemes including unit trusts, hedge funds, private equity and venture capital trusts; membership of the freemasons, livery companies or a political party; appointments, e.g. as advisors to pet insurers; published views and personal relationships (including employees) and other interests. In appropriate cases it may be necessary to disclose religious or ethical beliefs in so far as they may have a bearing on a particular discussion, although care should be taken to ensure this can be done confidentially, if necessary.
18. Relevant interests relating to immediate family or people with whom you have a close association should be disclosed, insofar as they are known to you.

19. Personal relationships would usually only be relevant in the context of a specific discussion and for that reason are not included in the attached form.
20. Personal or sensitive information, e.g. relating to connections with animal research institutions, need not be disclosed on the published form but should be made known internally, in writing, at least to the President or Registrar.

What action to take when a conflict of interest arises

21. Where a conflict of interest has been identified it should be for the relevant Committee Chair and / or the President to decide the extent to which the individual may participate in the meeting, [using the Declaration of Interest Decision Tree for guidance, and seeking the advice of the CEO, Registrar or other Senior Team member present, if required](#). Decisions will be informed by the circumstances of each case. The range of options include the following:
 - i. Standing down from the committee, subcommittee, etc.;
 - ii. Not attending a particular meeting;
 - iii. Leaving the room for the duration of a particular item;
 - iv. Staying in the meeting for the discussion but leaving the room when the decision is made or a vote taken;
 - v. Staying in the meeting throughout to provide information and advice only;
 - vi. Staying in the meeting throughout and participating fully.
22. Where something other than a meeting, such as a visit or an examination is involved, similar principles will be applied to determine the extent to which the individual may participate.
23. "Err on the side of caution" is good advice in the absence of any other.

Who to consult in the event of uncertainty?

24. The relevant Committee Chair, the President, Chief Executive or the Registrar.

Storage and Publication of declarations

25. The Declaration of Interest forms are stored electronically.
26. Declarations of interest for Council Members are published on the RCVS website, along with profiles and photographs. The declarations will be kept [on file \(but no longer published\)](#) for 10 years.

Keeping declarations up to date

27. Declarations of interest should be continuously kept up to date [by individuals](#) by reporting any changes when they arise, or at least no later than 28 days of any change in circumstances. (It is not the responsibility of RCVS staff to send reminders.) They must be reviewed [at least](#) annually.
28. Declarations of interest will be the first substantive agenda item at relevant meetings. This should be taken as an opportunity to bring declarations generally up to date, not just in relation to

interests which may be relevant to the discussion. These changes must be recorded in the minutes of the meeting and it would be helpful if the relevant Council or Committee Member could provide the Minute-taker with a note of the declaration to ensure that it is accurately transcribed. Council and Committee members must take immediate steps to update the Declaration forms they have previously submitted.

29. The electronic form, stored on the intranet, will dateline any changes to the document. It will therefore be possible to see when declarations have been added or deleted.

Gifts and hospitality

30. If as a result of your role at the RCVS you receive gifts or hospitality you must keep a written record, stating the date, value and purpose and you should be prepared to declare these.
31. You must never accept gifts of cash or cash equivalents such as gift vouchers, and you must inform RCVS, if in any 12-month period you receive:
- A single gift of £100 or more;
 - Multiple gifts, where the combined value is £100 or more from a single donor
32. These gifts, and hospitality items, will be recorded on a central register.

RCVS Council Member Biography and Declaration of Interests

Please note: this information may be placed on the RCVS website www.rcvs.org.uk and as such would be publicly available.

Title	Prof		Dr		Mr		Miss	
	Ms		Mrs		Other			
Forename(s)								
Surname								
Select as appropriate	MRCVS		FRCVS		RVN		N/A	
Veterinary qualifications								
Register no.								
Short biography								
Please see examples of biographies of other Council members online at: http://www.rcvs.org.uk/about-us/rcvs-council/council-members/ for guidance – up to 300 words								
Current RCVS committee / sub-committee / board membership (if applicable)								
Please indicate if Chair								
Directorships								

Company/organisation	Role
Relevant financial interests (e.g. shareholdings, bonds and derivatives)	
Company/organisation	Role
Consultancies	
Company/organisation	Role
Appointment to other bodies	
Company/organisation	Role

Membership of other veterinary or allied organisations	
Company/organisation	Role
Employment	
Qualifications (other than veterinary qualifications listed in the Register)	

Interests relating to immediate family or close friends
Other relevant information

Photographs

Please also submit a recent photograph, preferably a large digital image at as high a resolution as possible (ideally 300 dpi at full size). A good quality print would also be acceptable. Please either email this to d.wiggins@rcvs.org.uk or post to the College address for the attention of Dawn Wiggins.

If you do not have a suitable photograph, we can organise for one to be taken next time you are in College – please let Ian Holloway know on i.holloway@rcvs.org.uk or 020 7202 0727.

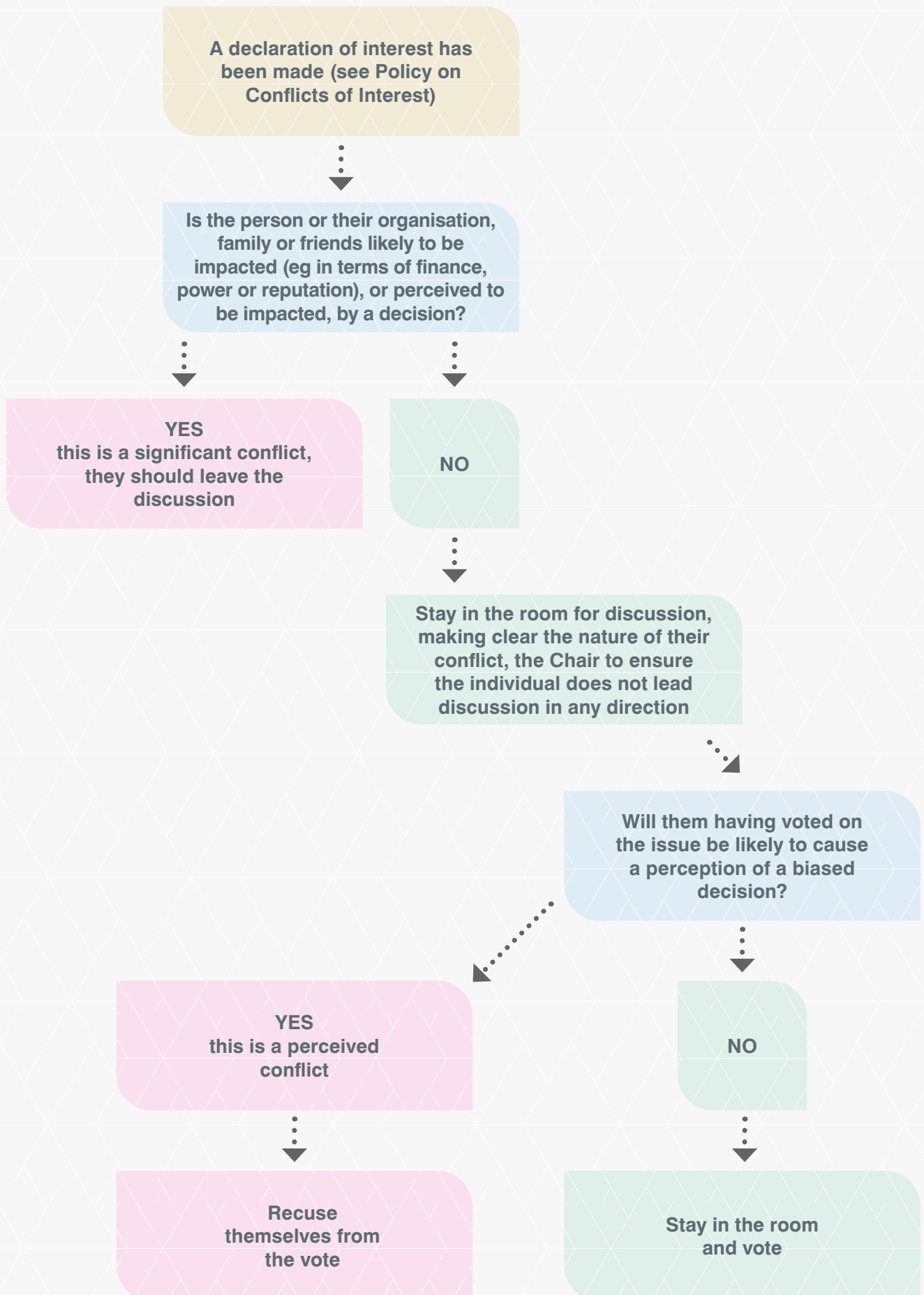
Authorisation

By returning this information electronically to d.wiggins@rcvs.org.uk or by posting to the College address for the attention of Dawn Wiggins, I agree that the above information can be held on file at the RCVS, published on the website and used in response to specific and relevant requests for information.

I hereby declare that in signing and returning this form I accept and will abide by the Policy for Managing Potential Conflicts of Interest.

SIGNATURE: **DATE:**

Declaration of interest decision tree



Summary	
Meeting	RCVS Council
Date	9 November 2023
Title	Clinical Career Pathways development: Project Initiation Document (PID)
Summary	<p>As a result of the review of Advanced Practitioner (AP) status, and wider concerns associated with career development opportunities, workforce retention and confusion regarding veterinary roles, a stakeholder event was held in December 2022. This report was considered by Education Committee and consequently a draft framework for future Clinical Career Pathways (CCP) was developed.</p> <p>The draft framework, comprising a new Veterinary GP Specialty Training programme pathway, and more flexible routes to clinical specialist training was approved by Education Committee in May 2023.</p> <p>Subsequently, a full project proposal comprising three workstreams to achieve the ambitions for the new career pathways was developed. Education Committee approved this in September 23.</p> <p>This paper presents a full project proposal to RCVS Council which sets out three major workstreams to take this work forward. Two options regarding a timeline for this work are presented – across two or three years – with associated cost implications.</p> <p>Estimated total costs are included in the PID in section 8 (Pg 15). A detailed breakdown of the costs for each workstream is included in Annex 2 (for the work to be completed over two years) and Annex 3 (for the work to be completed over three years). These Annexes are confidential to ensure the integrity of any areas of the work that will be put out to tender, to ensure the RCVS is able to secure best value.</p>
Decisions required	<p>RCVS Council is asked to:</p> <ul style="list-style-type: none"> a) Approve the three workstreams. b) Approve the timeline / costs for the project.
Attachments	<p>Annex 1: Project Initiation Document</p> <p>Annex 2: Option A: two-year timeline and costs (CONFIDENTIAL)</p> <p>Annex 3: Option B: three-year timeline and costs (CONFIDENTIAL)</p>

	Annex 4: Stakeholder Event (Dec 2022) report
Author	Linda Prescott-Clements & Jenny Soreskog-Turp L.Prescott-Clements@rcvs.org.uk J.Soreskog-turp@rcvs.org.uk

Classifications

Document	Classification ¹	Rationales ²
Annex 1	Unclassified	n/a
Annex 2	Confidential	1,3
Annex 3	Confidential	1,3
Annex 4	Unclassified	n/a

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
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Private	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
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Annex 1: Clinical Career Pathways for Veterinary Surgeons in the UK



Project Initiation Document (PID)

The further development of
Clinical Career Pathways for Veterinary Surgeons in the UK

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1. Purpose

The purpose of this document is to set out the scope, aims and objectives of a project to review and further develop the clinical career pathways for veterinary surgeons in the UK, especially those working within primary care.

2. Background

Recent research carried out by the Education Department confirmed that there was much confusion amongst the wider veterinary profession regarding the role of an Advanced Practitioner (AP), and the impact of becoming an AP on individuals' work was highly variable and inconsistent across areas of clinical practice. Furthermore, many veterinary surgeons did not understand the difference between AP status, and a Certificate in Advanced Veterinary Practice (CertAVP).

In parallel, the wider problem of limited and inflexible clinical career pathways for vets, in particular for general practitioners, continues to be discussed in relation to the veterinary workforce crisis and problems with retention and / or career satisfaction.

It was agreed that the problems identified with AP status should be considered in the wider context of enhancing the clinical career pathways for UK vets.

Two 'task and finish' groups were established to explore the reasons for the issues concerning AP status, and these were discussed further along with potential solutions at a "*Clinical Career Pathways for the Future*" stakeholder event hosted by the RCVS at the Royal College of Surgeons in London, in December 2022. More than 50 delegates from across the veterinary sector came together to discuss how improvements could be made to the clinical career pathways available for veterinary surgeons and how further clarity regarding different veterinary roles and statuses could best be communicated to both the public and fellow veterinary professionals (Report: Annex 1).

The following areas were identified by stakeholders at the event as needing to be addressed in work to be taken forward:

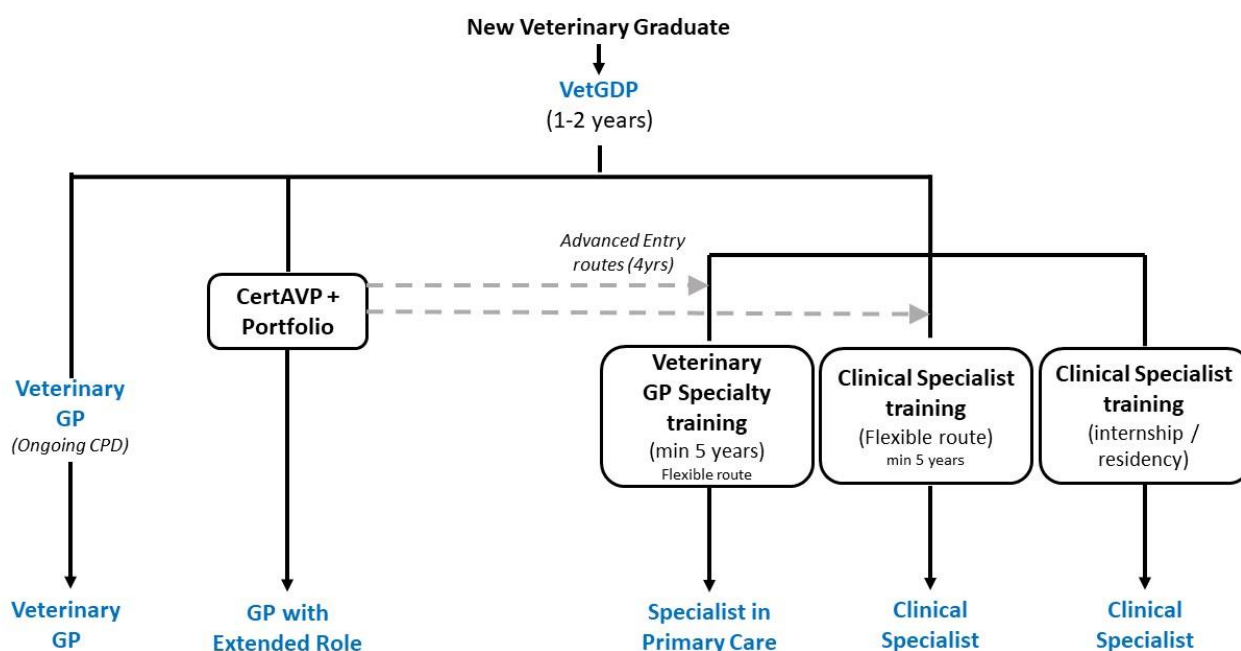
- a) The confusion between 'Advanced Practitioner (Status)' and a 'Certificate of Advanced Veterinary Practice (CertAVP)' and what each mean / represent.
- b) Inequalities associated with the impact of being an AP.
- c) Inequalities around the accessibility of specialist training (the need for flexible routes to specialisation)
- d) The need for a flexible and rewarding clinical career pathway for general practitioners / vets working in primary care.

3. Future Veterinary Clinical Career Pathways

Education Committee discussed the report and agreed a proposed draft framework for clinical career pathways (Figure 1), which highlights the following distinct routes / roles:

- The **Veterinary GP**: A veterinary surgeon who has completed the RCVS Veterinary Graduate Development Programme (VetGDP) but does not (yet) wish to complete further formal training beyond the required CPD.
- A Veterinary **GP with extended role (GPwER)***: A GP veterinary surgeon who has enhanced their knowledge and skills further in one (or more) clinical areas by achieving a relevant postgraduate certificate and clinical portfolio (current Advanced Practitioner), and is thus able to extend the scope of their practice in this area.
- Veterinary GP specialist training** (five-year duration, doctoral level, flexible options) for vets wishing to progress their career to become a **Specialist in Primary Care*** through the completion of formal, enhanced training that encompasses the breadth of general practice. This training would be the equivalent of (other) clinical¹ specialist training in duration, thus commanding the same degree of effort and respect within the profession.
- Specialist training**, with additional flexible routes.

* These are working titles, and will be subject to further consultation



¹ It is recognised that GPs are also 'clinical', but this terminology aims to distinguish 'other' specialists from GPs only for the purpose of this PID.

4. Project scope / workstreams

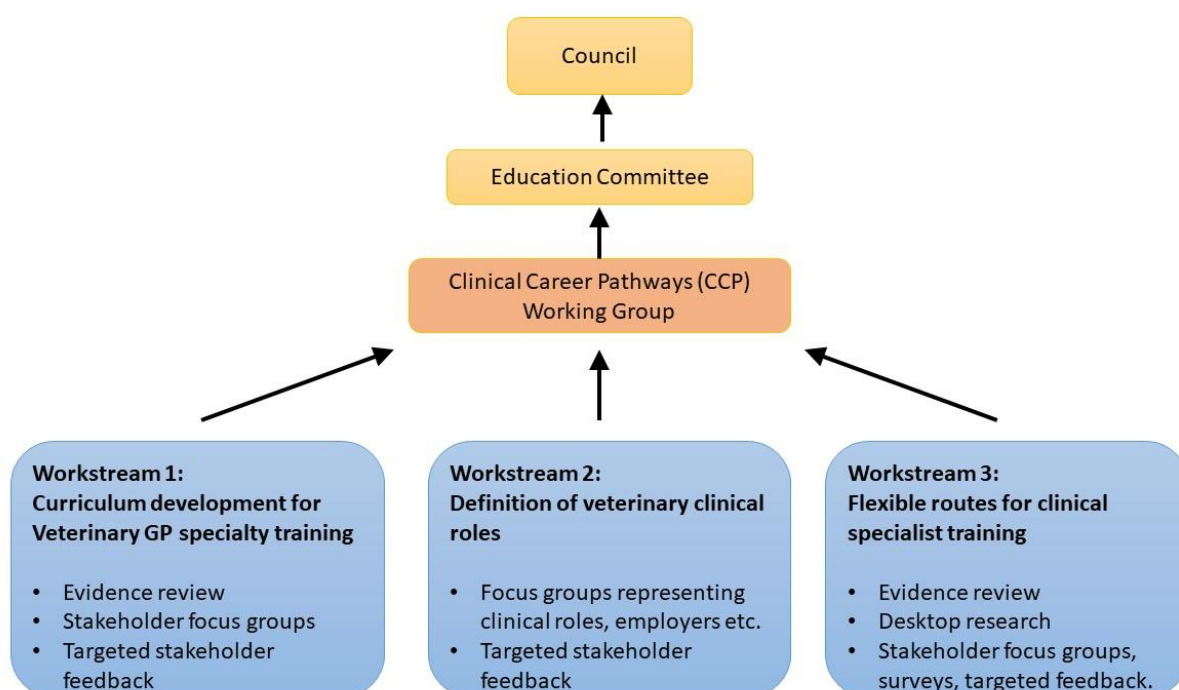
The overarching aim of this project is to review, clarify and further develop clinical career pathways (CCP) for veterinary surgeons in the UK, in order to provide more flexible, accessible and rewarding career opportunities.

It is also envisaged that enhanced clinical career pathways, and a clearer definition of veterinary roles, may also improve workforce retention and provide better clarity to the public in relation to the roles and responsibilities within the veterinary profession.

It is recognised that this is a substantial project, with many co-dependencies existing between different elements of work. For this reason, the project will be divided into three principle workstreams, each engaging extensively with relevant stakeholders. Progress with individual workstreams will report into an overarching working group that has oversight of the whole project (Figure 2).

It is anticipated that, when RCVS Council is satisfied that sufficient detail is in place, they may feel that a consultation with the wider profession is appropriate.

Figure 2: Project reporting structure



5. Workstream 1: Curriculum development for Veterinary GP specialty training

5.1 Aims and objectives

The aim of this workstream is to develop a full working draft curriculum for Veterinary GP specialty training, comprising all the necessary elements required for consultation with Council and the profession.

The objectives are therefore to:

- (i) Establish the overarching purpose of the training programme, through consideration of the needs of the workforce, the profession and the scope and focus of veterinary care services.
- (ii) Identify the intended learning outcomes (ILOs) of the training in terms of the clinical and professional knowledge, skills and behaviours required to fulfil the role of Specialist in Primary Care.
- (iii) Identify the syllabus of the programme, and the recommended range and type (and sequence, if appropriate) of learning experiences needed to meet the ILOs.
- (iv) Describe the structure of the training programme, and the educational model, showing how learning and experience will be achieved (including flexible, accessible options).
- (v) Identify suitable learning environments for the training.
- (vi) Identify the methods of teaching and learning that are appropriate to ensure ILOs can be achieved.
- (vii) Establish the required mechanisms of supervision and support for vets on the training programme.
- (viii) Describe the assessment strategy for the training programme, comprising regular feedback and evidence of achievement.
- (ix) Describe the entry, progression and completion requirements for the training programme.
- (x) Develop an implementation plan for the training programme.
- (xi) Establish mechanisms of quality assurance for the training programme, including the accreditation and / or monitoring of suitable learning environments, teaching, assessment and outcomes.

5.2 Methodology

The objectives of the workstream will be achieved through a combination of desktop research, a commissioned review of evidence and stakeholder discussions, as outlined in Table 1a.

Table 1a: Methodology used to achieve workstream 1 objectives.

Workstream objective	Methods
(i)	<ul style="list-style-type: none"> • Focus group discussions with stakeholders. • Desktop review of existing workforce documents, research etc. • Refinement of curriculum statement by Clinical Career Pathways (CCP) working group.
(ii)	<ul style="list-style-type: none"> • Focus group discussions with stakeholders. • Desktop review of clinical and professional capabilities. • Consideration of role definitions / scope (workstream 2). • Feedback on draft ILOs from a sample of stakeholders.
(iii)	<ul style="list-style-type: none"> • Content development from relevant expertise within the profession. • Feedback on draft syllabus from a sample of stakeholders.
(iv)	<ul style="list-style-type: none"> • Review of evidence: strengths, weaknesses and consequences of different models or structures of training. • Review of evidence-based options by CCP working group. • Feedback on structure / model options from a sample of stakeholders.
(v)	<ul style="list-style-type: none"> • SWOT analysis of different learning environments. • Focus groups discussions with stakeholders. • Alignment with ILOs, syllabus, training structure options. • Review of proposals by CCP working group.
(vi)	<ul style="list-style-type: none"> • Review of evidence: strengths, weaknesses and consequences of different teaching and learning methods in this (postgraduate) context. • Review of methods appropriate for agreed ILOs.
(vii)	<ul style="list-style-type: none"> • Review of evidence: factors leading to trainee satisfaction with supervision, training, support etc. • Needs / gap analysis following a review of existing support mechanisms within the profession. • Focus group discussions with stakeholders. • Review of proposals by CCP working group.
(viii)	<ul style="list-style-type: none"> • Review of evidence: effectiveness of different assessment strategies in postgraduate & specialty training. • Development of programmatic assessment programme for the agreed ILOs, considering learning environments, support and resources available. Outcomes-focused and emphasising quality reflection. • Review of proposals by CCP working group.
(ix)	<ul style="list-style-type: none"> • Focus group discussions with stakeholders. • Review of proposals by CCP working group.
(x)	<ul style="list-style-type: none"> • Options discussed and draft proposal agreed by CCP working group. • Feedback on proposal by a sample of stakeholders.
(xi)	<ul style="list-style-type: none"> • Desktop review of best practice in Quality Assurance (QA), standards in place across other regulators and consideration of 'right touch' regulation approach. • Review of proposals by CCP working group.

5.3 Expected Outputs

The expected outputs for this work are:

- A full curriculum statement, encompassing the purpose, aims and rationale for the training.
- A comprehensive list of ILOs and supporting syllabus.
- An organisational plan for the training programme, including structure, integration, resources and teaching & learning methods.
- An assessment strategy for the training programme.
- An implementation plan for the training programme.
- A proposal for quality assurance of the training and ongoing evaluation of the curriculum.

5.4 Risks, constraints and dependencies

Section 10 of this document shows the risks across all workstreams.

This project will help mitigate the overarching risk on the Education Committee risk register “Members become deskilled/fail to reach potential due to lack of engagement with the developmental stages following graduation”.

The constraints for this workstream are:

- Available evidence to review will be in the context of other professions and / or veterinary clinical specialties, as this is a new venture for veterinary general practice and no similar programme exists worldwide. Evidence from the UK health professions, in particular, will need to be considered with caution and the impact of the NHS structure or other differences in context will need to be factored in. Similarly, the difference between the scope of a typical GP in human healthcare, and a GP in veterinary practice should be considered.
- Sufficient availability of expertise across all the stakeholder groups, considering this is a novel initiative. Expertise from other professions may help ensure working / focus groups provide a balanced and perspective.
- Staff time available within the Education team, may be dependent on other core work. A review of staff requirements will take place in advance of the budget for 2025.
- Funding availability.

The dependencies for this workstream include:

- The successful completion of earlier objectives will be a pre-requisite for achieving others. For example, ILOs will need to be agreed before a syllabus can be identified.
- Dependencies also exist between Workstream 1 in the Clinical Career Pathways (CCP) project and other workstreams. For example, The definition of roles (workstream 2) will inform the curriculum development of GP Specialty training.

5.5 Project operations and milestones

This workstream will be taken forward by the postgraduate education team, led by Jenny Soreskog-Turp, with oversight from the Director of Education, Linda Prescott-Clements.

Please see Annexes 2 and 3 for GANTT charts showing all three workstreams within the CCP project, across two and three years respectively.

The key milestones for Workstream 1 will align with the named outputs in section 5.3 above.

5.6 Resources

It is expected that, following approval of the project plan by RCVS Council, this work should start early in 2024. As the budgets have already been set for 2024, a discretionary fund bid will be submitted to cover costs for 2024. Thereafter, funding will be built into the budgets for 2025 and 2026, if required.

Indicative itemised budgets for the workstreams across two and three years can be found in Annexes 2 and 3 respectively.

6. Workstream 2: Definition of veterinary clinical roles

6.1 Aims and objectives

The aim of this workstream is to develop clear guidance for the profession and wider public on the scope and focus of different clinical roles within the veterinary profession.

This work aligns with the key ambition 'Clarity' within the RCVS Strategic Plan and aims to address the current confusion about roles known to exist within the profession and amongst animal owners.

The objectives for workstream 2 are to:

- (i) Consider the findings from the review of AP status in order to identify options for a new name for the status and for the role which this status may lead to (working title 'GP with extended role' - GPwER).
- (ii) Develop a clear definition of the different clinical career 'statuses' available to veterinary surgeons, and a summary of the educational, training and / or professional development requirements associated with each, including:
 - a. General Practitioner veterinary surgeon
 - b. Vets who have completed a postgraduate certificate and a clinical case / professional portfolio (new status, previously Advanced Practitioner).
 - c. Clinical Specialist (i.e. non-GP or primary care specialists)
 - d. Specialist in Primary Care
- (iii) Develop clear guidance on the scope, focus and responsibilities of roles typically carried out by vets obtaining each status in clinical practice, namely:
 - a. VetGDP practitioner
 - b. Veterinary General Practitioner
 - c. Veterinary GP with Extended Role
 - d. Veterinary Specialist in Primary Care
 - e. Veterinary Clinical Specialist

In addition to these objectives, this workstream will collaborate with the Veterinary Nursing (VN) department to ensure VN roles are also captured.

6.2 Methodology

This workstream will be carried out primarily through engagement with different stakeholders, including employers, vets representing different roles, stakeholder organisations and the public (animal owners)².

Desktop research will also be carried out to inform discussions with stakeholder groups, including a review and thematic analysis of sample job descriptions and the learning outcomes from relevant training programmes.

The proposed approach for each of the objectives for this workstream are summarised in Table 2a.

² Using the RCVS Public Advisory Group.

Table 2a: Methodology used to achieve workstream 2 objectives.

Workstream objective	Methods
(i)	<ul style="list-style-type: none"> Review of AP research and stakeholder event outcomes by CCP working group, development of options with SWOT analysis for wider consultation. Feedback on options from a sample of stakeholders.
(ii)	<ul style="list-style-type: none"> Focus groups with representatives from each 'status'. Analysis and content development by the education team, for review by the CCP working group.
(iii)	<ul style="list-style-type: none"> Focus groups with representatives from each role and employers, using a modified Delphi methodology to achieve consensus. Feedback on draft content from a sample of stakeholders. Final review of options by the CCP working group.

6.3 Expected outputs

The expected outputs for this workstream are:

- A clear name (or options) for each clinical career 'status' and role, suitable for wider consultation with the profession.
- A clear definition and guidance for each clinical career 'status', including a description of how each is achieved and maintained.
- Clear guidance for members of the veterinary professions and animal owners on the scope, focus and responsibilities of roles typically carried out by vets obtaining each status in clinical practice.

6.4 Risks, constraints and dependencies

Section 10 of this document shows the risks across all workstreams.

The constraints for this workstream are:

- Time: this work should begin as soon as possible to build on the discussions at the clinical career pathways stakeholder event in December 2022.
- Staff time available within the Education team, which may be dependent on other core work. A review of staff requirements will take place in advance of the budget for 2025.
- Funding availability.

The dependencies for this workstream are:

- Engagement with sufficient stakeholders from different roles and employers and a willingness to reach consensus.

6.5 Project operations and milestones

This workstream will be taken forward by the postgraduate education team, led by Jenny Soreskog-Turp, with oversight from the Director of Education, Linda Prescott-Clements.

Please see Annexes 2 and 3 for GANTT charts showing all three workstreams within the CCP project, across two and three years respectively.

6.6 Resources

It is expected that, following approval of the project plan by RCVS Council, this work should start at the beginning of 2024. As the budgets have already been set for 2024, a discretionary fund bid will be submitted to cover costs for 2024. Thereafter, funding will be built into the budgets for 2025 and 2026 if required.

Indicative itemised budgets, across both two and three years' duration, can be found in Annexes 2 and 3 respectively.

7. Workstream 3: Developing flexible routes for specialist training

7.1 Aims and objectives

The aim of this workstream is to identify mechanisms by which vets are able to access the teaching and learning opportunities, clinical experience / cases, supervision and support required for them to be able to successfully complete specialist training across a range of disciplines.

The objectives for this workstream are to:

- (i) Review existing specialist training structures across the veterinary sector, and other professions, to explore the requirements for flexible / accessible routes and their potential impact on the learner, outcomes and quality assurance measures in place.
- (ii) Carry out a SWOT analysis across different learning environments to understand the potential impact of each on learner support and supervision, appropriate clinical content and assessment.
- (iii) Review the existing requirements of learning environments approved for internship and residency training across clinical specialties, and perform a gap analysis to establish if / how other learning environments could demonstrate equivalence.
- (iv) Explore the barriers faced by vets who felt unable to commit to an internship / residency programme, and how these might be overcome.
- (v) Consider a sample of (10 – in the first instance) clinical specialties and develop a proposal for a more flexible and accessible route to achieving the programme requirements without compromising quality.
- (vi) Survey current and potential providers of internship / residency programmes to establish whether more accessible routes could be achievable.
- (vii) Explore barriers to the adoption of more flexible routes to specialisation with the European Board of Veterinary Specialists (EBVS) and the European Colleges.

7.2 Methodology

It is envisaged that the objectives for this workstream will be achieved through an iterative process comprising a review of published evidence, desktop research, interviews with existing and potential training providers and focus groups with stakeholder groups.

The proposed approach for each of the objectives for this workstream are summarised in Table 3a.

Table 3a: Methodology used to achieve workstream 3 objectives.

Workstream objective	Methods
(i)	<ul style="list-style-type: none"> • Desktop review of specialist training curricula and a report. • Rapid review of the evidence: impact studies of flexible training programmes on learner satisfaction and outcomes. • Results reviewed by CCP working group to agree priorities / scope of options.
(ii)	<ul style="list-style-type: none"> • Interviews with current and potential training providers. • Focus groups with stakeholders (new graduates, specialists, employers). • Results reviewed by CCP working group to agree priorities / scope of options.
(iii)	<ul style="list-style-type: none"> • Desktop review of provider requirements across specialties & gap analysis across different learning environments. • Results reviewed by CCP working group to agree priorities / scope of options.
(iv)	<ul style="list-style-type: none"> • Focus groups with stakeholders (new graduates, specialists, employers) to establish themes / core challenges faced. • Survey of wider sample of stakeholders to establish potential impact of mitigating these barriers.
(v)	<ul style="list-style-type: none"> • Desktop review, development of proposals for review by CCP working group. • Targeted feedback on proposals from a sample of stakeholders (European colleges, potential providers, employers).
(vi)	<ul style="list-style-type: none"> • Interviews (sample) & wider survey of current / potential training providers.
(vii)	<ul style="list-style-type: none"> • Stakeholder interviews, thematic analysis.

7.3 Expected outputs

The expected outputs for this workstream are:

- A report summarising the current delivery models for specialist training programmes, including flexible options where available.
- A review of different learning environments with SWOT analysis with regard to the delivery of specialist training.
- A report describing the existing requirements of training providers with a gap analysis showing if / how alternative training providers could meet these requirements.
- A report of the potential barriers faced by vets when deciding whether to enrol onto an internship / residence route to specialist training.
- A report of the perspective of EBVS and European colleges with regard to implementing more flexible routes to specialisation.

7.4 Risks, constraints and dependencies

Section 10 of this document shows the risks across all workstreams.

The constraints for this workstream are:

- The ability to maintain currency of the desktop review work, in a constantly changing landscape.
- Staff time available within the Education team, which may be dependent on other core work. A review of staff requirements will take place in advance of the budget for 2025.

Annex 1: Clinical Career Pathways for Veterinary Surgeons in the UK

- Funding availability.

The dependencies for this workstream are:

- Sufficient engagement of relevant stakeholders, i.e. EBVS, European colleges, current and potential training providers, new graduates and specialists.

7.5 Project operations and milestones

This workstream will be taken forward by the postgraduate education team, led by Jenny Soreskog-Turp, with oversight from the Director of Education, Linda Prescott-Clements.

Please see confidential Annexes 2 and 3 for GANTT charts showing completion of the three workstreams within the CCP project, across two and three years respectively.

It is anticipated that the Education team will work with the Communications team to develop a communications plan for the duration of the work, to keep stakeholders engaged.

7.6 Resources

It is expected that, following approval of the project plan by RCVS Council, this work should start at the beginning of 2024. As the budgets have already been set for 2024, a discretionary fund bid will be submitted to cover costs for 2024. Thereafter, funding will be built into the budgets for 2025 and 2026 if required.

Indicative itemised budgets (for options relating to completion in two years, or three years) can be found in the confidential Annexes 2 and 3.

8. Total costs

It is estimated that the total cost of the CCP project, comprising all three workstreams will be:

Workstream 1	£ 77,000
Workstream 2	£ 32,000
Workstream 3	£ 45,000
Working group meetings x 8 (all workstreams)	£ 62,400
Subtotal	£216,400
Contingency 10%	£ 21,640
TOTAL	£238,040

Council is asked to consider the detailed costs and GANTT charts in Annexes 2 and 3 and agree an appropriate timeline for the work.

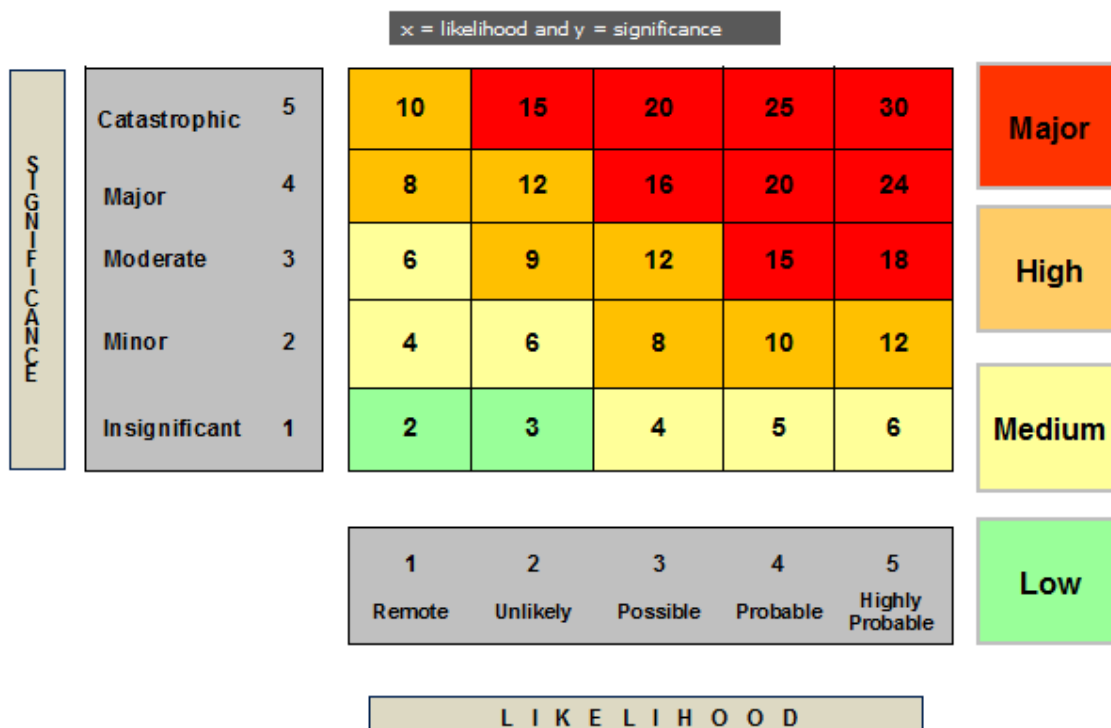
9. Project timeline

High-level GANTT charts showing completion of the three workstreams across two years (option A) and three years (option B) alongside a breakdown of the associated costs can be found in the Confidential Annexes 2 and 3, respectively.

10: Project Risks

Risk	Likelihood	Significance	Mitigation	Status
Project doesn't run due to no budget / funding	3	4	Apply for funding through discretionary fund, apply for new post in 2025 budget.	16
Project is delayed due to a lack of staff time	4	4	Project plan scopes staff time in year 1. Application for additional Senior Education Officer from 2025 onwards.	20
Tender for review of literature unsuccessful	3	3	Previous experience, targeting research consultants	12
Lack of engagement with key stakeholders	3	4	Promote work and highlight relevance through effective communications and networks	16
Lack of agreed consensus amongst profession regarding proposals, terminology or implementation.	4	4	Clear communications with rationale, present range of options to Council and / or profession for consultation	20

Emphasising significance (xy+y)



Clinical Career Pathways Stakeholder Event

7 December 2022

The View

Royal College of Surgeons

Career Pathways

Setting the scene

Veterinary surgeons are increasingly indicating that they no longer wish to follow the previously traditional linear career pathway of their predecessors: vet school → graduation → assistant in practice → partner in practice → retirement. Modern ways of working have changed how people think about their careers and they are now seeking a career structure that allows them to pursue a range of interests, both professional and personal.

Career pathways are important as they offer people the chance to continuously develop and maintain their interest in their chosen career. Because of this sense of progression, career pathways can help retain individuals in a profession and may help encourage those who have left to return.

The Clinical Career Pathways stakeholder event was convened to explore options for veterinary career pathways in the clinical sector. The catalyst for the event was a review of the RCVS Advanced Practitioner (AP) status that was conducted by the RCVS Education Committee. However, the diverse group of stakeholders attending, including general practitioners (GPs), APs, Specialists and veterinary nurses, were also asked to consider what it means to be a veterinary GP, what it means to work in primary care, and what it means to be a Specialist. This work on clinical career pathways straddles the RCVS's regulatory and Royal College roles. This joint role is articulated in the statement: "We set, uphold and advance standards" and the work around GP status, AP status and Specialist status embraces this in terms of both setting standards, and continuing to advance the profession and the opportunities within it. It sits within the "Clarity" and "Courage" work streams of the RCVS Strategic Plan 2020 – 2024.

The review of AP status carried out by the RCVS, which also explored the impact it has had on those achieving it, showed that members of the profession have a limited understanding



Career Pathways



“Modern ways of working have changed how people think about careers”

of the difference between a certificate holder and an AP, and see the need for more career options specifically for those with the status. There will not be a one-size-fits all solution, but offering more flexibility and more modular approaches to career pathways that will, for example, allow people to move in one direction, change their mind and then move in a different direction, will be key.

To this end, stakeholders were encouraged to both speak out and listen, to build on suggestions rather than dismissing them, and to “think big and think brave”. ●

Career Pathways

Some background

Certificate in Advanced Veterinary Practice

The Certificate in Advanced Veterinary Practice (CertAVP) is a flexible, modular postgraduate certificate for veterinary surgeons that can be completed over a number of years. Although originally developed as a general certificate, it can now be either a general certificate or can be “designated” or “named” to a specific field(s).

Achieving the CertAVP does not automatically confer AP status on the holder, but can be used in order to apply for AP status (other criteria also apply).

Advanced Practitioner status

The RCVS Advanced Practitioner status was developed following a review of veterinary qualifications and the general public’s understanding of them conducted over a decade ago. This review recommended that a public-facing veterinary qualification should be developed and promoted so that when members of the public accessed the services of a veterinary surgeon, they could have some understanding of the skill level of that individual.

AP status was launched in 2014, and the first APs were recognised in 2015.

Eligibility to become an AP

To be an AP, a vet must:

- Be an MRCVS and on the practising register;
- Have been graduated for at least five years and have completed the Postgraduate Development Phase (or for more recent graduates, the Veterinary Graduate Development Programme [VetGDP]);
- See approximately 100 cases per year in their designated area;
- Hold a relevant clinical postgraduate certificate, such as the CertAVP;
- Have completed the Professional Key Skills module of the CertAVP;
- Complete 250 hours of CPD over five years;
- Produce a clinical governance statement as part of their AP.

APs pay a fee to be on the list of APs and are required to reaccredit every five years to demonstrate that they continue to be current in their field of practice. ●

Career Pathways

Reviewing AP status

On the launch of AP status in 2014, a commitment was made to review progress after five years to assess if the aims of the status were being met. In 2019, the RCVS Education Committee agreed to conduct this review. There were two key drivers: first, to fulfil the commitment to review progress after five years; and second, calls and queries to the Education Department were indicating misunderstanding about the status and also about the difference between AP status and the CertAVP.

The objectives of the review were:

- To review members' and clients' perceptions of AP status;
- To explore members' motivations for seeking AP status or not;
- To explore preferences and reasons for APs' chosen route to the status (ie did they specifically choose an RCVS certificate or a different type of certificate?); and,
- To explore the benefits and / or drawbacks of being on the list of APs once the status had been achieved.

The evaluation has taken place in stages, beginning with a survey of veterinary practitioners in early 2020. The findings (see below) were presented to the Education Committee later in 2020 and indicated a lack of clarity with regards to AP status. The Committee decided that the findings therefore warranted further investigation.

Virtual focus groups were held in the summer of 2021 to discuss the benefits of holding AP status and how the RCVS could raise awareness of it. The findings from these focus groups were similar to, and supported the results from, the earlier surveys.

The Education Committee examined the findings closely and is now exploring:

- How to define AP status and what it means to be an AP;
- How to clarify the terminology to improve understanding of AP status within the profession itself and among clients;



“The findings... indicated a lack of clarity with regards to AP status”

Career Pathways



- Future career pathways for vets that are flexible, accessible and rewarding.

The Committee set up two task and finish groups to begin examining these issues in more detail. The groups met over the course of 2022, with one group considering career pathways for veterinary professionals, especially APs, and how these can be taken forward, and the other considering the name “AP” and what it means. ●

Career Pathways

The evidence-base

Survey findings

Questionnaires were sent to:

- All current and previous APs (n=1,140, with a 50% response rate);
- Non-APs who were enrolled on or had completed the CertAVP or other postgraduate certificate (n=3,015, with a 19% response rate);
- A randomly selected control group of non-AP, non-certificate holder vets (n=999, with a 14% response rate).

Awareness of eligibility for AP status

Forty percent of respondents from the control group did not know if they were eligible to be an AP or not.

Motivations for applying for AP status

Current and previous APs gave the following responses when asked about their motivations for applying to become an AP:

- For professional recognition in their area of interest (85%);
- For career progression / to gain recognition (55%);
- For their own personal development and to improve their practice (61%);
- To receive referrals in their area of interest (35%);
- To increase self-esteem and get a sense of achievement (51%);
- To increase their salary (18%);
- To have a structured CPD effort (22%);
- To increase their business (15%).

Benefits of being an AP

APs were asked whether being an AP had had a positive impact on:

- Career progression (ie, a promotion): 35% said yes, 61% said no;
- Salary: 26% said yes, 71% said no;
- Caseload: 36% said yes, 55% said no;
- Receiving referrals: 36% said yes, 55% said no;
- Professional recognition: 59% said yes, 34% said no;
- Self-esteem: 71% said yes, 26% said no.

The perceived benefits of being an AP appear to correlate with

Career Pathways

the motivations for becoming an AP (ie, personal development, greater self-esteem, sense of achievement, professional recognition). However, the actual impact of gaining the status on careers and roles appear variable.

Route to AP status

Seventy percent of those holding AP status had achieved either the CertAVP or an RCVS certificate, and 60% of those enrolled on the Postgraduate Certificate route were planning to use it to apply for AP status in future. Thirty-six percent of APs thought that the status was seen as a route to Specialist-status whereas more of the control group thought this, indicating some confusion around the role.

Members' and clients' perceptions

- Thirty-five percent of respondents from the control group had little/no understanding of what it means to an AP;
- Sixty percent of APs thought that their colleagues knew what AP status meant;
- Ninety-eight percent of respondents from the control group thought that clients had little or no understanding of what an AP was.

Do vets know the difference between the CertAVP and AP status?

- From the AP group: 78% said no;
- From the control group: 82% said no.

Do vets know the difference between AP status and Specialist status?

- From the AP group: 81% said yes;
- From the control group: 73% said yes.

Do clients know the difference between AP status and Specialist status?

- From the AP group: 87% said no;
- From the control group: 89% said no.

Key messages emerging from the surveys and focus groups

- There is a lack of understanding of AP status across the profession and particularly among clients. This misunderstanding includes what the status is (and what it

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means in terms of practice), how a vet becomes eligible for AP status, how AP status relates to the CertAVP and the differences between the two.

- Younger members of the profession are more motivated to achieve AP status, wishing to further their knowledge in an area of interest and gain recognition.
- In the qualitative data gathered, multiple comments were made around understanding the difference between becoming an AP and becoming more specialised, versus being a “Specialist”, and about confusion around the terminology.
- Achieving AP status brought numerous personal benefits, such as increased knowledge, standards of practice and self-esteem.
- AP status had a variable impact on an individual’s professional role, that is, the types of cases they saw, their career progression and on their salary. Qualitative data and focus group work indicated that this was linked to the area of designation. In more common areas of practice, AP status was unlikely to have a large impact on day-to-day working life, but in niche areas where there were few APs or Specialists, an individual was much more likely to have a different caseload and gain recognition in other ways.

“Achieving AP status brought numerous personal benefits”

Task and finish groups

Group 1: defined career pathways within primary care.

Chaired by Dr Susan Paterson, RCVS Specialist in Veterinary Dermatology and RCVS Junior Vice-President

“GP vets are the bedrock of the profession and are vitally important. We need to celebrate GP vets and create definitive career pathways for them.”

The established current pathway to Specialist status, via internships and residencies, demands significant sacrifices on the part of those pursuing it, particularly in terms of their personal lives and finances. Specialist status is often pursued in the earlier stages of a veterinary career before individuals acquire other responsibilities, and it may not be feasible for those who have family or other commitments to consider specialisation. The option of becoming an AP while working in practice is more open to these individuals with personal

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responsibilities and commitments, but once achieved it can be difficult for them to find a pathway to move on to Specialist status. There are also few further career development options available to APs who want to remain in primary care practice and develop as a primary care practitioner.

This task and finish group was set up to look at career pathways for veterinary professionals, especially APs, and how these could be taken forward. It was a very representative group comprising APs, Specialists, RCVS Fellows and members from the wider veterinary community.

The group developed initial ideas and thoughts in three areas:

- Creating a definitive career pathway for GPs in a primary care setting;
- Celebrating GPs and exploring if a Specialist status for GPs can be developed;
- Developing a more flexible route from being an AP in general practice to being a Specialist without having to make sacrifices in terms of family life, etc.

GP career pathway

This pathway does not necessarily have to be a pathway to Specialist status; instead, it could allow a GP vet to develop their skills and expertise as a GP. One possible way of achieving this could be via extending the top-line entrustable professional activities (EPAs) set out in the VetGDP for new graduates, to more advanced EPAs that would help individuals become better GP vets when further into their careers. Issues to consider include how this might work in general practice and what the EPAs might look like if used in a primary care setting.

There was consensus among the group that a college/ association should be created for primary care vets to foster a sense of belonging and provide a forum for sharing knowledge and research in general practice. Further consideration of the form this network for GPs within the RCVS might take is needed.

Route to Specialist GP status

The group discussed issues that would need to be considered in developing an improved pathway for GP vets. These include what the pathway might look like (for instance, will it build from

“GP vets are the bedrock of the profession and are vitally important”

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AP status, or will it be a standalone pathway available to GP vets?), the form it may take and how it can be made attainable for everyone in a general practice setting. Another consideration is the skills that should be incorporated into achieving the status. These should encompass both clinical skills and experience and a range of professional skills.

Routes to clinical specialisation

There are multiple European specialist colleges covering a range of disciplines and species. Most run traditional residency programmes requiring between 3 and 5 years of study at a centre of excellence under the supervision of a Diplomat of the relevant college. Gaining acceptance onto a residency programme is very competitive.

Some of the colleges, but not all, offer an alternative block release pathway, allowing candidates to spend time away from general practice in a referral practice or centre of excellence. They complete the equivalent amount of study time, but over a longer period. This format can be challenging for those with families or other caring responsibilities, or for those whose practice is reluctant to release them, say if they are an AP and particularly valuable to the practice.

So, although alternative pathways are available, they still require candidates to make sacrifices and are not feasible for everyone.

Issues to consider when developing new routes to specialisation include whether the UK has enough Specialists to supervise residents. There is a shortage of Specialists in certain disciplines in the UK, meaning there may be a shortfall in the ability to meet clinical needs even before considering the need for Specialist supervision of residencies. The UK may not be offering enough residency programmes currently, but may not actually have capacity to run more.

A further consideration is whether it is possible to create a pathway from general practice to Specialist status in a particular species or discipline (including primary care) that gives opportunities to GPs who cannot follow the traditional residency pathway.

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The group noted that some of the European colleges are developing modular routes to specialisation and suggested it might be possible to link to this to provide the opportunity for veterinary surgeons in general practice settings to become Specialists either in a species or a particular discipline.

However, modular pathways, particularly if they are delivered virtually, might work better for medical subjects than surgical subjects, where it is harder to substitute hands-on, face-to-face teaching with a virtual environment.

A message that came across very clearly from the group's discussions was that any pathway developed must not devalue the Specialist qualification and the qualification achieved must be equivalent to a Specialist qualification gained via a residency-based programme.

Group 2: the name "AP" and what being an AP means to vets. Chaired by Dr Kit Sturgess, RCVS Specialist in Small Animal Medicine (Internal Medicine) and Advanced Practitioner in Veterinary Cardiology

It became clear from discussions in the group that there was a need to think globally and strategically about AP status, rather than focus on detail. It was important to accept that some people would not fit perfectly into a single definition of an AP, but that what was needed was a definition that would work for the majority.

The group considered:

- The name AP;
- Differences between certificate holders and APs;
- Benefits of AP status;
- How can AP status be promoted to the profession and the public?

The name AP

An ideal name would be easily understood and convey who an AP was. The group came up with a few suggestions, including lead clinical practitioner and consultant, but there was a lack of consensus, partly because APs cover such a wide range of subject areas, skills, species, etc.

“There was a need to think globally and strategically about AP status”

Career Pathways

Ultimately, the group realised it would not make progress if it spent too much time trying to find an alternative to the AP name. Instead, it felt it would be better to focus on promoting AP status and helping the public, the profession and employers understand what it meant.

Differences between certificate holders and APs

The group felt particularly strongly that AP status should encompass knowledge, skills and behaviours that are current and up to date. Achieving a certificate reflects knowledge acquisition, but certificate holders might not have the skills or behaviours needed to apply their knowledge effectively, or may not have kept up to date with latest developments in the area. The group believed that this was the key difference between APs and certificate holders and was the message that needed to be conveyed to the profession and the public.

Potential solutions to resolve the confusion between AP status and the CertAVP were also discussed. One suggestion was that everyone who gained a designated CertAVP should be granted AP status. However, another suggestion was that there should be a greater differentiation between the CertAVP and AP status. No consensus was reached.

Benefits of being an AP

As indicated by the results of the earlier surveys, the group felt that the benefits of AP status were more personal than professional. Employers did not really understand it and the benefits it brought over and above the CertAVP. Also, there was little understanding among veterinary professional colleagues of the additional requirements needed to achieve AP status.

Promoting AP status

The group believed that initiatives to promote AP status had been patchy and, as a result, the status had not gained significant traction among the profession or public. Any definition of AP status should be kept simple so that it was easily understood when promoted more widely. ●

Career Pathways

Examples from the medical profession

At the clinical careers pathways event Dr Helen Anderson, a Research Fellow at the University of York, offered an insight into how the medical profession is approaching portfolio careers for GPs and advanced practitioner roles.

She began by outlining her career, which had started as a Registered Nurse before she undertook a Master's degree to become an Advanced Nurse Practitioner in Primary Care. This was followed by a PhD, with her thesis examining how professional identity affects Advanced Nurse Practitioners in primary care.

Her subsequent research had been varied, but included a substantial focus on healthcare workforce-related issues. Professional identity considerations when developing roles and new ways of working

Dr Anderson explained that professional identity has been defined in various ways by different researchers. In general terms, it can be thought of as “who you are, not just what you do”. In terms of being a nurse, it is “the feeling of being a nurse as opposed to working as a nurse”. Professional identity is about self-esteem, self-respect and a feeling of belonging and about “becoming, being and staying ‘one of our kind’”. Having a professional identity and professionalism gives individuals a code and a rulebook by which they can judge themselves and which professional colleagues and the public can use to judge those individuals. This is particularly useful for the medical and veterinary professions because generally people have an idea of what it means to be a nurse or a doctor or a vet. But people often have less understanding of what advanced practice means.

How is professional identity developed?

Professional identity is developed through socialisation and



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participation in common workplace practices and interactions. Professional groups develop shared ways of talking, telling stories, dressing and acting. According to Fred Hafferty, an American medical educationalist, professional identity socialisation mainly occurs within the hidden curriculum, where norms, values and beliefs are learned without being specifically taught.

When can professional identity become problematic?

An individual's self-esteem is predicated on belonging to a group, their place in that group and the group's position in society. There needs to be a sense of belonging and pride in a group.

Professional identity influences how professional groups see themselves and how they see others. To help a group view itself positively, it often develops negative views of other groups, leading to stereotypes and biases. For instance, Dr Anderson highlighted some healthcare tropes, such as the "lazy" nurse or the "arrogant" doctor, noting that these views influence not only how different groups view other groups, but also how they behave towards one another.

When a group's jurisdiction is threatened, it raises the level of threat to its professional identity. Group members' instinct is to protect their group and negative behaviour can then become more apparent.

Dr Anderson explained that, in nursing, the introduction of advanced nursing practice had generated tensions not only between medicine and nursing but also within nursing as well. This was despite there being plenty of work to go around and everyone trying to provide the best care for patients.

To highlight how these tensions had manifested, she cited examples of posts on "medical Twitter" and other social media platforms. These were aggressive and/or derogatory in nature, using terms such as "noctor" and "nurse quacktitioner", reflecting the anger felt and the perception of professional hierarchy. Intraprofessional tensions were reflected in posts by nurses referring to advanced clinical/nursing practitioners as "getting above their station" and in to-and-fro posts between

“Professional identity is developed through socialisation and participation in common workplace practices and interactions”

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generalists and specialists, and between medics in primary and secondary care.

Similar tensions are evident in dentistry, for example between dentists and dental hygienists.

Some posts had potentially serious consequences for patients, such as one instructing doctors how to resist and undermine the authority of advanced clinical practitioners, advanced nursing practitioners and physician associates (these are science graduates who have completed a two-year Master's degree to allow them to take on some of the routine work of junior doctors).

The nature of these posts indicate why it is important to consider challenges to professional identity and hierarchy when introducing new roles.

Portfolio working

After providing a brief overview of the general pattern of medical training in the UK – and noting that general practice is considered a specialism in human medicine – Dr Anderson discussed why portfolio working is becoming more attractive to GPs in human medicine.

In the past, it was normal for a GP to become a partner in a practice, and general practice was predominantly made up of partnerships of GPs who were self-employed and provided services to the NHS. They also employed administration staff and some salaried GPs.

Like the veterinary profession, the medical profession is now encountering problems with recruiting and retaining GPs, with increasing numbers of GPs choosing to work as salaried GPs, or leaving practice partnerships and choosing to work in other ways.

Portfolio working is being explored as a potential way of retaining GPs within practice. It allows GPs to work in multiple jobs each week, or to have different roles, and has become increasingly popular with younger and more recently qualified doctors seeking a better work-life balance. Evidence is

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emerging that GPs with portfolio careers work as a GP for longer than those who work in a traditional, more restricted GP role.

However, the medical education system has not yet caught up with support for portfolio working.

GPs can undertake portfolio working in multiple ways. They might combine other clinical roles alongside their regular GP work, including out-of-hours or emergency care, or take on an extended GP role (following further training and accreditation), such as providing a rheumatology service within their practice and for other practices in their area. Other clinical roles that might comprise elements of a portfolio career include working as a prison GP, a forensic medical examiner or a remote consultant. Alternatively, portfolio careers can involve non-clinical roles such as being a GP trainer offering medical education/student teaching in practice, or authorship, or management and leadership roles.

GPs in emergency departments

As an example of portfolio working for GPs, Dr Anderson discussed findings from a recent study with which she had been involved. This study was part of a larger mixed methods study being run by University of the West of England, University of York and University of Bristol, which had investigated the impact of employing GPs to work in or alongside emergency departments at 10 NHS sites in England.

As background, she explained that general practice is considered to be “at crisis point”, and simultaneously there is increased pressure on emergency healthcare systems as more patients are presenting to emergency departments.

Evidence indicates that up to 43% of emergency department attendances could be managed in general practice. In response, in England, policies have been developed to introduce GP services into or alongside emergency departments (GPs in Emergency Departments: GPED) so appropriate patients can be streamed directly to them. However, the consequences of these policies are not yet well understood.

For her element of the study, she and colleagues had carried

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out thematic analysis of 42 semi-structured interviews and observations, with the aim of exploring the motivations, views and experiences of GPs working in emergency departments. The aim was to identify factors that may support or hinder such work, which could then be used by policy makers and managers when planning or implementing further services.

Findings

A key theme to emerge from the analysis was the “pull” of a portfolio career, with GPED viewed as offering new roles and wider opportunities. This pull was particularly relevant for newly qualified GPs, who thought GPED offered the chance to avoid being pigeon-holed or tied down to a particular role. Flexibility and better work-life balance were also important and GPED offered short-term, part-time locum contracts that allowed GPs to work more flexibly.

A second key theme was the “push” of disillusionment with general practice. For some participants, working in GPED was less of a positive career choice; instead, they were disillusioned with general practice, viewing it as increasingly highly pressurised and demanding. GPED allowed them to focus on clinical work and practise the medicine they enjoyed. Being able to deal with a patient “there and then” was regarded as “less of a burden” than in core general practice and after the single consultation the patient became “somebody else’s problem”. In contrast, in core general practice patients often returned repeatedly.

GPED was seen as a way of extending medical careers for GPs who would otherwise have retired or left general practice. A benefit of portfolio working is “professional reciprocity”. Some participants viewed GPED as a reciprocal opportunity, seeing their experience as a GP as a useful exchange for gaining or updating skills in emergency medicine. GPs felt that their approach could be shared with secondary care clinicians for the benefit of patients, and that their presence in the emergency department improved the working relationship between primary and secondary care.



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However, participants identified several challenges to the sustainability of both GPED and core general practice as a result of GPs engaging in portfolio working. GPs in the study considered themselves different from “normal” GPs, who they felt were less confident in their abilities to deal with acuity and were more risk averse. Some GPs were thought to lack the requisite skills to work in emergency departments.

Although participants in the study worked in GPED, many felt ambivalent about it and feared its potential to further destabilise core general practice. They pointed out that the number of GPs is finite and that developing new services requiring GPs simply means more people fighting over a finite resource. Rather than reducing pressure on general practice, GPED actually added burden by diverting staff from an already under-resourced core general practice service.

Overall, however, GPED was considered to have the potential to retain GPs in some form of general practice for at least some of the time. In addition, it was thought that exposing junior doctors to GPED could encourage them to consider general practice as a career option. However, to be sustainable, it needs support from the broader medical education system.

Positive and negative elements of GPED

GPED presents important opportunities for GPs as a professional group:

- It supports new and more flexible ways of working.
- It extends professional working life.
- It enhances understanding between primary and secondary care.
- It promotes general practice to the wider clinical workforce.
- It provides GPs with enhanced skills transferable to their core primary care work.

However, there are also some potential negative consequences.

- GPED possibly has a destabilising effect on core general practice funding and poaching of an already depleted GP workforce (certain services may offer better pay or terms and conditions or novel/interesting ways of working).
- There are concerns about the sustainability of GPED, which is competing for a finite GP resource.

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Also, the question arises as to whether GPED is the best use of GPs' time. Findings from the wider study indicated that having GPs in emergency departments did not actually improve key performance indicators such as wait times or preventing people returning to the emergency department.

Overall, while GPED and portfolio working in general were seen as positive career opportunities for the self-selecting group in the study (who had chosen to work in accident and emergency departments and have a portfolio career), participants were sceptical about whether they were suitable for all GPs.

Questions

A number of questions were asked following Dr Anderson's presentation.

Vets are suffering a similar situation in terms of “push versus pull”. Did the study give an indication of how many of the GPs were pulled to GPED and how many were pushed?

Dr Anderson responded that her element of the study was qualitative rather than quantitative, so she and her colleagues had not counted numbers. However, she felt that a significant proportion of the GPs were pushed, as a definite theme to emerge was the serious disillusionment with general practice and a feeling that it was just getting harder and harder. She added that it was not just that caseloads were getting more complex, but also the lack of social care, reduced district nursing services, etc., meant that the job was increasingly difficult.

Also, more generally, research had shown that as new roles are developed, even if intended to support GPs, they are often viewed as increasing the difficulty of practice without offering much benefit. The roles need funding and support, putting greater pressure on GPs who have to supervise the individuals in the roles and find the money to employ them and provide all the human resources elements.



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What is the size of the deficiency in the fixed pool of GPs?

How many more GPs would we need to do this right?

Dr Anderson believed that the shortage was currently between 5,000 and 6,000 GPs, but noted that the situation was getting worse all the time. It was being compounded by the fact that it was experienced GPs who were leaving – mostly those in their 50s – and with them their knowledge was being lost too.

To what extent have you noticed emergency departments recruiting trainee GPs before they complete their training?

Dr Anderson replied that, again, it was hard to put numbers on this, but from the interviews she had analysed, there seemed to be a definite push by some departments to attract people to come and work in them. She added that this was the case wherever there were staff shortages, noting that student nurses were being “snapped up” six months before they qualified.

As new roles are created in the NHS and nurses are given more responsibility, you potentially “cream off” some of the nicer jobs that GPs like doing. Do you think this helps with GP retention or makes it more challenging?

Dr Anderson responded that evidence was showing that GPs were becoming more dissatisfied and disillusioned. In the past, within their 10-minute appointment slots, there would have been an easier case, or a nicer case that was more enjoyable, she said. Now every consult was complex and difficult.

She added: “The problem in human healthcare is that often we jump into things that we think are a solution, but they’re a bit of a sticking plaster. We don’t think of the consequences.”

While introducing advanced nursing practice sounded like a great idea, it had come with a lot of problems because identity issues and hierarchical issues had not been considered. One thing that kept coming up in research into the advanced nurse practitioner role was the conclusion “Give it time and people will get used to it.” However, advanced practice for nurses was introduced in the 1990s and further developed in the 2000s, but there were still issues around it today.

Did the doctors involved in GPED see it as a short-term pressure-valve career release or a long-term relationship with

Career Pathways

that emergency department? Equally, were they then looking for other portfolio roles?

Dr Anderson said that the majority of the GPs involved had not had a burning desire to be a GP in an emergency department. Instead, the role had come up and they had taken advantage of it because it fitted with their lifestyle and work-life balance. It was more part of a portfolio career than a career destiny or aspiration they would sustain for a long time.

This was particularly the case for younger and recently qualified GPs, who saw it as something they would do before doing something else (ie, travelling or working abroad) or while deciding whether general practice was for them.

She added that older GPs often took on the role because they did not feel quite ready to retire and wanted to keep their hand in. Because GPs were a finite resource, these older GPs could choose how many shifts, etc, they wanted to work each week, offering them much more flexibility. ●

Career Pathways

The workshops

Themes

Stakeholders were asked to consider 4 themes. In all cases, they were encouraged to think of purpose rather than systems, and to bear in mind the need to protect animal health and welfare, as well as consider career satisfaction.

(1) Names for veterinary roles which are clearly understood and recognised.

What is the 'unique selling point' for each of the different roles being considered? What makes GPs/APs/Specialists special? Can this be finessed to find a name for the role that reflects this?

(2) Recognition of career pathways/roles by employers and the public (impact on work).

How can the roles give a good sense of professional impact, bearing in mind the differences between the way the public and the profession perceive things?

(3) Accessible routes to specialisation.

How can careers progress in a way that is not necessarily linear? Would a modular route work? Can people be encouraged to think about changing the way they work, perhaps later in life, perhaps coming back to the profession?

(4) Recognition of the GP role and the value it brings.

Why do people do GP work, what do they get out of it, what do they value, and what might be lost if some of that work was taken and put into a different context?

Career Pathways

Key points to emerge

- In line with the results of the surveys carried out by the Education Committee, there was general agreement among those attending that there is confusion and a lack of clarity around the distinction between AP status and the CertAVP.
- Although there were subtle differences between groups, there was consensus that the CertAVP should be renamed. Suggestions for alternative names were Certificate in Veterinary Practice, Certificate in Veterinary Professional Studies, Certificate in General Practice and Postgraduate Certificate.
- Linking AP status to the Practice Standards Scheme (for example, requiring veterinary hospitals to employ a number of APs) was suggested as a way of improving recognition and understanding of the status by employers and colleagues and of incentivising people to become APs and rewarding them for doing so. The Practice Standards Scheme could also be used to create more residencies by requiring higher-level practices to offer a residency programme.
- The idea of a modular pathway for career progression to Specialist status (in a designated species or field) from within general practice was supported, as was the creation of a pathway to allow specialisation in primary care. Achieving AP status should be a key step on these pathways.
- The timeframe in which postgraduate qualifications must be completed should be extended to allow individuals to study throughout their careers and to accommodate career breaks.
- Regardless of how Specialist status is achieved, there should be some form of final assessment before a Diploma or Specialist status is awarded.
- Consistent and ongoing support through coaching and / or mentorship is key.
- Establishing a collegiate body to represent, champion and educate general practitioners would foster a sense of belonging and enhance recognition of the role. The college could be a Specialist-level organisation if a pathway to specialising in general practice is developed. ●

Career Pathways

Workshop 1:

Names for veterinary roles which are clearly understood and recognised

There was general agreement that it is confusing to have a Certificate in Advanced Veterinary Practice (CertAVP) and Advanced Practitioner status and that greater differentiation between the qualification and the status could be achieved by changing the name of one of them (the CertAVP was chosen by most groups) to remove the word “Advanced”. Alternative names suggested were Certificate in Veterinary Practice, Certificate in Veterinary Professional Studies, Postgraduate Certificate and Certificate in General Practice.



Several groups suggested the RCVS should provide a clear definition of an AP and develop a communications programme to promote the definition. One group pointed out that the actual name did not matter as long as the definition was clear and communicated effectively. Another group suggested that APs should be renamed as Specialists, while current Specialists should become Consultants.

One group suggested that AP status could automatically be awarded on completion of the CertAVP, saying that there would be less confusion if this happened. It also suggested that vets could acquire a status or title after completing their VetGDP, both as recognition that they had finished this phase of their career and to give a sense of career progression.

A further proposal was to link AP status to the Practice Standards Scheme (PSS) to ensure there was a reason why a practice needed to employ an AP rather than just a CertAVP holder. For example, if veterinary hospitals were required to have a certain number of APs, there would be an incentive for them to employ APs and for people to become APs. This would also reward people for becoming APs. ●

Career Pathways

Workshop 2:

Recognition of career pathways/roles by employers and the public (impact on work)

Several groups also mentioned the PSS in discussions of this theme. Incorporating AP status into the PSS was suggested as a potentially effective way of improving employers' recognition of the role and raising awareness of it among the profession more widely, thus helping APs to feel valued and retaining them in practices.

The issue of communication was raised again, with groups saying that the profession and the public needed more information about veterinary roles. One group suggested including more details in the RCVS Register about members' areas of interests and qualifications, to help clients choose the type of vet they wanted to see. It should be noted that the RCVS Find a Vet online search tool does include many of these details, although members must voluntarily provide them to the College in order for them to be listed. It also suggested that qualifications and status could be delineated by electronic 'badges'. Another group suggested creating a standard add-on for practice websites that presented definitions of different veterinary roles.

Several groups mentioned recognition via salary, with a couple noting that market forces dictated that individuals with skills in high-demand areas, or areas where skills were scarce, commanded higher salaries. It is important to explore ways of recognising individuals who have greater depths of knowledge that they keep up-to-date, regardless of their field of work.

In terms of career pathways, one group proposed replacing AP status with a graded career pathway that rewarded GPs as they moved up through the grades. The group liked the idea of building on the VetGDP system using EPAs, but at a higher level, encompassing more advanced skills. It proposed starting with a "VetGDP" grade, then moving on to a two-part "CertGP" grade that would allow particular designations to be added to help GPs build a portfolio career. The upper grade



Career Pathways

would be “DipGP”, which would be a Specialist GP qualification in primary care practice and could act as a stepping stone for individuals to apply for RCVS Fellowship for contributions to general practice. A similar structure and process could be used for veterinary nurses.

This group also proposed creating a European College of Veterinary General Practitioners to which GPs who had achieved the DipGP could belong.

Another group suggested developing a modular pathway leading from GP status through to AP in general practice status and on to become a Specialist in general practice. ●

Career Pathways

Workshop 3:

Accessible routes to specialisation

Creating a modular route to Specialist status from general practice was a popular suggestion, with achieving AP status seen as an essential step along this pathway. Creating a credit- or points-based system was also proposed, with credits or points received contributing towards Specialist status, as was developing a new RCVS Diploma as a route of progression. It should be noted that RCVS Diplomas were phased out in the early 2010s in order to encourage greater convergence with the European Specialist Colleges.



There was agreement that there should be some form of assessment before a diploma and Specialist status were awarded, although no clear consensus emerged on which body should administer the assessment (ie, a university or the RCVS) or what form a final assessment should take. Two groups suggested that building a portfolio of work for assessment might be an alternative to a synoptic examination.

The importance of consistent and ongoing support through coaching and / or mentorship was also raised repeatedly, with suggestions that APs could support cohorts of CertAVP holders who were working towards AP status, or could mentor or coach other APs. However, there was some disagreement over whether Specialists should continue to supervise APs working towards Specialist status, with some groups feeling this was essential, while others questioned why Specialists were being relied on to coach APs.

However, there was agreement on the need to extend the timeframe for achieving qualifications to allow people to undertake them throughout their careers and to take breaks if necessary.

Several groups stressed the importance of working with the European Board of Veterinary Specialists (EBVS) regardless of what option was pursued.

Career Pathways

Other comments included: the need for a culture change in veterinary hospitals and centres of excellence to allow part-time/job-share residencies; the need for some form of direct supervision during a programme; and that a modular route would work better for some disciplines than others.

The PSS was raised as a possible way of facilitating access to residencies, with one group suggesting that, at a certain level, a practice could not only be required to employ staff with certain qualifications but also to run a residency programme. The group felt that this would allow a modular system whereby people did a certain amount of virtual/online learning and then perhaps had a year's release in a veterinary hospital to do their hands-on work. It suggested that if more short, hands-on placements were available, there would be greater opportunity for people to undertake them while being based at home. ●

Career Pathways

Workshop 4:

Recognition of the GP role and the value it brings

Several groups raised the ability to specialise in general practice as a way of enhancing recognition, and thus the value, of the role of GPs, with one group pointing out that, in human medicine, a GP was a consultant-level medic. Another group noted that having a broad base of knowledge, and deepening knowledge in a range of areas, was a specialisation in itself.

Allowing GPs to develop portfolio careers and pursue opportunities to take a special interest or an extended role in a particular area while remaining in practice and without becoming a Specialist was suggested as a way of helping them “mix and match” to create variety within their careers and improve work-life balance.

It was felt there should be a focus on the role of the GP from the moment students enter veterinary school, so that they aspire to become a GP rather than seeing it as the default option. One group commented that retention could be improved if people felt there was real inherent value in the GP role

A collegiate organisation to represent, champion and educate around the GP vet role was proposed. It was also suggest that the RCVS could do more to recognise and champion GP vets, perhaps by admitting more practising clinical vets to the RCVS Fellowship. Although, it should be noted that following the relaunch of the Fellowship in 2016 with three new routes to entry, the most common route by which veterinary surgeons enter the Fellowship is Meritorious Contributions to Clinical Practice, which includes many GP vets. ●



Career Pathways

Going forward: the next steps

The RCVS will use the proposals and feedback from the stakeholder event to inform discussions by its committees for exploring options for clinical career pathways. The most viable options to emerge from these discussions will be developed in further detail and a full proposal and action plan put to RCVS Education Committee and Council for approval in due course. ●

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Summary	
Meeting	Council
Date	9 November 2023
Title	Preliminary Investigation Committee Report to Council
Summary	This report describes the work of the Preliminary Investigation Committee since RCVS Council's last meeting, including by reference to key stage indicators, and provides information about the nature of concerns being considered by the RCVS.
Decisions required	None
Attachments	None
Authors	<p>Chris Murdoch Senior Case Manager c.murdoch@rcvs.org.uk</p> <p>Gemma Crossley Head of Professional Conduct g.crossley@rcvs.org.uk</p>

Classifications		
Document	Classification¹	Rationales²
Paper	Unclassified	n/a

¹Classifications explained

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²Classification rationales

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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

Preliminary Investigation Committee

Report to Council November 2023

Introduction

1. This report provides information about the activities of the Preliminary Investigation Committee in June, July, August, September and October 2023 (27 October being the date of writing the report).
2. Since the last Report to Council (which gave information to 26 May 2023), there have been 10 Preliminary Investigation Committee (PIC) meetings (7 June, 21 June, 5 July, 19 July, 2 August, 23 August, 13 September, 27 September, 11 October, and 25 October).

New cases considered by the PIC

3. The total number of new cases considered by the Committee at the 10 meetings referred to above is 18. Of the 18 new cases considered:
 - 11 were concluded at first consideration by the Committee. Of these:
 - 4 cases were closed with no further action, and
 - 6 cases were closed with advice issued to the veterinary surgeon,
 - 1 case was referred to the Disciplinary Committee.
 - 7 cases were referred for further investigation, that is, further enquiries, visits and/or preliminary expert reports.
4. No cases have been referred to the RCVS Health or Performance Protocols in the reporting period.

Ongoing Investigations

5. The PI Committee is currently investigating 39 ongoing cases where the Committee has requested statements, visits or preliminary expert reports (for example). This figure does not include cases on the Health and Performance Protocols.

Health Protocol

6. There are no veterinary surgeons either under assessment or currently on the RCVS Health Protocol. The two veterinary surgeons who had been subject to the protocol were discharged in April after having been subject to the protocol for some time without any relevant issues coming to light.

Performance Protocol

7. There are no veterinary surgeons currently on the RCVS Performance Protocol.

Professional Conduct Department - Enquiries and concerns

8. Before registering a concern with the RCVS, potential complainants must make an Enquiry (either in writing or by telephone), so that Case Managers can consider with the enquirer whether they should raise a formal concern or whether the matter would be more appropriately dealt with through the Veterinary Client Mediation Service.
9. In the period 27 May to 27 October 2023:
- the number of matters registered as Enquiries was 1551, and
 - the number of formal Concerns registered in the same period was 292.
10. The table below shows the categories of matters registered as Concerns between 26 May and 27 October 2023.

Concerns registered between 27 May and 27 October 2023

Description of Category	Number of Cases
- Advertising and publicity	0
- Appeal against DC decision	0
- Certification	2
- Client confidentiality	0
- Clinical and client records	6
- Clinical governance	0
- Communication and consent	2
- Communication between professional colleagues	3
- Conviction	4
- CPD compliance	0
- Delegation to veterinary nurses	0
- Equine pre-purchase examinations	4
- Euthanasia of animals	2
- Fair trading requirements	1
- Giving evidence for court	1
- Health case (<i>potential</i>)	2
- Illegal practice	1
- Microchipping	0
- Miscellaneous	5
- Practice information, fees & animal insurance	2
- Performance case (<i>potential</i>)	2
- Recognised veterinary practice	0
- Referrals and second opinions	0
- Registration investigation	0
- Restoration application	0

- Social media and networking forums	6
- Treatment of animals by unqualified persons	0
- Use of samples, images, post-mortems and disposal	1
- Veterinary care	237
- Veterinary medicines	6
- Veterinary teams and leaders	0
- Whistle-blowing	1
- 24-hour emergency first aid and pain relief	4
- Unassigned	0
Total	292

Data source – Profcon computer system concerns data.

Referral to Disciplinary Committee

11. In the period 27 May to 28 October 2023, the Committee has referred 3 cases involving 3 veterinary surgeons to the Disciplinary Committee.

Veterinary Investigators

12. The Chief Investigator and veterinary investigators have undertaken three visits in the reporting period. The first was a joint unannounced visit with the Veterinary Medicines Directorate to a former veterinary surgeon following reports that the individual has been administering veterinary medicines. The second was an unannounced visit to a veterinary surgeon to hand deliver correspondence relating to a concern. The third was an announced visit to a veterinary surgeon to review a selection of clinical records, as requested by the PIC.

Concerns procedure

13. As Council is aware, the process for the consideration of concerns changed at the beginning of October 2022. As outlined in the last paper, we are currently providing details of the median time taken to close cases in given months, while the amended process “beds in” and appropriate timeframes can be set. In line with this, the median number of weeks in which cases concluded can be seen below.

Month in which case concluded	Median number of weeks taken
February 2023	13
March 2023	13.3
April 2023	14.9
May 2023	14.3
June 2023	14.4
July 2023	15
August 2023	15.9
September 2023	13.4

14. As always, greater detail about the progress of cases and the time they take is provided to PIC/DC Liaison Committee, which will continue to monitor and assess the process and consider how best to set and implement target timeframes.

15. The Stage 2 KPI is now for the PIC to reach a decision on simple cases before it within seven months, and on complex cases within 12 months. A case is deemed to be complex where the PIC requests that witness statements and/or expert evidence be obtained.
16. In the period 27 May 2023 to 27 October 2023, the PIC reached a decision (to close, refer to the Charter Case Committee, or refer to DC) within the relevant KPI in 6 out of 10 simple cases.
17. 18 complex cases were decided, of which 3 met the 12-month KPI. In accordance with normal practice, these cases (and the work of the department in general) are reported and discussed in detail at the PIC/DC Liaison Committee meeting.

Illegal practice

18. The RCVS commenced a trial protocol for launching private prosecutions against individuals breaching the Veterinary Surgeons Act 1966. Since its commencement on 1 April 2023 42 reports of suspected illegal practice have been received. Of these, 16 have been closed after either issuing advice letters or referring matters to other relevant agencies; 15 have been closed due to a lack of information or evidence; and 11 are subject to ongoing enquiries.

Operational matters

19. As above, the new process is progressing well, with all those involved working hard to ensure its smooth running. Cases are being monitored carefully to ensure consistency and timely progression.
20. A number of changes were made to the make-up of the PIC in July, with three veterinary members being replaced by new members. Induction training was provided to the new members and the composition of the Stage one PICs was rearranged. While this posed some temporary challenges, with new groups taking over existing cases and so some duplication of work, both PIC members and department staff worked hard to ensure the smooth and timely running of cases and the new members have settled in well.
21. The training for the PIC in relation to the new Charter Case Committee (CCC) took place in July. No cases have yet been referred for consideration. Training for PIC members in relation to the new “under care” guidance took place in August.

Summary	
Meeting	Council
Date	9 November 2023
Title	RVN Preliminary Investigation Committee Report to Council
Summary	This report sets out the work of the Registered Veterinary Nurse (RVN) Preliminary Investigation Committee (PIC)
Decisions required	None
Attachments	None
Authors	<p>Sandra Neary Secretary to the RVN Preliminary Investigation Committee s.neary@rcvs.org.uk / 020 7202 0730</p> <p>Gemma Crossley Head of Professional Conduct g.crossley@rcvs.org.uk / 020 7202 0740</p>

Classifications		
Document	Classification¹	Rationales²
Paper	Unclassified	n/a

¹Classifications explained

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²Classification rationales

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Registered Veterinary Nurses Preliminary Investigation Committee

Report to Council

Introduction

1. Since the last Report to Council, there has been three meetings of the RVN Preliminary Investigation Committee, which took place on 27 June, 8 August, and 19 September.

RVN Concerns received / registered

2. In the period 27 May to 27 October, there were 20 new Concerns relating to RVNs. Of these 20 new Concerns:
 - 1 case closed at Stage 1 PIC
 - 15 cases are currently under investigation by a Case Manager, Veterinary Nurse, Veterinary surgeon, and a lay member (Stage 1 Preliminary Investigation Committee)
 - 3 cases have been referred to Stage 2 PIC
 - 1 case was referred to the RVN Disciplinary Committee following consideration by the Stage 2 PIC

RVN Preliminary Investigation Committee

3. Four new cases have been considered by the RVN PIC between 27 May and 27 October. One case was closed with formal advice issued to the Respondent RVN. Two cases were referred to external solicitors for formal statements to be taken. One case was referred to the RVN Disciplinary Committee. During the reporting period, the RVN PIC has considered three ongoing cases. One case was closed, one case was closed with formal advice issued to the Respondent RVN and one case was referred to the RVN Disciplinary Committee.

Ongoing Investigations

4. Two concerns are currently under investigation and will be returned to the RVN PIC for a decision in due course.

Health Concerns

5. There are currently no RVNs being managed in the context of the RCVS Health Protocol.

Performance Concerns

6. There are currently no RVNs being managed in the context of the RCVS Performance Protocol.

Referral to Disciplinary Committee

7. Since the last report, two cases have been referred to the RVN Disciplinary Committee for a formal hearing. The first hearing has been listed to take place on 13 and 14 December 2023 and the dates for the second hearing will be confirmed in due course.

Disciplinary Hearings

8. A disciplinary hearing took place between 31 July and 3 August 2023 in relation to Melanie Herdman. The Disciplinary Committee found that Miss Herdman's actions amounted to serious professional misconduct and decided that Miss Herdman's registration should be suspended for a period of three months.

Operational matters

9. An online training session for PIC members in relation to the new Charter Case Committee took place on 18 July. On 22 August, a face-to-face training afternoon took place for PIC members which covered the new guidance for 'Under care'.
10. The RVN PIC has recently welcomed Kelly Tillet RVN and Jane Downes MRCVS whose terms began in July 2023.

Summary	
Meeting	Council
Date	9 November 2023
Title	Disciplinary Committee Report
Summary	Update of Disciplinary Committee since the last Council meeting on 8 June 2023
Decisions required	None
Attachments	None
Author	Yemisi Yusuph Disciplinary Committee Clerk Tel: 020 7202 0729 Email: y.yusuph@rcvs.org.uk

Classifications		
Document	Classification¹	Rationales²
Paper	Unclassified	n/a

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Report of Disciplinary Committee hearings since the last Council meeting on 8 June 2023

Hearings

Pavels Antonovs

1. Between Monday 19 to Friday 23 June 2023, the Committee met to hear the Inquiry into Mr Antonovs at the International Dispute Resolution Centre in London. The inquiry related to three charges against him.
2. There were three charges brought against him. The first being that, on 2 September 2020 whilst in practice at Beverley Vets4Pets, Mr Antonovs attended work when under the influence of alcohol. The second being that, between 25 September and 3 December 2020, whilst at Peel Veterinary Clinic, Mr Antonovs attended work on two occasions when under the influence of alcohol. The final charge being that, between around 1 February 2021 and 8 February 2023, Mr Antonovs failed to respond adequately to reasonable requests from the Royal College of Veterinary Surgeons regarding concerns raised about his conduct and/or health.
3. Mr Antonovs admitted the facts of the charges and the Committee decided that the facts amounted to serious professional misconduct.
4. The Committee's full decision on professional misconduct can be found here:
<https://www.rcvs.org.uk/document-library/decision-of-the-disciplinary-committee-on-disgraceful-conduct/>
5. Having found professional misconduct, the Committee went on to consider what sanction to impose. Having particular regard to the circumstances of this case, they concluded that a reprimand and warning as to his future conduct on the basis that it would be proportionate in order to maintain public confidence in the profession and uphold proper standards of conduct and behaviour.
6. The full details Committee's decision on sanction can be found here:
<https://www.rcvs.org.uk/document-library/decision-of-the-disciplinary-committee-on-sanction/>

Warwick Seymour Hamilton

7. Between Thursday 29 and Friday 30 June, the Disciplinary Committee met virtually to hear the Restoration Application of Mr Seymour Hamilton.
8. Mr Seymour-Hamilton made his application on the basis that he did not want to be restored to the Register in order to practise veterinary surgery, but in order for him to easily achieve recognition from academics and drug companies for his work on herbal and natural remedies. Mr Seymour-Hamilton also disputed the original findings of the 1994 case for which he was removed from the Register, although was told that this was inadmissible.
9. In considering his application, the Committee took into account the fact that he had not accepted the original findings from 1994 nor had he, over the course of his various applications for

restoration, shown any insight into his original conduct or the serious concerns about his fitness to practice raised in previous restoration hearings.

10. It also considered that Mr Seymour-Hamilton had been off the Register for 29 years and would need to have demonstrated prolonged, intensive and formal training to ensure he met the Day One Competences required of a veterinary surgeon. The College submitted that he had made no such attempts and so would pose a significant risk to animal health and welfare if he were allowed to practice again.
11. The Committee also considered that Mr Seymour-Hamilton had indicated that he had practised veterinary surgery while off the Register – including conducting two spay procedures in Calais, France – and had used his own animals to try out new and untested ‘herbal remedies’. The College submitted that this indicated someone who didn’t have due regard to the importance of the current level of skills, experience and qualifications required in order to undertake veterinary surgery competently, and therefore posed a risk to animal health and welfare.
12. Accordingly, the Committee decided that it would not be in the public interest to restore Mr Seymour-Hamilton to the Register.
13. The Committee’s full decision can be found here: <https://www.rcvs.org.uk/document-library/seymour-hamilton-warwick-john-june-2023-decision-of-the/>

Stavros Paschalidis

14. The Committee met between Monday 3 to Wednesday 12 July to hear the inquiry into Mr Paschalidis. The Inquiry was in respect of three charges against him.
15. The first charge concerned the allegation that, on 7 October 2021, in relation to Beluga, a Beagle dog, Mr Paschalidis failed to carry out any adequate examination; failed to vaccinate Beluga; and made entries in the clinical records for Beluga indicating that he had examined and/or vaccinated the dog, when he had not done so.
16. The second charge concerned the allegation that, also on 7 October 2021, in relation to Simba, a Bengal cat, Mr Paschalidis failed to carry out any adequate examination; failed to vaccinate Simba; confirmed to a veterinary nursing colleague that he had vaccinated the cat when he had not; and made entries into the clinical records for the cat indicating that he had examined and/or vaccinated Simba, when he had not done so.
17. The third and final charge was that the conduct of Mr Paschalidis in relation to the other two charges was dishonest and/or misleading and that he was therefore guilty of disgraceful conduct in a professional respect.
18. The full charges can be found here: <https://www.rcvs.org.uk/document-library/paschalidis-stavros-2023-decision-disciplinary-finding-of-facts/>
19. The Committee considered whether the above charges were found proved. At the start of the hearing, Mr Paschalidis admitted the charge that he had failed to examine Simba, but denied that

the record was misleading or dishonest as he said he was interrupted by a colleague whilst making the notes, rendering them an incomplete draft. The Committee found the charges relating to the failure to carry out an adequate examination and vaccinate Beluga and Simba proven. The Committee also found that Mr Paschalidis had been dishonest and misleading in relation to his clinical records for Beluga. However, it found the allegation that Mr Paschalidis had made entries in the clinical records for Simba indicating that he had vaccinated him when he hadn't done so, and that his conduct was misleading and/or dishonest in relation to that fact, not proven. The Committee also found it not proven that Mr Paschalidis had been dishonest in relation to making entries in the clinical records for Simba indicating that he had been examined when he had not been, instead finding that his conduct in this instance was misleading.

20. The Committee's full decision on finding of facts can be found here: <https://www.rcvs.org.uk/document-library/paschalidis-stavros-2023-decision-disciplinary-finding-of-facts/>
21. Having found that Mr Paschalidis was dishonest in his recording of his examination/vaccination of Beluga and that he was dishonest in relation to his communication of vaccination of Simba to a colleague, the Committee found that his conduct amounted to conduct falling far below that to be expected of a reasonably competent veterinary surgeon.
22. The Committee's full decision on disgraceful conduct can be found here: <https://www.rcvs.org.uk/document-library/paschalidis-stavros-july-2023-decision-disciplinary-disgraceful/>
23. On deciding the sanction, the Committee took into account eight testimonials, which were all positive about Mr Paschalidis' character. The Committee also noted his Continuing Professional Development (CPD) record, which, from February 2020 to February 2023, totalled over 170 hours.
24. The Committee concluded that Mr Paschalidis was dishonest and directed he be removed from the Register for a period of six months.
25. The Committee's full decision on sanction can be found here: <https://www.rcvs.org.uk/document-library/paschalidis-stavros-july-2023-decision-disciplinary-sanction/>

Andrew Dobson

26. On Thursday 20 July, the Committee met virtually to hear the restoration application of Mr Dobson.
27. Although Mr Dobson, despite having submitted the restoration application, did not attend and did not contact the RCVS setting out his reasons for non-attendance, nor did he provide any detail supporting his application for restoration.
28. The original hearing for Andrew Dobson took place in August 2021 with the Committee requesting that he be removed from the Register after it found that he had: carried out an act of veterinary certification while off the Register, after being removed from the Register for non-payment; had

failed to have professional indemnity insurance in place between November 2018 and August 2020; and, failed to respond to reasonable requests from the RCVS about the same.

29. Having decided to proceed with the new restoration application hearing in his absence, the Committee had to consider whether Mr Dobson had proven himself fit to be restored to the Register and to be allowed to practise veterinary surgery once more.
30. The Committee heard that the last contact with Mr Dobson had been made on 2 June 2023 and that, despite numerous attempts to contact him since that date, there had been no communication from Mr Dobson, including in support of his restoration application.
31. Although the Committee found that his email on 2 June 2023 did suggest that he accepted the original findings for which he was removed from the Register, it had insufficient evidence before it demonstrating that he had, for example, shown remorse and insight into the original failings, had attempted to keep his continuing professional development (CPD) up-to-date or that, if restored, he would pose no risk to animal health and welfare.
32. Paul Morris, chairing the Disciplinary Committee and speaking on its behalf, said: "The Disciplinary Committee will only restore the name of the applicant veterinary surgeon to the Register where the applicant has satisfied it that he or she is fit to return to unrestricted practice as a veterinary surgeon and that restoration is in the public interest".
33. The Committee denied his application to be restored. Their full decision can be found here: <https://www.rcvs.org.uk/document-library/dobson-andrew-july-2023-decision-of-the-disciplinary-committee/>

Melanie Herdman RVN

34. The RVN Committee met between Monday 31 July – Thursday 3 August to hear the Inquiry into Miss Herdman.
35. The Inquiry was in relation to three charges against her.
36. The first charge related to an intention to supply diazepam and/or tramadol for use by a friend. The second charge related to supplying diazepam and/or tramadol and/or gabapentin. The third charge related to providing advice on the dosages of diazepam and/or tramadol and/or gabapentin.
37. The full charges can be found here: <https://www.rcvs.org.uk/document-library/herdman-melanie-july-2023-charges/>
38. Miss Herdman was not present at the hearing and was unrepresented, but the Committee determined that it was appropriate to proceed in her absence as she had been formally notified, was aware that the hearing was taking place and her absence was voluntary.
39. The first thing the Committee did was establish whether the facts of the case were found proved.

40. From the outset of the hearing Miss Herdman indicated her pleas to the charges, and admitted her intention to supply diazepam and/or tramadol and that she had provided advice on the dosages. She also admitted that she had supplied diazepam but strongly denied that she had supplied tramadol and/or gabapentin. Taking all the evidence into account (including messages sent by Miss Herdman and her admissions), the Committee found proven the charges in relation to the intent to supply and the advice on dosages. The Committee also found proven the charge in relation to the supply of diazepam, but found not proved the charge relating to the supply of tramadol and gabapentin for several reasons, including the fact that the messages sent by Miss Herdman did not point unequivocally to her actually supplying each of the drugs to which she referred. It should be noted that there was no suggestion that the diazepam was stolen from her place of work.
41. The Committee then went on to establish whether there had been serious professional misconduct.
42. The Committee found that Miss Herdman's actions had breached paragraphs 1.5 and 6.5 of the Code of Professional Conduct for Veterinary Nurses. In the Committee's judgment there were also a number of aggravating features of Miss Herdman's conduct, including that she was not qualified or authorised to prescribe medication to animals, let alone to human beings and that, in providing a controlled drug to a person who was already taking various painkilling medications, she had acted recklessly. In finding that Miss Herdman's actions amounted to serious professional misconduct, the Committee noted that, in addition to the obvious risk to the health of her friend, a reasonable and fully informed member of the public would be very concerned to learn that a veterinary nurse had supplied a controlled drug to a friend for their personal use.
43. Lastly the Committee went on to consider the appropriate sanction to impose on Miss Herdman.
44. The Chair in this case Paul Morris, stated: *"Drawing all the material together, and considering the matter as a whole, the Committee had to impose a proportionate sanction for an isolated incident of serious professional misconduct which arose out of a misguided attempt to help a friend. The conduct in question was entirely out of keeping with Miss Herdman's usual practice and there is no real risk that it will be repeated"*.
45. The Committee concluded that the most appropriate sanction to impose on Miss Herdman was to enforce a 3-month suspension of her registration.
46. The full Committee decision can be found here: <https://www.rcvs.org.uk/document-library/herdman-melanie-july-2023-decision-of-the-disciplinary/>

Alina Grecko

47. The Committee met between Monday 18 September and Thursday 21 September to hear the Inquiry into Mrs Grecko.
48. The Inquiry was in relation to two charges against her that related to her dishonestly obtaining prescription-only medication knowing that it was for human use, rather than legitimate veterinary use.

49. The first charge was that she had caused a registered veterinary nurse colleague to order griseofulvin, a prescription-only antifungal medication, knowing that it was for human use, rather than legitimate veterinary use. The charges also alleged that she then caused a student veterinary nurse colleague to record the order in the name of another veterinary surgeon, who was not involved in the order or prescription of the medication, and falsely record that it was for Mrs Grecko's dog.
50. The second charge was that, in relation to the circumstances outlined in the first charge, she had acted dishonestly and misleadingly, as the medication was, in fact, intended for use by Mrs Grecko's husband.
51. After having the charges read out, the Committee went on to consider whether the facts can be proved.
52. At the outset of the hearing, Mrs Grecko admitted she had asked her RVN colleague to order the medication and for her SVN colleague to record that the medication was for her dog and that doing this was dishonest and misleading, Mrs Grecko accepted that these admitted charges amounted to serious professional misconduct. However, she denied the allegation that she asked an SVN to record it under the name of another veterinary surgeon and that this was therefore dishonest and misleading.
53. In respect of the parts of the charge that she denied, the Committee considered evidence from all of the primary witnesses in the case, noting it had the evidence of two witnesses who were consistent in their eyewitness evidence that Mrs Grecko had told her SVN colleague to record the medication under another colleague's name as well as the supporting evidence from another witnesses that Mrs Grecko had made a similar admission. It therefore found it proven that she had asked her SVN colleague to make a false record under the name of another veterinary surgeon, and that this was dishonest and misleading.
54. The Committee's full decision on facts can be found here: <https://www.rcvs.org.uk/document-library/grecko-alina-september-2023-decision-of-the-disciplinary/>
55. Having considered the facts of the charges, the Committee went on to consider whether the admitted and proven charges amounted to serious professional conduct, taking into account both aggravating and mitigating circumstances. The Committee found that all the proven charges amounted to serious professional misconduct.
56. The Committee considered that Mrs Grecko's conduct had breached her obligations as a veterinary surgeon to respect the proper protections that were in place for the control of prescription-only medications. She had committed a serious abuse of her position in using the fact that she could obtain medications by virtue of her profession to circumvent the protections. She had been prepared to involve others in the course of the conduct. In addition, Mrs Grecko had been prepared to engage in an attempt to conceal her actions and falsify the clinical records in the process.

57. The Committee stated that *“Although it was acknowledged that Mrs Grecko may have been subject to some conflicting demands, being affected by her husband’s interests and may have felt a pressure to act, the Committee considered that she had completely failed to acknowledge and respect her overriding professional responsibilities.”*
58. The full Committee decision on disgraceful conduct can be found here: <https://www.rcvs.org.uk/document-library/grecko-alina-september-2023-dc-decision-conduct/>
59. After finding misconduct on all proved facts, they went on to consider the most appropriate sanction to impose on Mrs Grecko. In doing so, the Committee bore in mind that the purpose of such sanctions was not to punish, but to protect the public and maintain public confidence in the profession as a whole.
60. The Committee considered that the disgraceful conduct was very serious, when taking into account the abuse of position and pre-meditated and dishonest conduct. The Committee further found that the previous adverse findings against Mrs Grecko from 2011, which involved misconduct of a very similar nature, meant that they could not accept her argument that she had learnt her lesson, and also meant that, in the Committee’s judgement, she presented a significant risk of further repeated errors of judgement and dishonest conduct.
61. The Committee concluded that the most appropriate sanction to impose on Mrs Grecko was for her name to be removed from the register.
62. The Committee’s full decision can be found here: <https://www.rcvs.org.uk/document-library/grecko-alina-september-2023-dc-decision-sanction/>

Simon Wood

63. Simon Wood was originally removed from the Register in June 2018, following the December 2017 conviction and January 2018 sentencing which saw him receive a community sentence and made subject to a Sexual Harm Prevention Order for a period of five years.
64. Mr Wood had previously applied to rejoin the Register in 2020 but his application was rejected on that occasion.
65. The hearing for his current application took place on Wednesday 27 and Thursday 28 September.
66. At the outset of the hearing, Mr Wood’s counsel said the basis for the current application was that he: was professionally competent to be restored; he had strong mitigation for his offending; had consistently and repeatedly expressed and demonstrated profound remorse; posed a low risk of re-offending; had proactively engaged with the Probation Service and voluntary counselling to gain further insight into his offending; and had completed his community sentence and was no longer subject to any of the court orders arising from his conviction.
67. Having heard the evidence from Mr Wood and his counsel, it was for the Committee to decide if he was fit to be restored to the Register. The factors it considered in doing so were: whether he had accepted the findings of the Committee at its original hearing; the seriousness of the

offences; whether he demonstrated insight; protection of the public and the public interest; the future welfare of animals should he be restored to the Register; length of time off the Register; conduct since removal; and, evidence that he had kept up-to-date with veterinary knowledge, skills and practice.

68. The stated that they were “satisfied that Mr Wood has done everything required of him in order to be able to satisfy the Committee that he is fit to be restored to the Register”.

69. The Committee’s full decision can be found here: <https://www.rcvs.org.uk/document-library/wood-simon-peter-sept-2023-decision-disciplinary-restoration/>

Upcoming DC cases

70. There are currently 4 listed hearings, two of which are RVN cases:

- 6-10 November
- 29 November – 12 December
- 13 -14 December
- 18-22 December

71. There are currently three referred cases, which will be listed shortly.