

Royal College of Veterinary Surgeons response to:

European Commission Green Paper: Modernising the Professional Qualifications Directive

The following response is made on behalf of the Royal College of Veterinary Surgeons (RCVS). The RCVS is the regulatory body for veterinary surgeons in the UK. The role of the RCVS is to safeguard the health and welfare of animals committed to veterinary care through the regulation of the educational, ethical and clinical standards of veterinary surgeons and nurses, thereby protecting the interests of those dependent on animals, and assuring public health. It also acts as an impartial source of informed opinion on relevant veterinary matters.

2.1. The European professional card

Question 1: Do you have any comments on the respective roles of the competent authorities in the Member State of departure and the receiving Member State?

Question 2: Do you agree that a professional card could have the following effects, depending on the card holder's objectives?

- a) The card holder moves on a temporary basis (temporary mobility):
- Option 1: the card would make any declaration which Member States can currently require under Article 7 of the Directive redundant.
 - Option 2: the declaration regime is maintained but the card could be presented in place of any accompanying documents.
- b) The card holder seeks automatic recognition of his qualifications: presentation of the card would accelerate the recognition procedure (receiving Member State should take a decision within two weeks instead of three months).
- c) The card holder seeks recognition of his qualifications which are not subject to automatic recognition (the general system): presentation of the card would accelerate the recognition procedure (receiving Member State would have to take a decision within one month instead of four months).

Q1 – Answer: Professional cards, if to reflect the qualifications a holder actually possesses, would need to be issued initially by the State where the qualification was obtained for it to be validated as meeting the minimum training requirements. There are many issues about qualifications gained prior to some states joining the EU and some are only recognised with various supporting attestations/licences e.g. Italy, Estonia, some from Bulgaria etc. The primary qualification is basic to the recognition and right to work and therefore must be validated by the issuing state, however, for many this may not simply be the State of departure.

States also have different requirements relating to regulation and in some restricted licences to practise can be issued, however, that is not the case in the UK. We consider it must be for the receiving state to be satisfied that the qualification meets the minimum training requirements and that the applicant must take some responsibility for collating the information and submitting an application

with necessary documents. It is unclear how the history of a qualification is ascertained if using a card. In the UK, those who want establishment and provide the correct documentation are processed within two to three weeks and sometimes, in emergencies, can be processed in a few days. Problems arise where competent authorities delay in issuing documentation e.g. in some countries the offices close for a month in the summer so letters of good standing cannot be issued. The issuing or updating of a professional card will presumably hit the same problems.

Also for the professional card to be of any value, it would need to include up-to-date information about the current standing of the professional. This may need to be done in the state of departure but should be done within three months of presentation in the receiving state, to ensure continuity of professional standing. The card would therefore need to be reissued/updated at least annually and also updated within three months of a move to another state. Currently, Certificates of Good Standing are only valid for three months and if it is proposed that the professional cards replace these, then they would need to contain an up-to-date record of any professional disciplinary hearings, criminal convictions etc. The card would also need to show the date of the last update.

We understand that the 'card' may be electronic - and thus as up to date as the database which produces it. However, use of such an electronic card system presupposes that Member States all have similar data management systems to synchronise the capture of such data or that some central database would be held which could give rise to data protection issues. It would at this time perhaps be more beneficial to make the use of IMI compulsory and build on the work already done on that system to improve and make this system more effective.

In addition, there are queries about how a card would work where an applicant is registered in more than one EU state. Is the 'state of departure' that where they have been living (where they may not have been working, although registered), or that where they have been established and worked last, perhaps some months or years previously?

It has been suggested that the use of a professional card would be voluntary. Would this be voluntary for each state or each profession? If for each state, what would be the position if one state chose to adopt the professional card but another did not? Would the adopting state still be obliged to provide documentation on good standing, qualifications etc in other formats? If not, then the use of a card would appear to be imposed on the non-adopting state, which may not feel satisfied with the information on the card. This 'imposition' of use of a card system would be unacceptable. Also for states not adopting a professional card, documentation would continue to be provided in the current format and it seems a receiving Member State would then have to have two systems in place to process those holding cards and those not. This two tier system could increase expenses and may slow down or complicate applications.

There are many practical issues relating to a card, for example, about the identity of the holder, where the card should be issued, how it would be updated, how forgery would be prevented and who would bear the cost of producing and maintaining this type of card. There are concerns that a card of this type could substantially increase the risk of fraud i.e. a single card would confirm a particular person holds specified qualifications and experience and is established in a particular Member State – so the applicant would only need to reproduce one fraudulent card, whereas currently they would need a degree certificate plus certificate of good standing (preferably direct from another Member State) and

their passport. Requiring multiple documents helps to minimise the risk of identity fraud, and it is more difficult to produce all documents with the required seals, signatures and security markings etc. Increasing the risk of fraudulent registration is unacceptable in professions where public health and access to drugs are factors.

There are also issues about what technology would be required to 'read' the information on such cards. Furthermore, the RCVS questions what language such cards would be written in, and whether it is proposed that this would be the language of the departure state or the receiving state.

As most of the applicants to the RCVS (UK) are assessed and have appointments to register with us within four weeks, and sometimes less, and as one of the major receiving States for veterinary surgeons in the EU, the introduction of a professional card to improve the time for processing seems an unnecessary cost and burden.

Q2 – Answer: It would appear that a card could replace the declaration for temporary provision of services. However, purely on the basis of cost, it would appear to be unacceptable, as it takes only minutes to complete a declaration and if the supporting documents are still to be provided there would seem to be no purpose in introducing this card. In view of the issues relating to the veterinary profession re. public health and access to drugs etc, it is important that all those entering the country are registered and on first entry proceed through the rigorous checks in place. Perhaps a temporary 'provision of services' card should be considered, to be issued by the receiving state and recording the conditions of being allowed to practise the profession for that registration and the date of expiry. There is also the question of who covers the cost of issuing the card.

A major problem with the professional card for all professions is the fact that provision is being made for numerous professions in such diverse areas of work. There is a major difference between the needs of a travel guide to move from one country to another where any issues of incompetence etc would possibly have commercial/company reputation impacts, and that of professions such as veterinary surgeons, which have possible major implications for public health, drug misuse and animal welfare etc.

For those veterinary surgeons coming to the UK temporarily, if the documentation is received in full then they are registered within two to three days of receipt for temporary provision of services. We are regularly asked for information by those coming into the UK and those wishing to move overseas, so we provide information to both departing and incoming applicants.

2.2. Focus on economic activities: the principle of partial access

Question 3: Do you agree that there would be important advantages to inserting the principle of partial access and specific criteria for its application into the Directive? (Please provide specific reasons for any derogation from the principle.)

Q3 – Answer: No. Not where the principles of automatic recognition for a specific qualification, as with the sectoral professions, is applicable. It would not be acceptable for veterinary surgeons or veterinary para-professionals coming to the UK to have partial access to the profession. They must hold the full primary veterinary qualification to work in the UK and restricted licences are not possible.

With regard to veterinary nurses the situation may appear to be slightly different: as there are no automatically recognised qualifications, each application is individually assessed. There are often very significant differences in training and the job role in EU states. Over the period 2007 to 2009 we registered 13 veterinary nurses by assessing qualifications and eight additional applicants had compensation measures applied.

We also receive applications from veterinary surgeons for registration as veterinary nurses, particularly from Eastern Europe. Whilst there are similarities in some aspects of training, overall the roles, training and requirements in the UK for the two professions are very different and therefore overseas veterinary surgeons cannot be registered as veterinary nurses unless they meet the training requirements for veterinary nurses. All the roles in the veterinary field may have implications for human health through access to medicines, and with implications for the foodchain and thus public health. Therefore it is essential that registration is carefully monitored and it is difficult to see how partial licensing would be viable in these professions.

It is difficult to see how, in professions of this nature, EU-wide codes could meet the needs of the public and maintain adequate standards. There is too great a disparity between all the professions that fall under the MRPQ Directive to have standard codes for all and allow partial access.

2.3. Reshaping common platforms

Question 4: Do you support lowering the current threshold of two-thirds of the Member States to one-third (i.e. nine out of twenty seven Member States) as a condition for the creation of a common platform? Do you agree on the need for an Internal Market test (based on the proportionality principle) to ensure a common platform does not constitute a barrier for service providers from non-participating Member States? (Please give specific arguments for or against this approach.) Professional qualifications in regulated professions

Q4 - Answer: There are possible benefits in reducing the threshold for common platforms to one third of Member States rather than two thirds as this could help to speed up their development, and would suit those professions/occupations where discussions on common standards/requirements are at a relatively early stage, compared to the 'sectoral' professions. This could be of benefit for veterinary nurses where common evaluation systems/standards are emerging across some Member States. The same may also apply in relation to farriers.

2.4. Professional qualifications in regulated professions

The Single Market Act provides for a further assessment of reserves of activities linked to professional qualifications. The 27 Member States regulate around 4,700 professions on the basis of a professional qualification. These professions can be grouped into about 800 different categories. The Professional Qualifications Directive currently offers a mutual recognition mechanism working overall for most of them. While Member States are free to define qualifications requirements for access to certain professions as an appropriate tool to achieve public policy objectives in relation to a given economic activity, e.g. the need to ensure its security or its safety, in certain cases the qualifications requirements may be disproportionate or unnecessary for the achievement of public policy objectives and could lead to barriers to the freedom of movement of EU citizens. Indeed, there might be cases where an EU citizen who already carries out an economic activity in his or her Member State of origin is facing an unjustified and disproportionate qualification requirement in a host Member State at such

a level or of such a nature that the individual would not be in the position to overcome the difficulties through a test or a stage (so-called compensation measures) as foreseen in the Professional Qualification Directive nor be in the position to claim partial access according to the Court jurisprudence (see section 2.2 on more information on partial access). The citizen would, therefore, have no other choice than to undergo the entire necessary training to acquire the domestic qualification in that host Member State.

Question 5: Do you know any regulated professions where EU citizens might effectively face such situations? Please explain the profession, the qualifications and for which reasons these situations would not be justifiable.

Q5 – Answer: The RCVS is unaware of any regulated professions in the veterinary field where people face disproportionate qualification barriers in other Member States.

3. BUILDING ON ACHIEVEMENTS

3.1. Access to information and e-government

Question 6: Would you support an obligation for Member States to ensure that information on the competent authorities and the required documents for the recognition of professional qualifications is available through a central on line access point in each Member State? Would you support an obligation to enable online completion of recognition procedures for all professionals? (Please give specific arguments for or against this approach).

Q6 – Answer: This presumably relates to a development of the IMI system. A central online access point for information is useful and we do currently use the IMI system when there are concerns about qualifications, status, etc. However it is unclear how this would work. If all registrants established in a state would need an entry in this, how would data protection be ensured or would these documents be submitted every time someone made an application? Practicalities are important to address; who is responsible for uploading information? Who would pay the costs?

Caution must be exercised regarding personal data security if an individual's personal qualifications, data, conduct records, etc were held in some form of central repository. Would this be only for those professionals who are actively seeking to migrate and who have given permission for their data to be uploaded in this way? This would be similar to the situation with letters of good standing which have to be requested by the individual to whom they are issued.

We would not support online completion of recognition procedures for all professionals. Due to the nature of the veterinary surgeon's work, the public health implications and access to medicines etc., it is essential that ID is always checked in person and the register of members must be signed personally in the presence of an authorised officer of the Council.

3.2. Temporary mobility

Question 7: Do you agree that the requirement of two years' professional experience in the case of a professional coming from a non-regulating Member State should be lifted in case of consumers crossing borders and not choosing a local professional in the host Member State?

Should the host Member State still be entitled to require a prior declaration in this case?
(Please give specific arguments for or against this approach.)

Q7 - Answer: This would appear to apply to professions which are regulated in some states and not others and for veterinary surgeons, with the exception of Switzerland (which may be shortly brought again within the Directive), there is full regulation in all Member States at present. Veterinary nurses are different; however, it would currently be exceptional for a veterinary nurse to accompany a client across borders temporarily. In all professions where there are public health issues, and access to medicines including dangerous drugs, it would be essential to make a prior declaration when intending to provide services temporarily to enable basic checks to be made and follow up undertaken if necessary. There would seem no good reason to derogate from the principle of notification if the host Member State regulates the profession. The declaration is issued by the individual professional, not the regulator, thus there can be no clear reason as to why mobility is impaired by the making of a declaration to the host state. If the requirement is to be registered in the host state then surely that is applicable to all, whether for establishment or temporary services and the host state is entitled to set and maintain its standards within a profession. If different circumstances apply to different parts of the population, administration for the host state will be very difficult to put in place and be effective.

3.2.2. The question of "regulated education and training"

Question 8: Do you agree that the notion of "regulated education and training" could encompass all training recognised by a Member State which is relevant to a profession and not only the training which is explicitly geared towards a specific profession? (Please give specific arguments for or against this approach.)

Q8: Not applicable to veterinary surgeons or veterinary nurses. With regard to veterinary nurses more general education and training could not compensate for the essential education and training required to meet the specific requirements of the Veterinary Nurses "licence to practise" and would not be in the public interest.

3.3. Opening up the general system

3.3.1. Levels of qualification

Question 9: Would you support the deletion of the classification outlined in Article 11 (including Annex II)? (Please give specific arguments for or against this approach).

Q9 – Answer: This relates to the 'general system' of recognition, so doesn't apply to Veterinary Surgeons. However, it would be sensible to work towards using the European Qualifications Framework as a classification system for qualification levels.

With reference to veterinary nurses, working towards a common understanding/measure of levels of qualification would be sensible. But deleting any identification of level completely, as this seems to be suggesting, would be a grave mistake. Whilst the content/focus of education and training is crucial, so is the level at which people are expected to function. Where there is a very substantial difference in educational level between the qualifications of an applicant (VN for example) and the level of

education in the receiving state, the applicant may not be equipped to function safely at the required level in the receiving state.

3.3.2. Compensation measures

Question 10: If Article 11 of the Directive is deleted, should the four steps outlined above be implemented in a modernised Directive? If you do not support the implementation of all four steps, would any of them be acceptable to you? (Please give specific arguments for or against all or each of the steps.)

Q10 - Answer: Not applicable to veterinary surgeons and this is already done in relation to veterinary nurses, thus there is no problem with these proposals.

3.3.3. Partially qualified professionals

Question 11: Would you support extending the benefits of the Directive to graduates from academic training who wish to complete a period of remunerated supervised practical experience in the profession abroad? (Please give specific arguments for or against this approach.)

Q11 - Answer: This is not a problem for veterinary students in the UK, where there are already regulations which allow students from any country (i.e. those who are not yet fully qualified) to undertake supervised work experience placements in the UK. With regard to veterinary nurses, they are enrolled as temporary veterinary nurse students, under the supervision of an approved centre.

3.4. Exploiting the potential of IMI

3.4.1. Mandatory use of IMI for all professions

Question 12: Which of the two options for the introduction of an alert mechanism for health professionals within the IMI system do you prefer?

Option 1: Extending the alert mechanism as foreseen under the Services Directive to all professionals, including health professionals? The initiating Member State would decide to which other Member States the alert should be addressed.)

Option 2: Introducing the wider and more rigorous alert obligation for Member States to immediately alert all other Member States if a health professional is no longer allowed to practise due to a disciplinary sanction? The initiating Member State would be obliged to address each alert to all other Member States.)

Q12 - Answer: It is essential that veterinary surgeons and nurses are treated as 'health professionals' for this purpose within the EU. It is very important that veterinary surgeons and veterinary nurses are included in the alert mechanism as they have access to dangerous drugs, monitor safety of food production and exports, work in animal welfare and also in front-facing clinical roles with vulnerable people. The second option proposed would be the most effective (launching an alert to all Member States once the professional loses the right to practise due to sanctions in a Member State). The first option runs the risk of the professional evading such notices by moving between multiple Member States, such that it would be difficult to trace which was the original Member State that had issued an alert.

To be fully effective this would be best done through the IMI system to ensure adequate notification to all competent authorities and appropriate translation facility.

3.5. Language requirements

- One option would be to clarify the Code of Conduct 26, which would be more conducive to future adaptations.
- Another option would be to introduce into the Directive a rule specifically applicable to health professionals with direct contact with patients. This provision would allow a one-off control of the necessary language skills before the health professional first comes into direct contact with patients.

Question 13: Which of the two options outlines above do you prefer?

Option 1: Clarifying the existing rules in the Code of Conduct;

Option 2: Amending the Directive itself with regard to health professionals having direct contact with patients and benefiting from automatic recognition.

Q13 - Answer: It is essential that veterinary surgeons and veterinary nurses are treated as health professionals for this purpose as there are issues of public health, dangerous drugs, animal welfare and front facing clinical roles to consider in their work. Option 2 would be supported providing that the veterinary profession were brought within the definition of health professionals.

4. MODERNISING AUTOMATIC RECOGNITION

4.1. A three-phase approach to modernisation

Question 14: Would you support a three-phase approach to modernisation of the minimum training requirements under the Directive consisting of the following phases:

- the first phase to review the foundations, notably the minimum training periods, and preparing the institutional framework for further adaptations, as part of the modernisation of the Directive in 2011-2012;
- the second phase (2013-2014) to build on the reviewed foundations, including, where necessary, the revision of training subjects and initial work on adding competences using the new institutional framework; and
- the third phase (post-2014) to address the issue of ECTS credits using the new institutional framework?

Q14 - Answer: We would support the proposed three-phase approach to modernising training requirements. We have already responded to previous consultations to propose that veterinary surgeons' training requirements should be brought into line with the well accepted (across Europe and internationally) Day One Competences. This could probably be done comparatively quickly, and in advance of many other professions. We suggest that if agreement can be reached across the Member States to adopt the veterinary Day One Competences approach, that implementation for the veterinary profession should not then be delayed whilst other professions work on and agree their competences. The RCVS has recently decided to review its Day One Competences to ensure they remain up to date, so the proposed EU timetable of 2013-2014 would fit in well with this.

We would support the work towards using ECTS credits as part of the framework. This could provide a useful means of comparing the 'size' of qualifications, especially if combined with the EQF.

However, it will probably remain very difficult to use ECTS as a means of offering credit transfer for veterinary students across Europe, as curriculum design varies so much between institutions.

4.2. Increasing confidence in automatic recognition

Question 15: Once professionals seek establishment in a Member State other than that in which they acquired their qualifications, they should demonstrate to the host Member State that they have the right to exercise their profession in the home Member State. This principle applies in the case of temporary mobility. Should it be extended to cases where a professional wishes to establish himself? (Please give specific arguments for or against this approach.) Is there a need for the Directive to address the question of continuing professional development more extensively?

Q15 - Answer: It seems sensible that professionals seeking establishment in a Member State should demonstrate that they have the right to exercise their profession in their home Member State, i.e. where ongoing continuing professional development (CPD) is a requirement, that they have kept their CPD up to date. However, this may be too simplistic, especially if a professional has moved across multiple Member States over their career (which is a scenario which the Directive is seeking to encourage), and where CPD requirements may vary between Member States e.g they may have qualified in State 'A' with a mandatory requirement for x hours' CPD, but moved to State 'B' with a different requirement for CPD, then sought establishment in State 'C' which has a different requirement again. They may have met the CPD requirements of State 'B', but not State 'A', in which case, which State's requirements should be followed? It would seem more sensible, therefore, to require the migrating professional to demonstrate that they have met the CPD requirements of the receiving country – not those which he has left. We would support a requirement that a migrating professional must demonstrate that they have maintained their competence (by CPD or otherwise) before being eligible for automatic recognition of their right to practise.

4.2.2. Clarifying minimum training periods for doctors, nurses and midwives

Question 16: Would you support clarifying the minimum training requirements for doctors, nurses and midwives to state that the conditions relating to the minimum years of training and the minimum hours of training apply cumulatively? (Please give specific arguments for or against this approach.)

Q16 – Answer: Not applicable

4.2.3. Ensuring better compliance at national level

Question 17: Do you agree that Member States should make notifications as soon as a new program of education and training is approved? Would you support an obligation for Member States to submit a report to the Commission on the compliance of each programme of education and training leading to the acquisition of a title notified to the Commission with the Directive? Should Member States designate a national compliance function for this purpose? (Please give specific arguments for or against this approach.)

Q17 – Answer: It would be sensible to require early notification of new Diplomas as soon as the new programme has been approved. However, in the case of veterinary degrees, this would not necessarily speed things up, as approval/accreditation in the UK cannot be given until a new course has produced its first cohort of graduates, as a final judgement about its standards cannot be made until that point. However it should be noted that there are very few new diplomas/degrees in the veterinary field, hence this provision affects only a very small number of potential migrants.

We would strongly support the requirement for each national authority that approves new programmes to submit a report to the Commission on compliance of the new programme with the training requirements. Furthermore, where a recognised national or international accrediting body has been involved in that evaluation, then the report from the national authority to the Commission (which should be publicly available) must make reference to the outcomes of that accrediting body's findings to ensure some independence in the evaluation.

Indeed, we would go further and propose that there should be regular (minimum every 10 years) reporting from competent authorities to the Commission on the compliance of the programmes that are the subject of automatic recognition with the Directive's training requirements. Such reports should make reference to the results of any other accreditation/evaluation process that has taken place during the period under review, and where a programme is noted as not being compliant, there should be an obligation on the competent authority to ensure that rectifying action is taken, which could ultimately include removing the programme from the list of recognised programmes subject to automatic recognition.

4.3. Doctors: Medical Specialists

Question 18: Do you agree that the threshold of the minimum number of Member States where the medical speciality exists should be lowered from two-fifths to one-third? (Please give specific arguments for or against this approach.)

Q18 – Answer: Not applicable

Question 19: Do you agree that the modernisation of the Directive could be an opportunity for Member States for granting partial exemptions if part of the training has been already completed in the context of another specialist training programme? If yes, are there any conditions that should be fulfilled in order to benefit from a partial exemption? (Please give specific arguments for or against this approach.)

Q19 – Answer: In future years this may become more relevant to the recognition of veterinary specialties providing that a veterinary surgeon meets the basic qualification recognition requirements to register initially in a Member State. There is already considerable harmonisation of veterinary specialisation through the European Board of Veterinary Specialisation and its various European Colleges which issue specialist Diplomas, and this is likely to continue over the coming decades. Not all specialisms yet have a corresponding European College, and some are still relatively new. It is therefore perhaps too early to build in these considerations to the amended Directive, although these developments should be noted for the future and mechanisms to update the Directive in the future with reference to veterinary specialists would be helpful.

4.4. Nurses and midwives

Question 20: Which of the options outlined above do you prefer?

Option 1: Maintaining the requirement of ten years of general school education

Option 2: Increasing the requirement of ten years to twelve years of general school education

Q20 – Answer: Not Applicable

4.5. Pharmacists

Question 21: Do you agree that the list of pharmacists' activities should be expanded? Do you support the suggestion to add the requirement of six months training, as outlined above?

Do you support the deletion of Article 21(4) of the Directive? (Please give specific arguments for or against this approach.)

Q21 – Answer: Not Applicable

4.6. Architects

Question 22: Which of the two options outlined above do you prefer?

Option 1: Maintaining the current requirement of at least four years academic training?

Option 2: Complementing the current requirement of a minimum four-year academic training by a requirement of two years of professional practice. As an alternative option, architects would also qualify for automatic recognition after completing a five-year academic programme, complemented by at least one year of professional practice.

Q22 – Answer: Not Applicable

4.7. Automatic recognition in the areas of craft, trade and industry

Question 23: Which of the following options do you prefer?

Option 1: Immediate modernisation through replacing the ISIC classification of 1958 by the ISIC classification of 2008?

Option 2: Immediate modernisation through replacing Annex IV by the common vocabulary used in the area of public procurement?

Option 3: Immediate modernisation through replacing Annex IV by the ISCO nomenclature as last revised by 2008?

Option 4: Modernisation in two phases: confirming in a modernised Directive that automatic recognition continues to apply for activities related to crafts, trade and industry activities. The related activities continue to be as set out in Annex IV until 2014, date by which a new list of activities should be established by a delegated act. The list of activities should be based on one of the classifications presented under options 1, 2 or 3.

Q23 – Answer: Not Applicable

4.8. Third country qualifications

Question 24:

Do you consider it necessary to make adjustments to the treatment of EU citizens holding third country qualifications under the Directive, for example by reducing the three years rule in Article 3 (3)? Would you welcome such adjustment also for third country nationals, including those falling under the European Neighbourhood Policy, who benefit from an equal treatment clause under relevant European legislation? (Please give specific arguments for or against this approach.)

Q24 – Answer: No, we would not support a reduction in the requirement for three years' professional experience for EU citizens holding 3rd country qualifications, unless those qualifications had been accredited by an internationally recognised accrediting body which had applied the same criteria for accreditation as applies within Europe. The obligation to recognise some 3rd country qualifications already puts standards at risk in some cases (where the necessary checks on compliance with the Directive have not been made by the accepting Member State) and we would not support a lowering of the professional experience requirement for non-accredited degrees.

RCVS
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