

REVIEW OF THE VETERINARY SURGEONS ACT 1966

SUMMARY OF RESPONSES TO CONSULTATION OF JUNE 2005

Introduction

1. The consultation paper invited comments on a set of proposals but did not ask for answers to a specific list of questions. The main messages which emerge from the responses are set out below.

Regulation of different providers of veterinary services alongside veterinary surgeons

2. Paragraph 3 of the paper took the view that all the disciplines which provide veterinary services ought to be regulated. It acknowledged that this could be done in more than one way but argued that there was advantage in the different groups being regulated side by side with a common point of entry for enquiries or complaints from the public.
3. There was general support for this view from respondents, including (subject to various provisos) organisations representing equine dental technicians, cattle foot-trimmers, farriers, meat inspectors, physiotherapists, osteopaths, chiropractors, equine shiatsu practitioners, essential oil therapists and animal behaviourists. Those who disagreed did so for a number of reasons:
 - a. some veterinary surgeon respondents saw no need for regulation to extend beyond veterinary surgeons and veterinary nurses;
 - b. the National Association of Agricultural Contractors, whose members include bovine ultrasound scanner operators who have had approved training and work under an exemption order, saw no need for further regulation and was concerned about the possible costs;
 - c. there were questions about how regulation alongside veterinary surgeons would work in the case of osteopaths and chiropractors, who are already subject to professional regulation in respect of their work with human patients;
 - d. the British Veterinary Nursing Association and a number of respondents from the manipulative therapies which are regulated human health professions expressed reservations about being regulated by the same body as technicians;
 - e. one veterinary surgeon drew attention to the danger that one group might bring the whole structure into disrepute by setting standards that other groups could not accept, and two others were opposed to the recognition of various alternative therapies.

The suggested new structure for regulation

4. Paragraphs 11 to 33 of the consultation paper described a new structure for the regulation of veterinary surgeons and other providers of veterinary services, concluding by raising the question whether such a structure could work. The predominant response was that it could.

Costs of regulation

5. A number of respondents expressed concern about the costs of new regulatory arrangements, particularly for those groups which are not currently subject to professional regulation, and some veterinary surgeons feared that their retention fees might be used to cross-subsidise other groups.

Composition of RCVS Council

6. Paragraph 19 of the consultation paper suggested that the RCVS Council, functioning within the new structure as the standard-setting body for veterinary surgeons, might have a total membership of 30 with eight lay members. Few respondents commented on this, and their views were evenly divided. In the 2003 consultation there was general support for 25% lay membership.

Composition of board

7. Paragraph 20 of the paper discussed options for the composition of the board which would monitor compliance with standards under the new structure. The paper put the view that most of the members of the board should be members of the standard-setting councils. Views were divided on this, with six respondents arguing that common membership would compromise the independence of the board.

New powers to investigate complaints

8. Paragraph 35 proposed taking new powers to assist the investigation of complaints, by requiring persons other than the respondent to supply relevant information (a provision preceded in the legislation governing the human healthcare professions) and allowing an adverse inference to be drawn if the respondent failed to answer questions. Some respondents were in favour, but others questioned the relevance of the precedent and the propriety of drawing an adverse inference from the respondent's silence.

Appeal process for dissatisfied complainants

9. Paragraph 37 of the consultation paper suggested taking power to set up a system under which complainants aggrieved because their complaint was not taken forward could seek a review of the decision. Views were mixed, but on balance this was supported.

Interim orders

10. The proposed power (paragraph 43) to suspend in advance of conduct and competence proceedings, or following a decision by the Conduct and Competence Committee but pending an appeal, aroused strong debate, as in 2003, with the majority of those who commented expressing serious concern.

Definitions

11. A number of respondents proposed new definitions of "animal" (paragraph 45 of consultation paper). There was a consensus in favour of leaving the definition of "veterinary surgery" alone (paragraph 46).

Separation of registration from licensing

12. There was support for the proposal in paragraph 47, but a significant number of respondents misunderstood it. Some opposed it on the ground that, inter alia, it would automatically mean higher fees, and the Association of Veterinarians in Industry and a number of veterinary surgeons working in industry complained that they would be disadvantaged. Their fear was that a future RCVS Council might set requirements for a licence to practise, particularly CPD, which were geared to general practice and did not take account of the circumstances of veterinary surgeons working in industry.

Complementary and alternative therapies

13. A significant number of responses from people other than veterinary surgeons and veterinary nurses advocated complementary and alternative treatments for animals, and some urged that practitioners of these therapies should have the status of independent professionals with powers to diagnose and treat without reference to veterinary surgeons.