## Revised Criteria for Advanced Practitioner Status applications for 2019 onwards

A working group was set up in 2017 to review the criteria and guidance for Advanced Practitioner status in advance of the first group of Advanced Practitioners re-accrediting in 2019. The amendments proposed by the working group were then presented to Education Committee, which agreed that all Advanced Practitioners should be consulted on the changes.

A consultation survey was sent out to all listed Advanced Practitioners on 18<sup>th</sup> October 2017 and closed on 10<sup>th</sup> November 2017. 173 Advanced Practitioners completed all or part of the survey. A summary of the results and comments that were made on each question can be found in the table below.

The working group reviewed the outcomes of the consultation and took on board the points that were raised. The final version of the new criteria and guidance was signed off by RCVS Education Committee in February 2018. The main changes we have implemented are:

- A definition of an 'Advanced Practitioner' has been added to the front of the guidance pack
- There will be a check-box on the application form for applicants to self-certify they have seen on average 100 cases a year since 2018 in their area of designation
- The 250 hours of CPD over five years will become a fixed minimum. At least 125 of these hours will need to be in the area of your designation and will also become a fixed minimum requirement.
- 10 hours a year of designation-specific CPD with an external focus will need to be undertaken
- CPD records will need to be presented through the PDR, either by providing a link or granting the RCVS access to your records
- All applicants will need to provide a statement, with examples, showing how they have been involved with clinical governance and the impact this has had on their practice

Surve	y Question	Agreement	Comments	Changes we have made
1.	Self-certifying on the application form that you are seeing at least 100 cases a year	75%	<ul> <li>The main concerns over this requirement were in relation to those on maternity leave/working part-time/almost retired.</li> <li>There seemed to be a little confusion as to whether we would be asking for the records of these cases and over what would be classed as a case e.g. would giving a second opinion or some advice be sufficient to class as a case</li> <li>It was highlighted that caseloads vary within specialties so 100 cases may not work for everyone.</li> </ul>	We have added a self-certification box on the application form but have amended the wording to state: On average have you seen at least 100 cases per year in your designation area since 2018? These cases should be of primary responsibility. We will not be asking for you to provide evidence of cases that you have seen. If for any reason you are unable to meet this requirement please contact the RCVS for guidance.
2.	10 hours a year of designation-specific CPD (50 hours over 5 years) should have an external focus	59%	<ul> <li>A number of the comments asked for a definition of what would count as CPD with an external focus.</li> <li>There was some question over whether these would be able to be rolling hours and how it would work for those working part-time.</li> <li>There was some worry over the cost implication this type of CPD activity might have.</li> <li>Some thought external focus meant undertaking CPD in a different species area.</li> </ul>	We have provided a definition of externally focused CPD and some examples of activities that can be counted as such. The requirement is that 10 hours a year of your designation specific CPD should have an external focus. This will be phased in and we will asking everyone to meet this requirement from 2018 onwards.

3.	Mandatory use of the PDR in providing CPD records	81%	<ul> <li>The vast majority of respondents agreed with this idea</li> <li>Some would like more boxes on the PDR to make it easier to record activities.</li> <li>Some were not happy about having to present their CPD records in a specific format.</li> </ul>	Activities you wish to be counted as having an external focus should have 'EXT' in the subject area of your record. CPD records will need to be presented through the Professional Development Record by giving the RCVS access to your account on the PDR, or by providing a link to your PDR records. We will look into adding boxes to the PDR to aid in the recording of activities.
4.	Statement with examples of how you have been involved with clinical governance	44%	<ul> <li>Quite a few comments asked for more specifics on what is required – how long a statement, how detailed etc.</li> <li>There was a question over whether this will be required every 5 years and how it would work for those working as locums.</li> <li>Some viewed clinical governance as so integral that it is unnecessary to have to show it.</li> <li>Some were not familiar with clinical governance.</li> </ul>	A statement on how you have been involved with clinical governance will be required every 5 years. We ask that you fill in the statement form with some examples of how you are involved with clinical governance and the impact these have had on your practice. We recommend you write 200-300 words but you are free to write as much as you wish.
5.	Current designation areas to not get any narrower	72%	<ul> <li>There was a general consensus that the current designation areas should not get any narrower but also some comments around whether small animal surgery should be split into soft tissue and orthopaedics.</li> </ul>	We are not planning on making the designation areas any narrower. An Oncology designation is not available for listing as there are not currently any suitable qualifications in this area. We are currently developing some oncology modules as part of the Certificate in

			<ul> <li>Oncology was raised as a designation that should be available.</li> </ul>	Advanced Veterinary Practice and hope to have a designation in this area in the future.
6.	Removing the designation 'General Small Animal Surgery' and relisting those Advanced Practitioners under 'Small Animal Surgery'	70%	The general consensus was agreement with this change, but it was also highlighted as to whether Small Animal Surgery should be split into soft tissue and orthopaedics.	The designation 'General Small Animal Surgery' will be removed. Those currently listed under 'General Small Animal Surgery' will now be listed under 'Small Animal Surgery'. There are no current plans to split 'Small Animal Surgery' into soft tissue and orthopaedics.
7.	Removing the designation 'Equine Medicine' and relisting those Advanced Practitioners under 'Equine Internal Medicine'	40%	<ul> <li>There were some views that this should be the other way round - Equine Internal Medicine being listed under Equine Medicine.</li> </ul>	The designation 'Equine Medicine' will be removed. Those currently listed under 'Equine Medicine' will now be listed under 'Equine Internal Medicine'.
8.	Renaming 'Veterinary Dentistry' to 'Small Animal Dentistry'	65%	• There was mainly agreement with this being renamed, there seemed to be some confusion as where Equine Dentistry would fit in but this already has its own designation.	The designation 'Veterinary Dentistry' will be renamed 'Small Animal Dentistry'. There is already a separate designation for 'Equine Dentistry'.
9.	Any other comments		That the new requirements should be implemented gradually.	We have published the revised criteria and guidance over a year before Advanced Practitioners are required to

	<ul> <li>That there was no reference to the professional skills requirement and that those with pre-2012 certificates should be exempt from this.</li> <li>More specifics on the changes.</li> <li>Promoting Advanced Practitioners.</li> <li>PDR – making it easier to make activities clearer, having a box to tick to show that it is a designation-specific CPD activity.</li> </ul>	re-accredit to give sufficient time to prepare for these changes. We will look into making changes to the PDR to make the recording of activities easier.
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