Veterinary Education and Training

A Framework for 2010 and Beyond

A consultation paper prepared by the RCVS
Education Strategy Steering Group

July 2001
INTRODUCTION

This paper marks the start of a consultation exercise on the future direction of education and training for the veterinary profession in the U.K. It outlines a proposed framework that could shape future policy on veterinary education and training from the year 2010 onwards.

The document is the result of discussions within RCVS’ Education Strategy Steering Group. This Group was set up in Autumn 2000, with a remit to present proposals on an education and training strategy to RCVS Council. Before we finalise our proposals for Council, we want to ensure that we have consulted as widely as we can. We are accordingly sending this paper out to a number of key veterinary organisations, as well as placing it on the RCVS website, and inviting written responses by 12 October 2001. We shall also be holding a series of ‘evidence gathering’ meetings with invited representatives on 21st, 22nd and 23rd November in London.

Our proposals seek to provide a broad overview of the structure we would like to see in place by 2010. We have tried to consider the education needs of the profession from 2010 - 2020, and in taking this long term view, have not been constrained by some of the barriers that we know currently exist. If there is consensus on the overall strategy, an action plan can be produced to put it into place, but it is not the purpose of this paper to propose detailed mechanisms for implementation. We must first agree on the overall picture.

Some aspects of the framework could be implemented relatively quickly; but other parts would take longer to implement and could require changes to legislation. We have, however, been guided by the thought that we should recommend what we feel to be right, not what might be easy!

Please take this opportunity to give us your views on this key policy area for the College. It is a chance for you to help shape education and training for the profession for the long-term future. A template for responses is provided at Section 7, but you need not confine your comments to these questions. Having considered the response to this consultation document, we will then make recommendations to RCVS Council in February 2002.

I look forward to hearing your views.

Professor Neil T Gorman
Chairman of the Education Strategy Steering Group

Written responses should be sent to Mrs F M Andrews, Head of Education, RCVS, Belgravia House, 62-64 Horseferry Road, London SW1P 2AF, to arrive by Friday 12 October. Alternatively, you can email them to f.andrews@rcvs.org.uk.

A copy of this document can also be found on the RCVS website, www.rcvs.org.uk
SECTION 1 - BACKGROUND

The College context

1. The supervision of veterinary education and the setting of professional standards for registration are primary duties of the RCVS. Considerable work on this front has been undertaken by the College and others over the last decade including:

- the 1991 report on veterinary undergraduate education (the ‘Lucke report’)
- the 1997 report on veterinary research (the ‘Selborne report’)
- introduction by RCVS of the CPD Record Card system in 1997
- the report of the RCVS working party on essential professional skills (1998)
- the 1998 “Silver Report”, promoting good practice for extra-mural studies
- RCVS manual for practices participating in EMS (1999)
- revised RCVS visitation procedures and criteria for the approval of veterinary degrees, aligned with European criteria in 2000.

2. Alongside work on undergraduate requirements, the 1990s saw an increase in the number of RCVS Certificate and Diploma titles available, with growing numbers of veterinary surgeons working towards such qualifications as part of their continuing professional development. The RCVS CPD record card was first introduced in 1997, with the recommendation for members to undertake at least 35 hours CPD per year. Towards the end of the 90s, use of the internet was becoming increasingly common, with a multiplicity of veterinary information web sites set up such as CLIVE, VetGate, Vetsonline, VetWeb and Vetscape.

3. Manpower surveys were undertaken in 1999 and 2000 to provide information on the changing profile of the profession and aid future decision making. Following on from these, RCVS commissioned a workforce model from the Institute for Employment Studies to help predict the number of veterinary surgeons needed in the future.

4. There have also been considerable changes to the training of veterinary nurses, with RCVS acting as the awarding body for Veterinary Nursing SVQs and NVQs, having developed a nationally accredited awarding system that brings veterinary nursing qualifications fully into line with the government’s national framework of qualifications. At the time of writing,

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2 “Report of the Committee of Enquiry into Veterinary Research”, RCVS, Nov 1997. The committee was chaired by the Earl of Selborne.
4 “Supporting Independent Learning in Veterinary Extramural Rotations, the Final Report of the Silver Project”, Ian Taylor & Jill Barnes, University of Liverpool, May 1998, a project part sponsored by RCVS Trust.
5 “Clinical Extramural Study, A Manual for Participating Practices”, (produced by the EMS co-ordinators of the 6 UK veterinary schools, edited by Dr F Taylor, University of Bristol) RCVS, June 1999
6 RCVS Visitation Procedures 1999, superseded by revised procedures in 2001, incorporating the 2000 standard operating procedure of EAEVE.
amendments are proposed to Schedule 3 of the Veterinary Surgeons Act, 1966 (VSA), extending the range of procedures that can be undertaken by qualified veterinary nurses.

5. The role of RCVS in relation to the qualification and regulation of other veterinary para-professionals is also under consideration, opening up the options for veterinary surgeons to delegate a wider range of procedures to appropriately trained and qualified para-professionals. Such changes could alter the focus of working relationships for the practising veterinary surgeon in the future, with an even greater need for effective team working and leadership.

6. In spite of these various initiatives, however, there is the perception that what has been missing is any holistic view of education and training for the profession, from undergraduate to postgraduate education and continuing professional development.

7. The 1966 Veterinary Surgeons Act sets out the College’s regulatory role in relation to registerable degrees, but there is no reference in the Act to further education or continuing professional development. The postgraduate qualifications and Fellowship awarded by the College are run under the powers granted by the College’s Royal Charter. The concept of a Recognised Specialist list is not contained in either the legislation or the Charter. This needs addressing.

8. The College’s strategic plan, agreed by Council in November 2000, included the need “to undertake a strategic review of the education and training needs of the profession, in order to inform any legislative reform and to ensure that the College’s policy on undergraduate provision, continuing professional development and postgraduate training adequately reflects the anticipated future needs of the profession”.

9. It is important that we establish a clear long-term strategy for veterinary education and training, in order that the College’s policy discussions can be conducted in a coordinated manner. An agreed education strategy will also help the College in its discussions with Government in any future legislative review. A further consultation paper will be circulated soon inviting views on the wider issues of changes to the Veterinary Surgeons Act.

The national higher education context

10. There have been considerable developments in national education and training policy at all levels over the last 10 years. In particular, the climate in which the universities operate has changed considerably with the move towards a mass higher education system. In the last few years, universities have had to become far more accountable than at any time in their history, with new national quality audit and funding regimes introduced: institutional and academic subject reviews conducted by the Quality Assurance Agency for Higher Education (QAA), and the research assessment exercise run by the Higher Education Funding Councils for Scotland and England (SHEFC and HEFCE).

11. The QAA’s new framework for assuring the quality of higher education has involved the development of codes of practice, qualification frameworks, and ‘benchmark’ statements that will define the academic standards for over 40 different subjects, including veterinary
medicine. The QAA veterinary benchmarking group (comprising two representatives from each of the UK veterinary schools) is producing an academic benchmark statement for veterinary medicine and is due to report in Autumn 2001. The development of the QAA draft benchmark statement has been informed, amongst other things, by RCVS’ work on essential competences. Discussions about the consequent level of veterinary degrees in the national HE framework will take place early in 2002.

12. Government policy is to encourage lifelong learning generally, and widen participation in higher education to traditionally under-represented groups. Changes in secondary and tertiary education; reviews of the National Curriculum; major revisions to post-16 qualifications with the introduction of vocational A levels, AS and A2 qualifications; national targets for participation and achievement: all these factors are leading to changing expectations on the part of students, and ultimately tomorrow’s clients.

The regulatory and practice context

13. The public perception of the professions and of their regulatory and professional bodies is changing. There is an increasing expectation on the part of the public and government - that such bodies should be proactive in assuring the competence of their members, rather than merely being reactive on disciplinary matters. Furthermore, consumers and clients are increasingly well informed, and the professions no longer have a monopoly of knowledge in their area. Such shifts in public expectations require a shift in approach by both professional bodies and their members. In order to meet the needs of their clients, professionals need to be able to advise their clients, rather than ‘blinding them with science’. They must also be able to provide a clear account of what the client is paying for.

14. The increasing use of well-trained para-professionals working in teams with veterinary surgeons also requires a shift in focus. The veterinary surgeon must stay well abreast of his or her field in order to retain the trust and respect of the team, and promote the right climate for effective delegation. Communication skills are of critical importance, not only when dealing with clients, but in order to ensure safe and effective team working.

15. In response to such changes, professional bodies in many fields are responding to calls for greater accountability, and have developed stronger policies and procedures for demonstrating competence and promoting continuing professional development. The General Medical Council, for example, is well advanced with proposals for the revalidation of doctors, and the General Dental Council has strengthened its requirements for CPD whilst awaiting new legislation to make it a statutory requirement. There are few professions where an initial degree confers on the holder an unlimited, life-long licence to practise, and the veterinary profession does need to consider how long it can or should maintain its present position in this respect. (Annex 4 provides an overview of training structures within six other professions for comparison.)

The veterinary education context

16. Veterinary educators face a number of ongoing challenges in their attempt to prepare students for work as veterinary surgeons. There is continued pressure on university resources, as well as problems in attracting clinical staff to teach in the academic environment. The expanding
knowledge base, and the need to respond to a host of new government initiatives, means that the universities are being expected to achieve more and more with fewer resources.

17. One positive feature that has remained constant over recent years has been the continued high quality of students embarking on veterinary degree courses. A veterinary career is still perceived to be an attractive proposition by young people, who continue to apply to veterinary schools in large numbers. The average cohort of veterinary undergraduates is highly qualified and highly motivated: an enviable challenge for any teacher.

18. There is, however, a need recognised across Europe, to make young people more aware of the diversity of careers available to them as veterinary graduates. We need to attract students with an interest in veterinary roles outside practice, such as research, state veterinary medicine, food safety and public health.

19. We also need to encourage greater diversity in the types of applicants that are attracted to the profession - the socio-economic breakdown of veterinary school applicants and entrants is still very much skewed towards those from the higher socio-economic groups, and ‘professional’ backgrounds. Increasing levels of student debt are said to be taking their toll on applications to American schools; it remains to be seen whether applicants to UK veterinary schools may be similarly affected in the near future.

20. The structure of the profession is gradually changing with a move towards larger and more specialist practices, but with mixed practice still an important employer of veterinary surgeons in rural areas. We are entering a dynamic period for the veterinary profession, but the lessons of history show how difficult it is to predict economic and social change. We are in a position of having to educate for the unknown. The likely long term effects of the recent outbreaks of BSE and foot and mouth disease may not become clear for some time, but it is essential that we prepare for an increased level and scope of veterinary surveillance.

21. Account must be taken of the difficulties being encountered by those working in the British agricultural sector. Veterinary schools already face problems finding EMS placements in production animal practices, and those working in areas affected by FMD are facing severe economic consequences. The irony is, however, that although production animal medicine may account for a smaller proportion of the veterinary surgeon’s time, it is one of the most important areas for the nation’s health. Veterinarians have an increasingly important role to play in the production of safe, high quality food. We must ensure that we maintain a high level of veterinary expertise in production animal medicine in the interests of public health.

22. These are not all new problems, nor are they necessarily limited to the UK. They are currently under debate within the wider European veterinary community and, across the Atlantic. In the face of change, RCVS now needs an agreed education and training strategy to provide direction for policies in the future. We need to reach a consensus on the direction we wish our educators to take, both within the universities and the profession. Without this, we can only react to the many competing pressures, and much that is currently of value could inadvertently be lost.
Remit of the Education Strategy Steering Group

23. To address these issues, RCVS Council set up an Education Strategy Steering Group, which first met in the autumn of 2000. Its membership and remit are set out below. The group has tried to take a holistic view of the education needs of the profession, considering not only the role of the initial veterinary degree, but also CPD and postgraduate provision. The group has attempted to approach the problem with a clean sheet of paper – to present a vision of where it thinks the College should be in 10 – 20 years time. In presenting its general proposals for consultation at this stage, the aim is to reach a consensus on a strategy, so that work can then begin on an implementation plan.

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<tr>
<th>REMIT OF THE RCVS EDUCATION STRATEGY STEERING GROUP</th>
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<tr>
<td>To undertake a review of the key issues facing education and training in the veterinary profession, and to formulate a draft education strategy for the College to meet those challenges over the next ten years, taking into account the following areas:</td>
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<td>• the need to confirm the College’s definition of threshold standards of professional competence;</td>
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<td>• the role of employers and practices in the education and training of new veterinarians;</td>
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<td>• whether registration should continue to be ‘life-long’ (re-accreditation/re-validation) and the likely impact of any changes in policy on the education system;</td>
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<td>• the College's future policy on CPD;</td>
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<td>• the role of postgraduate certificates and diplomas.</td>
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Members:

**Professor Neil Gorman BVSc, PhD, DipACVIM, FRCVS (Chairman)**
(Head of Division of Farm Animal Medicine & Production, University of Glasgow)

**Mr Timothy Greet, BVMS, MVM, DipECVS, Cert EO, D ESTS, FRCVS**
(Practitioner, and RCVS Recognised Specialist in Equine Surgery)

**Professor David Noakes, BVetMed, PhD, DVRep, FRCVS**
(Chairman of RCVS Education Committee; and Professor of Veterinary Obstetrics & Diseases of Reproduction, Royal Veterinary College, London)

**Mr Carl Padgett, BVMS, CertCHP, MRCVS**
(Large animal practitioner)

**Mr Christopher Tufnell, BVMS, MRCVS**
(General practitioner)

**Mrs Betty Philip, BVM&S, MRCVS**
(Head of Veterinary Resources, Dept. for Environment, Food & Rural Affairs, formerly MAFF)

**Mr Julian Wells, BVSc, MRCVS**
(Companion Animal Practitioner, and President of BSAVA)

RCVS Staff: Mrs Freda Andrews, Head of Education
SECTION 2 - A PROPOSED FRAMEWORK FOR EDUCATION, TRAINING AND QUALIFICATIONS FOR THE VETERINARY PROFESSION

24. The point at which registration is granted to new veterinary surgeons, and the extent or scope of the licence to practise has been taken as the starting point for the formulation of a new framework for veterinary education and training. It would not be logical to discuss the purpose and outcomes of veterinary degrees, nor to discuss consequent continuing education needs, without some greater clarity on the scope of the basic licence to practise.

25. Many of the issues which the Group wishes to address start from these fundamental questions: what level of competence is needed on ‘day 1’ after graduation, and what are the implications for continuing education and training and professional development? Should registration - the licence to practise - continue to be life-long for veterinary surgeons? If not, what are the implications for continued training?

26. The current Veterinary Surgeons Act 1966 (VSA) entitles graduates with approved veterinary degrees to be admitted to RCVS membership - i.e. registration - on graduation. Barring non-payment of the annual retention fee, or suspension or removal at the direction of the Disciplinary Committee, the new graduate currently has a licence to practise for life. He or she can set up in practice and work without supervision in almost any field of veterinary medicine and surgery.

27. Figures from the Veterinary Defence Society indicate that a high proportion of new graduates are involved in claims. In 1998, one in five of all 1997 graduates were involved in a claim, and in 1999, one in ten of all 1998 graduates. RCVS is currently required by the VSA to be satisfied that veterinary surgeons at the point of registration have “the requisite knowledge and skill to fit (them) for practising veterinary surgery in the United Kingdom” - there is no legal requirement for maintenance of competence thereafter.

28. Although the Guide to Professional Conduct impresses on Members the importance of keeping skills and knowledge up to date, and the need to work only within their own areas of competence, there is concern that the current system gives too much freedom - and by implication, too little protection - to the new graduate, and to the animals entrusted to their care.

Membership of RCVS and the individual's Licence to Practise

29. Few other professional bodies issue a lifelong licence to practise. We have considered models from a number of other professional bodies (see Annex 4), and a common feature is the notion of continued professional training in practice following graduation. This is often combined with a requirement for specific CPD to be undertaken before the licence to practise can be renewed. There is a general public expectation that professional bodies have a role in assuring the continued competence of their members, but many outside the

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8 "Communication Training Project", paper prepared for the RCVS by the Veterinary Defence Society, January 2001
veterinary profession would be surprised at the current limitations of the existing legislation in this respect.

30. We believe there should be a more clearly structured framework for professional and career development for veterinary surgeons. Our proposed framework is set out at Figure 1. In summary:

- The broad science based, 5 year veterinary degree, should equip graduates at least with the core ‘day 1 competences’ (see Annex 1)

- A professional training phase should follow graduation. The new graduate, although a Member of RCVS, would have a ‘provisional’ licence to practise, and would work in a registered practice until ‘year 1 competences’ had been achieved. This training would be undertaken in a broad, named area of veterinary practice.

- There should be a statutory requirement for veterinary surgeons to maintain their competence, linked to the periodic renewal of their licence.

- Those who wished later to change direction and work in other areas may need to undergo conversion training leading to a revised licence to practise.

- Practices should be registered to undertake work in particular areas, based upon the qualifications and experience of the staff. The majority of practices should be able to achieve the required standard.

- The RCVS Certificate should be restructured to become more accessible for those in practice – perhaps by modularisation. Achievement of the Certificate or of modules within it should become the norm for new practitioners.

- The RCVS Fellowship should be retained as the highest award of the College, and there should be greater convergence with European Colleges for the award of Diplomas where appropriate.

- Inclusion on the RCVS Recognised Specialist List should be open to Fellows, Diploma and European Diploma holders.
graduate achieves membership of RCVS and provisional licence to practise

five year veterinary degree course
covering core competences for ‘day one’ practice plus development in electives

professional training phase in a registered practice

food safety & public health

production animal practice

companion animal practice

mixed practice

equine practice

disciplines

modular "certificates"

achievable from practice – 2 – 10 yrs max. - individual modules to be available separately in a credit accumulation system – leading to full qualification in broadly named area –

companion animals/equine/production animals/mixed practice

achieve licence to practise in named area

structured training program

mandatory cpd
31. We believe that Membership of the College should still be conferred at graduation, linking the new veterinary surgeon to the wider professional community, and confirming that the individual has achieved a basic level of competence to practise unsupervised in routine areas. Membership of the College should give a provisional licence to practise – it should be seen as the starting point for a veterinary career, not an end point.

**Undergraduate degree and essential competences required by the new graduate**

32. We have considered the role of the undergraduate veterinary degree, and a more detailed account of our discussions is given in Section 3 below. The undergraduate degree course should continue to be seen as a broad-based, vocationally directed science degree, covering all common domesticated species, preparing the new graduate for a wide range of careers and for clinical practice against a set of defined ‘day one’ competences. We have updated the RCVS recommendations for these essential, threshold competences required of the new veterinary graduate (Annex 1), and would suggest that the necessary curricular changes should be implemented immediately by all the UK veterinary schools to ensure that these competences are achieved by the point of graduation. (See Section 3 for further discussion of undergraduate education.)

**The professional training phase and a provisional licence to practise**

33. Following graduation we believe there should be a further supervised period of professional training in practice, leading to the issue of a licence to practise within a broad, named area (eg. companion animals, production animals, mixed practice, food safety and public health). This professional training in the specified area should be undertaken within a practice or other institution that is itself registered for that area of work.

34. Satisfactory completion of professional training, and the issue of the licence to practise, would depend on whether the individual had acquired the necessary further experience in practice, and could produce evidence of further development across a range of professional skills.

35. We believe that this professional training would be likely to take not less than one year full time, although we would recommend that it is not defined as a time-bound requirement. It would be more important that the individual had acquired the necessary experience and skills, which could take slightly longer for some, or less for others. A longer discussion of the proposed Professional Training Phase is set out at Section 4 below.

**Registered practices**

36. To support the concept of the professional training phase, the role of employers and practices in relation to ensuring the competence of their employees needs consideration. We believe that there would be considerable benefits in developing the concept of the “registered” practice, with criteria that emphasise the employer’s responsibility for ensuring that their staff are competent for the tasks they undertake.
37. The current diversity of practice ‘standards’ and inspection regimes is unnecessarily confusing, and needs to be rationalised to improve clarity for the public. There are currently different requirements and procedures for BSAVA approval, veterinary nurse training, veterinary hospitals, and for RCVS Certificates and Diplomas. We see value in seeking to consolidate these various standards and inspection regimes wherever possible.

38. Given the way that veterinary practices have developed and are continuing to progress, we believe it should be well within the capability of most practices to offer the appropriate professional training and support required by new graduates. Many already do so. We would envisage that the criteria for practice registration should concentrate on the qualifications, experience and competence of the staff, rather than being equipment and accommodation driven. By the year 2010, and certainly by 2020, the vast majority of practices should be able to meet the requirements for registration and be in a position to offer professional training to new graduates. (Section 4 contains further discussion of registered practices.)

**Maintaining competence**

39. Maintenance of the individual’s licence to practise in the named area should be conditional upon maintaining competence within that area. Later career moves into other areas of practice would require the individual to undertake a period of professional training in the new field leading to a new licence to practise.

40. Regardless of the area in which the veterinary surgeon was licensed, Membership of the RCVS awarded following graduation would entitle him or her to undertake basic procedures across a range of species, or in an emergency (as per ‘Day One’ requirements), but only those with the relevant licence should undertake more complex procedures on particular species.

41. Continuing Professional Development – ie. maintaining one’s competence – should become mandatory for all veterinary surgeons following completion of the Professional Training Phase (PTP). (See Section 5 for further discussion.)

**RCVS postgraduate qualifications and specialisation**

42. Having achieved a licence to practise, individuals should be encouraged to work towards higher qualifications as confirmation of their developing expertise. We believe, however, that there is a need to rationalise the structure of RCVS postgraduate qualifications to make them more accessible for practitioners, as well as making the hierarchy of levels more readily understandable for the general public.

43. RCVS currently awards a wide range of postgraduate Certificates and Diplomas, as well as the Diploma of Fellowship, and also maintains a list of RCVS Recognised Specialists. It is not clear whether the relative status of these awards is readily understood even within the
profession, or whether the general public is aware of, let alone understands, the difference between them.

44. There is general recognition that the development of RCVS Certificates has had a positive effect on the level of competence within veterinary practice. There are currently 1367 RCVS Certificate holders, 326 Diploma holders, 292 Fellows, and 1869 Recognised Specialists, out of a total practising membership of 17,040. ('practising' here being defined as listed in the Register as non-retired member). As at April 2001, there were 1169 candidates enrolled for RCVS Certificates, and 131 enrolled for RCVS Diplomas. (See Annex 3 for more detailed statistics on Certificates and Diplomas.)

45. Although the number of Certificate and Diploma candidates as a percentage of the total practising membership may appear to be low, it is interesting to note that the average Certificate candidate is only about 30 years of age. As a proportion of the age group, it would therefore appear that nearly one in four veterinary surgeons under the age of 31 are currently working towards a Certificate. This is encouraging, but we believe that the number could and should be much higher. We would like to see achievement of a certificate level award become the norm in the future, but we do not feel that the current structure of RCVS Certificates is necessarily the right one to achieve that end, and we would therefore like to see some structural changes. Section 6 includes our proposals for change.

**Future of the RCVS Diploma**

46. The position of the RCVS Diploma has been under discussion within RCVS’ Specialisation and Further Education Committee (SFEC), and it has been suggested that RCVS should gradually phase out this qualification in favour of the European Diploma, where appropriate European Diplomas exist in the subjects concerned. We would support this suggestion, as we believe it would provide for a clearer qualifications framework. We suggest that SFEC should continue to explore the practicalities of a gradual transfer to the European system. There may be a case to continue with the RCVS Diploma in a limited number of areas where no directly comparable European Diploma is available, although we would hope that alternative avenues could be explored first.

**The RCVS “Diploma of Fellowship”**

47. We believe that the RCVS Fellowship should not only be retained, but also should be further developed and promoted as the highest RCVS qualification in the education and training framework. Not only would this retain an important historical award, but the title of ‘Fellow’ is more readily understood by the general public as denoting a high level award, in common with many other professions. We would like to see the Fellowship used as an alternative route to Recognised Specialist status for those who do not want to follow the European

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9 as at February 2001
10 RCVS Annual Report 2000, data as at 30 March 2000
11 RCVS Manpower Survey, 2000: 31% of veterinary surgeons working full time in practice in the UK are under age 31.
Diploma path. The relationship of the RCVS Diploma to the RCVS Fellowship does, however, need to be clarified.

**RCVS Recognised Specialist**

48. The List of RCVS Recognised Specialists should be retained and further promoted. To be useful, however, it needs to become more inclusive than at present. Inclusion on the List should continue to be time-bound, as at present, in effect requiring periodic re-validation of the individual’s continued involvement in the specialty.

**RCVS role in postgraduate qualifications**

49. The role of RCVS should be primarily to set and monitor the standard of its qualifications, with the assistance of other organisations such as the universities and BVA specialist divisions in the delivery and quality control of courses. It is recognised that the demand for sufficient good quality CPD courses is high, and our proposed framework would increase that demand. Under the current system for RCVS Certificates, Diplomas and Fellowships the availability of sufficient advisers and examiners is problematic. With a re-design of the certificate level programme aiming to attract larger candidate numbers, this will need addressing.
SECTION 3 - VETERINARY UNDERGRADUATE EDUCATION

50. It has traditionally not been the concern of the RCVS to define detailed requirements for the veterinary curriculum, and we believe this is still the right approach. RCVS’ role is more properly to define the essential, core competences required of the new veterinary graduate.

51. The notion of ‘omnicompetence’ at the point of registration with RCVS has been at the heart of much soul-searching amongst veterinary educators and the profession over the years. We believe this concept to be unrealistic and fundamentally misguided in its assumptions. No other profession, to our knowledge, requires its final year undergraduates to be examined in everything there is to know, or to be equally competent across all species and disciplines.

52. The notion of competence is itself a complex one, and is more usefully applied as a relative concept. A definition of professional competence can depend on the context in which the individual is working, and is linked to the expectations of clients and society. The level at which professionals operate can justifiably vary according to the complexity of the tasks being undertaken, and the stage they have reached in their careers. More can reasonably be expected of those who have a number of years of professional experience under their belts, than those who have just graduated. Someone who has experience in working with one species or in one discipline does not necessarily have that same level of competence in other areas.

53. Essentially, therefore, to expect the new graduate to be operating at the level of a fully competent, experienced professional is unreasonable and may potentially lead to unrealistic expectations on the part of employers and the public, while also contributing to disillusionment and disenchantment of new graduates.

54. The 1991 Lucke report did much to dispel some of the misconceptions about what was required, and has led to some innovative realignment of the veterinary curriculum within UK Schools. The lack of a national structure for postgraduate training, together with the statutory requirement for new graduates to be admitted to the RCVS register as full members for life immediately on graduation, has remained an inhibiting factor in educational debates.

55. We have considered the concept of ‘tracking’, - pre-graduation specialisation – but believe that it should not be introduced into the primary veterinary degree. We believe that not only does it reduce the career options for graduates at too early a stage, but also – and perhaps more importantly – that there are sound educational reasons for rejecting it. We believe there is considerable value in retaining the breadth of the current veterinary degree, with its opportunities for comparative study across species.

56. Most UK veterinary schools have now introduced a structure of a core curriculum plus electives, and have rationalised course content, freeing up time previously spent on didactic teaching in favour of problem-based and self-directed approaches to learning. This initiative has been well received by undergraduates and has helped to establish the concept of lifelong learning in many who have participated. The framework we are proposing, with defined ‘day one’ essential competences and proposals for a postgraduate professional training
phase, should provide the flexibility for schools to concentrate on the core, whilst allowing time to be spent on elective programmes. We would encourage the schools to consider how they might collaborate in the provision of elective programmes in order to maximise their strengths in teaching and clinical load, as well as encouraging exchanges of personnel and students for the elective components of the course.

57. **The further development of electives and special interests within schools should not, however, be undertaken at the expense of providing a broad veterinary curriculum for all students.** Furthermore, where new graduates have undertaken an elective programme during their degree course, they should not be constrained to follow that particular path during their later professional training if they do not so wish.

58. The Association of Veterinary Teachers and Researcher Workers (AVTRW) showed, in a recent questionnaire-based survey (VETCOURSE), that the majority of recent graduates from the UK and the Irish Schools felt that their clinical courses should concentrate on more applied practical teaching of common conditions. They suggested that this could be achieved by a reduction in time spent on basic sciences earlier in the course and on clinical teaching focused on species less commonly attended by recent graduates. Other graduates had developed interests in more specialised areas of the veterinary profession since graduating and wished to see increased opportunities for electives or teaching in specialist areas during the undergraduate course.

59. Innovative approaches such as vertical integration are being explored in some schools to enable students to follow particular interests, species or disciplines from an early stage, but without diminishing the coverage of the basic course. Electives in future need not necessarily be confined solely to the clinical years of the course. As an essential part of this approach, the final examinations and qualification must still be based on assessment of all students against the general, basic course requirements. Such an approach could address the needs both of those who wish to develop elective interests, and also those who wish to retain the breadth of the veterinary degree.

60. There are some broad principles that we believe should be retained:

- the aim of the veterinary degree course should continue to be to provide a broad, vocationally directed, science-based education sufficient to prepare graduates for lifelong development within their veterinary careers.

- The primary concerns of the course should continue to be the wellbeing of animals and the protection of public health.

- The degree should cover clinical training across all common, domestic species at the level of threshold (day 1) competences, but allow some choice for additional study in mixed practice, individual species, or disciplines within electives.

- Generic clinical skills, such as history taking, problem solving, sample/data collection and evaluation and communication skills, must be emphasised, and
In order that students understand the context in which they are learning from an early stage in the course, extra-mural studies should continue to play an essential role in the education of undergraduates.

Extra-Mural Studies

61. There have been significant improvements in arrangements for extra-mural studies over recent years. The increased collaboration and coordination of activity between the six UK veterinary schools is producing benefits; clearer aims are now defined and work is now progressing to develop common documentation and databases to support EMS. This all helps to consolidate relationships between the educational and practising arms of the profession which will be so important for the future, especially if we move to a system of postgraduate professional training. The veterinary schools must be encouraged to continue this collaboration.

62. The Quality Assurance Agency for Higher Education (QAA) will soon be publishing its code of practice on ‘placement learning’, on which RCVS and EMS coordinators within the schools were consulted at the draft stage. Veterinary schools will need to ensure that they comply with the code and its requirements for the quality assurance of EMS placements. The development of our proposals for a professional training phase to be undertaken within ‘registered practices’ may help to provide a structure which will support the schools in this respect.

Essential competences of the new veterinary graduate – “Day One Skills”

63. RCVS presented draft guidelines on the essential competences of the new veterinary graduate in 1998. We have considered this earlier document and updated it (Annex 1, part 1). We believe that a statement of essential competences is such a key reference document for the College, that it should be confirmed as agreed policy by RCVS Council as soon as possible in order to serve as the foundation for other, linked development work.

64. The updated draft was circulated to, and welcomed by, RCVS Education Committee in February 2001. It was also circulated to members of the QAA Benchmarking Group for Veterinary Medicine, who are producing a parallel statement of threshold academic standards. It will be important that RCVS’ requirements, and the QAA Benchmarking statement stay broadly in line with each other, although each serve slightly different purposes.
65. RCVS must ensure that its statutory examination for membership\textsuperscript{12} reflects the specified essential competences. Work may be needed to ensure that this examination adequately assesses all the generic and practical skills required, as well as underpinning knowledge.

66. The specification of essential competences should also be used as a starting point for RCVS’ disciplinary and preliminary investigation committees, who may find it useful as a baseline for discussions on professional competence.

67. Finally, as a statement of what is required at the end of one process, the specification of ‘day 1’ competences is, by implication, the starting point for what follows: continuing education and training, and continuing professional development.

\textsuperscript{12} Veterinary surgeons holding overseas degrees which have not been approved by RCVS must take the Statutory Examination for Membership before they can register. The examination is normally held annually, and comprises written, clinical, oral and practical examinations in surgery, medicine, reproduction and animal health. The standard is currently aligned to the UK veterinary degree.
SECTION 4 - THE PROFESSIONAL TRAINING PHASE

68. The introduction of a professional training phase (PTP), leading to a licence to practise in a named veterinary area, would build on the educational basis provided by the undergraduate curriculum. Rather than grappling with the requirement for graduates to be registered as full members of RCVS with a full licence to practise for life, the veterinary schools would be free to concentrate on their strengths in teaching and research, preparing students to become independent learners, and providing a foundation for life long careers in veterinary medicine.

69. The PTP should provide a clearer structure to direct the continued training of the new graduate in practice, and help to clarify expectations for both employers and clients. It should thereby also afford a greater degree of protection to the new graduate.

The ‘registered practice’

70. PTP should be undertaken in a ‘registered practice’ that has the ability and willingness to operate as a training practice. Work needs to be undertaken to define transparent standards for registered practices/training practices, and these will need to include reference to the competence of individuals, and the practice’s capability in staff development and appraisal systems. RCVS is setting up a working party to develop a coordinated system of practice standards, and work in this area will need to cross-refer to the eventual education and training strategy.

71. Support for the graduate trainee should include the availability of a registered veterinary surgeon when on first call and some allowance for time off for attendance at further training events.

72. Universities with first opinion clinics could if they wished participate as PTP providers for their residents, by providing the appropriate structured training programme based on 1st opinion work.

73. The primary focus of the approval process for PTP should be the competence of individuals within the practice. Indeed, the extent to which a practice maintains and oversees the continued competence of its staff should be the core criterion in the approval of practices for whatever purpose. Investment in state of the art equipment and accommodation, whilst desirable, can never replace an employer’s duty to ensure that his or her staff are competent.

74. Registered practices could be identified as ‘training practices’ at different levels of the system, for example, for EMS, professional training, veterinary nurse or higher postgraduate training. Naturally, not all practices would wish to be involved in training for all purposes, and there may be some important differences in the requirements at each level, but there is nevertheless scope for greater convergence in core requirements and approval procedures.

75. We would envisage, however, by the year 2010, the vast majority of practices should be able to meet the required standards for professional training.
Structure of the professional training phase

76. In addition to the specification of ‘day 1’ competences, we have also developed a specification for ‘year 1’ competences and procedures against which the individual would need to produce evidence of experience. This is included at Annex 1 (part 2). The ‘year 1’ specification provides a natural continuum from the ‘day 1’ competences.

77. The professional training phase would be undertaken in defined areas, in practices registered for that area, eg. companion animal, production animal, equine, mixed practice or meat hygiene and food safety. Satisfactory completion of PTP would lead to the individual achieving a licence to practise in that area. Individuals could complete more than one period of professional training if they wished, and receive licences in multiple areas. The professional training phase could also be undertaken in a non-practice environment, eg. state veterinary medicine, universities.

78. We have discussed whether PTP should be available for disciplines, such as anaesthesia, dermatology and cardiology but, whilst not ruling it out at this stage, we felt that discipline training would perhaps be more appropriate at a later stage after PTP had been completed.

79. We would expect PTP to take at least one year but believe that it should not necessarily be time bound. The mixed practice route may take longer. The criterion for completion should be whether the graduate has met the practical experience requirements. There will need to be flexibility in arrangements to allow for individuals to move jobs, or to change directions. There are models in other professions from which we can learn here.

Assessment of the professional training phase

80. Responsibility for the graduate’s training and assessment should rest with the registered practice, under supervision of one or two nominated veterinary surgeons. Training practices would need to be audited, and we envisage BVA specialist divisions playing an increasing role in the future, working with the College to approve practices and helping to oversee the professional training phase. There would also need to be an appeal system for instances when assessment results are disputed, or where there has been a breakdown in communication. Models exist in other professions for these practicalities. Practices should be encouraged to work together to compare standards and to help maintain consistency of assessment. This would also help as an initial route for appeals. (For comparison, see the quality assurance model in operation for veterinary nurse training, with its national structure of assessors, internal verifiers and external verifiers).

81. Looking to the future, electronic solutions to the maintenance of training and assessment records should be explored, for example to provide graduates with on-line access to their training and experience log books. When the necessary components had been completed, the nominated training supervisor could be invited to certify the trainee’s competence for receipt of the licence to practise.

82. Quality assurance procedures would be needed to ensure consistency of assessment. Falsification of records would of course carry heavy disciplinary penalties.
Implications for implementation of the professional training phase

83. We have been cognizant of the possible effects of introducing the PTP on new graduates, many of whom will be carrying a burden of debt built up from their undergraduate years, and who will be keen to start earning a full salary. Starting salaries, however, need to be proportionate to the limited fee earning ability of the new graduate. They must also take account of the additional cost to practices in providing continued training. We are aware that the introduction of the PTP could therefore lead to lower starting salaries for graduate trainees, but still believe the approach is feasible and worthwhile. Indeed, many good practices already follow this approach.

84. The introduction of the PTP leading to a licence to practise would need changes to legislation before it could be implemented. There would also be implications for the mutual recognition of qualifications across Europe that will need to be borne in mind during discussions elsewhere on sectoral and general systems directives. There may also be implications for arrangements to recognise other overseas degrees, and a decision will need to be taken as to the level at which the statutory examination for membership should be pitched.

85. It will be important to ensure that British graduates remain on the same footing as those from elsewhere, and that the same requirements are placed on graduates from other countries seeking a licence to practise in the UK.
SECTION 5 - MAINTAINING PROFESSIONAL COMPETENCE

86. The medical profession is currently in the process of devising a model for ‘revalidation’ of doctors, involving the periodic formal assessment by peers of an individual’s competence to practise. The veterinary profession differs from the medical profession, however, not only in its size, but also by being based essentially in small private practices, and without the structure of an NHS or local health trusts to support it. Whilst the trend may be towards the creation of larger and more specialist veterinary practices, we believe there would be significant difficulties in developing a viable, national revalidation scheme for the whole profession along the lines envisaged by the medical profession.

87. This is not to say that veterinary surgeons should not be subject to periodic assessment but rather that the profession’s time and energy should be directed instead towards improving opportunities for individuals to maintain their competence and develop their expertise after initial qualification.

88. Maintenance of one’s licence to practise within a given area should depend on continued competent performance. The individual should be required to undertake ongoing education and training to keep themselves up to date, and to keep appropriate records of their development and participation in CPD.

89. CPD should not necessarily be equated solely with attendance at external courses for a given number of hours per year, but should be seen in a wider context of maintaining and developing competence. Ongoing training and development can be undertaken very effectively within the workplace as part of an individual’s planned development programme, supported by appraisal and/or mentoring systems. The increasing sophistication of information technology, including broad-band and web-based learning systems also means that all Members will be able to access good quality CPD material and assessment online in the future.

90. The extent of the individual’s CPD involvement, and the degree to which they are maintaining and developing their competence could be the subject of annual self-certification by the individual, supported by auditable systems within the registered practice. Quality assurance would be provided by the standards set for registered practices, and quality control could be provided by the relevant specialist BVA divisions, say on a quinquennial basis.

91. The RCVS 2000 Manpower Survey indicated that only 11% of respondents considered the provision of CPD in their own field to be good. 44% considered it to be ‘adequate’, but 37% considered provision to be poor. Effort therefore needs to be directed towards improving CPD provision, and this will need to be tackled before the profession can adopt a mandatory CPD model. The development of certificate level modules by RCVS may help to focus some provision. More work may be needed, however, to investigate the reasons for dissatisfaction with existing provision in order that this can be tackled effectively.
92. In the medium term at least, assessment of post-qualification professional competence should be peer and practice based, and should be formative rather than summative. We would rather see performance assessment used as a development tool, rather than as a selective or punitive device. We suggest that RCVS should investigate a possible role for BVA specialist divisions and other interested organisations in running quality assurance systems for CPD.

93. The generic, ‘year 1’ competences defined at Annex 1, together with the RCVS Guide to Professional Conduct should be the key reference tools for determining whether a person continues to be fit to practise in their chosen field. Although the individual’s expertise will continue to develop over time, and specialist interests will be developed, perhaps through the acquisition of further postgraduate qualifications, these core professional skills and attributes should remain central to practitioner standards.
SECTION 6 – FURTHER POSTGRADUATE TRAINING

A revised structure for the RCVS ‘Certificate’

94. We suggest that RCVS should undertake a major revision of its Certificate level qualification, and restructure it along modular lines. It should be possible for those in practice to work towards smaller, individual modules if they wish – within a credit-based system to encourage life-long learning. This would allow greater flexibility and choice and encourage take-up. The availability of some form of certification of individual modules would also help to provide a mechanism for certifiable CPD.

95. The content of certificate modules should be based on – and provide clear progression from – the PTP ‘year 1’ requirements, thereby providing a continuum of approach from undergraduate through to postgraduate training.

96. The ‘full’ certificate qualification, comprising a number of modules relevant to a broad area, should be achievable within, say 2 – 3 years of concentrated study, and up to a maximum of, say, 10 years, allowing for those who wish to take a longer period to achieve the qualification.

97. This new style ‘certificate’ should be set at the same approximate level as the existing award, but should cover a broader range of content, and certify that the practitioner has achieved an advanced level of clinical competence. We suggest that the primary progression route from the revised Certificate should be towards the Fellowship, and thereafter for those who wish, on towards Recognised Specialist Status.

98. RCVS should avoid the calls for ever more specialist Certificates to match developing Diploma specialties. The range of Certificate titles should be restricted to broad areas such as companion animals, production animals and mixed practice, with core modules defined for each. Modules on welfare and ethics, infectious disease and public health should be core to all titles. Disciplines such as cardiology, ophthalmology, and radiology should be covered by modules, rather than leading to full named certificates in their own right at this level. Those wishing to take a ‘discipline route’ to Specialist status may be better advised to follow the appropriate European Diploma.

99. New assessment models may need to be developed, both to cater for the new modular approach, and also in recognition of the increased number of candidates that may come forward for assessment in individual modules. “Internal” or work-based assessment of portfolios of work could be considered. With higher candidate numbers, the use of multiple-choice questions for testing also becomes viable. An integrative oral/practical assessment could be considered for those with sufficient credits for achievement of the whole qualification.

100. There may be a need to retitle such a qualification, in order to avoid confusion with the existing Certificate, and with lower level qualifications in other occupations. (The QAA’s new HE qualifications framework uses the term ‘Certificate’ for lower level sub-degree award.) The Group has considered some alternatives, for example “Doctorate” or...
“Chartered” status, but would not wish the proposals to be sidetracked by a debate about names at this stage. Suggestions for an alternative title would, however, be welcomed.

**Beyond the Certificate**

101. We suggest that those in practice who wish to pursue further qualifications beyond the Certificate level should aim for the Diploma of Fellowship. This is currently available by submission of a thesis or, for those who have been Members for 20 years, by meritorious contributions to learning. The examination route to the Fellowship was recently dropped, but in the light of our proposals, RCVS may wish to re-consider this route.

102. Possession of the Diploma of Fellowship should entitle the holder to apply for Recognised Specialist status if they are available for referrals in their specialist area.

103. Postgraduates following a residency at a university, many of whom currently pursue a Certificate followed by a Diploma, may be better advised under the new framework to follow the European Diploma route, or alternatively pursue research leading to MPhil or PhD. Possession of a European Diploma should entitle the holder to apply for Recognised Specialist status.

104. As argued above, we feel there would be value in rationalising the range of higher qualifications awarded by RCVS, and phasing out those RCVS Diplomas that overlap with European Diplomas. RCVS should work with the European Colleges to ensure that standards are maintained and that there is adequate provision in the UK for those wishing to work towards European qualifications. Because of the long lead times required, the transition should start immediately.

**Veterinary Research**

105. Although the main remit of this document is to provide a framework for education and training, we believe that our proposals would also provide improved opportunities for veterinary research and researchers as recommended in the Selborne Report (1997). For example, the proposed changes to the undergraduate curriculum should free up time to allow opportunities for undergraduates to gain increased exposure to and participation in veterinary research. Research-based electives should be encouraged, as should the universities’ current efforts to increase the number of students undertaking intercalated degrees.

106. While some graduates may choose to undertake PTP to gain clinical experience in practice or elsewhere, others may prefer to pursue Masters or PhD studies immediately on graduation by enrolling with universities in the usual way. It is anticipated that the proposed framework could improve access to postgraduate training and provide a structure to enable veterinary graduates to be involved in research at various points throughout their careers.
SECTION 7 - HOW TO RESPOND TO THIS CONSULTATION

107. This is the beginning of the process to define a strategy for veterinary education and training. We now invite your response to our initial thoughts to help us shape these further. Do you feel we are moving in the right direction?

108. In your response, please bear in mind that we do not claim to have covered all the possible issues. You may wish to highlight any significant areas you think we have missed, but please remember that we are trying to define a general strategy at this stage, rather than a detailed implementation plan.

109. Please submit your written response to the issues raised in this paper by Friday 12 October 2001 at the latest. A template for responses is provided below, although you need not restrict yourself to that format.

110. Please address your response to Mrs Freda M Andrews, Head of Education, RCVS, Belgravia House, 62 – 64 Horseferry Road, London SW1P 2AF. You may also submit your comments by email, to f.andrews@rcvs.org.uk

111. Please indicate whether you are responding on behalf of an organisation, or in an individual capacity.

112. In addition to inviting written responses, we shall also be inviting oral contributions from some key representative groups at ‘evidence gathering’ sessions to be held over three days in London on 21st, 22nd and 23rd November.

113. This paper will also be considered by RCVS Committees and Council during October and November 2001. The Group will then take all contributions into account, before proposing a final version of the strategy to RCVS Council in February 2002.
## RESPONSE TO THE RCVS CONSULTATION ON EDUCATION & TRAINING FOR THE VETERINARY PROFESSION

1. Name of respondent: Mr/Mrs/Ms/Miss/Dr/Prof

2. Address for correspondence:

3. Email:

4. Telephone:

5. Are you responding on behalf of an organisation?  
   | YES | NO |

   If Yes, please specify which:

6. Please indicate on a scale of 1 – 4, whether you agree or disagree in general terms with the statements relating to each main section of the paper.

| Section 1 - Background.  
This section contains a reasonable summary of the background issues that RCVS needs to take into account in its education strategy | 1 disagree strongly | 2 mostly disagree | 3 mostly agree | 4 agree strongly |
|---|---|---|---|---|
| Section 2 - Summary of a proposed framework for education, training and qualifications for the veterinary profession  
I agree with the general shape of the proposed framework |  |  |  | |
| Section 3 - Veterinary Undergraduate Education  
I support the statements made concerning veterinary undergraduate education |  |  |  | |
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<tr>
<th>Section</th>
<th>Support</th>
<th>1 disagree strongly</th>
<th>2 mostly disagree</th>
<th>3 mostly agree</th>
<th>4 agree strongly</th>
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<tr>
<td>Section 4 - The Professional Training Phase</td>
<td>I support the model proposed for PTP</td>
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<td>Section 5 - Maintaining Professional Competence</td>
<td>I support the statements made concerning maintaining competence and CPD</td>
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<td>Section 6 - Further Postgraduate Qualifications</td>
<td>I support the proposals for restructuring RCVS qualifications</td>
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<td>Annex 1 - ‘Day 1’ Competences</td>
<td>I support the proposed ‘day 1’ competences</td>
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<td>Annex 1 - ‘Year 1’ Competences</td>
<td>I support the proposed ‘Year 1’ competences</td>
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7. Please expand on any areas where you have indicated disagreement, or where you otherwise wish to comment further. Please continue on a separate sheet if necessary.

8. If you think there are any other issues that you feel have been overlooked in the paper, or that have been inadequately addressed, please summarise on a separate sheet.

Signed: ___________________________ Date: ___________________________
ESSENTIAL COMPETENCES REQUIRED OF THE VETERINARY SURGEON

INTRODUCTION

1. An important statutory function of RCVS is to determine the “standard of proficiency” and “knowledge and skill” to fit veterinary surgeons for practising in the United Kingdom. The standard set for registration is a key benchmark that affects the approval of veterinary degree courses in the UK and overseas, and should also be seen as the starting point for consideration of an individual’s continuing education and training needs after registration. Maintaining and further developing professional competence is a requirement for all veterinary surgeons.

2. This document sets out the essential competences required of the veterinary surgeon for membership of the Royal College of Veterinary Surgeons. It does this in two parts:
   - essential competences required at graduation – the “day one skills”
   - essential competences required after approximately one year of further professional training within a defined area of practice – the “year one skills”.

3. There are many definitions of ‘competence’ and many views on how it can be developed and assessed. In general terms, however, competence is a concept that integrates knowledge, skills and attitudes, the application of which enables the professional to perform effectively, and to respond to contingencies, change, and the unexpected.

4. This document takes a broad definition of competence as being “the ability to perform the roles and tasks required by one’s job to the expected standard” (Eraut & Boulay, 2000). The advantage of this definition is that it recognises that requirements and expectations change depending on job role and context. It also recognises that competence develops, and that an individual may work ‘competently’ at many different levels, either at different stages of their career, or indeed from one day to the next depending on the nature of their work.

5. Eraut and Boulay (2000) point out the importance of distinguishing between an individual’s competence – what one can do, and performance – what one actually does. RCVS is concerned with competence when it undertakes its primary function of determining “the standard of proficiency required for registration” and ensuring that individuals “will have acquired the knowledge and skill needed for the efficient practice of veterinary surgery” (Veterinary Surgeons Act 1966, section 3). Performance may be affected by factors such as workload, working conditions, levels of support, and so on. The regulation of performance is a function of RCVS through its statutory disciplinary powers.

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13 “Developing the Attributes of Medical Professional Judgement and Competence”, a review funded by the Postregistration Medical and Dental Education Research Initiative of the Dept. of Health’s Policy Research Programme, by Professor Michael Eraut and Benedict du Boulay, University of Sussex. The full paper is available on the web at http:/www.cogs.susx.ac.uk/users/bend/doh
6. The essential competences have been broken down into three main areas, and these are reflected in both the “day one” and the “year one” requirements. They are:

- **A General professional competences and attributes**
  describing the distinguishing characteristics of a veterinary surgeon

- **B Underpinning knowledge and understanding**
  describing in general terms the breadth of knowledge and understanding needed for a career as a veterinary surgeon, and for subsequent professional development in whatever sphere of veterinary science the individual wishes to pursue

- **C Practically-based veterinary competences**
  describing the basic practical competences that are expected a) at the point of graduation, and b) following an extended period of further professional training in practice.

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<tr>
<th>The ten guiding principles of the RCVS Guide to Professional Conduct should be seen as overarching requirements for registration (and by implication, continued registration) with the College. The Guide states that:</th>
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<tr>
<td>Your clients are entitled to expect that you will: -</td>
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<tr>
<td>1. make animal welfare your first consideration in seeking to provide the most appropriate attention for animals committed to your care</td>
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<td>2. ensure that all animals under your care are treated humanely and with respect</td>
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<td>3. maintain and continue to develop your professional knowledge and skills</td>
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<td>4. foster and maintain a good relationship with your clients, earning their trust, respecting their views and protecting client confidentiality</td>
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<td>5. uphold the good reputation of the veterinary profession</td>
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<td>6. ensure the integrity of veterinary certification</td>
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<td>7. foster and endeavour to maintain good relationships with your professional colleagues</td>
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<td>8. understand and comply with your legal obligations in relation to the prescription, safe-keeping and supply of veterinary medicinal products</td>
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<tr>
<td>9. familiarise yourself with and observe the relevant legislation in relation to veterinary surgeons as individual members of the profession, employers, employees and business owners</td>
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<tr>
<td>10. respond promptly, fully and courteously to complaints and criticism.</td>
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PART 1

ESSENTIAL COMPETENCES REQUIRED OF THE NEW VETERINARY GRADUATE

“DAY ONE SKILLS”

A1 - GENERAL PROFESSIONAL SKILLS AND ATTRIBUTES

The new veterinary graduate should be able to:

A1.1 Communicate effectively with clients, the lay public, professional colleagues and responsible authorities; listen effectively and respond sympathetically to clients and others, using language in a form appropriate to the audience and the context

A1.2 Prepare clear case reports and maintain patient records in a form satisfactory to colleagues and understandable by the public

A1.3 Work effectively as a member of a multi-disciplinary team in the delivery of services to clients

A1.4 Be aware of the ethical responsibilities of the veterinary surgeon in relation to individual patient care and client relations, and also more generally in the community in relation to their possible impact on the environment and society as a whole

A1.5 Be aware of the economic and emotional climate in which the veterinary surgeon operates, and respond appropriately to the influence of such pressures

A1.6 Be willing to use one’s professional capabilities to contribute as far as possible to the advancement of veterinary knowledge in order to benefit veterinary practice and further improve the quality of animal care and public health

A1.7 Have an elementary knowledge of the organisation and management of a veterinary practice, including:

- awareness of own and employer’s responsibilities in relation to employment and health and safety legislation, and the position relating to lay staff and public liability
- awareness of how fees are calculated and invoices drawn up, and the importance of following the practice’s systems for record keeping and book-keeping, including computer records and case reports
- ability to use information technology effectively to communicate, share, collect, manipulate and analyse information
- importance of complying with professional standards and policies of the practice

A1.8 Understand the need and professional obligation for a commitment to continuing education and training, and professional development, throughout one’s professional life
A1.9 Conduct oneself in a professional manner with regard to the veterinary surgeon’s professional and legal responsibilities and understand and apply the ethical codes as set out in the RCVS Guide to Professional Conduct

A1.10 Be able to cope with uncertainty and adapt to change

A1.11 Develop a capacity for self-audit and willingness to participate in the peer-review process

A1.12 Be aware of personal limitations, and demonstrate awareness of when and from where to seek professional advice, assistance and support.

(Commentary: This last item is considered to be one of the most important, and should guide all new veterinary graduates when undertaking their professional duties. Veterinary surgeons undertaking procedures on patients must at all stages in their careers be fully competent in their performance, or be under the close supervision of those so competent. When in doubt, the new veterinary graduate must seek professional support and in the interests of animal and human health, should not attempt to undertake complex procedures unsupervised.)

**B1 - Underpinning Knowledge and Understanding**

The new veterinary graduate will need to have acquired a thorough knowledge and understanding of the following:

- **B1.1** The sciences on which the activities of veterinary surgeons are based
- **B1.2** Research methods and the contribution of basic and applied research to all aspects of veterinary science
- **B1.3** How to evaluate evidence
- **B1.4** The structure and functions of healthy animals, and all aspects of their husbandry
- **B1.5** The aetiology, pathogenesis, clinical signs, diagnosis and treatment of the common diseases and disorders that occur in the common domestic species in the UK
- **B1.6** Legislation relating to the welfare (including transport) of animals and notifiable diseases
- **B1.7** Medicines legislation and guidelines on responsible use of medicines
- **B1.8** The principles of disease prevention and the promotion of health and welfare
- **B1.9** Veterinary public health issues including zoonoses.

**C1 - Practical Competences**

The new veterinary graduate should be able to undertake the following:

- **C1.1** Obtain an accurate and relevant history of the individual animal or animal group, and its/their environment
C1.2 Handle and restrain an animal safely and humanely, and instruct others in performing these techniques

C1.3 Perform a complete clinical examination

C1.4 Attend all species in an emergency and perform basic first aid

(Commentary: problems to be handled for any species include first aid management of haemorrhage, wounds, breathing difficulties, eye & ear injuries, unconsciousness, clinical deterioration, burns, tissue damage, internal organ damage and cardiac arrest. First aid to be applied includes bandaging, cleaning, immobilising limbs, resuscitation procedures, haemorrhage control.)

C1.5 Assess correctly the nutritional status of an animal and be able to advise the client on principles of husbandry and feeding

(Commentary: this applies to commonly presented cases and would not, for example, be expected to include advanced nutritional advice for complex cases, eg. high performance horses, high yielding diary cows, certain exotic or zoological species.)

C1.6 Collect, preserve and transport samples, perform standard laboratory tests, and interpret the results of those generated in-house, as well as those generated by other laboratories

(Commentary: new graduates are expected to have a working knowledge of tests to be undertaken include conditions relating to infectious & contagious diseases; alimentary system; respiratory system; circulatory system; urinary system; nervous system; endocrine system; mucucutaneous system; musculoskeletal system; trauma; poisoning; obstetrics; paediatrics; parturition; reproduction)

C1.7 Use radiographic, ultrasonic, and other technical equipment which can be used as a diagnostic aid, safely and in accordance with current regulations

C1.8 Follow correct procedures after diagnosing notifiable, reportable and zoonotic diseases

C1.9 Know and apply the RCVS twelve Principles of Certification correctly

C1.10 Access the appropriate sources of data on licensed medicines; prescribe and dispense medicines correctly and responsibly in accordance with relevant legislation and ensure that medicines and waste are safely stored and/or disposed of

C1.11 Correctly apply principles of sterilisation of surgical equipment

C1.12 Correctly apply principles of aseptic surgery

C1.13 Safely perform sedation, general and regional anaesthesia, implement chemical methods of restraint, and assess and control pain

C1.14 Advise on, and administer appropriate treatment

(Commentary: the new veterinary surgeon must always seek professional advice and support if presented with a case beyond his or her immediate capability – see item A.12)

C1.15 Recognise when euthanasia is necessary and perform it humanely, using an appropriate method, whilst showing sensitivity to the feelings of owners and
others, and with due regard to the safety of those present; advise on disposal of the carcase

C1.16 Perform a basic gross post mortem examination, record details, sample tissues, store and transport them

C1.17 Perform ante mortem inspection of animals destined for the food chain and correctly identify conditions affecting the quality and safety of products of animal origin

C1.18 Assess and implement basic health and welfare records (and production records where appropriate)

C1.19 Advise on, and carry out preventive and prophylactic programmes appropriate to the species and commensurate with accepted animal health, welfare and public health standards, seeking advice and assistance where necessary from professional colleagues

C1.20 Minimise the risks of contamination, cross infection and accumulation of pathogens in the veterinary premises and in the field.
SUMMARY OF ‘DAY ONE’ SKILLS ACROSS SPECIES

- History taking and “people skills”
- Clinical Examination
- Knowledge of when to seek 2nd opinion
- Vaccination
- Intramuscular, intravenous or subcutaneous injection
- Drenches, Implants and intra-vaginal sponges
- Collect blood sample
- Administer effective sedation
- Understand asepsis, prepare a surgical field, "scrub up for surgery"
- Administer first aid
- Support injured limb (bandage, R Jones, splint.)
- Basic wound management
- Basic suturing techniques
- Basic radiology
- Basic local anaesthesia
- Take skin scraping, urine and faeces sample
- Collect swab from nose, nasopharynx, urethra, clitoris, endometrium, rectum.
- Accurately identify a horse
- Carry out euthanasia by appropriate means
- Post-mortem examination and collect pathology specimens
- Investigate abortion or other possible infectious outbreak
- Investigate parasitological load
- Record clinical notes and write a report
- Remove a shoe and interpret hoof tester response
- Basic foot trim
- Catheterise bladder (male and female)
- Understand and supervise sending laboratory or pathological specimens
- Carry out a manual examination per rectum, per vaginum, per os
- Understand normal basic anatomy
- Assess mouth (including "rough age") and rasp cheek teeth
- Nasogastric intubation (and administration of materials via this route)
- Basic obstetrics in food producing animals
- Pregnancy diagnosis
- Ageing
- Understanding of basic herd/flock schemes
- Inspection of animals prior to slaughter
- Basic inspection of carcases for human consumption
PART 2

**Essential Competences Required of the Veterinary Surgeon Following Completion of Professional Training in Practice After Initial Graduation**

“Year One Skills”

**Introduction**

1. This section is a continuation of the RCVS ‘Essential Competences Required of the New Veterinary Graduate’ – the so-called ‘day 1 skills’ - and describes the standard that would be expected of a qualified veterinary surgeon after approximately one year in practice. Following graduation and registration as a Member of the Royal College of Veterinary Surgeons, it is proposed that completion of a period of practice-based professional training would lead to recognition with a full licence to practise in a named area – either equine practice, production animal medicine & surgery, companion animal medicine & surgery, mixed practice, or meat hygiene & food safety.

2. Many of the generic competences listed below are copied from the ‘day 1 skills’ expected of all new graduates. By the end of their first year in practice, however, new veterinary surgeons should have consolidated their knowledge and skills and should be able to provide evidence of their competence from practice within their chosen area. The experience of day to day work in veterinary practice, working under the pressures and constraints encountered under real working conditions, is considerably different from the experience that will have been gained as part of the veterinary degree under extra-mural studies; it is this added dimension - the additional degree of confidence - which differentiates the competence of a ‘day 1’ new graduate from the more experienced practitioner following an extended period continued training and supervised practice.

3. ‘Year 1’ skills are those that the profession believes can be carried out by a new graduate under supervision, and unsupervised after a period of instruction in practice. In order to receive a licence to practise in their chosen area, veterinary surgeons will have to provide evidence of how they meet the standards set out below. To complement these generic competences, a list of species specific skills is appended as a guide to indicate the range of experience to be covered.
A2 - General Professional Skills and Attributes

At the end of approximately one year in practice, veterinary surgeons should be able to show that they can:

A2.1 Communicate effectively with clients, the lay public, professional colleagues and responsible authorities; listen effectively and respond sympathetically to clients and others, using language in a form appropriate to the audience and the context. This should have been demonstrated to the satisfaction of the training practice principal.

A2.2 Prepare clear case reports and maintain patient records in a form satisfactory to colleagues and understandable by the public. Evidence to demonstrate competence should be available.

A2.3 Work effectively as a member of a multi-disciplinary team in the delivery of services to clients. This should have been demonstrated as above.

A2.4 Be aware of the ethical responsibilities of the veterinary surgeon in relation to individual patient care and client relations, and also more generally in the community in relation to their possible impact on the environment and society as a whole. Practical demonstration of ability in these areas could include the application of ethics to the process of supersession or referral, the handling of an awkward euthanasia case or a case involving cruelty. A principal would also comment on the overall attitude of the graduate to ethical matters.

A2.5 Be aware of the economic and emotional climate in which the veterinary surgeon operates, and respond appropriately to the influence of such pressures. A demonstration of understanding would include the handling of cases where economic considerations influenced the outcome or process showing how the veterinary surgeon responded to the issues.

A2.6 Be willing to use one's professional capabilities to contribute as far as possible to the advancement of veterinary knowledge in order to benefit veterinary practice and further improve the quality of animal care and public health.

A2.7. Have developed an understanding of the organisation and management of a veterinary practice, including:

- understanding of own and employer's responsibilities in relation to employment and health and safety legislation, and the position relating to lay staff and public liability
- understanding of how fees are calculated and invoices drawn up, and the importance of following the practice's systems for record keeping and book-keeping, including computer records and case reports
- ability to use information technology effectively to communicate, share, collect, manipulate and analyse information
- importance of complying with professional standards and policies of the practice
- demonstrate understanding of the above by clear practical application on a day to day basis in the practice
A2.8 Understand the need and professional obligation for a commitment to continuing education and training, and professional development, throughout one’s professional life

A2.9 Conduct oneself in a professional manner with regard to the veterinary surgeon’s professional and legal responsibilities and understand and apply the ethical codes as set out in the RCVS Guide to Professional Conduct

A2.10 Be able to cope with uncertainty and adapt to change

A2.11 Develop a capacity for self-audit and willingness to participate in the peer-review process

A2.12 Be aware of personal limitations, and demonstrate awareness of when and from where to seek professional advice, assistance and support.

(Commentary: This last item is considered to be one of the most important, and should guide all veterinary surgeons when undertaking their professional duties. Veterinary surgeons undertaking procedures on patients must at all stages in their careers be fully competent in their performance, or be under the close supervision of those so competent. When in doubt, the veterinary surgeon must seek professional support and in the interests of animal and human health, should not attempt to undertake complex procedures with which they are unfamiliar unsupervised.)

B2 - UNDERPINNING KNOWLEDGE AND UNDERSTANDING

Veterinary surgeons will have acquired a wide scientific background by the time they first graduate. After graduation, this underpinning knowledge must be kept up to date and applied to the area in which the individual has chosen to work. The veterinary surgeon should therefore ensure that they maintain their knowledge and understanding of the following:

B2.1 The sciences on which the activities of veterinary surgeons are based

B2.2 Research methods and the contribution of basic and applied research to all aspects of veterinary science

B2.3 How to evaluate evidence

B2.4 The structure and functions of healthy animals, and all aspects of their husbandry

B2.5 The aetiology, pathogenesis, clinical signs, diagnosis and treatment of the common diseases and disorders that occur in the common domestic species in the UK

B2.6 Legislation relating to the welfare (including transport) of animals and notifiable diseases

B2.7 Medicines legislation and guidelines on responsible use of medicines

B2.8 The principles of disease prevention and the promotion of health and welfare

B2.9 Veterinary public health issues including zoonoses.
C2 - PRACTICAL COMPETENCES

By the end of their professional training in practice, veterinary surgeons should be able to demonstrate their competence, in relation to their chosen area of practice, in the following areas:

C2.1 Obtain an accurate and relevant history of the individual animal or animal group, and its/their environment

C2.2 Handle and restrain animals safely and humanely, and instruct others in performing these techniques

C2.3 Perform a complete clinical examination and develop a differential diagnosis allied to an approach for making a specific diagnosis

C2.4 Attend all species in an emergency and perform basic first aid, and be able to provide advanced critical care for the species for which special training has been given

(Commentary: as for ‘day 1’ competences, problems to be handled for any species include first aid management of haemorrhage, wounds, breathing difficulties, eye & ear injuries, unconsciousness, clinical deterioration, burns, tissue damage, internal organ damage and cardiac arrest. First aid to be applied includes bandaging, cleaning, immobilising limbs, resuscitation procedures, haemorrhage control.)

C2.5 Assess correctly the nutritional status animals and advise clients on principles of husbandry and feeding, particularly in relation to the selected species

C2.6 Collect, preserve and transport samples, perform standard laboratory tests, and interpret the results of those generated in-house, as well as those generated by other laboratories

(Commentary: tests to be undertaken include conditions relating to infectious & contagious diseases; alimentary system; respiratory system; circulatory system; urinary system; nervous system; endocrine system; mucocutaneous system; musculoskeletal system; trauma; poisoning; obstetrics; paediatrics; parturition; reproduction)

C2.7 Use radiographic, ultrasonic, and other technical equipment which can be used as a diagnostic aid, safely and in accordance with current regulations. Following completion of professional training, the veterinary surgeon should be able to interpret images correctly from the more common conditions encountered in the selected species.

C2.8 Follow correct procedures after diagnosing notifiable, reportable and zoonotic diseases

C2.9 Know and apply the RCVS twelve Principles of Certification correctly

C2.10 Access the appropriate sources of data on licensed medicines; prescribe and dispense medicines correctly and responsibly in accordance with relevant legislation and ensure that medicines and waste are safely stored and/or disposed of

C2.11 Correctly apply principles of sterilisation of surgical equipment

C2.12 Correctly apply principles of aseptic surgery. Provide evidence that a selection of soft tissue and orthopaedic procedures have been successfully carried out. (See list of procedures for species concerned, attached as appendix 1)
C2.13 Safely perform sedation, general and regional anaesthesia, implement chemical methods of restraint, and assess and control pain.

C2.14 Advise on, and administer appropriate treatment. Provide evidence that a selection of common medical conditions in the selected species have been diagnosed and appropriately, successfully treated. (See attached summary of ‘year 1 skills’ across species)

C2.15 Recognise when euthanasia is necessary and perform it humanely, using an appropriate method, whilst showing sensitivity to the feelings of owners and others, and with due regard to the safety of those present; advise on disposal of the carcase.

C2.16 Perform post mortem examinations, record details, sample tissues, store and transport them.

C2.17 Where appropriate, perform ante mortem inspection of animals destined for the food chain and correctly identify conditions affecting the quality and safety of products of animal origin.

C2.18 Assess and implement basic health and welfare records (and production records where appropriate).

C2.19 Advise on, and carry out preventive and prophylactic programmes appropriate to the species and commensurate with accepted animal health, welfare and public health standards, seeking advice and assistance where necessary from professional colleagues.

C2.20 Minimise the risks of contamination, cross infection and accumulation of pathogens in the veterinary premises and in the field.
SUMMARY OF YEAR ONE SKILLS

Year one skills are those that the profession believe can be carried out by a new graduate under supervision, and unsupervised after a period of instruction. These skill lists have been developed with the specialist divisions within the profession but are not species specific. There are not intended to be exhaustive or comprehensive lists, but as suggestions for the areas that might be covered during the professional training phase.

The major groups are equine, production animal medicine and surgery, food safety and veterinary public health and companion animal medicine and surgery.

**Equine**

- Intravenous catheterisation
- Administration and assessment of general anaesthesia, this would require significant numbers before taking sole charge.
- Castration
- Application of a cast
- Removal of wolf teeth and loose deciduous teeth
- Use endoscopy and make basic interpretation
- Use ultrasonography and make basic interpretation
- Use radiography and make basic interpretation
- Pregnancy diagnosis
- Insurance examination and certification
- Pre-purchase examination (non specialised)
- Administer basic diagnostic nerve blocks and synoviocentesis (ie distal limb)
- Collection of tracheal or bronchoalvolar samples
- Paracentesis abdominis and thoracocentesis
- Corrective foot trimming
- Assess and manage colic patient
- Assess and manage simple dystocia
- Epidural anaesthesia
- Biopsy liver, skin, rectum, endometrium, lung
- Inseminate mare
PRODUCTION ANIMAL MEDICINE

BOVINE

- Caesarean section
- L and R laparotomy (LDA, Caecum, RDA)
- Rumenotomy
- Rumen trocharisation
- Umbilical hernia repair
- Vaginal prolapse
- Uterine prolapse
- Epidural Anaesthesia
- Pregnancy diagnosis, manual to min of 7 weeks
- Ultrasound examination of reproductive tract
- Basic reproductive exam bull including manual rectal
- Castration techniques; bloodless and surgical
- Uterine catheterisation (for AI/wash out)
- Urethral catheterisation cow
- Urethrotomy male
- Teat surgery
- Investigate lameness
- Corrective foot trimming
- Application of foot blocks (3 types)
- Cleat surgery; drainage; amputation
- Application of cast
- Ringing bull
- Dehorn older animals
- Rope casting techniques
- BAL sampling
- Familiarity with herd health planning
- Interpret herd production, health and fertility records (including mastitis, lameness, pneumonia, diarrhoea, milk production, growth rates etc)
- Basic diet manipulation
- Estimate nutritional value of common feeds
- Condition scoring
OVINE

- Caesarean section
- Pregnancy Diagnosis determining number of foetuses
- Ram Vasectomy
- Ram breeding soundness examination including use of electro-ejaculator and semen examination
- Rumen trocharisation
- Umbilical hernia repair
- Vaginal prolapse
- Uterine prolapse
- Epidural Anaesthesia
- Urethrotomy male
- Investigate lameness
- Corrective foot trimming
- Application of foot cast
- Familiarity with flock health planning
- Interpret flock production, health and fertility records
- Basic diet manipulation
- Estimate nutritional value of common feeds
- Condition scoring

PORCINE

- Interpretation of herd health and production records
- Undertake a necropsy examination to diagnose disease and to monitor health
- Assess the health status of a herd by the examination of carcasses and offals at the abattoir.
- Advise on the nutrition of the various categories of pigs
- Implement herd health programmes
- Produce protocols to ensure biosecurity on pig units
- Evaluate, and advise on, the environment and production systems in relation to health and welfare

POULTRY

- An understanding of the poultry industry
- An understanding of husbandry and the role of husbandry in poultry health
- The welfare implications of intensive poultry rearing
- Clinical recognition of the major viral, bacterial and parasitic diseases
- Undertake necropsies and record gross pathological changes
- Recognise gross pathology of major diseases
- Relevant sample collection to determine individual and flock health

FOOD SAFETY AND VETERINARY PUBLIC HEALTH

During the Professional Training Phase, new graduates should be trained to a level commensurate with appointment as an OVS.
COMPANION ANIMALS

- Intravenous catheterisation
- Sample collections, biopsies, interpretation of haematological and biochemical data
- Administration and assessment of general anaesthesia
- Assessment and monitoring of the critical care patient
- Interpretation of basic radiographs and contrast studies of body cavities and skeleton
- Basic interpretation of basic ultrasonographs
- Basic interpretation of electrocardiographs
- Experience in problem based medicine
- Competence in wound management
- Clinical Examination of the oral cavity, dental and gingival care
- Clinical Examination and identification of nasal disease
- Clinical Examination identification of aural disease along with medical and surgical management
- Clinical Examination and identification of ocular and per-ocular disease
- Clinical identification of central and peripheral neurological disease and management of convulsions
- Clinical Examination, identification and therapy of cardiopulmonary system.
- Clinical examination and identification of abdomen and abdominal contents
- Management of basic hepatic, splenic, renal, pancreatic disease
- Clinical diagnosis and management of gastric, intestinal, large bowel and recto-anal disease
- Clinical examination, diagnosis and management of pruritic skin disease
- Clinical examination, diagnosis and management of alopecia
- Clinical identification and management of parasitic and fungal diseases
- Clinical identification and management of nail and nail bed diseases
- Clinical identification and management of endocrine diseases
- Clinical identification of forelimb and hind limb lameness
- Recognition of fractures
- Diagnosis of osteoarthritis, arthritis, OCD, luxations and dysplasias
- Assist with external and internal fixation
- Exploratory celiotomy
- Castration
- Ovariohysterectomy
- Enterotomy
- Enterectomy
- Surgery of the mammary glands
- Clinical diagnosis and basic management of the cancer patient
- Basic toxicology
- Recognition of behavioural problems
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| CAMBRIDGE | UK | 55 | 14 | 1  | 6 | 79 | 99 | 298 | 400 | 17 | 49 | 226 | 66 | 46 | 112 |
|           | EU | 1  | 1  |    |   | 1  |  1 |     |     |    |    |      |    |    |      |
| Overseas  | 2  |    |    |    |   | 2  |    |     |     |    |    |      |    |    |      |

| EDINBURGH | UK | 64 | 25 | 4  | 9 | 69 | 49 | 294 | 474 | 1  | 5 | 182 | 6  | 3  | 37 |
|           | EU | 1  | 2  |    |   | 2  |  2 |     |     |    |    |      |    |    |      |
| Overseas  | 1  | 6  |    |    |   | 8  |  8 |     |     |    |    |      |    |    |      |

| GLASGOW | UK | 66 | 18 | 3  | 9 | 21 | 12  | 293 | 458 | 1  | 1 | 42  | 4  | 23 | 27 |
|         | EU | 1  | 1  |    |   | 1  |  1 |     |     |    |    |      |    |    |      |
| Overseas| 1  | 6  |    |    |   | 6  |  6 |     |     |    |    |      |    |    |      |

| LIVERPOOL | UK | 52 | 27 | 4  | 13 | 89 | 12  | 291 | 476 | 2  | 5 | 34  | 10 | 25 | 35 |
|           | EU | 1  | 1  |    |   | 2  |  2 |     |     |    |    |      |    |    |      |
| Overseas  | 3  | 6  |    |    |   | 15 | 15 |     |     |    |    |      |    |    |      |

| LONDON | UK | 105 | 28 | 6  | 168 | 374 | 16 | 5  | 10 | 16 | 3  | 17 |
|        | EU | 1   | 1  | 33 | 2  | 2   | 652 | 1  |    |    |    |    |
| Overseas | 3  | 26 | 2  | 28 | 78 |     |     |    |    |    |    |    |

| TOTALS | 441 | 160 | 602 | 18 | 88 | 106 | 850 | 1715 | 2859 | 24 | 67 | 92 | 60 | 179 | 239 | 172 | 308 | 480 |

1. Admissions in October 2000 to the second or a later year of the degree course - Glasgow: 5 (5 UK female), Liverpool: 14 (4 UK male, 9 UK female, 1 EU female)

2. Total numbers of students in years 1 to 6 inclusive at Cambridge and years 1 to 5 at the other five Schools.
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| DIPLOMA                                      |                                  |                                                                     |                       |                            |
| Animal Welfare Science, Ethics & Law        | 6                                | 3                                                                   | 5                     |                            |
| Cattle Health & Production                  | 15                               | 5                                                                   | 8                     |                            |
| Equine Internal Medicine                    | 3                                | 2                                                                   | 2                     |                            |
| Equine Osteoarticular Disease•              | 5                                | 2                                                                   | 9                     |                            |
| Equine Soft Tissue Surgery                  | 2                                | 1                                                                   | 4                     |                            |
| Equine Stud Medicine                        | 6                                | 2                                                                   | 6                     |                            |
| Fish Health & Production                    |                                  |                                                                     |                       |                            |
| Laboratory Animal Science                   | 11                               | 7                                                                   | 18                    |                            |
| Pig Medicine                                | 3                                | 1                                                                   | 12                    |                            |
| Poultry Medicine & Production               | 2                                | -                                                                   | 6                     |                            |
| Sheep Health & Production                   | 4                                | 1                                                                   | 9                     |                            |
| Small Animal Cardiology                      | 15                               | 10                                                                  | 11                    |                            |
| Small Animal Medicine                        | 1                                | -                                                                   | -                     |                            |
| Small Animal Medicine (Feline)              | 2                                | 2                                                                   | 11                    |                            |
| Small Animal Osteoarticular Disease•         | 7                                | 7                                                                   | 9                     |                            |
| Small Animal Surgery (Orth)                 | 7                                | 2                                                                   | 8                     |                            |
| Small Animal Surgery (Soft Tissue)          |                                  |                                                                     |                       |                            |
| State Veterinary Medicine                   | 15                               | 10                                                                  | 64                    |                            |
| Veterinary Anaesthesia                      | 3                                | 1                                                                   | 11                    |                            |
| Veterinary Cardiology                       | 9                                | 4                                                                   | 12                    |                            |
| Veterinary Dermatology                      | 8                                | 6                                                                   | 16                    |                            |
| Veterinary Ophthalmology                    | 3                                | 3                                                                   | 2                     |                            |
| Veterinary Public Health (Meat Hygiene)      | 6                                | 0                                                                   | 98                    |                            |
| Veterinary Radiology                        |                                  |                                                                     |                       |                            |
| Veterinary Reproduction                     | 8                                | 2                                                                   | 2                     |                            |
| Zoological Medicine                         |                                  |                                                                     |                       |                            |
| **TOTAL DIPLOMAS:**                         | **146**                          | **71**                                                              | **326**               |                            |

* These figures include the following numbers of Foundation Diplomates: Equine Osteoarticular Disease - 2; Equine Stud Medicine - 3; Laboratory Animal Science - 5; Pig Medicine - 5; Poultry Medicine & Production - 5; Small Animal Dermatology - 5; Veterinary Anaesthesia - 3; Veterinary Cardiology - 2; Veterinary Dermatology - 5; Veterinary Ophthalmology - 4; Veterinary Public Health (Meat Hygiene) - 5.

These subjects have been superseded by new qualifications and are no longer available.
SUMMARY OF PROFESSIONAL TRAINING STRUCTURE IN OTHER PROFESSIONS

1. ARCHITECTS
Established by an Act of Parliament in 1997, the Architects Registration Board (ARB) is the body charged with the task of maintaining the UK Register of Architects. In order for anyone in the UK to practise under the style or title "architect," they must be registered with ARB. In order to do so, they must have passed through a recognised series of steps in their education and training. This normally comprises the following:

- Part 1 - completion of a 3 year undergraduate degree recognised by ARB. At the end of Part 1, most graduates normally take year out in practice, keeping a logbook of experience gained.
- Part 2 - completion of an ARB recognised 2 year postgraduate degree or diploma. Following completion of Part 2, graduates must complete at least 12 months further practical experience in a UK office with UK registered architect (or 2 years experience if year-out not taken after Part 1).
- Part 3 - When a total of 24 months practical experience has been gained, graduates enter a further course of study equivalent to 1 year full time leading to an ARB/RIBA recognised professional qualification.
- This structure requires up to 8 years training before any licence to practise is issued. There is no provisional registration. All registered architects must re-register every year, but there is currently no mandatory CPD or re-validation scheme.

Further information on professional training of architects can be found on the website of the Royal Institute of British Architects, at http://site.yahoo.net/riba-career/ribpractrain.html, and at http://www.architecture.com

Further information about The Architects Registration Board is at www.arb.org.uk

2. DENTISTS:
The primary 5 year dental degree is registerable with the General Dental Council. Those who aspire to become practice principals in the NHS General Dental Service must also successfully complete 1 year full time (2 years part time) postgraduate Vocational Training in approved training practices. The VT scheme is run through the Committee on Vocational Training for England and Wales, via regional training deaneries. Similar VT schemes are run for those joining the Community Dental Service and the Defence Dental Agency. Dental undergraduates apply for a vocational training post during their final year at university. Entry to training posts is competitive. Trainees receive a salary from their practice employers. More details on website of the Committee on Vocational Training for England and Wales, 123 Grays Inn Road, London WC1X 8WD, http://www.eastman.ucl.ac.uk/~shall/index.htm

The GDC anticipates the introduction of legislation to make re-certification compulsory from 2002. There is a mandatory CPD policy:

- applies to all registered dentists
- requires 250 hours of continuing professional development (CPD) over five-year period, of which 75 hours must be verifiable, and 50 hours normally completed each year

Further information can be found on the website of the Committee on Vocational Training for England and Wales.
• statutory scheme to be phased in over three years. Most recently registered dentists will join first
• dentists can exercise own judgement as to appropriate CPD
• all dentists to maintain their own CPD records
• GDC to monitor scheme by random sampling
• failure to comply with ‘Lifelong Learning’ scheme may lead to erasure from Dentists Register

More information about the GDC can be found at www.gdc-uk.org

3. DOCTORS
The primary 5 year degree leads to provisional registration with the GMC. Full Registration follows after a further one year’s supervised practice and general clinical training as a pre-registration house officer (PRHO). General clinical training is considered to be the final year of basic medical education. In addition to the pre-registration year, all doctors entering the National Health Service are required to undergo either specialty training under the aegis of the Royal Colleges through their Higher Training Committees or vocational training for general practice supervised by the Joint Committee on Postgraduate Training for General Practice before they may practise independently. Principles for medical undergraduate education are set out in the GMC publication “Tomorrow’s Doctors” (1993). “The New Doctor” (1997) sets out requirements, roles and responsibilities for the pre-registration year. Proposals are at an advanced stage for the introduction of ‘re-validation’ for doctors, details of which can be found on the GMC website at http://www.gmc-uk.org/revalidation/index.html

Current proposals are that revalidation will have three stages:
1. A folder of information describing what the doctor does and how well the doctor does it. This will be regularly reviewed - annual appraisal will fulfil this in many sectors.
2. Periodic revalidation - a recommendation by a group of medical and lay people that the doctor remains fit to practise, or that the doctor’s registration should be reviewed by the GMC.
3. Action by the GMC - in the majority of cases, revalidation of the doctor’s register entry. In a minority, detailed investigation under GMC fitness to practise procedures, which can lead to restrictions upon practise, suspension, or erasure.

4. ENVIRONMENTAL HEALTH OFFICERS
Qualification as an EHO requires completion of an accredited degree, normally a sandwich degree, and a period of postgraduate practical training. All student EHOs are required to complete a minimum of 48 weeks of practical training at least 50% of which must be with a UK local authority. All students are required to complete a practical training logbook and produce an accompanying portfolio of evidence. These are assessed by the CIIE and must be deemed satisfactory before a graduate can be awarded a Certificate of Registration. To qualify as an EHO, a graduate from an accredited course must, in addition to submitting a satisfactory practical training logbook, pass professional examinations which can only be accessed after the award of the BSc or MSc. These consist of 5 written case study papers, a risk audit and an interview. The graduate then becomes eligible for the award of the Environmental Health Officers’ Registration Board Certificate of Registration, which is the qualification recognised by government bodies and local authorities to signify that the graduate is a qualified EHO. With the EHORB Certificate of Registration, EHOs can obtain Graduate Membership of the CIEH.

Full Corporate Membership of the CIEH (which carries voting rights within the Institute) is only achieved
after successful completion of the Assessment of Professional Competence. Following at least two years of professional practice, a Graduate Member of at least 1 year's standing, may then apply to take the APC. The APC is an assessment of the skills which have developed during practice, and which are considered essential in enabling the technical knowledge and skills acquired during qualification to be applied in a professional manner.

The scheme involves:- a) the preparation of a case study, demonstrating some or all of the necessary skills; b) the production of a log of professional practice, which reflects the nature and level of work undertaken during, at least, the two most recent years of professional practice; c) a professional interview with two assessors, structured around the case study and professional practice. Members of CIEH must also complete at least 20 hours CPD annually, of which 10 hours must be on specified 'core' activities. Records must be kept and submitted to CIEH on request.

Further information about the CIEH Assessment of Competence scheme can be found at [http://www.cieh.org.uk/profserv/edserv/apc.htm](http://www.cieh.org.uk/profserv/edserv/apc.htm)

Further information about CIEH CPD scheme can be found at [http://www.cieh.org.uk/profserv/edserv/cpd.htm](http://www.cieh.org.uk/profserv/edserv/cpd.htm)

5. **OPTOMETRISTS**

The General Optical Council registers those who hold a qualification as an optometrist or dispensing optician approved by the GOC, followed a course at an approved training institution, and who have had adequate practical experience. Registration with the GOC is necessary in order to practise as an optometrist or dispensing optician in the UK.

The professional qualification examination is in two parts. An approved honours degree in Optometry carries exemption from Part 1, but all must pass Part 2, practical in emphasis, following a pre-registration year of supervised practice, to qualify for registration. Qualifications currently approved are Parts 1 & 2 of the Professional Qualifying Examination (PQE) of the College of Optometrists and the Fellowship Examination of the Association of British Dispensing Opticians. The GOC has approved a number of training institutions providing education and training leading to the examinations for registerable qualifications. As regards optometry students, the GOC has approved eight degree courses in optometry or vision science which are recognised as an alternative to Part 1 of the PQE.

Following successful completion of Part 1 of the PQE or a three year degree course, an optometry student must complete a year of supervised clinical training in practice and then pass Part 2 of the PQE. This examination is administered by the College of Optometrists ([http://www.college-optometrists.org/index.htm](http://www.college-optometrists.org/index.htm))

The General Optical Council makes the distinction between Continuing Professional Development (CPD) and Continuing Education and Training (CET). The Council has published a series of strategy statements on areas of its controlling legislation that it feels need to be strengthened. It is seeking to link continued registration to a prescribed minimum amount of CET. Further details are on the GOC website at [http://www.optical.org/index.html](http://www.optical.org/index.html)
6. SOLICITORS

Practice as a solicitor in the UK is governed by the Law Society. There are various routes to qualification:

- an undergraduate degree in law, followed by an approved Legal Practice Course, completion of a training contract, completion of professional skills course, leading to admission to the Law Society Roll,
- an undergraduate degree in another subject, followed by the Common Professional Examination, the Legal Practice Course, completion of a training contract, plus completion of the Professional Skills Course,
- non-graduate entry for those employed in legal work; requires completion of Parts 1 and 2 of Institute of Legal Executives qualification, two further years legal experience, completion of the Legal Practice Course, plus completion of the Professional Skills Course leading to admission.

The Legal Practice Course requires one year full time or two years part-time study. It covers core subjects, plus electives. It can be integrated with the 3 year undergraduate law degree, leading to a 4 year degree. Students must have ‘student membership’ of the Law Society before embarking on the Legal Practice Course.

The Training Contract must be completed in a practice approved for training by the Law Society. During this time, the trainee solicitor must complete the Professional Skills Course, covering a number of core areas plus electives. Courses are provided by universities, commercial providers, or by the larger law firms for their own trainees.

In addition to being on the Roll of the Law Society, solicitors must renew their Practising Certificate annually in order to be allowed to practise. Completion of at least 16 hours CPD per year is mandatory. The Law Society’s Management Course Stage 1 must be taken within the first three years after qualifying. At least 25% of the CPD requirement must be met by participation in accredited courses.

Full details on the Law Society’s website, www.lawsociety.org.uk, following the links through to pages on ‘Qualifying as a Solicitor’.
ANNEX 5

GLOSSARY OF TERMS

CPD  Continuing Professional Development – process of lifelong learning, whereby the individual ensures that their professional competence is kept up to date, and/or their expertise is developed further for career advancement. The current RCVS policy is for Members to complete an average of 35 hours per year, totalling 105 over 3 years.

EMS  Extra-mural Studies, whereby undergraduates are required to spend a total of 38 weeks gaining practical and clinical experience outside the university; 12 weeks must be spent on animal husbandry, and 26 weeks in clinical placements, including laboratories and abattoirs.

Licence to practise  The licence to practise is the term used to denote that an individual is fully qualified to practise as a veterinary surgeon in a defined broad area.

Registered practice  Proposed term used to denote a practice that has been approved to provide services in a broadly defined area of veterinary work. It is proposed that the Professional Training Phase would be undertaken in such registered practices.

PTP  Professional Training Phase. This is the proposed period after graduation when the new graduate would consolidate practical and professional skills learnt at university, working within a broadly defined area within a registered practice. Successful completion of the PTP would lead to a licence to practise.

Provisional licence to practise  A provisional licence to practise would be issued upon graduation, together with Membership of RCVS. With a provisional licence, the veterinary surgeon would be entitled to provide veterinary services at the level defined within the ‘day 1’ competences. On completion of the PTP in a defined area, the veterinary surgeon would have a licence to practise in that area, but would in effect retain a provisional licence to practise within other areas of veterinary work.
This consultation document is being circulated to the organisations and individuals listed below. It is also available on the RCVS website, [www.rcvs.org.uk](http://www.rcvs.org.uk).

<table>
<thead>
<tr>
<th>Organisation Name</th>
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<tbody>
<tr>
<td>All RCVS Council and Committee Members</td>
<td>British Veterinary Hospital Association</td>
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<td>Animal Health Trust</td>
<td>British Veterinary Poultry Association</td>
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<td>Animal Welfare Science Ethics and Law Association</td>
<td>British Veterinary Zoological Society</td>
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<td>Association of State Veterinary Officers</td>
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<td>Association of Veterinarians in Industry</td>
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