

First Rate Regulator Initiative Recommendations

On behalf of the Royal College of Veterinary Surgeons



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Contents

Introduction	page 3
1. Governance	page 6
2. Standards and guidance	page 17
3. Registration	page 21
4. Education and training	page 26
5. Fitness to practise	page 29
References	page 36

Introduction

The Royal College of Veterinary Surgeons (RCVS) announced its *First Rate Regulator Initiative* in November 2012. This seeks to deliver improvements across the organisation to ensure that the RCVS is regulating as effectively as possible. To assist in this, the RCVS commissioned research to better understand how it is perceived and where opportunities for change may lie.

This report identifies a number of areas for improvement within the RCVS and suggests recommendations to help develop or facilitate change.

The recommendations derive from the following research:

1. Quantitative survey of nearly 4,900 veterinary surgeons, veterinary nurses and practice managers (Williams 2013a).
2. Qualitative interviews with 47 individuals and organisations, which explored how the RCVS is perceived internally by members of Council and the Veterinary Nurses Council, and also by key external audiences, including: organisations representing veterinary surgeons and nurses, governmental sponsors, and animal welfare organisations, as well as individual veterinary surgeons, veterinary nurses and practice managers. In addition, three focus groups were held with RCVS staff across nine different departments (Williams 2013b).
3. Quantitative survey of 265 members of the public who complained about a veterinary surgeon or nurse to the RCVS during 2011 and 2012 (Williams 2013c). Follow up telephone interviews were conducted with nine individuals whose complaint led to a disciplinary hearing (Williams 2013d).
4. Desk research exploring best practice in professional regulation, particularly relating to the nine health professional regulators (covering 31 professions) and two of the eight legal services regulators, as well as four case studies of international veterinary regulation (Williams 2013e).

A workshop was held with senior RCVS staff, including the current and incoming presidents, on 4 March 2013, to discuss initial reactions to the research and explore the implications for the RCVS.

THE CONTEXT

Professional regulation, across a number of professional groups, has undergone significant change over the last decade. Regulatory reform has been underpinned by a need to sustain or boost public confidence in the way professions (particularly the health and legal professions) are regulated. It reflects a wider shift in public expectations of professionals, and a societal decline in deference which has meant a growing reluctance to trust professionals unquestioningly. A better educated and informed public expects more of professionals and the bodies charged with regulating them. Professional regulators have had to become more outward facing, reflecting a growing emphasis on transparency and accountability. Those subject to regulation have also become more demanding, or

exacting, in how they expect their regulator to discharge its functions and maintain the reputation of the profession.

The RCVS has not experienced the same external pressure to change as some other regulators, such as the General Medical Council or legal services regulators. Instead it has recognised that the reform of other regulators highlights a direction of travel that is relevant to the regulation of veterinary surgeons and veterinary nurses. In launching the *First Rate Regulator Initiative*, it seeks to keep step with wider changes to professional regulation, to reflect best practice, and to implement a more modern, relevant approach.

The *First Rate Regulator Initiative* has been launched against a background of considerable internal developments within the RCVS. The appointment of a new chief executive has heralded a number of changes, including to staffing and the physical environment. Staff who participated in the three focus groups described this change as exciting, but also quite unsettling. The key issue for many is a lack of communication, both from the leadership team and interdepartmentally. A culture of 'silo' working was identified, with most staff saying that they do not know many colleagues outside of their own department.

These findings were echoed in the RCVS employee engagement survey 2012. This found that compared with employees of other professional and regulatory bodies, RCVS staff are less likely to feel that important changes are communicated clearly, that the RCVS introduces change effectively, or that they are consulted about changes that will affect them. Nearly a third of staff surveyed did not feel that they were able to network and share ideas with people from other parts of the RCVS. The environment would appear to create physical barriers – 60 per cent did not feel that the RCVS offices are conducive to working together effectively.

The RCVS should consider this context as part of its programme of change and, specifically, how interdepartmental, cross-functional working can be achieved between staff, but also between staff and Council members. Real and lasting change within the RCVS will only be achieved if the RCVS can demonstrate a culture, shared across staff and Council members, that supports innovation and progress, and embodies the values of the RCVS.

A successful change programme also relies on drawing upon the insights, expertise and support of external stakeholders. The *First Rate Regulator Initiative* has already provoked interest and raised expectations externally – stakeholders welcomed the opportunity to participate in the stakeholder engagement research and viewed it as a sign that the RCVS is changing. The multistakeholder engagement activity also exposed an appetite for the RCVS to be more open and collaborative. It would therefore be helpful, and demonstrate an inclusive approach, for the RCVS to invite external stakeholders to assist in developing its programme for change. The RCVS established a Legislation Working Party some time ago and this includes a representative of the British Veterinary Association. It should consider other opportunities to draw in a wider range of stakeholders, including pet owners and those focused on animal welfare.

THE APPROACH

The opportunities for action highlighted in this paper are based on an assessment of how the RCVS demonstrates the principles of better regulation. It is widely accepted that good regulation is:

- Transparent
- Accountable
- Proportionate
- Consistent
- Targeted where action is needed (Better Regulation TaskForce 2005).

In addition, those charged with developing standards in professional regulation believe that good regulation also needs to be agile, whilst others cite flexibility as an important principle.

These principles align with a move to reduce the burden of unnecessary regulation and a shift towards 'smart' or 'right-touch' regulation. These approaches are about understanding and assessing risk, and responding in ways that are proportionate and focused on outcomes.

For each area where an opportunity for action has been identified, the principles to be addressed are indicated in square brackets, e.g. [accountable].

Opportunities for action have been identified in relation to each of the following core regulatory functions:

- Governance
- Standards and guidance
- Registration
- Education and training
- Fitness to practise

1: Governance

Good governance should be the cornerstone of any organisation. It implies that decisions about resources and priorities are made in ways that are effective, robust and inspire the confidence of others. What this means for professional regulators that have been established on a platform of self-regulation is not straightforward. Those subject to regulation have a legitimate interest in participating in the governance arrangements of their regulatory body. The means by which they participate can create challenges in terms of ensuring that professional interests do not dominate regulatory business, and that other stakeholders, such as the public, do not feel excluded or sidelined.

Accountability is the centrepiece of governance. The RCVS is accountable to a number of different audiences, including registrants who are affected by its decisions or actions, the public, governmental sponsors, and stakeholders representing veterinary surgeons, nurses and practice managers, as well as those promoting animal welfare. Being accountable means operating with transparency; being seen to follow rules and regulations and ensuring that these are widely understood and accessible.

A CLEAR IDENTITY [TRANSPARENT, ACCOUNTABLE]

The RCVS is distinct from many other professional regulators in that it has a dual role. Under the Veterinary Surgeons Act 1966, the RCVS has statutory responsibilities to maintain a register of veterinary surgeons eligible to practise in the UK, set standards of veterinary education, and regulate professional conduct. The RCVS also operates as a Royal College exercising its powers under its Royal Charter to award fellowships and certificates to veterinary surgeons, nurses and others. In this role, it is expected to serve as an informed and impartial source of opinion on veterinary matters.

All of the regulators examined as part of the best regulatory practice research had separated regulation from representation, with the exception of one veterinary regulator in Canada (Williams 2013e, p17). It has become generally accepted that regulatory processes must be seen to be independent of undue influence from any group with a particular interest. With regard to health professional regulators, the Government's belief has been that, in order to sustain the confidence of the public and the profession, regulators need to be independent of government, the professionals themselves, employers, educators and other interest groups (Department of Health 2007). As a consequence, the pharmacists, which were the only health profession not to have already done so, separated regulation from Royal College activities.

The health professions are not the only regulated professions to have grappled with these issues. The separation of regulation from representation was a key plank of reform introduced under the Legal Services Act 2007. The Legal Services Board was created to address a lack of trust in the regulatory framework and requires that each of the eight legal services regulators with a representative function establishes a separate regulatory arm with the power to control its own structure, processes, procedures and strategic direction (Legal Services Board 2009).

The General Social Care Council, which regulated the social work profession and social work education in England between 2001 and 2012, reflected that its role in holding the workforce to account whilst also representing its interests caused confusion amongst both the sector and the media (General Social Care Council 2012).

The issues that these other regulators have faced are echoed in the findings of the research commissioned by the RCVS. The multistakeholder engagement activity revealed considerable concern about the ability of the RCVS to be both regulator and Royal College. The external organisations interviewed said the role of the RCVS is a pressing issue, and many expressed a wish for it to separate its regulatory functions from those associated with a Royal College (Williams 2013b, p15). In the meantime, they sought greater clarity about the role of the RCVS.

Veterinary surgeons, veterinary nurses and practice managers described a somewhat confusing relationship with the RCVS (Williams 2013b, p24). On the one hand, it is feared and respected as a regulator, yet they also felt a sense of ownership of what they perceived as being their professional body. Their expectations for the RCVS in terms of engaging and advising tended not to be satisfied – a key finding of the quantitative survey of veterinary surgeons and nurses was a need for the RCVS to do more to promote the professions externally and provide informed advice (Williams 2013a, p26).

Staff and council members recognised that the core purpose of the organisation is not clear. However, whilst most council members conceded that the dual roles lead to confusion, there was little appetite for a clean separation (Williams 2013b, p36). This reflects concern over the financial consequences of a separation for a free-standing Royal College and about a potential conflict of roles with the British Veterinary Association.

The research shows that the RCVS has not succeeded in demonstrating a clear and coherent identity or purpose. This is fundamental to address. It is very difficult for the leadership to set the direction for an organisation when the organisation has no clear sense of purpose. Without a clear organisational identity the RCVS cannot nurture a distinct organisational culture or values. Staff need to be able to articulate ‘who we are’, ‘what we do’ and ‘where we are going’. The veterinary professions should have clear expectations of their regulator and its priorities. The public should have confidence in the ability of the regulator to discharge its functions robustly and transparently, unfettered by any particular interests. External stakeholders should understand what the RCVS is about and, where relevant, what opportunities exist to influence or collaborate with the organisation.

Recommendation 1a: It is imperative that the RCVS achieves clarity of organisational identity and purpose. It needs to understand internally, and be able to articulate externally, how its regulatory functions are discharged without undue influence of any particular interest, and sustain the confidence of the public as well as the professions.

Once the RCVS has developed and articulated a clear vision for itself, it should review its mission and values, to ensure that clear and consistent messages about identity and purpose are transmitted to different audiences. A new set of organisational values may be required to support this activity.

ROYAL COLLEGE ACTIVITIES [AGILE]

As part of developing a clear identity, the RCVS needs to consider its Royal College role. To be an effective regulator, it needs to understand – and be much better at articulating – the importance it places on delivering activities that are synonymous with a Royal College, such as advising and promoting the profession. This means thinking through how such activities run alongside its regulatory activities and exploring any conflicts between these distinct functions.

Stakeholders generally perceived the RCVS to be a good regulator. Staff described its regulatory functions as representing about 90 per cent of all the activity the RCVS undertakes. It has given less attention to, and would appear less successful in, delivering Royal College type activities.

The survey of veterinary surgeons and nurses revealed that the professions want the RCVS to perform better in three key areas:

- Promoting the professions externally
- Providing informed advice
- Protecting animal welfare

Two of these areas, promoting the professions and providing advice, are activities associated with a Royal College (animal welfare is considered further on page 10). Whilst less than 10 per cent of the professions surveyed considered promoting the professions externally to be one of the main functions of the RCVS, 56 per cent wanted to see the RCVS do better here (Williams 2013a, p25). In addition, 43 per cent would like to see the RCVS improve the way it provides informed advice on veterinary matters (*ibid*, p26). Interviews with the professions uncovered a desire for the RCVS to ‘stand up’ for the professions more, for example on issues such as the tightening of European Union regulations around antibiotics (Williams 2013b, p30).

Many stakeholder organisations expressed concern about the aspects of the RCVS’s mission statement, which states that the RCVS seeks to be ‘an impartial source of informed opinion’, which was felt to conflict with its role as regulator (Williams 2013b, p15-17).

If the RCVS decides to expand the scope of its Royal College activity, then it will need to develop the way it interfaces with registrants. Just under half of veterinary surgeons and nurses who responded to the survey had contacted the RCVS within the previous year, mostly by telephone or email, and more often for advice on registration, education and training (although a fifth sought general advice). Registrants were broadly satisfied with the way the RCVS responded to their enquiry, although one in six rated the assistance they received as poor and this was more common where the enquiry concerned professional conduct or a complaint (Williams 2013a, p42-45).

The RCVS has recently appointed a customer experience manager; a new role intended to improve the way it responds to veterinary surgeons, nurses and the public. This underlines the priority the organisation is already giving to customer service. The RCVS now needs to think through whether, and, if so, how it should develop a more coordinated approach to activities synonymous with a Royal

College, and what implications this would have for its regulatory activity and, particularly, external perceptions of the organisation and its ability to effectively deliver dual functions.

Overcoming perceptions of a conflict between regulatory and Royal College activity is the main challenge the RCVS will need to address. One option suggested by RCVS staff is for the RCVS to delegate its regulatory functions to an independent regulatory authority or board, which would operate at arm's-length from the RCVS. It will need to think through whether this type of arrangement would destabilise regulatory activity (currently the majority of all RCVS activity) and whether delegating Royal College type activity to an arm's-length body instead would transmit messages more likely to meet with the approval of stakeholders.

The experiences of the Legal Services Board, the General Pharmaceutical Council and the Royal Pharmaceutical Society will be relevant here (Williams 2013⁴, p17-19). The RCVS may wish to invite Ken Jarrold CBE, who chaired The Pharmacy Regulation and Leadership Oversight Group¹, to share learning about the establishment of the Royal Pharmaceutical Society in the landscape of three existing membership organisations for pharmacists. It may also wish to draw on learning about the Pharmacy Forum, to which the Pharmaceutical Society of Northern Ireland has delegated its professional and leadership roles².

The RCVS Legislation Working Party has been in existence for some years. This is comprised mostly of members of the Council and a representative of the Veterinary Nurses Council, but also includes a representative of the British Veterinary Association. The Working Party's current plan is to consider how the RCVS Supplemental Charter might be changed to provide 'a better basis' for the regulation of veterinary nurses, the regulation of other providers of veterinary services and the other non-statutory activities of the College. This might provide a vehicle to develop a more strategic vision for Royal College activities, although it may wish to expand its membership to draw in a wider range of external stakeholders.

Recommendation 1b: The RCVS should consider whether and, if so, how it should develop a more coordinated approach to activities synonymous with a Royal College.

This should include:

- What the implications would be for its regulatory activity of expanding or strengthening the range of Royal College activity it undertakes, including potential conflicts and how these would be managed.
- What impact any expansion of Royal College activities might have on external perceptions of the RCVS and its ability to effectively regulate the professions.
- Options for introducing internal ring-fencing of regulatory activity from Royal College activity.

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http://webarchive.nationalarchives.gov.uk/+www.dh.gov.uk/en/Managingyourorganisation/Workforce/Professionalstandards/pharmacyprofessionalregulation/DH_081562

² <http://www.psn.org.uk/about/psni/>

In the meantime, the RCVS should strengthen the way it responds to queries from the professions and improve its customer service. This should include considering how it responds to enquiries about professional conduct.

STRATEGIC PRIORITIES [TRANSPARENT, ACCOUNTABLE, CONSISTENT]

Two specific areas require clarity in terms of the priority the RCVS attaches to them. The first is the emphasis the RCVS places on animal welfare. A recurring theme from the survey of the professions and the stakeholder interviews was the need for a stronger emphasis here (Williams 2013a, 2013b). A view from some of the stakeholder organisations interviewed was that attention to the health and welfare of animals is incidental to RCVS activities, instead of being at the forefront of everything the RCVS does. Only around a third of veterinary surgeons and nurses surveyed agreed that the RCVS speaks out on animal welfare issues (Williams 2013a, p27). It is striking that there are no pictures or other reminders of animals in the London offices of the RCVS.

Some of the case studies of international veterinary regulation examined as part of the best regulatory practice research gave what appears to be a much stronger priority to animal welfare. For example, the Veterinary Council of New Zealand is developing guidance on the links between the abuse of animals and child abuse, and other forms of domestic violence, and has surveyed veterinarians on this issue (Williams 2013e, p120). The Alberta Veterinary Medical Association has made animal welfare leadership one of its key strategic priorities, has published a range of guidance relating to animal welfare and is launching a charitable foundation to provide veterinary care to local residents in financial need (*Ibid.*, p123).

The position of the 10,500 veterinary nurses within the RCVS is the second area over which the RCVS needs to adopt a clearer strategic purpose. Veterinary nurses are not regulated by the Veterinary Surgeons Act 1966, although Schedule 3 defines what a veterinary nurse is and the activities they can perform. The survey revealed that veterinary nurses were generally more supportive of the RCVS than veterinary surgeons (Williams 2013a, p28). Veterinary nurses were however, also uncertain about their regulatory identity and the status of the register (Williams 2013b, p41-42). Interviews with members of the RCVS Council uncovered mixed opinions on whether the Veterinary Nurses Council should remain within the RCVS or should be working towards separation and independence (Williams 2013b, p37).

The Veterinary Nurses Council has overall responsibility for all matters concerning veterinary nurse training, post-qualification awards and the registration of qualified veterinary nurses. The Chairman is an observer, not a full member of the RCVS Council. Interviews with members of the Veterinary Nurses Council highlighted confusion within the profession about the role of the Veterinary Nurses Council (and the distinction between a regulatory body and a representative one). There would appear to be little appetite for veterinary nursing to separate from the RCVS, however a more inclusive and collaborative working relationship with the RCVS Council would be valued (Williams 2013b, p42).

The RCVS Legislation Working Party is considering how the RCVS Supplemental Charter might be changed to provide 'a better basis' for the regulation of veterinary nurses. In the interim, there is a

need for the RCVS to restate its position on veterinary nursing and specifically, the status of veterinary nurses within the College.

Recommendation 1c: The RCVS should define more clearly the strategic importance it places on safeguarding animal welfare, and develop a work plan of activities that flow from this. It may consider that safeguarding animal welfare should be a golden thread that runs through all its activities and is clearly reflected in its literature, organisational values, corporate branding, and even the premises from which staff work.

The RCVS should also clearly define its strategic intent with regard to veterinary nursing. This should include the status of veterinary nursing within the RCVS, both in relation to regulatory functions and the activities associated with a Royal College.

DEMONSTRATING RELEVANCE [AGILE, FLEXIBLE]

There is a growing emphasis on demonstrating a proactive approach to professional regulation. This requires that governance arrangements are sufficiently agile to enable the RCVS to stay abreast of changes within veterinary medicine and practice. It means being nimble enough not only to respond to the external environment but to anticipate change coming over the horizon, to consider the associated risks and respond accordingly.

Interviews with external stakeholder organisations revealed that the RCVS is considered to have all the ingredients of a first rate regulator, but that it needs to be more open, collaborative and responsive. Stakeholder organisations highlighted a need for the RCVS to demonstrate a more forward-thinking and modern approach (Williams 2013b, p13-14). This was echoed in the comments of veterinary surgeons and nurses, who perceived the RCVS as being out of touch with their working practice – only around a third considered the RCVS to understand the challenges of modern veterinary practice (Williams 2013a, p27).

Overall, perceptions of the RCVS suggest that it is failing to deliver one of its core values, which is to be forward-thinking. More veterinary surgeons and nurses believed that the RCVS fails to live up to this value than for the other five (Williams 2013a, p29).

Recommendation 1d: The RCVS should demonstrate a proactive approach to regulation by developing an engagement strategy that covers the following:

- Understanding the challenges and pressures faced by the professions it regulates.
- Understanding the concerns of those with an interest in animal welfare, including pet owners.
- Identifying opportunities to work with a wide range of stakeholders, including ways of drawing stakeholders into the work of the organisation.
- Responding to issues facing the professions (e.g. by developing new guidance)
- Ways of identifying 'horizon' issues.
- Demonstrating that the RCVS is a modern, up-to-date organisation, led by individuals who are focused on animal welfare.

DEMONSTRATING GOOD GOVERNANCE [ACCOUNTABLE, TRANSPARENT]

Form should follow function, so once the RCVS is clear about its identity, purpose and values, it will be in a better position to think about the structures that enable it to deliver.

As a regulator, the RCVS's governance structure is out of step with the governance arrangements adopted by the health professional regulators (covering 31 professions), the legal services regulators and the four international veterinary regulators examined for the best practice paper.

Other regulators	The RCVS
Governing councils range in size from 7 to 14 members (direction of travel is 8 to 12)	Council of 42 members
At least parity of lay and professional members (some have a lay majority)	Six lay members appointed by the universities and three lay members appointed by the Privy Council
All members are appointed	Members are a mixture of elected, appointed and nominated
Tend to meet in public eight to 10 times a year	Meets three times a year
Virtually all have separated regulation from representation ³	Regulatory and Royal College activities

This paper does not advocate a 'one size fits all' approach. There may be valid reasons why the RCVS should not follow the general direction of travel in terms of governance structures. However, it should be prepared to account for the arrangements it has in place and how they deliver good governance. One way in which it can do this is by undertaking a governance review.

Recommendation 1e: The RCVS should undertake a self-assessment of the effectiveness of its governance arrangements. This might include:

- How effectively the Council provides strategic direction – is there a coherent and shared vision for the RCVS, which is cascaded throughout the organisation?
- How the Council demonstrates that it is publicly accountable
- How effectively decisions are made (considering the size of the Council)
- Whether there is a culture of inclusiveness, such that all members of Council feel valued and involved
- Whether Council members are clear about their roles and responsibilities (including expectations placed on elected and nominated members to represent constituencies)
- How Council can demonstrate that purely professional concerns do not dominate its work – including how it ensures that its Charter role does not interfere with the independence of regulatory activity

³ The exception was one veterinary regulator in Canada

- Whether Council has the right mix of knowledge, skills and experience, and the mechanisms to address any gaps
- How effectively the Council works with, and holds to account, the executive team and staff
- How often the Council reflects on its own performance
- How tenures for Council members provide for stability and continuity

Another option is to ask the Professional Standards Authority to undertake a governance review. The Professional Standards Authority can carry out special reviews of regulators which it does not oversee. It has undertaken reviews for the Medical Council and Nursing Council of New Zealand, but also the General Social Care Council and the General Teaching Council for England.

RCVS COUNCIL MEMBERSHIP [TRANSPARENT, ACCOUNTABLE]

Interviews with members of the Council revealed that most believe they are discharging their regulatory functions to a high standard. However, members identified a need for immediate improvements to the way Council is structured and managed (Williams 2013b, p32-35).

Priorities identified by Council members in terms of the composition of the Council included the following:

- The size of Council, which is perceived as being too large
- The age and gender of Council members – a better cross-section of ages and greater representation of women is needed
- Terms of service – the terms of service for Council members are perceived as being too long and the one year term for the Presidency is considered too short
- The balance of member types – specifically the balance between academic and elected members
- The selection of committee members – with a stronger emphasis needed on competencies for the specific committee

About 40 per cent of Council members are woman; however for the first time in at least a decade, no female candidates have stood for election in this year's RCVS Council elections. The current (female) President has appealed to female and younger veterinary surgeons to provide feedback on how the RCVS can encourage them to stand for Council. It is possible that the very mechanism of election, which creates a constituency to represent, is itself a barrier to younger and female members of the profession, who may be more accustomed to systems of appointment based on merit.

The survey of the professions (2013a) and the interviews with members of the professions and external stakeholder organisations (2013b) revealed perceptions of the RCVS as being 'old school', an 'old boys' club' and out of touch with modern practice. The survey revealed that 43 per cent of

veterinary surgeons and nurses did not feel that the RCVS is in touch with the issues facing the professions. Veterinary surgeons were significantly more negative about the RCVS Council than veterinary nurses – only 30 per cent of veterinary surgeons felt that the Council members understand the challenges of modern veterinary work (Williams 2013a, p28).

Barriers in terms of time commitment and possibly reward will need to be overcome if the Council is to secure a more diverse membership. It might mean making greater use of technology, particularly if meetings are to be more frequent. The General Dental Council, for example, is seeking a constitutional change to allow for meetings to be held by audio or visual conference. This is to allow for swift responses, when required, and to reduce the venue, travel and subsistence costs of meetings.

Regulators are increasingly using social media, such as Facebook and Twitter, as tools for engagement. The Nursing and Midwifery Council, for example, used live tweeting of a Council meeting that considered a fee increase for registrants, to enable registrants and others to stay in close touch with the discussions. Such innovations can help registrants feel a sense of connection to their regulatory governing body. Regulators are also trying to engage with registrants in ways that fit in with their working lives. The Nursing and Midwifery Council held an innovative night shift at one hospital, where it toured the hospital wards at night to meet with staff who would not normally be able to attend its events (Williams 2013e, p39).

One way to increase diversity across the Council is to expand the lay membership. Lay people play an important role in helping to ensure that purely professional concerns do not dominate the work of governing councils. They are fundamental to demonstrating accountable and independent regulation. To discharge this role, they need to operate independently and to be awarded the same status on the governing council as professional members.

The RCVS Council currently has nine lay members. The Veterinary Nurses Council comprises 17 members, of which two are lay, although it has plans to increase the proportion of lay members to 25 per cent of its membership. The RCVS may consider that it is important to demonstrate consistency within the organisation in its approach to lay members on its governing boards.

Recommendation 1f: The RCVS should review whether the composition of its Council meets best regulatory practice and also whether it is sustainable in the longer term.

This might include:

- Distinguishing the changes that require a legislative order from changes that the RCVS can introduce independently.
- Developing a coherent strategy for succession planning for Council members. This may include making greater use of 'open house' type events (such as 'Meet the RCVS Days'), where veterinary surgeons can meet with Council members and providing the RCVS with an opportunity to better understand the barriers for younger and female veterinary surgeons, and how it might make adjustments in response.

- Raising the profile of Council members, perhaps encouraging a more ambassadorial role for the RCVS at conferences and public events, as well as increasing the range of features on Council members in *RCVS News* and *Veterinary Nursing Education*.
- Making greater use of social media to engage younger audiences in the Council's work, and reaching out to engage with registrants in ways that reflect their working practices.
- Reviewing the role of lay people on Council, including the support available to enable them to discharge their responsibilities effectively.

IMPROVING RCVS COUNCIL MEETINGS [TRANSPARENT, ACCOUNTABLE]

The interviews with Council members highlighted a number of opportunities to improve the efficiency of RCVS Council meetings, clarify member roles, and review the structure of Council (Williams 2013b, p34). These include:

- Introducing a clearer structure to Council meetings, supported by stronger chairing
- Better adherence to meeting rules
- Paying attention to dynamic administration, including limiting the length of meetings to that needed to support effective decision-making, planning for regular comfort breaks, and a room layout that supports good eye contact amongst members
- Formal induction for new members, including about the strategic focus of Council, the distinct roles of committees, and their role and responsibilities as Council members (and what it means to be an elected member)
- Greater use of pre-Council meetings to facilitate informal debate of issues before they come to Council for decision

The RCVS is already introducing new arrangements to enable the Council to become more strategic, with a new Operational Board comprised of Council members and officers⁴, which will meet eight times a year. This will replace the current officer meetings and the Planning and Resources Committee.

A Code of Conduct for Council and Committee members was approved by the RCVS in 2011. The Planning and Resources Committee began considering enforcement of this Code early in 2012. There is an opportunity to review whether this Code is having the desired impact.

⁴ President, two vice-Presidents, and Treasurer who are all elected by Council from its number

Recommendation 1g: The RCVS should introduce changes to improve the efficiency and effectiveness of Council meetings. This might include:

- Strengthening enforcement of the Code of Conduct for Council and Committee members.
- Undertaking an analysis of the training needs of Council members, and making leadership development training available to the President and vice-Presidents in particular.
- Reviewing the frequency and length of Council meetings.
- Agreeing a new structure for meeting agendas, and considering ways to ensure discipline about keeping to the agenda.
- Developing an induction programme for new Council members.
- Considering other ways to improve the way meetings are run (length, venue, format, room layout etc).
- Reviewing the remit of supporting committees, sub-committees and working groups in terms of time and resource commitment, membership and purpose.

2: Standards and guidance

Maintaining high standards of veterinary practice through the code of professional conduct is the RCVS's single most important function – 65 per cent of veterinary surgeons and nurses surveyed cited this as the main function of the RCVS (Williams 2013a, p25).

Opportunities for action in this area include developing a single code that would apply to veterinary surgeons and veterinary nurses, building on the Practice Standards Scheme and considering a dedicated code for practices.

A SINGLE CODE [CONSISTENT, TARGETED]

The RCVS has separate codes of conduct for veterinary surgeons (*Code of Professional Conduct for Veterinary Surgeons*) and veterinary nurses (*Code of Professional Conduct for Veterinary Nurses*). The two codes are built around the same five underpinning principles – professional competence, honesty and integrity, independence and impartiality, client confidentiality and trust, and professional accountability – and they are identical in a number of areas.

Having a single code could help the RCVS to set standards that are relevant and consistent across the veterinary team. This would also support consistency in how fitness to practise issues are dealt with for veterinary surgeons and veterinary nurses. Supplementary guidance would be specific to each profession (the Health and Care Professions Council, which regulates 16 different professions, is a good example of this type of arrangement; another is the General Dental Council, which covers dentists and other dental professionals).

The RCVS produces supporting guidance covering 27 different chapters. The website appears to direct veterinary nurses to the same supporting guidance as for veterinary surgeons, even though some sections are relevant only to veterinary surgeons. This reinforces the need for the RCVS to consider how its guidance applies to the veterinary team, and where more specific guidance would be helpful to different members of the team.

Over time the RCVS could give consideration to extending a single code to the wider team of veterinary paraprofessionals.

Recommendation 2a: The RCVS should consider developing a single code for the veterinary team, supported by supplementary guidance specific to veterinary surgeons and veterinary nurses. As part of this, it should review the supporting guidance it produces in terms of clarity and relevance to the target audiences.

REFLECTING GOOD REGULATION [BETTER REGULATION PRINCIPLES]

The Professional Standards Authority (2010) sets standards for good regulation relating to codes and supplementary guidance. These are as follows:

1. Standards of competence and conduct reflect up-to-date practice and legislation.
2. Additional guidance helps registrants apply the regulator's standards of competence and conduct to specialist or specific issues.
3. In development and revision of guidance and standards, the regulator takes account of stakeholders' views and experiences, external events, developments in the four UK countries, European and international regulation and learning from other areas of the regulators' work.
4. The standards and guidance are published in accessible formats.

Of particular relevance to the RCVS is the need to demonstrate its commitment to safeguarding animal welfare (see page 10). The multistakeholder engagement activity suggested that the RCVS needs to strengthen the emphasis it places on animal welfare. One way to achieve this is by ensuring that safeguarding animal welfare is a consistent thread running through the entire suite of standards documents. This means consistently articulating that the care of animals must be the first concern of veterinary surgeons and nurses.

Recommendation 2b: The RCVS should undertake a self-assessment against the standards for good regulation relating to codes and supplementary guidance set by the Professional Standards Authority. There should be a coherent and consistent emphasis throughout the standards documents on safeguarding animal welfare.

SUPPORTING THE PROFESSIONS IN PRACTICE [TARGETED]

The professions have expressed an appetite for more advice and communication from the RCVS (outlined on page 8), including for the RCVS to make greater use of technology in its dealings with registrants. One way in which the RCVS can respond is by introducing new ways of supporting veterinary surgeons and veterinary nurses to embed standards in their daily practice.

The General Medical Council has introduced a number of innovations in this area, which may be of interest to the RCVS. For example, it has reported a 20 per cent increase in visits to the standards guidance pages of its website since the launch of an interactive web section known as *Good Medical Practice in Action*.

Recommendation 2c: The RCVS should expand the range of materials it produces to support veterinary surgeons and nurses in applying its standards. This might include:

- E-learning modules (including CPD modules around standards and guidance).
- Interactive guides.
- Decision-making flow-charts and vignettes (particularly for addressing ethical dilemmas).
- Webinars.
- Phone and tablet apps.

PRACTICE STANDARDS SCHEME [TARGETED, AGILE, PROPORTIONATE]

An opportunity exists for the RCVS to expand the scope and reach of its voluntary Practice Standards Scheme, which quality assures practices and their facilities. Qualitative interviews with members of the professions found that those within the Scheme are generally positive about it, and some thought it should be made mandatory (Williams 2013b, p29). The survey of veterinary surgeons and nurses revealed support in open text answers for extending the Scheme to more practices to boost standards (Williams 2013a).

Around half of all practices in the UK are accredited. The survey of the professions revealed that small practices are much less likely to be part of the Scheme – only 30 per cent of single-handed practitioners surveyed are part of the scheme, compared with more than 70 percent of practices with six or more staff (Williams 2013a, p21). This needs addressing as small practices may have the most to gain from inspections by peers.

The RCVS has an appointed team of 28 inspectors, all of whom are veterinary surgeons. Lay people are not involved, yet they have a unique and valuable perspective that the inspection teams could benefit from.

The Practice Standards Group coordinates the Practice Standards Scheme and sets standards that are then approved by the RCVS Council. It is a steering committee chaired by a representative of the RCVS and comprising representatives from all of the major veterinary and veterinary nursing organisations in the UK, and one lay member.

The RCVS recognises that the Scheme is burdensome in terms of its paperwork requirements and can be inflexible and has been seeking feedback on improving the Scheme (RCVS 2012a). It has proposed having mandatory core standards, in addition to required and optional standards for general practice. There is an opportunity to make changes to the Scheme on the back of these proposals to address the reach of the Scheme to a wider range and number of practices.

One option the RCVS may wish to consider is building on the Practice Standards Scheme by developing a code of conduct for practices. It may wish to learn from the experience of the General Optical Council, which has one code for individual registrants and another for business registrants (see its *Code of Conduct for Business Registrants* 2010). The General Pharmaceutical Council has also produced *Standards for Registered Pharmacies* (2012).

Recommendation 2d: The RCVS should consider how the Practice Standards Scheme could be extended to more practices, including how it might be promoted to smaller practices and whether a different fee structure or inspection regime might be needed to facilitate this. The RCVS could target small practices with some of the Practice Standards Scheme webinars on its website, for example.

Consideration should also be given to:

- Promoting the Practice Standards Scheme to the public – for example, the public can be reassured that accredited practices have arrangements for 24-hour emergency cover for patients, have appropriately trained and insured staff, and meet hygiene standards.

- Involving lay people in inspections.
- Introducing a more risk-based approach to practice inspections.
- Developing a code of conduct for practices.

3: Registration

Maintaining the registers of veterinary surgeons and nurses able to practise in the UK is one of the RCVS's main functions. With more than 25,000 registered veterinary surgeons and over 10,000 veterinary nurses, this is a significant task. Opportunities exist for the RCVS to review its requirements for registration, to introduce key performance indicators to drive performance, to make better use of technology, and to review its requirements for remaining registered.

REFLECTING GOOD REGULATION [BETTER REGULATION PRINCIPLES]

The Professional Standards Authority (2010) sets standards for good registration for health professional regulators. These standards are applicable and useful to professional regulators in other sectors. These are as follows:

1. Only those who meet the regulator's requirements are registered.
2. The registration process, including the management of appeals, is fair, based on the regulator's standards, efficient, transparent, secure, and continuously improving.
3. Through the regulator's registers, everyone can easily access information about registrants, except in relation to their health, including whether there are restrictions on their practice.
4. Employers are aware of the importance of checking an individual's registration, and members of the public can find and check an individual's registration.
5. Risk of harm to the public and of damage to public confidence in the profession related to non-registrants using a protected title or undertaking a protected act is managed in a proportionate and risk-based manner.

The Professional Standards Authority also recommends that regulators should:

- Provide information on the online register about all current fitness to practise sanctions.
- Publish information on the online register for at least five years about professionals who have been struck off.
- Take a proportionate approach to making fitness to practise histories available against a register entry.
- Ensure that online registers have the following features:
 - Clear signposting from the regulator's homepage to the register search page
 - Search functionality that supports some flexibility, such as a 'sounds like' option
 - A comprehensive listing that reflects all current sanctions including suspensions and those who have been struck off
 - Links to the information about previous fitness to practise sanctions
 - Ease of navigation to greater levels of detail where available, such as direct links to fitness to practise determinations
 - An indication of location of practice to help identify an individual professional
 - A glossary to aid understanding of the terms used in registers
 - The absence of materials that could compromise the credibility of the data, such as advertising.

Recommendation 3a: The RCVS should undertake a self-assessment against the standards for good regulation relating to registration set by the Professional Standards Authority.

REGISTRATION REQUIREMENTS [PROPORTIONATE, CONSISTENT]

As part of being a first rate regulator, the RCVS may wish to consider a number of aspects of its registration requirements. These include the requirements of initial registration around good character. A standard definition and approach to good character across the health professional regulators has been proposed (Williams 2013e, p23) and the direction of travel is to consider health only as part of a requirement to be fit to practise (*Ibid.*, p24).

Graduates from any of the approved schools are eligible to register as a 'Member of the RCVS'. This reflects the unique dual role of the RCVS and requires careful explaining to the public and external stakeholders, in the light of observations made about the purpose and identity of the RCVS in section 1.

Veterinary nursing

The registration position of veterinary nurses is another area that requires review. Veterinary nurses are eligible for registration once they have received their qualification and completed the required training hours. Just under 1,000 veterinary nurses are on what is known as the 'list'. Veterinary nurses cannot be removed from the list and there is no requirement for those on the list to meet professional standards or undertake continuing professional development. There is considerable scope for confusion amongst the public and employers over the distinction between a veterinary nurse on the list and a registered veterinary nurse.

The RCVS has proposals underway to change arrangements whereby a veterinary nurse can be struck off the RCVS register but remain on its list. The RCVS has been working towards statutory regulation and has proposed legislative change (see page 10). In the meantime, the existence of the veterinary nurse list alongside the register will continue to confuse external audiences.

Practices

Opportunities exist for the RCVS to take further its role in relation to veterinary practices. It already holds the register of veterinary practice premises on behalf of the Veterinary Medicines Directorate (VMD). Registered premises are inspected by the VMD, except where the premises have already been inspected by the RCVS under its Practice Standards Scheme. Section 2 outlined opportunities to expand the Practice Standards Scheme and consider developing a dedicated code for veterinary practices.

Language testing

Professional regulators have been concerned for some time about the European Union (EU) regulations concerning the recognition of professional qualifications within the EEC. The Government has recently proposed giving the General Medical Council new powers by the end of 2013 to enable it to introduce language testing for doctors inside the EEA, which will require a

change to legislation (the Medical Act 1983) to remove the prohibition in UK law to test doctors for language competence (Department of Health 2013). The General Medical Council will continue to be subject to the requirements of the European Directive on the recognition of professional qualifications, which does not allow language testing as a matter of course. However, these changes indicate a shift that could have ramifications beyond the medical profession, and enable the RCVS to address concerns which surfaced during the stakeholder interviews about some veterinary surgeons practising in the UK without good spoken English.

Recommendation 3b: The RCVS should review the requirements for registration and re-registration. This might include:

- The requirements of initial registration, including around good character and health.
- Compliance with continuing professional development – CPD – as part of re-registration.
- The need for student registration.
- Statutory registration for veterinary nursing.
- Different options around registration – such as provisional, full and conditional.
- Whether the small temporary register (of around 20 registrants) and EU register should be searchable online.
- Introducing spot-checks to guard against fraud.
- Arrangements for where registration has been fraudulently or incorrectly made.

In the light of proposals around veterinary nurse registration, the RCVS may wish to consider how it communicates the position of veterinary nursing. There is also a need for clear and careful communication about what it means for veterinary surgeons to register as a ‘member’ of the RCVS.

CUSTOMER SERVICES [TRANSPARENT, ACCOUNTABLE]

Much of the work of the RCVS’s registration department is customer facing, with the team responding to many phone calls and emails from existing and prospective registrants. The service and responsiveness shown to veterinary surgeons and nurses, as well as employers and the public, will therefore significantly influence how the RCVS is perceived as an organisation. As mentioned in section 1, the RCVS has already set out its commitment to improve customer service with the appointment of a new customer experience manager.

A number of professional regulators have introduced key performance indicators to improve customer service and responsiveness of their registration departments. The General Medical Council and Health and Care Professions Council are good examples of this.

As part of improving customer responsiveness, other professional regulators have introduced e-billing and online accounts to enable registrants to pay their fees swiftly and conveniently, and update their registration details (such as changes of address).

Recommendation 3c: The RCVS should consider key performance indicators for the registration department, with a particular emphasis on customer services and responsiveness. This may include:

- Response to applications (e.g. within x working days)
- Processing renewal forms on paper (e.g. within x working days)
- Processing renewal forms online (e.g. within x minutes)
- Answering calls (e.g. within x seconds)
- Seeing registrants visiting reception (e.g. within x minutes of their arrival)
- Answering emails and letters (e.g. within x working days)
- Responding to complaints (e.g. within x working days)

REGISTRATION FEES [PROPORTIONATE, FLEXIBLE]

For 2013, the annual renewal fee for veterinary surgeons practising in the UK will be £299. Annual renewal fees for veterinary nurses are £61. These fees are not outwith the annual fees for other professional regulators, which vary significantly (see Williams 2013e, p63). However, the RCVS may wish to consider reviewing its fee structure to ensure it is proportionate and responsive to the circumstances of registrants. For example, a number of regulators have introduced a lower fee rate for the first year of registration, and two have introduced a low income fee for registrants on low incomes.

Recommendation 3d: The RCVS should review the fee structure for registration, specifically to consider whether it would be appropriate to introduce a lower fee rate for the first year of registration and for registrants whose income is under a defined threshold.

REVALIDATION [PROPORTIONATE, TARGETED]

One of the roles given to the RCVS Education Policy and Specialisation Committee is to develop a policy for revalidation. The RCVS has not articulated its stance on revalidation in a coherent way. Staff refer to a paper on the future of continuing professional development (May, 2003), however this does not set out the position of the RCVS on revalidation specifically. It may be the case that revalidation is not appropriate for veterinary surgeons or nurses at this time. However, there is no evidence that the RCVS has conducted a systematic assessment of the risks posed by the professions, and the arrangements necessary to assure the public that those on the register remain up-to-date and are able demonstrate that they continue to meet the requirements of registration.

The RCVS states that it has a system for the revalidation of Specialists. Recognised Specialist status is time-bound, and the individual must reapply for recognition every five years (or earlier in certain cases) to maintain their name on the List of Recognised Specialists. Reapplication requires meeting the eligibility criteria, including completing a self-assessment and providing evidence of continuing

professional development (RCVS, 2013). However, this is not referred to as revalidation in the information that explains the requirements, and it is not apparent that there is any link with registration – in other words, it is reaccreditation against a Royal College-type list rather than revalidation against a regulatory register.

The RCVS also has proposed having a new 'Advanced Practitioner' tier for veterinary surgeons, below full Specialist status, and has consulted on making this tier subject to periodic revalidation. The same observations as above would apply.

Recommendation 3e: The RCVS should articulate its position on revalidation, including whether it has longer term plans for revalidation and how the risks posed by the profession might be managed.

It already has in place a system of reapplication for its List of Recognised Specialists and has consulted on having similar requirements for a new Advanced Practitioner tier. Yet its position on revalidation as a regulatory instrument, linked to registration of veterinary surgeons and veterinary nurses, is not clear. In considering its position, the RCVS may wish to draw upon the 12 principles identified by the non-medical health professional regulators (Williams 2013e, p26).

4: Education and training

The opportunities regarding education and training would appear to be around demonstrating best practice principles, considering the adoption of more risk-based approaches to quality assurance, and creating opportunities for lay people and students to become involved in quality assurance activity. In terms of continuing professional development, there are opportunities to learn from the experience of other professions that tend to work outside of large, managed structures.

REFLECTING GOOD REGULATION [BETTER REGULATION PRINCIPLES]

The Professional Standard Authority's standards of good regulation relating to education and training are as follows:

1. Standards for education and training are linked to standards for registrants. They prioritise patient and service user safety and patient and service user-centred care. The process for reviewing or developing standards for education and training should incorporate the views and experiences of key stakeholders, external events and the learning from the quality assurance process.
2. Through the regulator's continuing professional development/revalidation systems, registrants maintain the standards required to stay fit to practise.
3. The process for quality assuring education programmes is proportionate and takes account of the views of patients, service users, students and trainees. It is also focused on ensuring that education providers can develop students and trainees so that they meet the regulator's standards for registration.
4. Action is taken if the quality assurance process identifies concerns about education and training establishments.
5. Information on approved programmes and the approval process is publicly available.
(Professional Standards Authority 2010)

Recommendation 4a: The RCVS should undertake a self-assessment against the standards for good regulation relating to education and training set by the Professional Standards Authority.

QUALITY ASSURANCE [PROPORTIONATE, TARGETED, TRANSPARENT]

There is a growing shift across professional regulation towards more outcome-focused, risk-based approaches to quality assurance. This reflects a general shift toward a more proportionate and risk-based approach to regulation. Risk-based approaches focus the attention of an organisation on areas where there is a higher perceived likelihood of failure or error. For example, the General Medical Council draws on a range of intelligence (including from surveys of trainees and trainers) to set a baseline for risk assessment. Targeted and focused risk assessment against this baseline allows it to direct regulatory resources where they can have greatest impact.

The more progressive regulators are combining this with a thematic approach to quality assurance activity. For example, the General Medical Council introduced a new Quality Improvement Framework in 2011 to provide a more coordinated approach to quality assurance. Under this framework, it has been conducting integrated regional visits to postgraduate deaneries and undergraduate medical schools. The visits are risk-based and give particular focus to themes identified from the GMC's evidence base. The themes for 2012-13 were the quality assurance of small specialities and assessment across all stages of medical education and training. This approach enables the General Medical Council to share good practice across education and training providers in areas that they can find most challenging.

The RCVS's approach to quality assurance is not dissimilar to a number of regulators; veterinary schools submit annual self-assessments to the RCVS, which conducts visits on a periodic basis to ensure that veterinary degree standards are being maintained. The RCVS is moving its formal visitations to universities from a maximum interval of ten years to a seven year cycle. Staff state that a risk-based approach has been adopted, with universities visited more frequently if concerns have been identified either from previous visits or through annual monitoring. However, it is not evident that it is proactively using a broad range of intelligence to direct the areas to which its quality assurance resources are targeted.

Each visiting team consists of at least five or six visitors covering veterinary basic sciences, paraclinical subjects, public health and food hygiene and large and small animal clinical studies. At least one member of the team must be in clinical practice. The RCVS has involved students on its last two visits and has plans to continue this. There involvement of lay people or service users on RCVS visits, which is a feature of quality assurance arrangements for many other professional regulators. Some health professional regulators also seek views from the public as part of the visiting process. For example, the General Chiropractic Council meets with patients and the public as part of its quality assurance reviews, and the Nursing and Midwifery Council invites members of the public to become involved in the approval process of programmes through their nearest university.

The RCVS also approves veterinary nursing qualifications, of which there are 17 recognised programmes. Again, there would appear to be opportunities to involve lay people in the visiting teams. The relationship between the quality assurance of veterinary surgeon training and veterinary nurse training is not evident. Given this, there is potential to derive benefits from cross-fertilisation of quality assurance activity across the veterinary team.

Recommendation 4b: The RCVS should continue to adopt a risk-based approach to quality assurance by being more proactive in selecting areas where attention and resource should be targeted. This might mean reviewing the range of intelligence currently available to it about education providers.

The RCVS may also wish to incorporate a thematic approach to quality assurance visits. This would enable it to target quality assurance activity across educational providers on themes (such as assessment or student fitness to practise) that evidence suggests require attention. It would then be in a strong position to share good or innovative practice across education providers.

The RCVS should consider whether expanding its visiting teams to include lay people would help demonstrate an impartial and transparent approach to quality assurance.

PROFESSIONAL DEVELOPMENT [TARGETED]

Continuing Professional Development (CPD) is mandatory under the Code of Professional Conduct, however it is not part of the statutory framework within which the RCVS operates. The RCVS may wish to review the benefits of embedding CPD requirements in statute.

The chiropractors and the osteopaths require half of CPD hours to be spent learning with others. This is thought to have a positive effect for those professionals who work alone and are often professionally isolated as a result (the majority of osteopaths, for example, are sole practitioners). The RCVS may consider that veterinary surgeons would similarly benefit from a requirement that a proportion of their CPD should be spent learning with others. There may also be merit in encouraging learning across the veterinary team, with veterinary surgeons and nurses undertaking some CPD together.

The Professional Development Phase is designed to provide a structure for the new graduate to reflect on their progress in developing their confidence and competence across a number of clinical areas. Should the RCVS wish to introduce arrangements for provisional registration, it may be necessary to strengthen or formalise the requirements for this phase.

The recent introduction of online CPD recording, part of the RCVS' lifelong learning log, will support monitoring of CPD.

Recommendation 4c: The RCVS should review CPD requirements, and specifically whether a proportion of CPD hours for veterinary surgeons and veterinary nurses should be spent learning with others or across the veterinary team.

The Group should also consider whether making CPD a statutory requirement is necessary and also whether the Professional Development Phase could be strengthened.

5: Fitness to Practise

The RCVS is already making changes to its fitness to practise arrangements. The Legislative Reform Order will change the composition of disciplinary committees, for example. Further opportunities for improvement in this area include the role of the RCVS in responding to gaps in redress arrangements for veterinary services, improving the way the organisation communicates and supports complainants, and strengthening support to witnesses.

COMPLAINTS HANDLING [FLEXIBLE, AGILE, TRANSPARENT]

In the financial year 2011-12, the RCVS received 747 complaints. It has a legal duty to consider all complaints about a registered veterinary surgeon or veterinary nurse, however around 70 per cent of complaints do not meet the benchmark needed to warrant an investigation.

This reflects that the RCVS's jurisdiction is limited to cases of serious professional misconduct, criminal convictions that affect fitness to practise, and fraudulent registration. The RCVS can also deal with health complaints through its *Protocol for Health Complaints against Registered Veterinary Surgeons*. This has brought the RCVS into line with the health professional regulators, which already have jurisdiction to deal with health issues. It can also consider performance under its Performance Protocol.

Unlike other sectors, such as health or legal services where complaints processes exist beyond professional regulation, there is an absence of alternative mechanisms for redress regarding veterinary services. Inevitably the RCVS receives complaints that do not fall into its remit, and currently has nowhere to actively refer complainants on to. The General Dental Council and General Optical Council have responded to gaps in redress arrangements by setting up or contracting with other complaints services (Williams 2013e, p32). The General Medical Council streams complaints and refers those that do not raise concerns about a doctor's fitness to practise to local employers. Where this is not possible, because the complaint is about a locum or doctor in private practice, the General Medical Council will continue to investigate the complaint.

The RCVS considers that it is able to investigate complaints promptly, pursuing those that are serious and closing those that are not at the earliest opportunity. However, closing a case can leave complainants in a vacuum in terms of resolving their complaint. The survey found that complainants do not feel the RCVS takes a proactive approach to dealing with problems, and that if a complaint is dismissed, the case is closed, even though there may be a strong body of evidence locally to suggest a problem. This reflects that complainants about veterinary services have few other redress mechanisms available to them.

The RCVS is not the first port of call for complainants, who tend to have discussed the problem with their veterinary practice before turning to the College. The survey of complainants found that over 80 per cent had done this (Williams 2013c, p17). So it is important that there is somewhere the RCVS can refer complaints on to.

Recommendation 5a: The RCVS should consider whether it has a role in providing, or securing, wider redress mechanisms for people who have a complaint about a veterinary surgeon or nurse that does not call into question a registrant’s fitness to practise. It may wish to consider options such as an independent complaint handling service, conciliation services and alternative dispute resolution schemes.

SUPPORTING COMPLAINANTS [FLEXIBLE, TRANSPARENT]

The RCVS aims to ensure that the way it deals with complaints is transparent. There is lay, as well as veterinary and legal input into the process and decision making is guided by protocols at key stages (i.e. assessment, case examination and preliminary investigating committee). Lay observers, who are independent of the RCVS, cannot vote but can participate in discussions about the merit of a complaint. They are intended to play a role in assuring complainants that the process is fair.

Yet complainants perceived the RCVS to be biased towards protecting the professions. The survey of complainants revealed a strong sense that the system is weighted against them (Williams 2013c, p34-35). Complainants did not feel sufficiently listened to or supported through the complaints process – and more than 40 per cent of those surveyed had only a partial or poor understanding of the complaints process (*Ibid.*, p22). The vast majority of complaints to the RCVS relate to a household pet and may concern events that have had a marked impact on the complainant personally and emotionally.

There are clearly opportunities for the RCVS to improve the way it communicates with and supports complainants. It may wish to draw upon the experiences of the General Medical Council, which is currently undertaking a pilot scheme to meet with complainants after a complaint has been received and also after the investigation or hearing process has concluded (Williams 2013e, p87). The service is only available where the complaint is relevant to a doctor’s fitness to practise.

Interviews with veterinary surgeons who have been complained about also highlighted a need for improvements to the way the RCVS communicates with them during the process (Williams 2013b, p27). More than 200 veterinary surgeons and nurses who responded to the survey of the professions had been complained about and reported very mixed experiences of how it was handled by the RCVS (Williams 2013a, p33-36).

Recommendation 5b: The RCVS should review how it communicates with and supports complainants and develop an action plan for improvement. This might include:

- How it can demonstrate a more compassionate approach towards complainants, for example in the way it explains its process and decisions.
- The support available to complainants (including those with particular needs, such as people with visual impairments or those whose first language is not English).
- Offering a more personal approach, including providing complainants with a named case worker with whom to discuss their complaint, and making more use of the telephone to communicate with complainants.

- Keeping complainants regularly updated about progress, including during times when there is little to report.
- Making greater use of email to keep in touch with complainants more swiftly than by letter.
- Audio recording telephone calls with complainants, as part of quality assurance and staff development, but also to protect staff from abuse.
- Explaining the role of lay ‘observers’ (for example, in case examination and on the Preliminary Investigation Committee), and the changes the Legislative Reform Order will introduce in terms of membership of key fitness to practise committees.
- Considering learning from the General Medical Council’s pilot meeting scheme and whether it would be applicable to the RCVS.
- Reviewing how it communicates with veterinary surgeons and nurses who are subject to the fitness to practise procedures in relation to the above.

A WIDER REMIT [AGILE]

A number of complainants who responded to the survey expressed frustration over the remit of the RCVS and, specifically, said they would like it to be able to consider issues of competence in addition to misconduct. Other professional regulators can generally consider competence or performance, in addition to conduct, health and criminal convictions.

The Performance Protocol allows the RCVS to: *‘manage proportionately any justified concerns about the professional performance of veterinary surgeons and registered veterinary nurses, and to provide a supportive framework to oversee remedial steps designed to address these concerns and encourage professional development’* (RCVS 2012b). However, the circumstances in which the protocol is used are not made clear to an external audience, and there have been suggestions by staff that the threshold for use of the protocol by the Disciplinary Committee may need to be lowered.

Another area where improvements could be made is around taking a more proactive approach to fitness to practise. For example, the Nursing and Midwifery Council has begun to use its powers to investigate concerns without first receiving a formal fitness to practise referral (concerns may arise as a result of media reports or information from whistleblowers, for instance). The General Medical Council has launched a confidential helpline for doctors to report concerns about patient safety. The RCVS may consider that providing a confidential helpline for reporting concerns about veterinary services would provide it with useful intelligence around fitness to practise.

The findings of stakeholder engagement work suggest that if the RCVS goes down this route, it will need to consider the feedback given to those who raise a concern. Veterinary surgeons who had reported a colleague to the RCVS said that they had not heard anything further from the College and would have liked some follow up. Fewer than 3 in 10 of the veterinary surgeons and nurses who

responded to the survey said they would be willing to report a concern about professional conduct to the RCVS; most said they would have reservations about doing this (Williams 2013a, p51).

The RCVS has powers to remove a registrant from the register, suspend or close a case with advice. The Law Commissions of the UK have made proposals to simplify and modernise the law and establish a streamlined system of regulation of healthcare professionals across the UK and, in England only, the regulation of social workers Law Commission et al 2012). The proposals include having parity in the range of sanctions available to the health professional regulators (and social workers in England), and set out a direction of travel that the RCVS may wish to consider. In essence, it is proposed that the health professional regulators should have the following sanctions at their disposal:

- Erasure from the register
- Suspension
- Conditions of practice
- Warnings.

They would also have powers to agree undertakings and voluntary erasure, and the Government would have the power to introduce systems of financial penalties and cost awards. As part of demonstrating proportionality around fitness to practise, some regulators have adopted arrangements for consensual panel determinations.

Obviously extending the range of sanctions available to the RCVS would require legislative change, although it is worth bearing in mind that the General Medical Council started to agree undertakings with registrants before the power to do this was enshrined in statute.

Recommendation 5c: The RCVS should review whether an extension of powers would enable it to discharge its regulatory functions more effectively. This might include:

- Lowering the threshold for use of the Performance Protocol.
- Reviewing whether additional sanctions should be available to the RCVS, including interim suspension, consensual panel determination, and conditions of practice.
- Establishing a whistle-blowing hotline – this would be a confidential helpline for members of the profession to report concerns about veterinary services (and provide the support and feedback necessary to encourage veterinary surgeons and nurses to report concerns).

STRENGTHENING INVESTIGATION [CONSISTENT, TRANSPARENT]

A number of the complainants surveyed questioned the rigour with which the RCVS pursues a case. In 2011-12, 75 visits to practices were carried out, including five which related to the new Health Protocol. Investigation interviews were carried out by request of the Preliminary Investigation Committee in 206 cases.

Very few complainants are visited by an investigator, but of those who are, most are positive about the visit (Williams 2013c, p25). Investigators helped to allay concerns that the RCVS had not fully considered the details of the complaint.

Interviews with people whose complaint led to a disciplinary hearing tended to perceive the RCVS as overly lenient with the veterinary surgeon or nurse and his or her representatives, for example, by allowing them to hold up investigations (Williams 2013d). They wanted to see firmer timetables enforced.

The RCVS already has a number of key performance indicators on complaints handling. For example, it aims to complete its initial assessment of a complaint within ten working days, and to complete case examination within five months of receiving the complaint. Feedback from complainants suggests a need for the RCVS to extend its key performance indicators and publish its performance against these at regular intervals.

Recommendation 5d: The RCVS should consider ways to strengthen its investigations function. This might include:

- Increasing the use of investigators where it is appropriate and proportionate to do so, as part of a more personal approach.
- Reducing the time it takes for an investigation to proceed from Preliminary Investigating Committee to Disciplinary Committee.
- Extending Key Performance Indicators to each stage of the fitness to practise process (e.g. for concluding cases from start to finish, for concluding investigation, for commencing panel hearings) – and to publish its performance on the website.

ADJUDICATION [TRANSPARENT, ACCOUNTABLE]

The RCVS Disciplinary Committee generally holds around 12 hearings against veterinary surgeons each year, mostly in public. The average time from receipt of a complaint to the hearing is around 17 months.

The RCVS has already adopted some aspects of civil procedures, for example witness statements can be read as evidence in chief. However, it continues to use the criminal burden of proof. The majority of other professional regulators have moved to the civil standard of proof, sometimes referred to as ‘the balance of probabilities’.

People whose complaint led to a hearing were generally positive about communication with the RCVS immediately before the hearing, but before this there were long periods of silence (Williams 2013d). Interviewees felt that nothing happened during these periods and this gave rise to concern that the RCVS was not giving their case sufficient attention or priority. The lack of communication added to the stress of the lengthy process. Some interviewees reported that they had to chase to find out about progress after agreed milestones had passed.

The RCVS has a witness information pack with advice about preparing for a hearing and what to expect on the day. However, the research with complainants who had been to a disciplinary hearing indicates that the RCVS could be more consistent in its briefing of witnesses (Williams 2013d). Only one interviewee recalled having received a witness pack. Communication around the hearing also appeared to be variable. Some interviewees reported that very little was explained to them, whilst some received several phone calls from the RCVS and were very impressed by this. Suggestions for improvement included ensuring that witnesses are introduced to each other when shown to a waiting room, offering witnesses a tour of the hearing room before proceedings begin, and ensuring that the witness is not left in the hearing room with the veterinary surgeon when the panel retires.

The RCVS may wish to learn from the activity of other regulators in this area. The Nursing and Midwifery Council has been working to strengthen the support it offers to witnesses and has issued three new booklets for witnesses. The Health and Care Professions Council has a dedicated staff member to provide witness support.

Outcomes of hearings are reported in the RCVS newsletter and online. People whose complaint had led to a hearing reported that communication of the verdict was too slow, as it was made by post sometimes two weeks after the hearing ended. Several interviewees first learnt of the outcome when the media contacted them for comment. The RCVS could easily remedy this by contacting complainants on the day of the hearing by telephone or email. The General Medical Council's pilot scheme involves meeting with complainants to explain the outcome of their case.

Recommendation 5e: The RCVS should consider ways to strengthen adjudication. This might include:

- Adopting the civil standard of proof.
- Improving communication in the run up to a hearing, for example by strengthening the role and profile given to case managers.
- Improving support and information available to witnesses. Those who have previously attended a disciplinary hearing as a witness could be asked to comment on the information materials.
- Ensuring that witnesses are aware of the assistance available to them, such as screening witnesses from the veterinary surgeon or nurse, giving evidence by live link, evidence in private, video recorded evidence, video cross examination and aids to communication.
- Improving communication of the hearing outcome, specifically by making it faster and more personal.

REFLECTING GOOD REGULATION [BETTER REGULATION PRINCIPLES]

The Professional Standard Authority's standards of good regulation relating to fitness to practise are as follows:

1. Anybody can raise a concern, including the regulator, about the fitness to practise of a registrant.

2. Information about fitness to practise concerns is shared with employers/local arbitrators, and other regulators within relevant legal frameworks.
3. Where necessary, the regulator will determine if there is a case to answer and if so, whether the registrant's fitness to practise is impaired or, where appropriate, direct the person to another relevant organisation.
4. All fitness to practise complaints are reviewed on receipt and serious cases are prioritised and where appropriate referred to an interim orders panel.
5. The fitness to practise process is transparent, fair, proportionate and focused on public protection.
6. Fitness to practise cases are dealt with as quickly as possible taking into account the complexity and type of case and the conduct of both sides. Delays do not result in harm or potential harm to patients and service users. Where necessary the regulator protects the public by means of interim orders.
7. All parties to a fitness to practise case are kept updated on the progress of their case and supported to participate effectively in the process.
8. All fitness to practise decisions made at the initial and final stages of the process are well reasoned, consistent, protect the public and maintain confidence in the profession.
9. All final fitness to practise decisions, apart from matters relating to the health of a professional, are published and communicated to relevant stakeholders.
10. Information about fitness to practise cases is securely retained.
(Professional Standards Authority 2012)

Recommendation 5f: The RCVS should undertake a self-assessment against the standards for good regulation relating to fitness to practise set by the Professional Standards Authority.

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