

Meeting	Council June 2015
Title	Governance Review - Background reading
Classification	Unclassified
Summary	This PDF bundle brings together key papers in relation to the reform of governance at the RCVS. These provide background on the work to date and the reasons for reform
Decisions required	None
Documents	<p>Paper 1: November Council 2014 - Governance Review</p> <p>Paper 2: March Council 2015 - Governance Review</p> <p>Paper 3: First Rate Regulator - Extract from Best Practice Review</p> <p>Paper 4: First Rate Regulator - Extract from Qualitative Research</p> <p>Paper 5: First Rate Regulator - Governance Recommendations</p> <p>Paper 6: Royal College Scoping Study - Extract on Governance</p> <p>Paper 7: Review of the VSA - 2009 Consultation</p> <p>Paper 8: November Council 2009 - Veterinary Legislation Report and Consultation Responses</p>

Introduction

This bundle of papers was presented to the Council Panel on Governance and provides essential background reading on: previous discussions in relation to the reform of governance; the wider context of governance at the healthcare regulators and Royal Colleges; and the reasons for reform.

Paper 1: November Council 2014: Governance Review

This paper formed the basis for the Governance Workshop held in the afternoon session of Council. The annexes provide an overview of the background to reform, the reasons for reform, and the process of governance reform in other professional regulators.

Paper 2: March Council 2015: Governance Review

This paper presents the two options for reform which were developed by the Operational Board following the Council workshop.

Paper 3: First Rate Regulator - Extract from Best Practice Review

This is an extract from the FRR research Best Practice Review. It outlines what governance structures look like in the other professional regulators, together with the process and reasons for reform.

Paper 4: First Rate Regulator - Extract from Qualitative Research

This is an extract from the FRR qualitative research and outlines the view of a selection of current Council members on the structure and function of Council.

Paper 5: First Rate Regulator - Governance Recommendations

This paper presents the FRR recommendations in relation to governance at the College.

Paper 6: Royal College Scoping Study - Extract on Governance

This is an extract from the Royal College Scoping study in relation to the Funding, Governance and Infrastructure in the Royal Colleges.

Paper 7: Review of the VSA - 2009 Consultation

This paper is the last formal consultation the RCVS held on governance at the RCVS. It also formed the basis for the LRO to separate the disciplinary committees from Council.

Paper 8: November Council 2009 - Veterinary Legislation Report and Consultation Responses

This paper incorporates the response to the 2009 consultation. It also highlights the recommendation of the then Veterinary Legislation Group regarding the reform of governance.

The full reports from the First Rate Regulator project can be accessed at:

<http://www.rcvs.org.uk/about-us/rcvs-council/council-meetings/5-june-2013/>

Further reading:

Below are links three relevant documents which provide further background to the reform of governance structures in the human healthcare regulators.

We would specifically draw your attention to the CHRE advice, which provides an evidence base for the improved efficiency and effectiveness of smaller governing bodies.

CHRE, 2011: *Board size and effectiveness: advice to the Department of Health regarding health professional regulators*

<https://www.professionalstandards.org.uk/docs/psa-library/september-2011---board-size-and-effectiveness.pdf?sfvrsn=0>

Department of Health White Paper, 2007: *Trust, Assurance and Safety – The Regulation of Health Professionals in the 21st Century*

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/228847/7013.pdf

Department of Health Command Paper, 2011: *Enabling Excellence: Autonomy and Accountability for Healthcare Workers, Social Workers and Social Care Workers*

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216580/dh_124374.pdf

Meeting	Council
Date	6 November 2014
Title	Governance Review
Classification	Unclassified
Summary	This paper provides an update on recent discussions in relation to the RCVS governance arrangements and provides a basis for discussion by Council.
Decisions required	To support further work on governance and to set the parameters for such reform.
Attachments	Annex A: Background to RCVS governance reform Annex B: Reasons for RCVS governance reform Annex C: Reforming the governance of professional regulators
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Governance Review

Introduction

1. In its April and September 2014 meetings, the Operational Board gave consideration to whether it was an appropriate time to return to the review of RCVS governance arrangements that had been paused since 2009 to allow the LRO to be implemented.
2. The discussion in the April Operational Board was initiated for four key reasons:
 - i. In the November 2009 meeting of Council there was agreement that consideration of proposals, from the then Veterinary Legislation Group, to reconstitute Council should be paused until 'the new disciplinary machinery was in place and the implication of this for Council could be assessed'. In July 2015 the Preliminary Investigation Committee (PIC) and Disciplinary Committees (DC) will be fully independent and it is therefore reasonable to return to the question of the composition of Council.
 - ii. The First Rate Regulator (FRR) research in 2013 highlighted that the governance of the RCVS was significantly out-of-step with the arrangements in place at other professional regulators and Royal Colleges. Reforming RCVS Council would help to bring the RCVS in-line with best regulatory practice, which could be seen as completing the journey of the RCVS to become a First Rate Regulator.
 - iii. In the previous year the Operational Board was launched. The motivation behind the creation of the Operational Board was to address, at least in part, the issues of size and frequency of Council meetings. Although the Operational Board was working well in terms of clear and accountable decision making, some on Council were feeling too removed from decision making. If the size and structure of Council was reformed it is possible that the need for the Operational Board would diminish.
 - iv. In discussions with Defra it became apparent that there was some appetite for considering the reform of the governance arrangements in place at the RCVS. Reforming Council fits in with the deregulatory agenda of the current Government. The recent Defra interest, however, appeared to have been motivated by the realisation that a Legislative Reform Order (LRO) could be used to reform the composition of RCVS Council and there was no need for a new Veterinary Surgeons Act.
3. Annex A provides further details as to the historical context of the issue of RCVS governance reform.
4. In its April meeting, the Operational Board acknowledged the importance of developing a set of 'objectives' and 'assumptions' that could be agreed upon before discussions regarding the precise reform of governance should commence, which are outlined below. It was agreed that it was imperative that under any new governance arrangements, Council would be able to discharge its duties effectively and that an appropriate balance must be struck between those

responsibilities and authorities reserved for Council and those that would be delegated to the Operational Board or Committees of Council.

5. The following three objectives were agreed:
 - i. To increase the engagement of Council;
 - ii. To increase the accountability of Council;
 - iii. And to decrease the cost of governance.

6. The Operational Board also agreed that in reviewing governance arrangements the following assumptions should be clear:
 - i. The size of Council would be significantly reduced;
 - ii. As a self-regulating profession, elected veterinary surgeons would form the majority of Council;
 - iii. As the defender of the public interest, lay representation on Council would be increased.

7. With these objectives and assumptions in place, the Operational Board proposed that a dedicated session of Council focussing on governance issues should be held after the Council Meeting in November 2014 and this was later approved at the June 2014 meeting of Council.

8. At the September 2014 meeting of the Operational Board it was agreed that the structure of the discussion at Council should allow for all views to be heard and an open approach to how Council could be reconstituted, as opposed to outlining a series of possible models at this stage.

Ministerial Meeting

9. Defra take an interest in the change of RCVS President and on 21 July representatives of the College were invited to meet with the Parliamentary Under-Secretary of State, George Eustice MP. Mr Eustice was keen to welcome the new President and to discuss a number of issues relating to recent changes at the RCVS as well as to address concerns that had been raised with him by users of veterinary services.

10. Mr Eustice was positive about the RCVS and complimentary about the rapid progress made since the findings were published of the First Rate Regulator initiative. He was particularly interested in our governance arrangements and the impact of the last LRO, as well as welcoming our willingness to address the ADR with the trial.

11. Mr Eustice provided an interesting perspective on RCVS governance issues and provided a steer that we should look at our current arrangements. He was informed that the issue of governance was to be debated at November meeting of Council.

12. The meeting with Mr Eustice put further impetus behind the need to discuss governance.

The RCVS - a regulator with a difference?

13. If the RCVS governance structures were to be brought in line with regulatory best practice then the Council would likely be reduced to 12 people, all of whom would be appointed. Furthermore, there would likely be parity between lay and professional members. The President would be replaced by a Chairman, who may or may not be a veterinary surgeon. The position of Chairman would likely be an appointed and salaried position, and perhaps for a term of four years.
14. The RCVS, however, is a very different organisation from the other healthcare regulators as it is also a Royal College. The Royal College Scoping Study undertaken in the second phase of the FRR initiative showed that, with the exception of the Royal College of Physicians, the medical Royal Colleges in the UK have very different governance arrangements from the healthcare regulators and have elected Councils / Boards which do not include lay persons.
15. The other medical Royal Colleges, however, do not have a regulatory remit and their role is primarily focused around providing an independent, authoritative and evidence-based voice for their respective professions, lobbying government, setting and maintaining professional standards, and providing post-graduate education and training. These are functions that can effectively be discharged under a system of self-governance, and a Council comprising a significant depth and breadth of professional expertise may be considered a boon.
16. In reviewing the governance arrangements it is important to recognise that the RCVS is different from both the healthcare regulators and the Royal Colleges. Proposals for governance reform must reflect the fact that the RCVS is a “Royal College that regulates” and that the profession is self-regulating.

What might a reformed Council look like?

17. Acknowledging the unique role of the RCVS, proposals for reform of the RCVS governance arrangements would need to strike a balance between the present arrangement, recognising that we are a Royal College that regulates and ‘best-practice’.
18. In developing a new model for Council, consideration would also need to be given to:
 - i. Whether veterinary nurses should have a role on Council. This is especially important given the clear role the RCVS will have as the regulator of the veterinary nursing profession following the introduction of the new Charter;
 - ii. Ensuring an appropriate balance between the veterinary profession and lay members, and elected and appointed members;
 - iii. Looking at mechanisms that allow individuals with additional skills and experience to be brought onto Council;
 - iv. Ensuring that Council is an appropriate size to be able to meet more frequently (perhaps six times a year) and for members to attend an away weekend;

- v. Ensuring that the size of Council engenders a greater sense of collective responsibility and ownership of decisions.
19. It important to note that whatever option may be pursued it is likely that there would be a transitional period when a number of existing elected Council members may serve concurrently with newly appointed lay members for the remainder of their elected terms.

Decision required

20. Council is invited to consider the issues discussed in this paper, to support further work on governance reform and to set the parameters for such reform.

Background to RCVS governance reform

1. Issues surrounding the governance arrangements at the RCVS have been raised on a number of occasions in recent years.

Review of the Veterinary Surgeons Act 2009

2. On the back of the report by the RCVS Veterinary Legislation Group, chaired by Professor Stuart Reid, a formal consultation exercise was held in July 2009. The consultation sought the opinion of the profession, public and other stakeholders on three key proposals for reform:
 - i. to amend the Veterinary Surgeons Act (VSA) to separate Preliminary Investigation Committee (PIC) and Disciplinary Committee (DC) from RCVS Council;
 - ii. to widen jurisdiction and powers of PIC and DC;
 - iii. and to reform the composition of RCVS Council.
3. Regarding the reform of Council the key proposals were:
 - i. Council should have no more than 30 members;
 - ii. Between 30% and 50% of the members should be non-veterinarians;
 - iii. At least half of the veterinary members of Council should be elected;
 - iv. Council should include a Veterinary Nurse as an appointed member;
 - v. There should be one Council member nominated jointly by the UK universities with recognised veterinary degrees;
 - vi. Council members other than elected members and the member to be nominated jointly by the universities should be appointed by the Government of the day.
4. Following the consultation exercise the then RCVS Officers met with representatives of the Veterinary Legislation Group to make recommendations to the November 2009 meeting of Council. On the issue of governance a recommendation was made that changes to the composition of Council 'should be for consideration in the longer term, when the new disciplinary machinery was in place and the implication of this for Council could be assessed'. This recommendation was approved at the November 2009 meeting of Council.
5. In July 2015 the Preliminary Investigation Committee (PIC) and Disciplinary Committees (DC) will be fully independent. It would therefore appropriate to return to the question of the composition of Council as was agreed in the November 2009 meeting of Council.

Regulatory Best Practice – Governance

6. The First Rate Regulator (FRR) research also highlighted the fact that the governance of the RCVS was significantly out-of-step with the arrangements in place at other professional regulators. Whilst the FRR report acknowledged that there may be valid reasons for the governance structure used by the College, a key recommendation was that the RCVS should 'undertake a self-assessment of the effectiveness its governance arrangements' or to commission the Professional Standards Authority (formerly Council for Healthcare Regulatory Excellence (CHRE)) to undertake such a review. Further recommendations were also made

around reviewing the composition of Council and making changes to improve the efficiency and effectiveness of Council meetings.

7. The FRR report entitled 'Best Regulatory Practice' provided a detailed desk based research into how nine UK health and care profession regulators, two legal service regulators and four international veterinary regulators discharged their regulatory duties.
8. The report demonstrated that the professional regulators in the UK are, in the main, governed by small boards made up of an equal number of lay and professional members. These boards are appointed, as are the Chairs of these organisations. The majority had boards comprising 12 to 14 members, but the direction of travel appears to be towards boards of 8-12 members.
9. All the governing bodies of health professional regulators in the UK currently have an equal number of lay and professional members. The regulators of legal services are required to have a lay majority. The international veterinary regulators that were considered had a minority of lay members.
10. The table below highlights the significant differences between the governance of the other regulators considered in the FRR research and the RCVS.

Other regulators considered in FRR	The RCVS
Governing councils range in size from 7 to 14 members	Council of 42 members
At least parity of lay and professional members (some have a lay majority)	Seven 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 (four times if including RCVS Day)

11. Annex C expands upon the reasons behind the movement towards small Boards of appointed lay and professional persons for healthcare regulators.

Discussions with Defra

12. In recent discussions with Defra it has become apparent that there is some appetite for considering the reform of the governance arrangements in place at the RCVS. Reforming Council fits in with the deregulatory agenda of the current Government and the requirement for Departments to reduce 'red-tape', costs and bureaucracy. Furthermore, the governance arrangements at the RCVS are not in keeping with other professional regulators and this has the potential to undermine the public confidence in the ability of the RCVS to regulate the profession in an effective and efficient fashion. The recent Defra interest, however, appears to be motivated by the realisation that a Legislative Reform Order (LRO) could be used to reform the composition of RCVS Council, rather than primary legislation as was previously suggested.

Reasons for RCVS Governance Reform

The following section explores some of the key arguments for considering the reform of RCVS governance arrangements.

- i. Reforming RCVS Council would help to bring the RCVS closer in-line with best regulatory practice and would serve to address a number of recommendations that came from the extensive FRR research. This could be seen as completing the journey of the RCVS to become a First Rate Regulator.
- ii. A key finding of the FRR research was that complainants felt the RCVS was biased towards the profession, a Council with a more equal balance of professional and lay membership could go some way to addressing this issue and improving the public confidence in the way the RCVS regulates the profession.
- iii. The manifestos presented by potential Council members frequently demonstrate a misunderstanding of the role of the RCVS and members of Council, and suggest that potential candidates believe they have a representative role. A smaller Council may reduce the sense that any individual Council member had a role to represent a section of the profession and may serve to create a sense of collective responsibility. The dynamic of a smaller Council could serve to encourage the body to work as a team as opposed to a group of individuals. Furthermore, a smaller and restructured Council may help to depoliticise the RCVS. This could win the support of veterinary representative bodies who have expressed concerns regarding the College straying into political or representative territory.
- iv. The FRR research highlighted that whilst members of Council considered that as a body it was discharging its regulatory functions to a high standard, they nevertheless has significant concerns regarding the efficiency of Council meetings, the structure and composition of Council, the potentially long term of service of Council Members and the short term of office of the President.
- v. Currently, due to the size of Council, meetings are very expensive to hold, circa £ 24k. A smaller Council would reduce costs, and meetings could be held more frequently. Restructuring the governance of the RCVS would bring it in line with other professional regulators and could reduce costs.

Reforming the Governance of Professional Regulators

1. The FRR research also illuminated the reasons behind the movement towards small Boards of appointed lay and professional persons for healthcare regulators.
2. The process began in 2007 with the Department of Health White Paper Trust, Assurance and Safety –The Regulation of Health Professionals in the 21st Century which noted ‘In order to exercise their function effectively and command the confidence of patients, the public and the professions, they [healthcare regulators] need to be seen to be independent and impartial in their actions.’ The paper also proposed that independent appointment of Council members was required to address the public perception that Councils were biased towards the professions they regulated and that smaller Boards would address concerns surrounding efficient oversight.

Later, the Command Paper, Enabling Excellence: Autonomy and Accountability for Healthcare Workers, Social Workers and Social Care Workers (Department of Health 2011), stated:

‘By ending elected professional majorities on the health professions regulatory bodies’ governing councils, this increased the independence of the regulators from those they regulate and sign-posted a commitment to ensuring that there is greater public, professional and parliamentary confidence in the regulators and reducing perceptions that they are either acting in the interests of the professions they regulate or acting overly punitively to counteract this view.’

3. In 2011 the Department of Health requested the advice of CHRE in improving the effectiveness of health professional regulators. On the issue of governance CHRE noted:

‘It appears that smaller sized groups are able to communicate more effectively and reach decisions more quickly than larger ones. In addition, they are less likely to suffer from fragmentation and clique-formation and more likely to develop a culture of inclusiveness than their larger counterparts. Finally, since smaller boards struggle to involve themselves in issues that should be delegated to the executive, a smaller size helps them to focus their efforts on core governance issues.’

‘Small boards cannot ‘represent’ all relevant constituencies or stakeholders nor should they attempt to do so. Rather boards should demonstrate the knowledge, understanding and awareness to properly take into account relevant interests, such as those of different groups of professionals or the different health systems in the UK, but they should not attempt to ‘represent’ them.’

Meeting	Council
Date	5 March 2015
Title	Governance Review
Classification	Unclassified
Summary	This paper provides an update on developments in relation to the RCVS Governance reform since the November 2014 meeting of Council.
Decisions required	To discuss and make appropriate improvements to the proposals for reform and to support the establishment of a Council Panel to support the Operational Board and Defra in developing the consultation with the profession.
Attachments	None
Author	Professor Stuart Reid

Purpose

1. To update the Council on progress; to provide further details in relation to the options for reform; to discuss additional reforms including the term of President and to seek formal approval for a Council Panel to support the Operational Board and Defra in developing the LRO consultation with the profession.

Progress since November Council

2. At the November 2014 meeting of Council, with very few exceptions, members embraced the need for further governance reform. Moreover Council recognised that this was a timely moment to address governance, given Defra's support and that further devolution may remove the option of an LRO in the near future.
3. Council gave approval for two options to be worked up by the Operational Board and for discussions to take place with Defra. The options were firstly a smaller Council, meeting more frequently and secondly a smaller Council working alongside a larger 'consultative' body. Council was keen that neither option should necessarily mirror the governance arrangements of other professional regulators, but rather should reflect the unique role and needs of the RCVS as a Royal College that regulates.
4. The mood of Council reflected the desire that whichever option for reform was eventually adopted there should be a majority of veterinary surgeons (elected), as well as RVN and lay representation. It was also suggested that the current formula providing for an increase in membership according to the number of vet schools should be halted and that regardless of the structure, committees should be populated by sufficient expert members from within or outwith Council.
5. In December the Operational Board reflected upon the discussions held in the November meeting of Council, developed the proposals further and began working with Defra on the mechanics of how reform might be implemented.
6. The Operational Board agreed that from their perspective, no change was really no longer an option, given we had a real opportunity to create a more effective and efficient governance structure which, most importantly, would provide future generations with a system that was fit for purpose. The following table provides a snapshot of the reasons for reform:

Existing governance	Reform
Does not represent RVNs and poor lay representation	RVN representation aligned with Charter and lay representation, with public benefit statement
Duplications and workarounds including the need for an Operational Board, to make up for Council deficiencies	A transparent system with clear lines of responsibility
Expensive (£25k each meeting)	Efficient and will meet more frequently
Meets infrequently (3x a year)	More effective at holding executive to account
Didn't work when things went wrong	Built in flexibility for future generations

Option 1: A smaller Council, meeting regularly

7. A Council of up to 20 members which would meet six times a year and be constituted by 12 veterinary surgeons, two registered veterinary nurses, one vet school and five lay members. The membership would include the three Chairs of the main committees, Veterinary Nursing Council, Standards and Education. The Council would be Chaired by the President, whilst the CEO and Registrar would be in attendance at meetings.
8. The Operational Board would be disbanded and the senior team, through the CEO, would report directly to Council.
9. Committees would report into Council via their Chairs and would be populated with expert, non-Council members.
10. Elections would be held annually with four veterinary surgeons being elected each time and maximum term limits of three lots of three years.
11. This option is the most straightforward and more closely in line with the governance arrangements at other professional and healthcare regulators, although not 'best practice' in terms of the number of Council members. Best practice would require a fully appointed Council with fewer members.
12. The following table provides a snapshot of advantages and disadvantages of this option:

Advantages	Disadvantages
A clear line of sight from electorate to elected	Committee membership will need to come from outside the RCVS 'family'
Simple and easy to understand	Less connection with the wider profession
The most cost effective of the two options	More akin to a regulator, less like a Royal College
Simple and straightforward to implement	

Option 2: A smaller Council meeting regularly, with a larger 'Caucus' meeting twice yearly and electing / appointing Council members and committee membership

13. The present Council would be reduced in size to around 11 and would remain responsible for decision-making. A Caucus of up to 50 members would be formed, which would meet twice a year providing membership to the Council and Committees. As the Caucus will be highly networked and in touch with the profession and the public, it may also provide the Council with a sounding board and wider intelligence as well as building greater awareness of decisions made at Council.
14. The composition of the Caucus would include the following: at least 24 elected veterinary surgeons, Registered Veterinary Nurses, two representatives from the Vet Schools Council, veterinary representation from Scotland, Wales and Northern Ireland, at least five lay representatives, and two student representatives.
15. Under this option the Council could comprise 11 members. Four members would come from the Presidential team (the President, the two Vice-Presidents and the Treasurer). Three members would be the Chairs of the Veterinary Nurses Council, the Education Committee and the Standards Committee. Additionally there would be four lay members.
16. The Council would be Chaired by the President, whilst the CEO and Registrar would be in attendance at meetings. Again, the Operational Board would be disbanded and the senior team, through the CEO, would report directly to Council.
17. Elections / appointments would be made annually, with term limits of three lots of three years.
18. The President would not need to stand for election while he/she served as President (see point 22).
19. Proposals were made in the December meeting of the Operational Board that a variation of Option 2 whereby Council as it is presently composed, could delegate further powers to a smaller

Board, which may or may not require an LRO. Whilst prima facie this proposal is appealing, upon further exploration it presents significant issues.

20. An LRO would be required to change the composition of Council to include lay representation and membership to RVNs, and in addition the modest reform would be unlikely to be deemed sufficiently de-regulatory for it to be considered suitable for an LRO.

21. The following table provides a snapshot of advantages and disadvantages of this option:

Advantages	Disadvantages
A wider reach into the profession	Potential for confusion about the role of the Caucus
A more dynamic and focused Council	The Caucus would break the direct link between the electorate and Council
Makes good sense of our unique Royal College and regulator role	More costly
The Caucus can provide a useful sounding Board to Council and a communications channel to the profession	Harder to argue it is deregulatory

Additional reforms

22. The Operational Board discussed the term and remuneration of the President. It was agreed that the current single-year term was too short and that the LRO presented an opportunity to address this issue. The Operational Board agreed that a two or three year term would be desirable and that in order to reflect the significant time commitment (approximately 40-50 per cent FTE) and to ensure that practising veterinary surgeons could hold the post, a salary of £60,000 should be offered.

23. The Operational Board discussed whether the Vice-Presidents were still required, should the term of the President be extended. Operational Board members were in strong agreement that the Vice-Presidents performed an important role in supporting the President and deputising at meetings and events. It was therefore decided that two Vice-President posts should be retained, but that they should be decoupled from the Presidency, i.e. there should be no expectation that the junior Vice-President would become President.

24. Other areas that require further exploration and discussion include whether membership from the vet schools should be reduced to one member nominated by the Veterinary Schools Council and whether the composition of the Council or Caucus should also include regional and country

representation, and students.

25. Defra would also like us to consider dropping the need for the CVO to be a member of Council as their relationship with the RCVS can be seen as too close, particularly when there are complaints or appeals made to the Privy Council.

Discussions with Defra and veterinary representative bodies

26. Meetings have been held with Defra to work through the two options, to discuss the process and resourcing, and the commitment of the Minister to see this process driven by Defra. Defra has advised that either option requires an LRO and that they have assigned resources to this project, so as to work up the consultation proposals. The Minister is very supportive of the reforms and has recommended that the consultation with the profession happen immediately following the General Election, giving time to get the relevant documentation in place.
27. A joint RCVS / Defra LRO project Board has been established and is meeting monthly. The members of the Board are Stuart Reid, Nick Stace and Anthony Roberts from the RCVS, and Richard Drummond, Siobhan Taylor and Gayle Foston from Defra. It is envisaged that this is the permanent team for the lifetime of the LRO project.
28. Meetings have also been held with the Presidents of the BVA, BSAVA and BVNA about the proposals for reform. Both the BVA and BSAVA are also going through governance reviews and changes, which are likely to see greater efficiencies in how they are governed. In their individual capacities, rather than consulting with their wider memberships, all three Presidents supported RCVS governance reform. They were, however, split as to the preferred option; two favoured Option 1.

Draft LRO and Council Panel

29. To ensure appropriate and detailed oversight of the draft LRO consultation document, a small Council Panel has been selected. The Council Panel will work with the Operational Board on the detail of the consultation and to ensure we meet the time-frame outlined below. Three members of Council with a history of helping the organisation go through reforms have been chosen and they are Professor Stephen May, Richard Stephenson and Andrea Jeffrey.
30. The Council Panel and the Operational Board will outline the draft LRO consultation at the next meeting of Council in June, with a view to consulting with the profession thereafter.

Proposed timetable

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| • Council Panel | March / April 2015 |
| • June Council and final LRO consultation paper | June 2015 |
| • LRO consultation with profession | June - September 2015 |
| • Transitional arrangements proposals | October 2015 |
| • Final report and agreement on transitional arrangements to Council | November 2015 |
| • LRO implementation | 2016 |

2: Governance

Key messages:

- The governing bodies of the professional regulators examined for this report have (with two exceptions) councils that range in size from 7 to 14 members – the direction of travel is 8 to 12 members.
- All the governing bodies of health professional regulators have parity of lay and professional members. The regulators of legal services are required to have a lay majority. All board members are appointed. The international veterinary regulators examined here have only a minority of lay members.
- The regulators examined here have all separated regulation from representation, except for one veterinary regulator in Canada. The regulator of pharmacists in Northern Ireland has delegated its professional and leadership role to another body.
- Most of the UK regulators are London-based, however the General Medical Council has established offices in each of the four countries to enable it to respond effectively to devolution.

SIZE AND CONSTITUTION

Professional regulators in the UK are characterised by small governing boards and at least an equal balance of lay and registrant members. The governing bodies of the professional regulators examined here mostly comprise 12 or 14 members. The Health and Care Professions Council is the largest with 20 members, however legislation will be introduced in 2013 to reduce the size of its council (Department of Health 2012). Governing board members are appointed, including the chairperson (appointment of the chair will come into force for the General Medical Council and the General Dental Council during 2013). All the governing bodies hold council meetings in public and often include question and answers sessions from the public.

The four international veterinary regulators examined for this report have governing bodies of just seven or nine members; one has 18 members. For two of these boards, the members are appointed; for the other two, there is a combination of appointed and elected members. Lay members are a feature, but there is no parity with veterinary members.

In 2007, the Department of Health published the *White Paper Trust, Assurance and Safety – The Regulation of Health Professionals in the 21st Century*. This paved the way for a move from professional self-regulation, to arrangements where responsibility is shared by professionals and the public:

'In order to exercise their functions effectively and command the confidence of patients, the public and the professions, they need to be seen to be independent and impartial in their actions.' (Department of Health 2007a)

The White Paper proposed that the councils that regulate health professionals should have, as a minimum, parity of membership between lay and professional members, to address concerns about the domination of purely professional concerns. To dispel the perception that councils are overly sympathetic to the professionals they regulate, it proposed the independent appointment of council members. To enable councils to focus more effectively on strategy and the oversight of their executives, the White Paper heralded a move to smaller and more board-like structures.

The Command Paper, *Enabling Excellence: Autonomy and Accountability for Healthcare Workers, Social Workers and Social Care Workers* (Department of Health 2011), credited these governance reforms with improving the health professional regulators' performance of their statutory duties and made clear the government's position on regulatory governance. It stated:

'By ending elected professional majorities on the health professions regulatory bodies' governing councils, this increased the independence of the regulators from those they regulate and sign-posted a commitment to ensuring that there is greater public, professional and parliamentary confidence in the regulators and reducing perceptions that they are either acting in the interests of the professions they regulate or acting overly punitively to counteract this view.'

In 2009, the Legal Services Board announced its package of measures on the composition of regulatory boards, including a requirement that boards have a lay majority (Legal Services Board 2009c). However, two of the eight regulators of legal services still have lawyer majorities (Legal Services Consumer Panel 2012a).

Shrinking the General Medical Council

When the Government consulted on plans to reform the General Medical Council in 2002 the aim was to reduce its Council to a maximum of 35, with a majority of elected (and a few appointed) medical members, and about 40 per cent lay members (Department of Health 2002a). For many this did not go far enough; some wanted the proportion of lay members increased and others were concerned that a Council of more than 25 members would be *'too large and unwieldy'* to operate efficiently (Department of Health 2002b).

A decade on, the Department of Health was again consulting on changes to the constitution of the General Medical Council (Department of Health 2012). It supported recommendations by CHRE that *'boards with a range of 8-12 members are associated with greater effectiveness'* and that the chair of a regulatory governing board *'should be independently recruited and appointed rather than elected from within the board membership'*. The consultation focused on the General Medical Council and the General Dental Council as these were the only health professions regulators to still have elected chairs and with the largest governing councils (with 24 members on each). The result was that the chair of both organisations must be appointed (by the Privy Council), and the composition of each is 6 registrant and 6 lay members.

In 2011 the Department of Health had asked CHRE for advice on the efficiency and effectiveness of health professional regulators. As part of this, CHRE considered the case for moving to smaller councils as a way of delivering more 'board like' and effective governance. It advised parity of membership between lay and professional members *'to ensure that purely professional concerns are not thought to dominate councils' work'*. It suggested that smaller boards, in the range of 8 to 12 members, were associated with greater effectiveness:

'It appears that smaller sized groups are able to communicate more effectively and reach decisions more quickly than larger ones. In addition, they are less likely to suffer from fragmentation and clique-formation and more likely to develop a culture of inclusiveness than their larger counterparts. Finally, since smaller boards struggle to involve themselves in issues that should be delegated to the executive, a smaller size helps them to focus their efforts on core governance issues.' (CHRE 2011a)

Moving to smaller boards requires moving away from the concept of representativeness in membership, which CHRE argued was no longer a valid concept for a regulatory board:

'Small boards cannot 'represent' all relevant constituencies or stakeholders nor should they attempt to do so. Rather boards should demonstrate the knowledge, understanding and awareness to properly take into account relevant interests, such as those of different groups of professionals or the different health systems in the UK, but they should not attempt to 'represent' them.' (CHRE 2011a)

Others have found that different factors are equally or more important in determining a board's effectiveness. For example, Cornforth (2001) found how well boards perform five functions is most important in explaining overall effectiveness. These functions, in order of importance, are:

- Setting the organisation's mission and values
- Helping raise funds or other resources for the organisation
- Overseeing financial management
- Reviewing and deciding strategic direction, and
- Reviewing board performance.

Other factors that explain board effectiveness include: clarity over board roles and responsibilities; having board members with the right mix of skills, experience and time to do the job well; a shared vision between the board and the executive; and regular review by boards and the executive of how they are working together (Cornforth 2001). Nevertheless, CHRE points towards evidence of a trend towards smaller board sizes across a wide range of sectors, including FTSE private sector companies, public sector boards, voluntary and community sector boards, and school governing bodies.

The Law Commission has sought views on whether its proposed statute for health professional regulators should encourage Councils to become more board-like, including whether a statutory executive board should be established consisting of the chief executive and senior directors, and/or a unitary board structure that would mark a departure from a two-tier approach based on a Council and officials (Law Commission et al 2012). Those responding to the consultation were divided on this

issue (Law Commission et al 2013), however the Department of Health and the Scottish Government agreed that a Council's core purpose should be threefold:

1. To provide strategic direction
2. To provide a point of public accountability, and
3. To exercise scrutiny over the exercise of powers by officials of the organisation, in particular by providing a first point of appeal (for example, in relation to decisions not to accept an application for restoration to the register).

The Law Commission put forward three options for reform relating to the size of Councils and the proportion of lay and registrant members: first, specifying in the proposed statute a ceiling in terms of size and the proportion of lay/registrant members; second, requiring the government to specify in regulations the size and proportion of lay/registrant members; thirdly, giving regulators general powers to set the size and composition of their Councils and for the Government to intervene where necessary. Those responding to the consultation were again divided on this question, however most supported the third option (Law Commission et al 2013).

REGULATION AND REPRESENTATION

Only one of the four international veterinary regulators – the Alberta Veterinary Medical Association – has a professional leadership role in addition to its regulatory functions. It stood apart from the other veterinary regulators by referring to 'members' and its 'membership'.

CHRE has emphasised that regulatory processes must be seen to be independent of '*undue influence*' from any group with a particular interest (CHRE 2009d). It highlighted three principles important in promoting effective and independent regulation:

1. Council members should not be seen to represent any particular viewpoint or constituency – they should be appointed because of their knowledge, skills and judgement
2. Criteria should be set that define the knowledge and skills required of council members – one way of achieving this is to ensure that councils have expertise in areas such as education, fitness to practise, service-user experience and employing professionals
3. Fixed periods of office should be managed with staggered turnover of council members to ensure a degree of stability and continuity.

This echoes the Government's belief that, in order to sustain the confidence of the public and the profession, health professional regulators need to be independent of government, the professionals themselves, employers, educators and other interest groups (Department of Health 2007a). Given this, the position of both pharmaceutical regulators – the Royal Pharmaceutical Society of Great Britain and the Pharmaceutical Society of Northern Ireland – in regulating and representing the profession became subject to change.

General Pharmaceutical Council and Royal Pharmaceutical Society

The General Pharmaceutical Council came into existence in 2010 and became responsible for the regulation of pharmacists and pharmacy technicians, and the registration of pharmacy premises.

Lord Carter of Coles chaired the Working Party on professional regulation and leadership in pharmacy. He said it was *'entirely appropriate that the regulation of the pharmacy profession falls in line with other healthcare professionals, by ensuring regulation is independent of professional leadership'*. However he also observed: *'the complexity of establishing both a new regulator and an effective professional leadership body should not be underestimated'* (Department of Health 2007b).

The development of a Royal College – now called the Royal Pharmaceutical Society – happened in parallel to the creation of the General Pharmaceutical Council. It was established into a landscape of three existing membership organisations for pharmacists, yet real enthusiasm for the College was identified from within the profession.

Today, the General Pharmaceutical Council and Royal Pharmaceutical Society (RPS) are co-located within the same building, but there are separate entrances and RPS staff cannot access floors occupied by the General Pharmaceutical Council, and vice versa. They operate as two separate organisations, each with a distinct purpose. Further details about the work to separate pharmacy regulation from professional leadership are available at the footnoted weblink.⁴

Pharmacy Forum in North Ireland

The Act that enabled the regulatory functions of the Royal Pharmaceutical Society of Great Britain to transfer to the General Pharmaceutical Council, also allowed for the transfer of regulatory functions from the Pharmaceutical Society of Northern Ireland to the General Pharmaceutical Council in the future, subject to a decision by Northern Ireland Ministers.

In the meantime, since 2011, the professional and leadership roles of the Pharmaceutical Society of Northern Ireland have been delegated to the Pharmacy Forum. The Forum promotes the profession and facilitates continuing professional development and is the organisation for pharmacy professional leadership in Northern Ireland.

Legal professions

The pharmacists are not the only profession 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 (LSB) was created to address a lack of trust in the regulatory framework and was required by the Act to make rules on regulatory independence to boost public confidence in legal services (Legal Services Board 2009a).

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

The LSB proposed rules that would require the separation of regulatory work from any representative work within the eight approved regulators. It proposed that each regulator with representative functions should establish a separate regulatory arm with the power to control its own structure, processes, procedures and strategic direction (Legal Services Board 2009b).

The General Social Care Council (GSCC) was established in 2001 to regulate the social work profession and social work education in England. Little more than a decade later, in July 2012, the organisation was disbanded and the regulation of the social work profession was transferred to the Health and Care Professions Council. One of the GSCC's original mission statements was to champion social care workers. Reflecting on this it said:

'This caused confusion among the sector and the media as to our role in both holding the workforce to account and a body that represented its interest. This confusion arose because, unlike other professions, social workers did not have an effective professional body to act as the voice of the profession. However, in time, we learnt that we needed to be clear about our essential function.' (GSCC 2012)

Views of RCVS council members

Overview of RCVS council members' views

- Council members believe they are discharging their regulatory functions to a high standard.
- However, there are issues with how Council is run and its structure. These give rise to feelings of frustration and dissatisfaction and a sense that changes are urgently required to ensure the smooth running of Council in the future.
- The proposed new Board is seen by many as a step in the right direction.
- A key debate concerns the RCVS' dual role as regulator and Royal College. But whilst issues are acknowledged, there is little appetite for a clean separation – most feel that the new Legislative Reform Order (LRO) will go a long way to addressing perceptions of a lack of impartiality.

RCVS council members on the structure of Council

- Many express concerns about the current structure and composition of Council, whilst acknowledging that this is largely governed by the Veterinary Surgeons Act (VSA).
- There is an issue about the **size** of the Council (too big), the **age** of Council members (on the older side), the proportionate **lack of women** (compared to the profession as a whole), and the **term of service** for Council members (too long) and the **term of Presidency** (only one year).
- There is an issue about the **balance of member type** (centering on academic vs. elected membership) and on the **selection of committee members** (with more emphasis needed on competencies for the specific committee).

I think people shouldn't stay 20 years on Council because there is a limit to how much you can contribute and you need to have a fresh intake of new blood.

Elected member

RCVS council members on how Council is run

- There is considerable concern from Council members about how the Council is run. Areas for improvement include:
 - **Introducing a stronger structure to meetings**, to support better adherence to meeting rules (length of time to speak, not repeating points etc.) and limit the length of meetings.
 - **A more formal induction for new members**, to ensure they fully understand the role of Council (strategic rather than operational), the distinct roles of committees, and their own role on Council (particularly for elected members, to ensure they understand they are not representative of particular issues or constituencies).
 - **A suggestion of the introduction of more pre-Council meetings**, to allow for more informal debate of issues before they come to Council.

I think we could be a first rate regulator if a lot of the minutiae of micro-managing was taken away from Council and committees.

Elected member

Elected members feel they are representing the profession in a political kind of way. They are meant to be representative of the profession but not representing them – that's an important distinction. Lay member

RCVS council members on the RCVS' strengths and weaknesses

Strengths	Weaknesses
An excellent regulator	Lack of engagement with profession and public
Outstanding staff	Too much pomp and ceremony
Monitoring standards – particularly on Day 1 competencies	Reactive not proactive
University accreditation system	Disciplinary process is too slow
Maintaining the Register	Royal College function not as well developed as those of regulator
Practice Standards Scheme	Internal IT systems
Walks of Life Programme	

The profession should be very proud of the College. And the calibre of staff working at the College is excellent too. The Officer team also care passionately about the profession. Lay member

It is supposed to have a Royal College function & they do that very badly.... University member

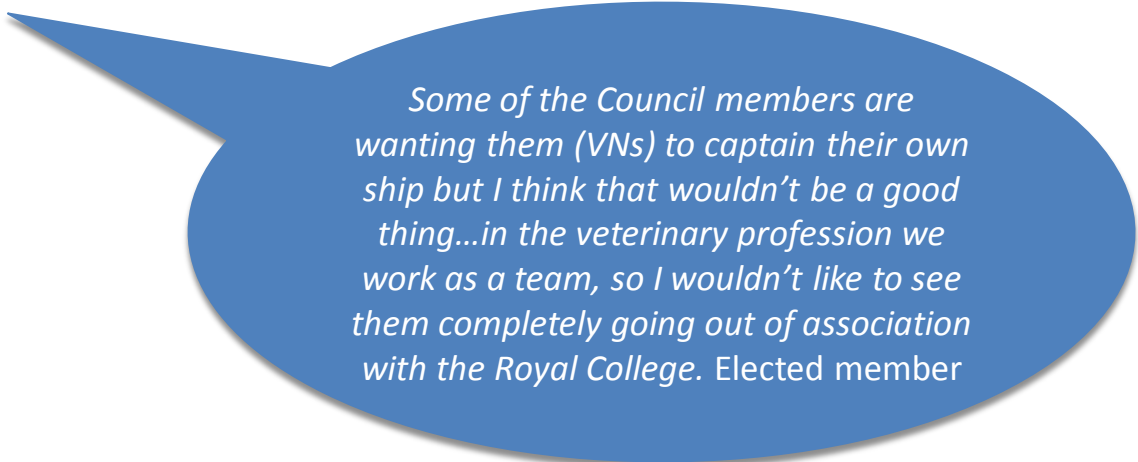
RCVS council members on the role of the RCVS

- There are differing views amongst council members as to whether the RCVS should continue to have dual roles – most agree that the dual roles lead to confusion within RCVS, the profession and (probably) the public.
- However, separating the two roles is not always thought to be ideal:
 - financial consequences (particularly for a free-standing Royal College, with no guaranteed income from fees)
 - a sense that the LRO needs to be given time to work before other more radical solutions
 - it could lead to conflict with the British Veterinary Association (BVA) (encroaching on what they may see as their ‘patch’).

Regulator & Royal College functions...can be done by the same body, it doesn't need to be one or the other, but it just needs more clarity. University member

RCVS council members on Links with VN Council

- Mixed opinions from council members as to whether VN Council should be kept together with main Council (as currently) or whether they should be working towards a separation and independence.
- Arguments for keeping the 2 Councils together:
 - VNs and VSs work as a team in the profession, so should be regulated together
 - Too expensive to separate
- Arguments for fully separating the 2 Councils:
 - VNs are a fully fledged profession and should now stand on their own two feet



Some of the Council members are wanting them (VNs) to captain their own ship but I think that wouldn't be a good thing...in the veterinary profession we work as a team, so I wouldn't like to see them completely going out of association with the Royal College. Elected member

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.

Funding, governance and infrastructure

The royal colleges vary in terms of the numbers of staff they employ. The eight colleges considered here ranged from 70 staff to almost 1,000.

One feature the colleges share is a governing body comprised largely of elected members of the profession. The governing bodies range in size: two of the eight royal colleges have small 'Boards' of 12 to 14 members, while six have 'Councils' of between 24 and 67 members. The Royal Pharmaceutical Society of Great Britain has a uniquely different arrangement: strategic direction is set by an Assembly of 14 members, while three national Boards, each comprising 10 to 13 elected members, oversee governance.

Regional representation is a feature of many of the governing bodies, and members are often referred to as representatives of the region from which they were elected.

Conference facilities, lecture theatres and overnight accommodation (at discounted rates for members) are important features of a number of these royal colleges – residential and conference income is an important stream of revenue for some.

Table G: Governance, staffing and infrastructure	
Royal College of Anaesthetists	<p>The Council is comprised of 24 elected practising anaesthetists: 20 consultants, two staff/associate specialists and two trainees. There are also five co-opted members of Council representing the College advisory boards for Northern Ireland and Wales, the Association of Anaesthetists, the College's Patient Liaison Group and Clinical Directors.</p> <p>The College employs approximately 70 staff.</p> <p>It has meeting and conference facilities available to hire.</p>
Royal College of General Practitioners	<p>Council consists of 67 members elected by College members, including 32 representing the College's local faculties and 18 elected through a national ballot.</p> <p>The College employs 270 staff (as at 31 March 2012).</p> <p>The College moved to a new building in 2012, which contains a conference centre, examination centre, study bedrooms with en-suite facilities, function rooms, a café, members' room and information resources.</p>
Royal College of Midwives	<p>The RCM is governed by an elected Board of 12 members. All Board members must be RCM members and qualified midwives.</p> <p>The RCM employs approximately 50 staff. It also has around 30 staff in offices in the four countries of the UK.</p> <p>The RCM's reference library and heritage collection is housed at the Royal College of Obstetricians and Gynecologists (RCOG). RCM members also have access to reading rooms at the RCOG.</p>

<p>Royal College of Nursing</p>	<p>The RCN Council is comprised of 31 members (including members from Scotland, Wales and Northern Ireland, and each of the nine England regions). Council members are elected by RCN members in those regions. The Council also includes two health practitioner members and two student members.</p> <p>The RCN employs 968 staff, of which 102 are employed by its publishing trading subsidiary.</p> <p>The College is currently refurbishing its meeting rooms, conference facilities and hospitality services.</p>
<p>Royal College of Paediatrics and Child Health</p>	<p>The RCPCH is currently undergoing a governance review. The Council is comprised of approximately 54 members. This includes the officers of the College, representatives elected by fellows and members working in each of the UK and Republic of Ireland regions, as well as representatives elected by associate members, trainees, honorary fellows and specialty groups affiliated to the College.</p> <p>The College has 130 staff (as at 14 June 2013).</p> <p>The College meeting rooms and hospitality are available to members at discounted rates.</p>
<p>Royal College of Physicians</p>	<p>The RCP's governing body is a Board of Trustees. This comprises 14 trustees: six senior officers of the College, four members nominated by the Council, and four lay members. The Board meets four times a year.</p> <p>Two boards have specific responsibility to the Board of Trustees:</p> <ul style="list-style-type: none"> • Council – the RCP's governing body for all clinical and professional matters. It is supported by a wide range of sub-committees. • Finance and General Purposes Board – which agrees and monitors the application and use of resources, as well as monitoring the business planning process. <p>The College has 334 staff (as at 31 December 2012).</p> <p>It has conference and accommodation facilities exclusively for members and fellows at reduced rates.</p>
<p>Royal College of Surgeons of England</p>	<p>Council consists of 26 trustees who are elected members (surgeons who are elected by College fellows and members). There are also two co-opted members and invited members (e.g. from the ten surgical specialist associations and schools of surgery).</p> <p>The College employs 303 staff (as at 30 June 2012).</p> <p>The College has a surgical skills centre, which comprises one of the UK's largest cadaveric dissection facilities, as well as a clinical skills unit (for keyhole surgery skills), and a fully equipped operating theatre for team skills training. The College also has a members' lounge, conference facilities and seminar rooms, two lecture theatres, library and museums, and discounted accommodation.</p>

	The College owns the Hunterian Museum, which is open to the public, with free admission.
Royal Pharmaceutical Society of Great Britain	<p>The RPSGB is governed by three national boards in England, Scotland and Wales, each consisting of between 10 and 13 elected members. The overall strategic direction is set by the Assembly, consisting of 11 members of the national pharmacy boards and three other members, including one pharmaceutical scientist, one academic and one lay member.</p> <p>The RPSGB employs 172 staff (as at 31 December 2012). It is in the same building as the General Pharmaceutical Council and shares a reception. The RPSGB offers conference facilities. It also has a museum that is open to the public and free of charge.</p>

Funding

The income levels of royal colleges vary markedly and are influenced by a number of factors, not least the size of the professional group the college represents.

The income of the eight royal colleges examined for this review range from £8 million to £72 million. Differences in how royal colleges categorise their income streams make direct comparisons difficult. However, generally, membership subscriptions are the largest income stream, followed by examination fees and revenue from courses and conferences. The Royal College of Nursing generates nearly £70 million from membership subscriptions alone, and has three subsidiary companies (publishing, membership services and licensing) which bring in an additional £14.6 million.

Table H:	Income
Royal College of Anaesthetists	<p>Income of £8 million. The top three income sources:</p> <ul style="list-style-type: none"> • £3.7 million in membership subscriptions • £1.6 million in examination fees • £1 million in courses and conference fees <p>Other revenue streams include training, donations and legacies, investment income, and income from its training subsidiary and faculties. For further details, see Royal College of Anaesthetists (2012).</p>
Royal College of General Practitioners	<p>Income of £33 million:</p> <ul style="list-style-type: none"> • The largest income stream (43%) is <i>'individual support'</i>, which includes membership • Professional standards, including examinations (31%) • Professional development, including courses (15%).

	<p>Other income streams are voluntary income, activities for generating funds, investment income and promotion of the profession. For more details, see Royal College of General Practitioners (2012).</p>
Royal College of Midwives	<p>Income of £7.9 million:</p> <ul style="list-style-type: none"> • Approximately 85% of income from membership subscriptions • Other areas of significant income include RCM Alliance sponsorship (see page 21) and external project funding. <p>For further details, see Royal College of Midwives (2012a).</p>
Royal College of Nursing	<p>Income of £72 million:</p> <ul style="list-style-type: none"> • £69.1 million from membership subscriptions • £2.8 million from 'other' income. <p>The College <i>additionally</i> has three trading subsidiaries:</p> <ul style="list-style-type: none"> • RCN Publishing Company Limited (publishes RCN's nursing journals) - £13.8 million income • RCN Membership Services Limited (which procures insurance, financial and ancillary products and services, and the marketing of these to members; the company receives its income from a share of the commission generated by this service) - £347,000 income • RCN Licensing Limited (receives income from companies granting licenses to use the RCN's logos and trademarks, supply of catering services and provision of the RCN UK Consultancy Service) - £408,000 income. <p>For further details, see Royal College of Nursing (2012).</p>
Royal College of Paediatrics and Child Health	<p>Income of £11.9 million. The three largest sources of income:</p> <ul style="list-style-type: none"> • Member subscriptions (31%) • Assessment (examinations) (28%) • Research and policy activities (14%). <p>Other sources of income include publications, education and training, events, investment income, voluntary income, and activities for generating funds. For further details, see Royal College of Paediatrics and Child Health (2013).</p>
Royal College of Physicians	<p>Income of £35.1 million. The vast majority (93%) of income is from charitable activities:</p> <ul style="list-style-type: none"> • Education and training (including examinations, education and conferences, and training) – 38% • Improving standards in clinical practice (including the National Clinical Guideline Centre and Clinical Standards) – 26% • Supporting physicians (including membership and publications) – 17%

	<ul style="list-style-type: none"> • Meetings and events – 11% <p>Other sources of income include donations, legacies, and investment income. For further details, see Royal College of Physicians (2013).</p>
Royal College of Surgeons of England	<p>Income of £26.3 million:</p> <ul style="list-style-type: none"> • £8.89 million from generated funds (investment income, donations and gifts, legacies, grants, residential and conference income) • £17.4 million from charitable activities (course income, examination income, subscription income, charges and sales income such as the invited review mechanism and intercollegiate activity). <p>The four key income sources (each generating over £4 million) in order of highest amount are: courses, subscriptions, examinations and residential/conference income. For further details, see Royal College of Surgeons of England (2013).</p>
Royal Pharmaceutical Society of Great Britain	<p>Income of £21.8 million:</p> <ul style="list-style-type: none"> • Pharmaceutical publications, including the Pharmaceutical Journal and the British National Formulary (67%) • Member fees (22%) • Resources (9%). <p>For further details, see Royal Pharmaceutical Society of Great Britain (2013).</p>

Questions for the RCVS to consider

The RCVS is not starting from a blank canvas; it is *the* royal college for the veterinary profession and it already offers activities synonymous with a royal college. However, feedback from the veterinary profession indicates that the College has afforded less attention to royal college type activities than to its regulatory duties (Williams 2013a), which reflects an inherent tension in its dual role.

There is potential for the RCVS to introduce internal divisions between its regulatory functions and royal college type activities, which would enable it to consolidate and possibly expand the range of royal college services it offers. If the RCVS is to do this, it may wish to consider the following questions.

Mission and purpose

- What should its primary emphasis be – on **setting standards or promoting the profession**?
- What type of interface might be sought with the public?
- To what extent does the RCVS seek to influence policy and lobby on behalf of service users and the profession?

Key functions

- What activities does the RCVS already undertake that are synonymous with a royal college?
- What **education and training services** could be offered under the ‘royal college’ banner, as distinct from regulatory functions?
- How might the RCVS expand its range of **standards and guidance**? How could it support potential members to embed standards in their everyday practice?
- Would the RCVS seek to extend its role in developing the **research and evidence base** for veterinary services? Are there possible collaborations with external partners to be explored here?
- Is the RCVS well positioned to offer **consultancy services** or the type of **service review** offered by the medical royal colleges? Could it extend the reach of its Practice Standards Scheme?
- What other roles might the RCVS adopt under the ‘royal college’ banner?

Membership benefits

- What **range of membership services** would the RCVS like to offer? How would it attract potential members?
- What **networking opportunities** could the RCVS offer to potential members?
- What type of **advice and support** could the RCVS offer to potential members?
- How could it demonstrate a **local and regional presence**?
- What different **types of membership** might the RCVS offer? Would membership options be available to students and trainees, or other, related professionals?
- What type of **fee structure** would be appropriate, in the light of the services and benefits that the RCVS would seek to provide?

Funding, governance and infrastructure

- Would the existing RCVS Council provide **appropriate governance** for a consolidated programme of royal college activities?
- What **staffing** would be required by an expansion or consolidation of royal college activities?
- Would the current **building** accommodate an expansion of activity? Should the RCVS explore offering, for example, overnight accommodation or conference facilities?
- What **funding streams** would be necessary to support an expansion of royal college type activities?



Royal College of Veterinary Surgeons

| Paper 7: Review of VSA 2009 Consultation

Review of the Veterinary Surgeons Act

Consultation on recommendations of
the Veterinary Legislation Group

July 2009

SUMMARY OF PROPOSALS ON WHICH COMMENTS ARE INVITED

Disciplinary machinery

- The Act should be amended to give the RCVS Council discretion to make rules determining the composition of the Preliminary Investigation (PIC) and Disciplinary Committees (DC).
- Council members should not be eligible to be members of DC.
- The rules should be subject to approval by the Government.

Disciplinary jurisdiction and powers

The DC should have jurisdiction over:

- professional conduct;
- clinical performance;
- health;
- criminal convictions relevant to fitness to practise.

The PIC should have power to dispose of a complaint by:

- giving a caution, with the respondent's agreement; or
- giving advice.

The DC should have power to:

- give a warning as to future conduct; or
- impose conditions or restrictions on future practice by the respondent.

Composition of the RCVS Council

- Council should have no more than 30 members.
- Between 30% and 50% of the members should be non-veterinarians.
- At least half of the veterinary members of Council should be elected.
- Council should include a veterinary nurse as an appointed member.
- There should be one Council member nominated jointly by the UK universities with recognised veterinary degrees.
- Council members other than elected members and the member to be nominated jointly by the universities should be appointed by the Government of the day.

REVIEW OF THE VETERINARY SURGEONS ACT

Introduction

The Council of the Royal College of Veterinary Surgeons invites comments on new proposals for changes in the Veterinary Surgeons Act 1966.

The need to bring the Act up to date has long been recognised. Early in 2003, the RCVS invited views on a range of issues, and later that year the Department for Environment, Food and Rural Affairs launched its own consultation on the modernisation of the Act. In 2005, following a further consultation by the College, the RCVS Council adopted proposals for a new legislative framework.

At that time it was expected that the Government would pick up the baton and prepare proposals for amending legislation. In 2008, however, the then Minister, Lord Rooker, announced that recent decisions on the Department's budget and a review of its priorities meant that it would not devote resources to this before 2011.

In the light of that announcement the RCVS had to reconsider its position. Council has received advice from a working group made up of Council members, a member of the Veterinary Nurses Council and outside experts. The report of the Veterinary Legislation Group can be seen on RCVSonline at www.rcvs.org.uk/VSA. Before taking a firm view on the recommendations, Council would welcome comments from veterinary surgeons and veterinary nurses and their organisations and from other interested bodies and the public at large.

Reasons for changing the Act

The Veterinary Surgeons Act 1966 was largely a consolidation of earlier legislation, and the regulatory model does not measure up to modern expectations. There are three main respects in which it is out of line with current ideas on how a profession should be regulated.

First, Council, which ultimately sets the framework of guidance within which veterinary surgeons in the UK operate, also supplies the members of the committees which consider allegations against individual practitioners. The Act stipulates that the Preliminary Investigation and Disciplinary Committees (PIC and DC) have to be composed entirely of Council members, and as a result there could be a perception of bias.

Secondly, the regulatory powers available to the RCVS are limited and inflexible. The grounds for removal from the Register are still substantially as laid down in the Veterinary Surgeons Act 1881, namely criminal convictions and disgraceful professional conduct. If action is necessary following disciplinary proceedings, the Act only gives the options of removal or suspension from the Register. Under procedural rules DC can give a reprimand or warning as to future conduct, but it would be good to have these possibilities on the face of the Act, as well as be able to do more.

Thirdly, the Act requires the affairs of the College to be managed by a Council with, currently, 40 members, at least 30 of whom must be veterinary surgeons. At the moment, Council includes six members who are not veterinary surgeons, but this is not a statutory requirement. The RCVS regulates the veterinary profession in the public interest and for the benefit of animal welfare, so the viewpoint of users of veterinary services and the general public ought to be formally represented on Council.

The need to set priorities

The package of proposals adopted by Council in 2005 implied extensive rewriting of the Veterinary Surgeons Act. The Veterinary Legislation Group has recommended focusing specifically on the three areas mentioned above, namely a new composition for the RCVS Council, new disciplinary machinery for veterinary surgeons, and a wider disciplinary jurisdiction with more flexible disciplinary powers. The reasons for narrowing the target in this way concern the practicalities of getting the Act amended.

The College itself has no power to change the legislation. Normally, if an Act of Parliament is to be amended the Government introduces into Parliament a Bill for this purpose. If approved by the House of Commons and the House of Lords the Bill becomes an Act and replaces the existing legislation. It is not easy, however, to secure the passing of a new Act. There is always competition for a place in the Government's legislative programme, and steering a Bill through Parliament makes heavy demands on the resources of the department concerned.

The Government has a further option: to make an order under the Legislative and Regulatory Reform Act 2006. This gives Ministers powers to make orders designed, among other things, to ensure that regulatory activities are carried out in a transparent, accountable, proportionate and consistent fashion. An order under the 2006 Act is subject to Parliamentary procedure, but the process is less onerous than the passage of a Bill. Some of the changes needed in the Veterinary Surgeons Act, notably relating to the composition of Council, PIC and DC, could be brought about through this route. (Amendments to the disciplinary jurisdiction and powers would need main legislation.)

Whichever approach were adopted, the Department for Environment, Food and Rural Affairs would need to consider the issues, carry out consultations and commission legal drafting. It is impossible to say when Ministers might agree to find time to amend the Veterinary Surgeons Act, given their other priorities, but this is more likely to happen if the changes proposed by the College are clear, simple, uncontentious and obviously desirable.

There is a further possibility. Any MP or member of the House of Lords can introduce a Bill, and they may be prompted to do so by organisations which seek a change in the law. The odds against a Private Member's Bill becoming law are, however, quite high, there are subjects for which such a Bill is generally regarded as unsuitable, and it may be amended during its passage through Parliament in ways that are unwelcome to its sponsors. For these reasons the Veterinary Legislation Group has not recommended seeking to promote a Private Member's Bill to bring the Veterinary Surgeons Act up to date. Again, though, if this approach were to be tried, the chances of success would be higher if the proposals were short and simple.

The changes which the Group has recommended pursuing are set out below.

Disciplinary machinery

The report recommends that the Act should be amended to give the RCVS Council discretion to decide the composition of PIC and DC, with one stipulation: DC should not include Council members. Subject to that proviso, there would be flexibility to change the make-up of the committees from time to time in the light of experience. Council would make rules laying down how the two committees should be constituted, and as a safeguard the rules would be subject to approval by the Government. The rules could provide for Council itself to choose the members of the committees, or they could specify some form of independent appointment process.

Disciplinary jurisdiction and powers

The Group has recommended that DC should, like the corresponding bodies for the human health professions, have jurisdiction over “fitness to practise”. This would be defined as covering:

- professional conduct;
- clinical performance (the human health legislation uses such expressions as “deficient professional performance” and “lack of competence”);
- health; and
- criminal convictions relevant to fitness to practise.

More flexible disposal powers are recommended for PIC and DC. The former would have power to dispose of a complaint by giving a caution, with the respondent’s agreement, or advice. Following disciplinary proceedings the DC would, in addition to the present powers to remove or suspend from the Register, have power to give a warning as to future conduct or impose conditions or restrictions on future practice by the respondent.

The proposed power to impose conditions or restrictions would formalise existing practice, in that DC may already defer judgment in suitable cases on the strength of an undertaking by the respondent to abide by specified conditions. As the law stands, however, that can only be done by agreement, and the case has to be kept open.

Composition of the RCVS Council

The Group’s report does not offer a specific formula for the composition of Council but recommends that:

- Council should have no more than 30 members;
- between 30% and 50% of the members should be non-veterinarians;
- at least half of the veterinary members of Council should be elected;

- Council should include a veterinary nurse as an appointed member;
- there should be one Council member nominated jointly by the UK universities with recognised veterinary degrees; and
- the power to appoint Council members other than elected members and the member to be nominated jointly by the universities should rest with the Government of the day.

Regulation of veterinary nurses

The RCVS remains committed to achieving statutory regulation for veterinary nurses. Veterinary nursing should be formally recognised as a profession and veterinary nurses should be subject to statutory regulation on the same lines as veterinary surgeons. The Veterinary Legislation Group has not, however, recommended including this in the shortlist of proposals for changes to the Veterinary Surgeons Act, for two reasons:

- the necessary legislation will be substantial; and
- the Veterinary Nurses Council has already taken the right steps to prepare the ground by setting up the Register of Veterinary Nurses under powers in the Royal Charter. A new profession will normally only be recognised and made subject to statutory regulation when voluntary arrangements are well-established.

Other changes

The other proposals which Council adopted in November 2005 remain for consideration in the longer term. In the meanwhile, Council has accepted the Veterinary Legislation Group's recommendation that, for clarity, these proposals should be formally withdrawn.

Invitation to comment

Comments on the recommendations outlined above are invited by 21 October 2009. They should, preferably, be sent by email to j.gill@rcvs.org.uk, or by post to Jeff Gill, Communications Department, RCVS, Belgravia House, 62-64 Horseferry Road, London SW1P 2AF. Copies of this paper can be obtained from the same address (or ring 020 7202 0735).

In accordance with the Government Code of Practice on Consultation, copies of the responses received may be made available publicly at the end of the consultation period, and the information they contain may also be published in a summary of responses. If you do not consent to this, please make clear that your response is to be treated as confidential. You should also be aware that the RCVS may be required to communicate information to third parties on request under the Freedom of Information Act 2000.



MEETING	Council
DATE	5 November 2009
TITLE	Veterinary Legislation Report
CLASSIFICATION	Unclassified
SUMMARY	Council is invited to take stock of the responses to the consultation on the recommendations of the Veterinary Legislation Group and decide the way ahead
DECISIONS REQUIRED	Whether to pursue all or any of the recommended changes to the Veterinary Surgeons Act
ATTACHMENTS	Annex A: note of meeting of 23 October Annex B: summary of responses Annex C: recommendations of the Veterinary Legislation Group
AUTHOR	Jane C. Hern Registrar 020 7202 0716 j.c.h@rcvs.org.uk

BACKGROUND

1. Council debated the report of the Veterinary Legislation Group (VLG) on 4 June and agreed that it should be the subject of consultation. The Group's recommendations, as summarised in the consultation document, are at annex C, and the responses to the consultation are summarised in annex B.
2. The President chaired a meeting of the Officers together with members of the Group on 23 October to consider the responses. A note of the meeting is at annex A.
3. The VLG recommended focussing on amendments to the Veterinary Surgeons Act for three purposes:
 - to update the disciplinary machinery, by taking powers to revise the composition of the Preliminary Investigation and Disciplinary Committees (PIC and DC);
 - to widen the disciplinary jurisdiction and give PIC and DC a more flexible range of disposal powers; and
 - to revise the composition of the RCVS Council.
4. The College has been advised that the recommended changes to the disciplinary machinery could be brought about by a Ministerial order under the Legislative and Regulatory Reform Act 2006 (a legislative reform order). Such an order could probably also be used to modify the composition of Council. The suggested changes to the disciplinary jurisdiction and powers would, however, require main legislation (the passage of a Bill through Parliament), and DEFRA have no current plans to promote a Bill.

ISSUES

5. In assessing the options before it Council will wish to consider:
 - which are the most pressing priorities;
 - what can be learnt from the responses to the consultation;
 - which course of action would be supported by the BVA; and
 - which changes might be achieved without main legislation.
6. In offering the recommendations set out below the Officers have had regard to the fact that an updating of the disciplinary jurisdiction and powers is not achievable in the short term, because it requires main legislation. They also take the view that it is prudent to set the new disciplinary machinery in place before making decisions on the composition of Council. If Council members cease to serve on DC there will be a considerable impact on their workload and on the availability of Council members, and in particular lay members, to serve on other committees. It will therefore be desirable to reconsider the composition of Council in the light of the new disciplinary arrangements.
7. The responses to the consultation showed strong support for a revision of the disciplinary jurisdiction and powers, in spite of concerns which were expressed about the extension of the jurisdiction to cover clinical competence. There are other important issues for which there is strong support, notably the statutory regulation of veterinary nurses (which

requires main legislation). Some of the proposals which Council adopted in 2005, such as mandatory CPD, should also be considered for the longer term. The Officers are strongly of the mind that all of these issues are important and that the College must be developing a prepared position for new legislation.

RECOMMENDATIONS

8. Taking these factors into account, the Officers recommend to Council that:
 - it should endorse the first of the VLG recommendations, relating to disciplinary machinery, and accordingly call for the Act to be amended to give the RCVS Council discretion to make rules determining the composition of PIC and DC. The Act should provide that Council members are not eligible to be members of DC, and the rules should be subject to approval by the Government;
 - the other proposals of the Veterinary Legislation Group should be considered further.

REVIEW OF THE VETERINARY SURGEONS ACT

MEETING OF OFFICERS AND MEMBERS OF FORMER VETERINARY LEGISLATION GROUP, 23 OCTOBER 2009

Present:

Prof Sandy Trees	-	President
Alex Galloway		
Charles Gruchy		
Jane Hern	-	Registrar
Peter Inman	-	Junior Vice-President
Dr Barry Johnson		
Dr Bob Moore		
Jill Nute	-	Senior Vice-President
Hilary Orpet		
Prof Stuart Reid		
Barbara Saunders		

In attendance:

Professor Bill Reilly	-	BVA President
Jeff Gill	-	Secretary

APOLOGIES

1. Apologies were received from Mr Coe, Dr Davies, Mrs Molyneux and Professor Scudamore.

INTRODUCTION

2. The President had invited members of the former Veterinary Legislation Group to join the Officer team to discuss what advice should be offered to Council in the light of the responses to the consultation of July 2009 on the recommendations of the Group. The President's letter of 4 September had noted that the Group's work had been concluded. The responses received had been circulated on 21 October.
3. In opening the meeting the President welcomed Professor Reilly and thanked the members of the Veterinary Legislation Group for their work. He suggested that the recommendations on which the consultation had invited comments could be considered in three groups:
 - disciplinary machinery (proposed changes suitable for implementation through a regulatory reform order);
 - disciplinary jurisdiction and powers (changes requiring main legislation);
 - composition of RCVS Council (changes suitable for a regulatory reform order, but more controversial than the proposals for the disciplinary machinery).
4. In preliminary discussion it was observed that there were other issues which also needed to be considered at some point. It was urged that RCVS should make its position clear to

DEFRA, and should bear in mind that the public would take a view on how the College was doing its job. The recommendations in the Lowe Report on the veterinary team might add to the pressure for a revision of the VSA.

DISCIPLINARY MACHINERY

5. It was noted that there was general support for the proposal that Council should have discretion to make rules, subject to the approval of the Government, determining the composition of PIC and DC, members of Council being excluded from DC. There were various views in the consultation responses on whether PIC too should be separate from Council, but the proposal left that question open. It was suggested in discussion that the issues concerning PIC related more to procedure than to governance, and that flexibility was needed in order to be able to improve the current arrangements progressively. The RCVS rules determining the composition of PIC and DC might thus provide, initially, for PIC to continue in much its present form. It was observed that, in seeking power to make rules constituting the committees, it would be important to be able to explain how it was envisaged that that power would be exercised.
6. It was agreed to recommend that Council adopt the recommendations in respect of the disciplinary machinery.

DISCIPLINARY JURISDICTION AND POWERS

7. The recommendations in the consultation document envisaged a wider jurisdiction for DC and new disposal powers for PIC and DC. The responses indicated that the proposals were controversial in some respects, notably the widening of the jurisdiction to cover clinical competence. Attention was also drawn to the comment from Maurice Turnor Gardner LLP that it could be a mistake to give PIC the power to make a finding.
8. It was argued in discussion that, since the proposed changes could only be brought about by main legislation and this was not currently in prospect, no purpose would be served by discussing them further for the time being. A contrary view was that, if RCVS thought that the changes in question were needed, it should press for them publicly even if there was no immediate likelihood of the Government bringing legislation forward. An alternative would be to present the changes as aspirations, for further consideration in due course. It was noted that there were other issues which also merited consideration in the longer term, notably regulation of veterinary nurses and mandatory CPD, and BVA and others would be disappointed if they disappeared from the agenda.
9. It was agreed that Council should be advised to commission further consideration of the recommended changes in the disciplinary jurisdiction and powers, the regulation of veterinary nurses and other matters.

COMPOSITION OF RCVS COUNCIL

10. It was noted that the proposed changes had proved contentious. In discussion:
 - it was suggested that one university representative would not be enough, given the desirability of having at least one such representative on the Officer team (though academic staff would still be eligible to stand for election or apply for appointment). One view was that each UK university with a recognised degree should have one nominee. It was suggested that it might be an option, even without any change to the

legislation, to invite the universities to nominate only one Council member each, but it was pointed out that the provisions of the Act did not seem to envisage that possibility;

- it was suggested that the forthcoming Privy Council appointments might offer an opportunity to appoint a veterinary nurse to Council;

- it was argued that, with a new independent DC, the size of Council needed to be reduced in order to avoid an increase in costs. Against that it was observed that having different people serving on DC would not of itself increase the number of DC and Council attendances to be paid for. There was, however, certainly an argument that if Council members were no longer required to serve on DC the composition of Council should be reconsidered;

- it was suggested that, with appropriate lay representation on a newly constituted DC, there might be less of a case for more lay members on Council, and the existing lay members would be available to serve on other committees. On the other hand Council would still be exercising regulatory functions, and so long as it only included a handful of lay members their position was rather isolated. Many of the responses, including that from BVA, were consistent with one third of Council being made up of lay members, and if that were put into effect it would have a significant impact. The exercise of the Charter powers of the College called for veterinary input, but not necessarily from Council members: outside experts could be co-opted on to committees as appropriate. It was noted that lay representation could be increased under the existing legislation if the universities were prepared to nominate more non-veterinarians;

- it was noted that best practice was in favour of a smaller governing body, though the Veterinary Legislation Group had been more concerned with the composition of Council than with its size. There was a case for moving progressively toward a Council of about 30. Against this it was observed that Council should not be reduced too far since it provided the pool from which Officers were drawn.

11. It was agreed to recommend to Council that changes to its composition should be for consideration in the longer term, when new disciplinary machinery was in place and the implications of this for Council could be assessed.

RESPONSES TO CONSULTATION ON THE RECOMMENDATIONS OF THE VETERINARY LEGISLATION GROUP

The digest below follows the recommendations as summarised in the consultation document. It only notes the views expressed in relation to those recommendations and does not purport to cover other comments made in the responses. A summary of the individual responses will be placed on RCVS Online.

The respondents are listed in the appendix.

Disciplinary machinery

Recommendation: The Act should be amended to give the RCVS Council discretion to make rules determining the composition of the Preliminary Investigation and Disciplinary Committees. Council members should not be eligible to be members of the Disciplinary Committee. The rules should be subject to approval by the Government.

Responses:

Agree (BVA, BCVA, BEVA, Medivet, PDSA, IR3, 5, 6, 8, 13, 15, 21, 22, 25, 27, 29, 34-39, 41)

DC should be appointed independently, not by Council, suggest separate DCs for clinical and commercial misconduct; ABI should be represented; DC decisions should require approval by Council (Petplan)

Not against members of Council being excluded from DC if most MsRCVS agree that would be best. No good reason to alter PIC (IR4)

Government approval for RCVS rules should not be needed; structure should be less formal (IR8)

Agrees with separate DC, not sure about PIC (R11)

Dangerous to give Council discretion to determine composition of PI & DC if Council also reduced in size. Why should Council members not be on DC? (IR16)

PI and DC should not include Council Members (IR17)

DC should contain no members of Council or even veterinary surgeons (IR19)

No need to change PIC & DC, but should have power to do so (IR20)

No objection, but permanent members of DC should not be politically appointed (IR28)

Disagrees with proposals (IR33)

Disciplinary proceedings should be for civil courts, not RCVS (IR40)

Agrees with proposals, except for Government approval of rules on composition of PIC & DC (IR42)

Disciplinary jurisdiction

Recommendation: the Disciplinary Committee should have jurisdiction over professional conduct, clinical performance, health and criminal convictions relevant to fitness to practise.

Responses:

Agree (PDSA, Petplan, IR5, 10, 22, 25, 41, 42)

Disagree (IR4)

Agrees with jurisdiction over conduct, health and relevant convictions, plus gross professional incompetence with significant risk to animal health and welfare. "Fitness to practise" needs careful definition (BVA)

Agrees with proposals, but jurisdiction over clinical performance needs careful definition (BCVA)

Concerned over extension to clinical performance: complainants may use RCVS to get evidence to sue for negligence (BEVA)

Agree with wider jurisdiction and powers, but should specify standards by which clinical performance is to be judged (Medivet)

Jurisdiction should not be extended to clinical performance or health (IR2). Support proposals but with query over clinical performance (IR34-39). Not against wider jurisdiction in principle but could lead to much litigation on clinical performance (IR6). Agree, except for clinical performance (IR11)

Agree, except for jurisdiction over health (IR8). Agrees with proposals, but not sure about jurisdiction over health (IR33)

Remit should not include negligence (IR15). Should clearly differentiate professional misconduct from negligence. Finding of serious professional misconduct should be appealable (IR19)

Agrees with proposals, but some reservations on definition of fitness to practise (IR13, 27)

Proposals would make no real difference to status quo (IR16)

Disciplinary powers

Recommendation: The Preliminary Investigation Committee should have power to dispose of a complaint by giving a caution, with the respondent's agreement, or giving advice. The Disciplinary Committee should have power to give a warning as to future conduct or impose conditions or restrictions on future practice by the respondent.

Responses:

Agree (BVA, BCVA, BEVA, Medivet, PDSA, Petplan, IR2, 3, 5, 7, 8, 10, 11, 13, 15, 22, 27, 33, 34-39, 41, 42)

Agree, but DC should also have power of suspension (IR25). More flexible procedure needed, especially for urgent matters (IR29)

Disagree (IR4)

Questions power for PIC to give caution, even with consent: respondent may be intimidated (IR28)

PIC should not have substantive powers of determination: better to have option of truncated DC process (MTG)

Agree, except for power for DC to impose conditions (IR11)

DC should be able to fine and, if respondent has gained financially from misconduct, award costs (IR18). Should consider fines (IR34-39)

Worried about wider powers for minor offences (IR20)

Proposals would make no real difference to status quo (IR16)

Composition of RCVS Council: size

Recommendation: Council should have no more than 30 members.

Responses:

Agree (BVA, IR5, 22, 24, 25, 42). Council of 30 may be acceptable (Medivet). Merit in Council of 30 (IR6)

Disagree (IR16, 28, 30, 33, 34). Not convinced of need for smaller Council (IR11)

Favour Council of 34 (IR34-39). Should have 32 members (IR17). Council should be streamlined, with 29 members (IR13, 27)

Size of Council not critical (BCVA)

Should consider alternatives to single governing council, eg small management board with executive and non-executive members and separate advisory council of elected members (MTG)

Composition of RCVS Council: lay membership

Recommendation: Between 30% and 50% of the members should be non-veterinarians.

Responses:

Agree (IR5, 22)

Happy for proportion of lay members to be nearer 50% than 30% (IR41)

Agree with more lay membership, with 8 -12 places for appointees of various bodies, but not as much as 50% (IR8). 30 - 40% lay members acceptable, but not 50% (IR14). 30 - 35% lay members (IR42)

No more than one third lay members, if DC separate from Council: should have ten non-VS (including at least one VN), at least 15 elected VS, up to five appointed VS including CVO and university representative (BVA)

Not more than one third lay members (BEVA). 25-30% lay membership (BCVA, IR26). Support 30% lay members (Petplan). 30% lay members enough (IR11, 25)

No more than 10% -20% lay members (IR3). 25% lay members (IR17), not more than 25% lay members (IR24). Nine appointed lay members on Council of 34 (IR34-39)

Should retain majority of elected veterinary surgeons (IR4). Should not increase lay membership (IR20, 28). All members should be elected (IR23). 24 elected members who need not be veterinary surgeons, in Council of 29 (IR13, 27)

Disagree with lay members (IR 30). Disagree with proposal (IR16, 33). Proportion of lay to veterinary members OK as it is (IR43). Against appointed Council members (IR44)

Composition of RCVS Council: elected veterinary surgeons

Recommendation: At least half of the veterinary members of Council should be elected.

Responses:

Agree (IR5, 22)

At least 15 elected veterinary surgeons out of 30 (BVA). Well over 50% of Council members should be elected (BCVA). At least half of veterinary members should be elected (Petplan). Veterinary surgeons should have greater direct representation (IR9). Small number of HMG appointees, but rest should be elected by profession (IR15). One HMG appointee plus CVO (IR21). All members should be elected and half should be active in practice more than 30 hours a week (IR23). Half of veterinary surgeons should be elected practitioners (IR24). Leave as now (IR28). Against appointed Council members (IR44)

Composition of RCVS Council: veterinary nurses

Recommendation: Council should include a veterinary nurse as an appointed member.

Responses:

Agree with one VN (BCVA, IR1, 2, 5, 21, 22, 24, 33). Include at least one VN (BVA). Agree with one VN, two lay members should also be VNs (IR12). VN member should be elected member of VN Council (PDSA). Include two VNs (IR34-39)

Disagree (IR28, 31)

Composition of RCVS Council: university representation

Recommendation: There should be one Council member nominated jointly by the UK universities with recognised veterinary degrees.

Responses:

Agree (IR2, 5, 6, 13, 15, 22, 27). Agree with one or perhaps two university representatives (IR33)

Up to five appointed veterinary surgeons including CVO and university representative (BVA)

Two university members (IR21). Three university nominees (BCVA). Four university nominees (IR34-39)

Not convinced of need for reduced university representation (IR11). Disagree with proposals (IR16)

Composition of RCVS Council: appointment of non-elected members

Recommendation: Council members other than elected members and the member to be nominated jointly by the universities should be appointed by the Government of the day.

Responses:

Agree (BVA, Petplan, IR5, 22)

Disagree (IR2, 3, 10, 11)

8 -12 places for appointees of various bodies, but only one HMG nominee (IR8)

RESPONDENTS

Corporate respondents:

BVA
BCVA
BEVA
BVNA
Medivet LLP
PDSA
Petplan Ltd
Maurice Turnor Gardner LLP (MTG)
Institute of Registered Veterinary and Animal Physiotherapists (IRVAP)

Individual respondents (veterinary surgeons except where indicated):

IR1: Nicola Ackerman (VN)	IR22: Eamonn McAllister
IR2: Anonymous A	IR23: Donald McArthur
IR3: Anonymous B	IR24: Mary Martin
IR4: Evelyn Barbour-Hill	IR25: Keith Meldrum
IR5: Kathy Barcham	IR26: Tim Newton
IR6: Chris Barker	IR27: Bob Partridge
IR7: Edward Campbell	IR28: Miss H W Richards
IR8: Richard Carter	IR29: Sarah Roberts
IR9: Simon Cherry	IR30: Rebecca Rowe
IR10: Alex Corbishley	IR31: Linda Rumachik (member of public)
IR11: Beverley Cottrell	IR32: Gill Simpson
IR12: Dot Creighton (VN)	IR33: Dexter Smith
IR13: David Cuffe	IR34 - 39: Richard Stephenson, Bradley Viner, Mark Elliott, Clare Tapsfield-Wright, Chris Tufnell, Chris Gray (joint response)
IR14: Paul Dowie	IR40: Hannes Tanzer
IR15: John Dudley	IR41: Andrew Warde
IR16: Bertie Ellis	IR42: Michael Watts
IR17: Ruth Eyre-Pugh	IR43: Margaret Wharmby
IR18: John Gripper	IR44: JP Wright
IR19: Joseph Holmes	
IR20: Russ King	
IR21: Norman Leslie	

RECOMMENDATIONS OF VETERINARY LEGISLATION GROUP, AS SUMMARISED IN CONSULTATION DOCUMENT

Disciplinary machinery

- The Act should be amended to give the RCVS Council discretion to make rules determining the composition of the Preliminary Investigation (PIC) and Disciplinary Committees (DC).
- Council members should not be eligible to be members of DC.
- The rules should be subject to approval by the Government.

Disciplinary jurisdiction and powers

The Disciplinary Committee should have jurisdiction over:

- professional conduct;
- clinical performance;
- health;
- criminal convictions relevant to fitness to practise.

The PIC should have power to dispose of a complaint by:

- giving a caution, with the respondent's agreement; or
- giving advice.

The DC should have power to:

- give a warning as to future conduct; or
- impose conditions or restrictions on future practice by the respondent.

Composition of the RCVS Council

- Council should have no more than 30 members.
- Between 30% and 50% of the members should be non-veterinarians.
- At least half of the veterinary members of Council should be elected.

- Council should include a veterinary nurse as an appointed member.
- There should be one Council member nominated jointly by the UK universities with recognised veterinary degrees.
- Council members other than elected members and the member to be nominated jointly by the universities should be appointed by the Government of the day.