Council Meeting

Thursday, 17 January 2019 at 10:00 am to be held at the RCVS, Belgravia House, 62/64 Horseferry Road, London SW1P 2AF

Agenda

1. President's introduction
   Oral report

2. Apologies for absence
   Oral report

3. Declarations of interest
   Oral report

4. Minutes of the meetings held on 1 November 2018
   Refer to Council minutes

5. Matters arising
   a. Obituaries
   Oral report
   b. Council correspondence and matters for report
   Oral report
   c. CEO update
   Unclassified

6. Matters for decision by Council (unclassified items)
   a. RCVS Delegation Scheme 2019
   Unclassified
   b. Meeting Procedure Rules 2014 – amendment
   Unclassified
   c. Election procedure for Chairs of standing committees – amendment
   Unclassified
   d. Ethical Review Panel – making it permanent
   Unclassified

7. Notices of motion
   Oral report

8. Questions
   Oral report

9. Dates of next meeting
   Thursday, 7 March 2019 at 10:00 am (reconvening in afternoon 2:00 – 4:00 pm)

AFTERNOON SESSION: 2:00 pm – 4:00 pm (TO BE HELD IN COMMITTEE)

10. Vetlife Presentation
    Presentation

11. Matters for decision by Council (confidential items)
    a. Estates Strategy
    Oral report
    b. Discretionary Fund Report
    Confidential
    c. Language Testing
    Confidential
d. Review of Minor Procedures Regime (RMPR) – final report to Defra

Confidential

Private/Confidential

e. New Legal Assessor

12. Any other College business

13. Workshop – Vision for the RCVS

Workshop

14. Risk Register, equality and diversity

Oral report

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Council Meeting

Minutes of the meeting held on Thursday, 1 November 2018 at Belgravia House, 62-64 Horseferry Road, London SW1P 2AF

Members:
Ms A K Boag (President in the Chair)  Mrs A K Jeffery
Dr C J Allen  Mr D J Leicester^ 
Professor D J Argyle*  Mrs C-L McLaughlan
Mr C T Barker  Miss R M Marshall
Mr D Bray  Professor S A May
Professor E Cameron  Mr M L Peaty
Mr J M Castle  Dr S Paterson
Dr D S Chambers  Professor S W J Reid
Dr N T Connell  Ms E K Cox  Dr K A Richards
Professor S Dawson  Mr P B Robinson
Dr M A Donald  Dr C L Scudamore
Dr J M Dyer  Col N C Smith
Professor G C W England*  Dr C P Sturgess
Ms L Ford*  Dr C W Tufnell
Ms L V Goodwin  Mr T J Walker
Dr M O Greene  Professor J L N Wood
Professor T R C Greet*  Ms J S M Worthington
Mrs L V Hill

*Absent
^Left the meeting at the end of the public session

In attendance:
Ms E Butler  Chair, Audit & Risk Committee
Ms E C Ferguson  Registrar
Ms L Lockett  CEO
Ms C McCann  Assistant Registrar / Director of Operations (DoO)
Miss C H Middlemiss  Chief Veterinary Officer (Observer)

Guests (open session only):
Mr P Cuglietta  Felcana
Mr J Fishwick  MRCVS; Senior Vice-President, British Veterinary Association
Dr G Laing  MRCVS; Parliamentary Intern for Lord Trees
Dr O Robinson  MRCVS
Ms E Smith  Felcana
President’s introduction

1. The President welcomed external guests and outlined the order of the meeting.

2. Before starting the agenda, she noted that, again, there were some important items for debate and the Meeting Procedure Rules 2014 stated that voting was to be by show of hands. At the last Council meeting, the new electronic voting system was trialled and positive feedback received. As such, Council was asked to vote on whether to use the e-voting capabilities for this meeting, and to amend the Rules for the future.

3. The vote was taken. Of the 32 people eligible to vote:

   For:   27
   Against:  4
   Abstentions: 1

4. Carried by a majority vote. Council would use the electronic voting at this meeting; furthermore, the Meeting Procedure Rules 2014 would be amended accordingly and brought forward as a matter for decision at the next Council meeting.

5. The President also welcomed new lay member Mr Walker to his first meeting.

Apologies for absence

6. Apologies for absence were received from:

   • Professor Argyle;
   • Professor England;
   • Ms Ford;
   • Professor Greet.

Declarations of Interest

7. The following declarations were made:

   • Dr Allen: at the end of November 2018 would be taking up her new post of Chief Veterinary Officer (CVO) for the Royal Society for the Prevention of Cruelty to Animals (RSPCA);

   • Professor Reid: his employer, Royal Veterinary College (RVC), had a relationship with Felcana.
Minutes of the meeting held on Thursday, 27 September 2018

8. Council had had an opportunity to comment on the minutes electronically.

9. The minutes from the meeting held on Thursday, 27 September 2018 were accepted as a true record.

Matters arising

Obituaries
10. The President reported that Mr W Derek Tavernor FRCVS had recently died. He had been a member of RCVS Council for 16 years (1979 – 1995); long-serving member of, and President of, the British Veterinary Association (BVA) and British Small Animal Veterinary Association (BSAVA); and Master of the Worshipful Company of Farriers (WCF).

11. Council held a minute silence for all members of the College that had passed since the last meeting, and also in recognition of Armistice Day to be held the following week, with grateful thanks to all those that had served their country.

Council correspondence and matters for report
12. The President reported:

RCVS Council election 2019

13. A notice regarding nominations would shortly go to all members via RCVS e-news, and to the six retiring members at the 2019 Annual General Meeting (AGM). The deadline for nominations was 5:00pm on Thursday, 31 January 2019.

Elections for Vice-President (Junior), Treasurer, Chair: Education Committee, Chair: Standards Committee
14. Notices of these elections had been sent out to Council members electronically and also tabled at the meeting. The closing date for all applications was 5:00pm on Tuesday, 5 February 2019, and these elections would be agenda items at the March 2019 Council meeting.

CEO update and review of operational priorities for 2018 and plan for 2019

15. The CEO reported that as Council meetings were increasingly closer together since the governance Legislative Reform Order (LRO) had been passed it was more difficult to see where there had been changes to on-going work, but that she would continue to give Council a summary. She highlighted:

- Fellowship Day: this was held on Friday, 5 October 2018 and had been an excellent day with various events; a presentation by students of their research; a celebration of Fellows and what they stood for; and included two key note speakers: Miss Middlemiss, the UK’s CVO, and Professor Al-Khalili, physicist, broadcaster, writer and Professor of Public Engagement in Science at the University of Surrey;
- RCVS Honours and Awards: information was on the RCVS website and a promotional video had been produced. RCVS Council and Veterinary Nurses Council (VNC) members were not allowed to nominate people for the awards but were encouraged to promote the opportunity to nominate through their networks;

- Graduate Outcomes: this was work undertaken to look at what the RCVS required from new veterinary surgeons and their various attributes in the future. There was a ‘soft launch’ held at Church House, Westminster on Wednesday, 17 October 2018; with the consultation set for launch at the London Vet Show mid-November. The model used for this two-stage launch, which provided the opportunity for ‘critical friends’ to critique the consultation document ahead of the full launch, had been very helpful and was likely to be used for other matters in the future;

- environmental impact of the veterinary profession: as part of the Vet Futures Project Board, a meeting had been held with the BVA on this matter, particularly around clinical impact; further updates would be given on this going forward;

- the European Association for Quality Assurance in Higher Education (ENQA) application: following a visitation to the RCVS in April, the CEO was delighted to announce that the College had received formal approval of accreditation from ENQA, there were some areas that still required work, but gaining approval on the first attempt was unusual;

- Annex of operational priorities: this was attached to the back of the paper and was mostly items left from the current Strategic Plan; work would be undertaken on those over the next 12 months.

16. There were no questions and, on behalf of Council, the President thanked the CEO and her team for the hard work undertaken to date.

Matters for decision by Council (unclassified items)

Changes to Temporary Registration guidance

17. Declarations of interest:

- Professor Cameron: as Head of the Veterinary School in Glasgow he was a medium-sized employer of temporary registrants; he was also on the Register and Registration Sub-committee (RRSC);

- Professor Wood: he was a supervisor sponsor for a temporary member who was also a Fellow of the Royal College of Pathologists (FRCP).

18. The Registrar outlined the paper stating that it was to review and clarify available guidance relating to Temporary Registration of the RCVS. The underlying principle of the Veterinary Surgeons Act (VSA) 1966 was that only suitably qualified people could register with the RCVS; that there could be exceptions to full registration under Section 7 (S.7) of the Act subject to certain
restrictions; furthermore, temporary registrants could not term themselves MRCVS, certify documentation, or provide prescriptions. Numbers applying were generally quite low. Council’s attention was drawn in particular to paragraphs 8 and 29 of Annex C to the paper – time-period and restrictions.

19. There had been a number of questions asked by the RRSC in advance as outlined in (confidential) Annex B to the paper.

20. It was stressed that this guidance would relate to new applications, and that people currently on the Temporary Register would remain subject to the provisions detailed at the time their temporary registration was granted.

21. Comments and questions included:

   - at the University of Bristol there were a number of Residencies for four years rather than three and it should be made clear that the terms in the proposal stating ‘a residency is not expected to last for more than three years’ would be excluding those at Bristol University (and other institutions), and that the wording should be re-considered;
     o noted;

   - clarification was sought regarding the responsibility of the supervising veterinary surgeon if a temporary registrant was being investigated for misconduct;
     o it was confirmed that the responsibility of the sponsoring veterinary surgeon was to make sure the conditions imposed for temporary registration were being followed. If the sponsoring vet did so it did not mean that they would automatically be subject to disciplinary action if the registrant was being investigated for misconduct; that was generally the registrant themselves (though there might be circumstances where both might be subject to disciplinary action);

   - at the University of Cambridge Temporary Registration had been used to fill ‘shortage’ positions and it was unclear how the issue of ‘long-term exceptions’ was going to be dealt with;
     o paragraph 29 of the guidance stated that current registrants would remain under their current terms. There was still the possibility of applying beyond the maximum five year term envisaged (it was stated that a maximum five year term would generally apply but this still ‘left the door open’ to go beyond this);

   - as a member of the RRSC it was difficult to make a decision regarding when and how restrictions should be imposed, and the degree of restriction, when relating to veterinary surgeons from other countries;

   - non-MRCVS pathologists frequently report to the UK from overseas, it potentially looked like the RCVS had a double standard operating;
o there was a known shortage of pathologists, but the College would look into this;

- could the Registrar explain the relationship between temporary registration and occasional visitor registration of EU veterinary surgeons?

  - currently EU veterinary surgeons could have occasional visiting registration under S.7a free of charge, whereas temporary registration for visitors otherwise was under S.7 for which a fee was payable;

- the fee should be reduced for members who wished to work before their veterinary degree (from UK schools) was conferred as they were already under financial pressure;

  - new graduates only paid half of the registration fee if they registered before 31 December following their graduation. The new ‘graduates’ that registered under the Temporary Registration route as a way of getting onto the Register before their actual graduation takes place and would also only pay half of the fee at that point – there was no further fee once they actually graduated and became full members.

22. A vote was taken to approve the guidance notes for temporary registrations taking into account the minor adaptations from the comments made at the meeting:

   For: 31
   Against: 0
   Abstentions: 1

23. The Guidance was approved by a majority vote.

**Language testing**

24. The Registrar introduced the paper and it was noted that the people undertaking the statutory examination for membership of the RCVS had to have IELTS Level 7, but that there was no ‘blanket’ language testing for EU graduates unless there were serious and concrete doubts at the point of registration. Come March 2019 if there was no Brexit deal, or potentially with a deal, the College needed a non-discriminatory policy that should take into account: the protection of animal welfare; workforce barriers; and discrimination. It was possible to have two sets of provisions but the College would need to be able to justify it. The paper before Council set out three solutions:

- International English Language Testing System (IELTS) across the board: originally designed for pre-statutory examination in its former, no-multiple choice form;

- roll out serious and concrete doubts across the board: but doubts about rigour of such a system;

- Occupational English Test (OET): designed specifically for healthcare. Australia and New Zealand already use this within a veterinary context.
25. It was confirmed that IELTS L.7 was equivalent to OET grade B pass.

26. There was a correction to the IELTS/Masters issue in the paper – IELTS L.7 was a qualifier for a Masters degree, but was not in itself of that level. The Brexit Taskforce had recommended that the College work up the OET as an alternative to IELTS. It had been confirmed that both included written and oral tests. However, it was noted that there was a great variation of quality in people who passed IELTS L.7 – it was suggested that some that passed had insufficient English to be competent as a vet.

27. It was questioned whether the OET currently covering 12 different healthcare professions was a vocational test and whether this would cover specific veterinary topics? The Registrar confirmed that any proposal would be specific to veterinary surgeons in line with the Australian and New Zealand test, and would cover things like referral letters, letters to clients, and general veterinary context.

28. It was further questioned why there was divergence between veterinary nurse rules and veterinary surgeons? With different structures and processes as between VN’s and veterinary surgeons it was up to each to decide the methodology for testing that it felt was appropriate for it – this was where the difference had come from, the difference was not discriminatory, and there was no reason why they could not have different versions. The Registrar also explained the balance between the Code of Professional Conduct (COPC) and the responsibility of employers.

29. It was noted that the RCVS could not “change the rules” once members were on the Register. For example, if an EU vet came onto the Register to do meat inspection where perhaps a lower standard of English might be sufficient – they could not be asked to pass an exam to meet a higher level of language competency if, and when, they later moved on to another area of work. The standard of language at the time of registration had to be such as to cover all aspects from the outset. It was confirmed that members who had English as their first language would be exempt from provisions.

30. A vote was taken to progress plans including looking at costs of giving candidates the option of OET or IELTS L.7:

   For:   31
   Against:  0
   Abstentions:  1

31. Carried by a majority vote.

32. It was commented that costs of the test should not come into the decision. This was noted.

33. Co-option of members to committees and sub-committees

   The CEO introduced the paper and it was noted that, as a consequence of decreasing the size of Council, a framework should be put into place to fill skill gaps going forward for committees/sub-committees. In the past this had been done on an ad hoc basis, but the proposed framework would be a more transparent process. It was believed this would also be a way for people to see
the work of Council and to encourage them to stand in elections at a later date. Working parties/groups would remain on an ad hoc basis as they were generally time-limited.

34. It was commented that the Riding Establishments Sub-committee (RESC) already operated in this manner since moving under the College auspices a few years ago and could be used to trial the process.

35. The tone of the paper was questioned: i.e. it was implied that should be an exception not the ‘norm’ whereas in fact there should be a far broader role for experts on the sub-committees. Also, the paper mentioned that the Operational Board would be dealing with applications, but the Board would be disbanded mid-2019. The CEO stated that if people were needed on committees/sub-committees it would be ensured they had a robust skill set, and that she was fully open to inclusion of experts; the paper was to put more transparency around the applications. It was also important that elected members were fully utilised. An ‘expert’ was not the same as a ‘specialist’. Also, that a person invited to attend one meeting to give an expert point of view as a guest speaker would not need to go through the process, but, if they were co-opted as a formal member for, say, three years, then they would. The issue with the Operational Board had been addressed in the paper. Once Operational Board was disbanded the decision on which Committees required external input would go through the new Finance and Resources Committee (FRC), if Council chose to delegate that authority via this proposal. As outlined in the paper, decisions on which individuals would take up the agreed roles would be up to the Committee chairs.

36. A vote was taken whether to put the proposed framework into place:

- For: 31
- Against: 0
- Abstentions: 1

37. The proposal was carried by a majority vote.

Certification Support Officers (CSOs)

38. The Registrar introduced the paper and stated that under the Supplementary Guidance to the COPC veterinary surgeons could generally only certify from their own knowledge or on the basis of a certificate from another veterinary surgeon; Official Veterinarians (OVs) were certifying certificates for exports to countries outwith the EU. Inter community exports did not require this process. However, in March 2019 if the UK was in a ‘no deal’ situation, the main change indicated by the Animal and Plant Health Authority (APHA) was the increased need for veterinary certification where it was not previously required. The drive from this had come from APHA as a way of relieving the burden on OVs ultimately signing certificates. The intention was that CSOs would be appointed by APHA and act as trusted assistants under the vet-led team, however, if a county was to demand a veterinary surgeon all of the way through the process, then that would be what they had.

39. Since the paper had been produced, there had been some changes:
- original entry level qualifications were three GCSEs, one of which to be food science/science; APHA had now amended that to three ‘A’ Levels/equivalent (i.e. for Scotland), there may also be a provision for other government experience;

- Environmental Health Officers (EHOs) did not now have automatic rights and would have to apply for the role;

- training would include an invigilated examination at the end of the training; initial on-line training would be very general. Due to the complexity and variation between requirements for different countries/products, specific processes would be the province of the OV by standard operating procedures between the CSO and OV;

- it was hoped that the OV would employ the CSO, this would not be mandatory but the College was looking for a contractual basis and a direction by the veterinary surgeon;

- the letter from the BVA (Annex F to the paper) was in reply to the original proposals; they had submitted further comments on the revisions:
  
  - “We welcome the proposed revision to the academic entry requirements;

  - The registration requirements now appear to have been expanded, and the responsibility for checks and verification placed on the OV sponsor. We are concerned regarding the potential bureaucratic burden this could place on individual OVs and/or employer at a time when OVs are already stretched – an issue which the proposed CSO role has been presented as a solution to;

  - We remain extremely concerned that the proposed six hours of online training is entirely inadequate for the role and at best could only provide candidates with a cursory overview of the roles and responsibilities;

  - We welcome the proposed requirement of an invigilated assessment following completion of the training;

  - As previously stated, although we support the principle of post-training induction and probation under the supervision of an OV, there are some concerns with regard to practicalities, particularly given the current strain on OV capacity. The revised proposals do nothing to alleviate these concerns and we still need assurances with regard to liability for any final authorisation of a CSO;

  - We welcome the clarification that OVs should be in a position where they can attend and deal with matters on site and in person, within a couple of hours”.

- language in the Supplementary Guidance would need to be ‘tweaked’;

- there was still some concern about the number of hours of on-line training (six hours) and the practicalities of the workload of the OV.
40. The CVO thanked the RCVS and BVA for the helpful input and confirmed that the role of CSOs was:

- to assure and verify what was exported to various countries;
- to control disease;
- to ensure efficient processes for import;
- only in relation to products of animal origin for export.

41. It was further confirmed that the certificate would continue to be signed/verified by the veterinary surgeon but that they would have a role/person to help them with the work. The review of the levels of qualifications for the training was a good step forward; if a CSO was not ‘delivering’, APHA could remove them or authorise further training as required; and the OV could still refuse to sign a certificate.

42. Comments and questions included but were not limited to:

- did the change in the levels of qualifications rule many veterinary nurses out from applying for the CSO role?
  
  o it was understood that a VN qualification would be sufficient, but that APHA would need to confirm it;

- only having six hours of training needed to be revised and include more training on the job;
  
  o whilst a lot of training was related to a particular practice of the job and that training ‘on the job’ was very important, it was not appropriate for everyone to go through it;
  
  o it was difficult to say whether six hours or 12 hours was right for a particular job, it was up to the competence of the individual;

- there was general support for the changes;

- in the EU, OVs and Support Officers were government employees, was there any indication this role would be the same?
  
  o no, negotiations were on-going;

- ‘food fraud’ was a bigger trade than drugs, and could be a low risk enterprise for a high value: if a veterinary surgeon signed the work undertaken by the CSO, the vet could lose their livelihood, what punishment would there be for a CSO?
  
  o as the CSOs would not be signing off the work, the OV would need to be satisfied that it was all OK. The impact would be in terms of disease and you could lose your contract to trade with that country;
- should a deal be met, there was the potential to continue to use CSOs as a resource if required, indications were that they could fulfill the work of assisting the OV;

- were the three ‘A’ Levels to be relevant to the work they were likely to be doing, or anything?
  - no, they should be Mathematics, English and a science;

- precise wording was required around certification; point 21.13 of Annex D to the paper (Official certification for export of live animals and animal products) outlined what the vet was required to carry out but the RCVS could be clearer in its wording about the integrity of signatures and what was being signed off.

43. A vote was taken to approve the proposal to allow CSOs acting under the direction of an OV and, following on from that, to approve the proposed amendments to the RCVS Principle of Certification 1 and Chapter 21 of the Supporting Guidance (to the COPC):

For: 25
Against: 1
Abstentions: 6

44. The proposal and amendments to the COPC were approved by a majority vote.

Telemedicine

45. Declarations of interest:

- Mr Castle: a SPANA trustee, a group where animals overseas had access to vet here in the UK;
- Dr Paterson: owned a telemedicine company;
- Professor Reid: responsible for training the next generation of veterinary surgeons who lived their lives in a digital environment;
- Col Smith: part of job requires telemedicine as animals in disparate parts of world ‘under care’/had an existing animal relationship; Lead Vet for Street Vet, Birmingham; Trustee of Vetlife;
- Dr Tufnell: declarations as per his page on the RCVS website; also Council lead on ViVet: work that allowed creative veterinary solutions for animal health and welfare (but had not been to any Standards Committee meetings, nor involved in writing any papers nor in the formulation of the proposed trial).

46. The Chair, Standards Committee, introduced this paper. She stressed that the proposal before Council was a recommendation from Standards Committee that had come about following the consultation early in 2017 where there had been confusion as to what was permissible or not. In particular, results showed that a significant number were against ‘under care’ being changed, but
a further question about limited telemedicine had a different, more equivocal, result. This meant that clarity around remote veterinary services from vet to client was required. There had been a number of good discussions previously at both Council and Standards Committee, with diverse views for, and against, amending the COPC. However, Standards Committee was hampered by paucity of evidence and therefore its recommendation was to conduct a limited and time-bound trial to assess the benefits and risks of allowing the remote prescription of POM-V medicines where there had been no physical examination of the animal. This would also include a pre-trial consultation with experts and key stakeholders including the BVA, and a modification to the clause in RCVS’ Supplementary Guidance.

47. Before opening discussion to the floor, the President took the opportunity to remind Council that it had a duty to protect the public and focus should be on the over-riding duty to animal welfare.

48. Comments and questions included but were not limited to:

- Council was being asked to make a big decision to change the COPC, but it should exercise caution as more information was needed. It was not about ‘telemedicine’ as that was happening already without the need to change the COPC, but more that it was about ‘under care’ – the foundation between owner and client and there to safeguard animals by using the best possible information for diagnosis; discussions were about innovative changes;

when making a diagnosis of treatment, the majority of animals would need POM-V medicines. There was no evidence that by allowing remote prescription of POM-V medicines without a physical examination of the animal would be a good move in terms of animal welfare, there was also no evidence of increased accessibility, instead:

- the trial proposed to use commercial organisations, which automatically introduced bias as they would financially want it;

- it would increase anti-microbial resistance (AMR) and be a retrograde step to remote prescribe POM-Vs;

- in the UK vets were required to have 24/7 cover, in paragraph 71 of the paper, the proposal that “…those under a trial would be required to actively support clients in identifying a veterinary practice that could physically see their animal in both routine and emergency situations” and “The service provider would be expected to take reasonable steps to support their clients to identify a veterinary practice where they do not have one…”; veterinary professionals needed to be aware of this if it meant a change to the outcome of the previous 24/7 consultation;

- the RCVS mission was to ‘enhance society through improved animal health and welfare’, but the proposed trial would generate high risk areas;

new business models ignored animal welfare. There was a reputational risk to the College of ignoring veterinary professionals and further potential legal risks. Council should be aware of conflict of interests, have an open debate and be ‘squeaky clean’ before making a decision.
Furthermore, it needed external legal advice in writing; and input from the Veterinary Medicines Directorate (VMD) re: mode of prescribing, Defra re: AMR, BVA and its subdivisions, the Veterinary Defence Society (VDS) and other stakeholders. The concern was that if the trial went ahead it would be difficult to shut down;

Dr Dyer proposed a motion to delay the decision on the trial until answers had been received to all of the points detailed above; seconded by Col Smith;

- there was very little real substance behind the proposal for a trial:

  ▪ figures re: improved access in the USA was irrelevant, UK figures had been ignored;
  ▪ the 2017 consultation had been very effective for a big picture of what veterinary practices risk;
  ▪ the trial would lead to fragmentation of veterinary provisions;
  ▪ who was ultimately responsible would be argued;
  ▪ veterinary certification re: animals required live examination of the animal; on the basis of that examination it was then possible to prescribe, remote consultation could only be an inspection;
  ▪ consequences of changing ‘under care’ were not being considered fully – if an animal was to be transferred from another veterinary surgeon, notes needed to be received else it could compromise the animal;
  ▪ 90% of respondents to the consultation answered that it would be a risk and would compromise animal welfare where a remote vet did not know the owner, the animal or its condition;

  o the Registrar confirmed that external legal advice had been sought orally with external lawyers on the principle of the trial and the answer was positive;

  o VMD had stated that that the rules regarding ‘under care’ were for the RCVS and that it would support whatever this house decided;

  o although important, prescriptions were not certificates;

  o re: supersession: people would shop around and look for an overall value package, and may go to different people for different things, this already happened, for example, in farm animal practice;

  o if Council decided to go ahead with the trial the stakeholders mentioned would be contacted;

- if focus was to be on animal welfare, the trial posed an unnecessary risk for the potential of misdiagnosis; there was also no requirement to obtain the records and compromised current principles of physical examination and diagnosis, and the requirement for 24-hour care. The proposals asked those principles to be sacrificed for members on the trial while still being in place for other veterinary practices/surgeons that were not;
- it was possible to embrace telemedicine and allowed vets to produce advice that was evidence-based. It was important to engage with the public and this could be done in a way that did not require prescriptions of POM-Vs or a change to the COPC;

- by not having an examination of the animal it would be unknown what could have been missed and could cause an adverse effect; in particular, taking note of the animal’s weight every time it was seen was essential for drug dosage; it was concerning that instead of replacing ‘Dr Google’ it was being legitimised;

- re: legal advice, a telephone call was not adequate, it should be detailed, written advice;

- was the ‘top table’ in favour of the trial, were they partisan?

  o the CEO stated that she was delighted that Council was having this discussion about such a key issue for animal health and welfare, and would refute that there was any agenda for ‘pushing’ something through – there were many different points of view, with some people more engaged than others. However, Council had ‘signed up’ to investigating this issue; this was delegated to Standards Committee and the paper before Council was what the Committee had come back with; all that had been done from a staff point of view was what Council had asked for;

- this subject had woken up the profession but if this was what the public wanted then it was up to the College to regulate it and safeguard the public;

- the need to assemble evidence was very important; any amendment to the COPC was a temporary one and ‘under care’ needed to be reviewed at a later date; thresholds should be in place before considering the principles of prescribing under telemedicine;

- it was right to focus on animal welfare, the public were looking for choices to get the very best for their animal and technology was continuously evolving; the vets were at the heart of this matter, with standards to ensure that they were doing the best they could;

- a time-limited trial was a positive step, however, the current proposal would mean that people on the trial would be on their best behaviour and the College would struggle to get true information. There were certain drugs that could/could not be prescribed on-line, could the College follow the General Pharmaceutical Council’s example?

- Affordable Pet Care Ltd was due to launch a consultation next year “Vet in my pocket”, the proposed trial would not stop that consultation. Vets were good at making decisions with imperfect and incomplete information by using of professional judgment – the responsibility around prescribing would not change. It was not about replacing the veterinary waiting room but rather an opportunity to do a lot of good, if Council did not agree to a trial it could be limiting barriers to access/under care. Telemedicine put vets back into the centre of society regarding animal health and welfare; the profession should look to future-proof itself and be at the fore-front of the profession, it was not about de-regulating matters to people outside the profession it was about deregulating to people within the profession;
- the key thing was being ‘under our care’, regardless of access to records there should not be two forms of access. If an animal needed care, you would have to send it to someone else. This was about businesses and making money, all of the bodies doing telemedicine would make money; it was not necessarily about welfare of animals. Leadership was not always about ‘jumping on the bandwagon’ it could be about sitting back and listening;

- vets make decisions in appropriate situations – out-of-hours veterinary care worked very well without access to any previous history;

- setting veterinary standards is the RCVS’ responsibility, it could not do that without knowing what was going on in the profession; it would be remiss to not start or continue the process that allowed the College to set standards;

- Street Vet had an arrangement with veterinary practices as a supporting service as per current guidance; but there was massive concern that if a veterinary surgeon supported a client by finding a veterinary practice to look after the animal, it lowered standards by pointing to someone else. Support bringing back with a more definite proposal and that anyone providing care had to have a written agreement with a veterinary practice for physical support of practice;

- Council needed more data as there were a lot of assumptions going into a trial, the data did not deal with animal welfare and complications/follow up was not included. There should be a separate discussion about accessible care;

- there were technologies already available and the RCVS needed to be ahead of the game and catch up; issues were only in the extreme and the College should expect people to be reasonable; the detail needed more work;

- at the ViVet Conference 2018, a human healthcare provider, Babylon, explained how it worked and there was a patient survey after every contact; it would not be hard to imagine that a veterinary surgeon employed by a telemedicine company may feel they had to prescribe POM-Vs as it could affect their employer/employment going forward.

49. The Chair, Standards Committee, thanked Council for their contributions, and heard the concerns about the next step.

50. It was questioned what information Council wanted Standards Committee to work on, was it information leading to a framework for a trial, or just further information? And, if the latter, exactly what? It had already been to Standards Committee, to Council, to Standards Committee for a second time and back to Council (today), a steer was needed whether a model for a trial should be developed or not.

51. Per the Meeting Rules 2014, proposed motions/amendments were taken in order:

1st motion: to refer the subject matter back to Standards Committee
Proposer: Dr J M Dyer
Seconder: Col N C Smith

2nd motion: to amend the wording from ‘conduct a limited trial’ to ‘work up a limited trial’ (first line paragraph 76 of the paper)
Proposer: Dr C W Tufnell
Seconder: Col N C Smith

52. A vote was taken (as per recording):

“to refer this back to Standards Committee with the clarification that if the result is yes, Council will vote on the second amendment that it was asking Standards Committee to work up the detail to come back to Council. If no, then the vote would revert to the decision in paragraph 76” (of the paper).

For: 18
Against: 12
Abstentions: 1

Of the number eligible to vote (32), one person did not vote, but that would not have made a difference to the result.

53. By a majority vote, the subject matter would be referred back to Standards Committee.

54. A further vote was taken that (as per recording):

“when it goes back to Standards we are asking them to prepare/develop a proposal for a time-bound and limited trial to assess the benefits and risks of allowing remote prescription of POM-V with appropriate stakeholder engagement and with consideration of the issues that we have discussed today and further detail on them including 24/7 care and classes of drugs, especially anti-microbials, so we are asking for the detail of that to be worked up on the basis that it will at some point come back to Council”.

For: 21
Against: 8
Abstentions: 3

All members eligible to vote did so.

55. By a majority vote, this would go back to Standards Committee to ask them to engage with stakeholders and come back with a detailed proposal.

56. The President thanked Council for the debate, and asked members to reflect on the information they would like to feedback to the Chair, Standards Committee.
Reports of committees – to note

Audit and Risk Committee (ARC)

57. Ms Butler, Chair ARC, stated that Council had the agreed finalised confidential minutes of the April meeting of committee before them. The July meeting of ARC had been cancelled, and they had next met in October but timetabling meant that the minutes were not yet available. At the October meeting they:

- considered IT matters on the Risk Register;
- thanked Dr Connell and Mr Davis for their work as they had now stepped down from the Committee;
- welcomed Mr Bray as a new member of the Committee, and looked forward to welcoming Professor Greet at the next meeting;
- considered the audit areas going forward; key areas were:
  - an increase in communication around income;
  - a particular interest in Disciplinary Committee cases;
  - to consider controls operating within the organisation and whether the Operational Board could over-ride them;
- would continue to work with the College to fulfil the ENQA requirement; and
- would do self-assessments as Committee members.

58. It was noted that the Committee would be delighted to learn of the successful ENQA application outcome and the scheduled July meeting of ARC would be when they performed their role within the ENQA recommendations.

59. It was commented that the proposed session (page 5 of the minutes) for Council to consider its appetite for risk would be useful. The Chair would also share the eight questions that auditors ask, that was a different way of considering risk.

60. The report was noted.

Education Committee (EC)

61. Professor Dawson, Chair EC, reported that the Committee had met on 3 October. There was a lot of work happening and on behalf of the Committee thanked the new Director of Education, Mrs Prescott-Clements, for on-going work. She highlighted:
- Education Committee would also be delighted with the outcome of the ENQA visitation;

- Graduate Outcomes: this work was coming to an exciting point with the ‘soft launch’ on Wednesday, 17 October 2018; paperwork was being finalised with regards to the questions in the consultation that would be launched at the London Vet Show in November. This was a great opportunity to get feedback;

- Outcomes-based Continuing Professional Development (CPD) project: feedback would be before Education Committee at its meeting in February, and thereafter Council in June;

- new Statutory Examination for Membership and subsequent approval for fees;

- accreditation visitations: the Royal Veterinary College (RVC) visitation would take place the following week, and the University of Surrey visitation was scheduled for February 2019. There were also three overseas visitations scheduled in 2019.

62. There were no questions and the report was noted.

Standards Committee (SC)

63. Dr Richards, Chair SC, thanked members of the Committee for their contributions and the efforts of the Belgravia House staff. Most of what was before SC had been discussed at Council earlier in the meeting. The next meeting of the Committee was scheduled for end January 2019.

64. It was noted that the Chair had attended recent graduate reunions and received great feedback. This would be circulated to the Committee and was considered to be a good intelligence gathering exercise.

65. There were no questions and the report was noted.

Veterinary Nurses Council (VNC)

66. Miss Marshall, Chair VNC, reported that at its meeting on 2 October, VNC welcomed five new members: two veterinary surgeons from RCVS Council; two newly-appointed veterinary nurses and one new lay member. She highlighted:

- her thanks to the Veterinary Nursing Department for their input into the ENQA visitation;

- CPD audit: there was concern that the lack of veterinary nurse compliance was not going down; more detail would go back to VNC at its next meeting;

- work was on-going on the post-registration framework.

67. There were no questions and the report was noted.

Preliminary Investigation Committee/Disciplinary Committee Liaison Committee (PIC/DC LC)

68. The President, Chair PIC/DC LC, outlined the two reports before Council. Key points were:
- focus remained on the time taken to evaluate concerns; Key Performance Indicators (KPIs) had been revised at the July meeting and were now split into ‘simple’ and ‘complex’ cases;

- Council had delegated authority to the Committee to do a recruitment exercise for new statutory committee members, both veterinary surgeons and lay members were required; this was currently on-going;

- a review of costs for the Alternative Dispute Resolution (ADR) provider for the College, Nockolds, was scheduled for 2019.

69. Concern was expressed that the KPIs for time taken (Stage 2) had increased when it was a very stressful experience for everyone involved. The President highlighted the difference now between complex and simple cases and indicated that the KPIs would be reviewed annually, but it was important to be realistic. It was agreed at the October meeting of the Committee to not only have the percentage closed or moved on to the next stage within the KPI of four months, but also an idea of the numbers of cases closing earlier – e.g. within two or three months.

70. The reports were noted.

Reports of statutory committees – to note

71. The Registrar introduced the reports.

Preliminary Investigation Committee (PIC)
72. There were no comments or questions and the report was noted.

RVN Preliminary Investigation Committee (RVN PIC)
73. It was noted that there was little activity in respect of the RVN disciplinary process, and that a meeting had been cancelled through lack of work. The report was noted.

Disciplinary Committee (DC)
74. There were no comments or questions and the report was noted.

Notices of motion

75. There were no notices of motion received.

Questions

76. There were no questions received.
Date of next meeting

77. The date of the next meeting was Thursday, 17 January 2018 at 10:00 am, reconvening in the afternoon 2:00 – 4:00 pm.

Mr Leicester left the meeting.

Risk Register, equality and diversity

78. It was noted that Operational Board had agreed that a Working Group would be set up to consider all forms of diversity across the profession with Dr Connell as Chair. The Working Group would feed into Council through the new Advancement of the Professions Committee.

79. There were no additions to the Risk Register.

Workshop – Vision for the RCVS

80. As the morning agenda had overrun into the afternoon, there was not enough time to hold the Workshop. This would now be held at the Council meeting scheduled for January 2019.

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| Author | Lizzie Lockett  
CEO  
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Summary
The Strategic Plan 2017-19 outlines 39 actions arranged under five ambitions:

a) Learning culture
b) Leadership and innovation
c) Continuing to be a First-rate Regulator
d) Global reach
e) Our service agenda

This paper outlines progress under each heading; we also update the profession on progress on a regular basis by email.

The pages to follow cover a range of areas; but in terms of highlights, since the last update to Council, in November 2018, we have:

• Launched the Graduate Outcomes consultation at the London Vet Show – as of 2 January 2019 we had received 1,114 completed responses and 2,599 were in process
• Hosted a Veterinary Stakeholders Day with a group of officers from veterinary and veterinary nursing organisations, on 26 November 2018
• Attended the 13th European Quality Assurance Conference in Vienna, following confirmation that RCVS is now a member of ENQA
• Participated in a joint strategy meeting for the RCVS and BVA Boards on 7 December 2018
• Opened nominations for the 2019 RCVS Council and VN Council elections
• Launched the open version of the Leadership MOOC, jointly with the NHS
• Launched a series of ViVet workshops, to take place in January and February, to help give vets and nurses the skills and tools they need to turn their innovative ideas into reality

If Council members would like more information on any aspect of our work, please just ask.

Meeting the objectives of our Strategic Plan

Objectives to be tackled year by year are agreed in the November of the preceding year. As we are now in the final year of our current plan, all of the objectives are ‘live’. Numbering is as per the 2017-9 Strategic Plan.

A – Learning culture

A1. Establish the extent to which a blame culture is present within the veterinary and veterinary nursing professions, and set a baseline against which any change can be measured, as we move towards a culture where learning and reflection is encouraged

An independent research organisation was commissioned to carry out initial research to establish the extent to which any such blame culture might exist in the professions and whether the RCVS contributes to its existence.

An online survey was completed during last spring 2017 by 7,349 people and the responses will be augmented by qualitative research. This work remains in a pipeline behind work ongoing around the impact of the Professional Conduct process on mental health – see below.
A paper on taking this work forward went to the Operational Board in October and work is progressing.

A2. Develop a series of evidence-based actions that the veterinary team can take to reduce blame culture and ensure a culture of continual learning is established
We are in discussion with the Point of Care Foundation (POCF), the charity that delivers Schwartz Round training and support in the UK, about a pilot of this reflective practice model involving a range of different practice types, to see if this approach to developing non-judgemental sharing of the emotional impact of cases can contribute to a learning culture. This was an approach identified as part of the Vet Futures Action Plan. We have spoken to human healthcare organisations who have taken part and one veterinary practice that has been involved to date - feedback has been very positive and will help shape our pilot. Several practices have been identified to take part, although a couple of medium-sized organisations are still being sought. A meeting will take place with POCF on 10 January.

A3. Help to change public expectations around their interactions with veterinary professionals, including around risk, uncertainty and value (VF ambition five, recommendation 27, action M)
The RCVS and British Veterinary Association (BVA) communications teams launched a social media campaign during National Pet Month in April/May 2018 to encourage animal owners to ensure their pets are registered with a veterinary practice, under the hashtag #petsneedvets. This campaign gained some traction on social media and was the focus on our activity at public events over the summer – the Devon County Show, the Royal Welsh Show and Countryfile Live.

A4. Review the impact of our concerns-handling and disciplinary framework on the mental health and wellbeing of the veterinary professions, and take appropriate actions
An independent research organisation was commissioned to carry out this review. A series of interviews took place with stakeholders such as Vetlife and the Veterinary Defence Society, and some of those who have been through our disciplinary process. Meanwhile, qualitative data were gathered as part of the blame culture survey outlined above.

A draft report has been produced by the researchers and will be published as part of the Mind Matters Initiative, allowing the RCVS Professional Conduct Department to respond to the recommendations, alongside other relevant organisations who play a part in supporting those going through our complaints process. It has been reviewed in draft by the Mind Matters Taskforce and the Preliminary Investigation Committee/Disciplinary Committee Liaison Committee. A further iteration went to the PIC/DC Liaison Committee in October. It will be published in early 2019.

Meanwhile a plan for the development of a buddy system, to help ensure those involved in RCVS complaints have someone who understands the process to whom they can talk, is under consideration. It is likely that this will be run at arm’s length from the College.

A5. Review the impact of the Mind Matters Initiative (MMI) with respect to mitigating the effects of blame culture and ensure that the project is well enough funded and resourced to address the issues (VF ambition three, recommendation 10, 12 and 15 and action M)
Increased funding was agreed at the September 2018 meeting of Council, on a rolling three-year basis. Evaluation of key activities is underway. A Risk Register for MMI will also be presented to a future meeting of the Audit and Risk Committee.

**A6. If appropriate following the completion of trials, introduce an Alternative Dispute Resolution service.**  
Complete.

**A7. Consult upon, and implement as appropriate, an outcomes-based approach to continuing professional development (CPD)**  
The CPD pilot has now been evaluated, with positive results. Detailed and constructive feedback was provided by participants, and this was presented to the CPD Policy Working Party (chaired by Professor Stephen May) in December 2018. In summary, only four of the 71 respondents (6%) said that they would not engage with an outcomes-based CPD model. The Working Party will recommend to Education Committee in February 2019 that RCVS introduces outcomes-based CPD for members, adopting a phased approach. This will include a six-month lead-in time to enable an effective IT platform for recording CPD to be developed, in line with the IT strategy. It is anticipated that the proposal will come to Council in March, subject to review at Education Committee.

**A8. Extend our concept of life-long learning to include mentorship (VF ambitions three / six, recommendations 12, 15 and 34, action P)**  
Since this objective was agreed in 2016, several of the veterinary organisations have embarked upon pilot mentorship schemes. We await the outcome of these pilots before considering this further as an RCVS activity. Meanwhile the Fellowship is considering mentorship as part of its programme of activity, and mentorship also features in the Graduate Outcomes proposals.

**A9. Help to ensure that prospective veterinary students have a clear idea of the reality and opportunities of a career in veterinary science, and assist the veterinary schools in providing support for them (links to VF action H)**  
Work began in 2018 on refreshing our Walks of Life careers materials, and is ongoing. Meanwhile support for vet students is considered as part of the Graduate Outcomes proposals. Mind Matters has also financially supported a one-day mental health and wellbeing course for students, in partnership with the Association of Veterinary Students – VetKind – which took place on 24 November and was well received. A student wellbeing roundtable event is planned for September 2019, in conjunction with the Veterinary Schools Council and Mind Matters.

**A10. Improve communication with veterinary and veterinary nursing students, in order to clarify our role and function**  
Attendance of vet and VN student representatives at our flagship events has been very well received, and we will continue to invite these representatives to our key events in 2019, including Royal College Day and Fellowship Day.

Vet Futures Student Ambassadors are involved in the next ViVet Symposium in the autumn, and we have been working closely with the Association of Veterinary Students (AVS) to help drive student engagement in the Graduate Outcomes consultation.
A student engagement working group is also being set up to discuss and identify other areas for improving communication and engagement with vet/VN students.

A recruitment exercise for student representatives on the Education Committee and the Primary Qualifications Subcommittee started in December 2018. We are proposing to have two student representatives on each Committee. The deadline for applications is 28 January 2019.

In addition, we are recruiting two student members (Further Education and Higher Education routes) to join the VN Education Committee.

Work is also underway to identify extra-mural studies (EMS) opportunities for students within Belgravia House, in recognition of the importance of encouraging students to think broadly about their future veterinary careers.

Meanwhile to ensure RCVS staff have a better understanding of life at vet school, a group of team members are heading to Bristol vet school for a visit on 28 March.

Plans are underway to create a ‘My Account’ area for VN students, allowing them to manage the details that we hold for them, and provide the opportunity to increase our engagement with them from an earlier stage. We are also reviewing the opportunity to extend “My Account” functionality to our Higher Education partners, enabling them to have an RCVS home / portal online which would provide a communication channel we can use to interact with each other concerning all aspects of our relationships with them and their students.

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**B – Leadership and innovation**

**B1. Continue to support the Vet Futures and VN Futures initiatives, working collaboratively across professions to ensure actions are met**

The key Vet Futures activities form part of the ongoing Strategic Plan and are being taken forward accordingly. We are also supporting the delivery of the Vet Futures Europe plan, where appropriate (see BXX). The Vet Futures Project Board (RCVS/British Veterinary Association/Veterinary Schools Council) meets regularly to assess progress, and evaluation of the impact of priority activities will be considered this year.

Delivery of the VN Futures Action Plan is being supported by VN Council and is overseen by the VN Futures Project Board (RCVS/British Veterinary Nursing Association).

**B2. Through completion of our governance review, ensure that we are an effective and efficient organisation, better able to lead the profession and serve the needs of the public, including the carrying out of training and the provision of coaching for RCVS Council members who take, or are considering taking, leadership roles**

The LRO completed its passage through Parliament with a debate in the House of Lords on 1 May. The Order was subsequently signed by the Defra Minister, Lord Gardiner, on 2 May and came into force on 1 July 2018.
An independent selection committee was appointed for recruiting and interviewing candidates for the six new lay positions on Council and Council approved their appointment at its June 2018 meeting. The new lay recruits came onto Council at RCVS Day 2018 and have subsequently attended a new-style induction day at the College and have been paired up with existing Council members to support their transition onto Council.

Further training and development opportunities for Council members were discussed at the July 2018 meeting of the Operational Board and the development and introduction of these will be prioritised in 2019.

B3. Define the role of the new Fellowship to advise and support the RCVS and act as ambassadors for the profession within society at large

Council approved the future direction of the Fellowship following a presentation from the Chair of the Fellowship Board, Professor Nick Bacon, at its September 2018 meeting. Going forward, the activities of the Fellowship will be overseen by the Advancement of the Professions Committee (APC).

B4. Identify and support the next generation of veterinary leaders and develop leadership opportunities across the veterinary and veterinary nursing professions, within all branches of the professions, at all levels - locally, nationally and internationally (VF ambition six, recommendations 12, 17, 31, 32 and 34, action Q)

A three-year plan to address this objective was submitted to the Operational Board at its March meeting, it included three key streams of activity: leadership for everyone; leading the profession; and, veterinary leadership development opportunities.

As part of the 'leadership for everyone' stream, we have been working closely with the NHS Leadership Academy to develop a massive open online course (MOOC) to provide a gateway programme for veterinary professionals wishing to improve their leadership skills.

The concept was launched at British Small Animal Veterinary Association (BSAVA) Congress in April and a pilot comprising 550 vets, vet nurses, students and practice managers was launched. The pilot group has now completed the second of three courses in the programme. Meanwhile, the first course opened to all in November 2018 and around 1,800 people registered to join. Feedback on the programme has so far been overwhelmingly positive, and a detailed analysis of its impact will be undertaken in 2019.

B5. Develop a biennial Innovation Symposium, to showcase new technologies, educational and business models etc. from within veterinary and related fields, and encourage a culture of innovation (VF ambition five, recommendation 24, action R)

The initial event took place in September 2017 and a further Symposium will be held in 2019. Although the original Strategic Plan requirement was for a biennial event, in order to maintain momentum in this important area of work, plans are being made for a follow up events including a series of workshops to help support veterinary professionals to develop and launch innovative products and services, the first of which will be held in on 16 January 2019. In addition, online resources are being developed for those unable to attend the workshops.
Meanwhile, a broader three-year innovation strategy has been developed and approved by the Operational Board, following feedback from Council at its January 2018 meeting.

**B6. Encourage diversity in our Council, our staff and other groups allied to the RCVS**

This activity is being considered as part of the review of governance and Council / committee structure and operation, and ensuring that any proposed changes do not limit diversity is a key objective.

Training for Council members and staff around unconscious bias is under consideration.

The veterinary careers materials we are developing will have a particular focus on encouraging broader diversity within the next generation of veterinary students.

A meeting was held with a representative from the British Veterinary Ethnicity and Diversity Society to see how the College can further support diversity within the profession. The conversation focused on two areas – encouraging diversity and discouraging unhelpful behaviour towards those from minorities from within the profession. A blog by the President – ‘We need to talk about veterinary diversity’ – was published in September and included in RCVS News that month: [www.rcvs.org.uk/blogs](http://www.rcvs.org.uk/blogs)

At its 31 October 2018 meeting, the Operational Board agreed to the setting up of a Working Group to take these issues forward, which will report through the APC.

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**C- Continuing to be a First Rate Regulator**

**C1. Review Schedule 3 to the Veterinary Surgeons Act, and the relevant parts of the RCVS Code of Professional Conduct, to clarify and bolster the role of the veterinary nurse (VNF ambition six, actions 29-31)**

This work is now being fed into the broader review of veterinary legislation which, although it does not feature as a specific line item in the Strategic Plan, is bringing together several strands of work, many of which have been thrown into sharp relief by Brexit.

We published the outcomes of the 2017 consultation towards the end of 2017. One of the key findings that could be tackled quickly was the perceived lack of clarity around delegation, which led to a lack of confidence in both delegating veterinary surgeons and veterinary nurses being delegated to. Guidance. To address this, in June 2018 we published a series of case studies for vets and VNs illustrating examples of how Schedule 3 should be used in practice. These were publicised in the first edition of our new-style online RCVS News, and were subsequently covered in the Veterinary Record as well as Veterinary Times and VN Times. A further series of case studies has been drafted and a handy reference chart for use in practice is in production.

**C2. Develop a strategy for regulating allied professionals, either via Associate status or updated Exemption Orders (VF ambition six, recommendations four and six, action U)**

Following the review of Exemption Orders by the Exemption Orders and Associates Working Party (EO&AWP) as requested by Defra, the Working Party’s recommendations were presented at June...
2017 Council and approved in their entirety and considered by the Preliminary Investigation / Disciplinary Liaison Committee in July 2017.

Following the review of Exemption Orders and a series of meetings with organisations (such as equine dental technicians, physiotherapists, meat inspectors, hoof trimmers and behaviourists), which included discussions about the potential for becoming Associates or being accredited by the RCVS, the EO&AWP held its final meeting in August 2018.

At that time it commented on a draft report to be submitted to Defra. Going forward the draft report, along with the comments of the EO&AWP and its recommendations, will be taken up under the auspices of the Legislation Working Party (LWP), which will continue this work alongside the review of Schedule 3 of the Veterinary Surgeons Act.

The issue is on the agenda for the 17 January 2019 meeting.

C3. Review our concerns-handling and disciplinary processes, including the impact of the Legislative Reform Order (LRO) that separated the membership of the Preliminary Investigation and Disciplinary Committees from Council, the standard of proof that we set and our sanctions

The Secretary of State was required to produce a report reviewing the objectives and impact of the LRO by the end of July 2018. To assist in this process, and working within a framework supplied by Defra, we submitted a report to Defra at the end of April. The RCVS continued to assist Defra in completion of the report, which has now occurred. The report will now undergo a number of internal processes within Defra / other government departments before publication on the UK government website.

An outline plan for a review of our First-Rate Regulator initiative was considered by the Operational Board in September 2018. A Research Officer has been hired on a six-month part-time contract to take this work forward, among other projects.

Meanwhile, it is anticipated that in 2019, Council will be asked to consider proposals to consult in relation to the Standard of Proof for Disciplinary Cases.

C4. Review the regulatory framework surrounding new technologies, to ensure it is proportionate and encourages innovation, while maintaining high standards of animal health and welfare (VF ambitions five, recommendations four and 23, action S)

After 18 months of detailed discussion, Standards Committee presented recommendations to Council in November 2018 as to how to progress with the issue of the regulation of veterinary telemedicine. Council sent the proposals back to Standards Committee for further work and consultation with stakeholders.

C5. Explore compulsory practice inspection (VF ambition five, recommendation 26, action T)

This has been included within the workstream of the Legislation Working Party.
C6. Review outcomes for graduates, with consideration of the likely requirements from the profession and the public of the vets of tomorrow (including the structure and provision of extra-mural studies) (VF actions I and J)

The Graduate Outcomes consultation was launched at the London Vet Show in November, and has received 1,114 full responses to date, with a further 2,599 partial responses (respondents can save their feedback and return at a later date to complete it). The consultation closes on 18 January 2019, and the project will enter phase two of information gathering, through several focus groups. A mixture of face to face and ‘virtual’ focus groups are planned, to maximise engagement by reducing the need to travel to venues for each one. The focus groups will build upon the initial results of the online consultation, and gather rich, detailed feedback on the various issues. An interim report is expected in March / April. A final report will be made to Council in June, or potentially September, 2019.

D – Global reach

D1. Develop a strategy to make sure that the profession is in charge of its future by maximising the opportunities and minimising the risks of Brexit:

Work continues with the joint Defra/RCVS/BVA Veterinary Capacity and Capability Project (VCCP), which aims to ensure that workforce needs continue to be met, regardless of which Brexit scenario becomes reality.

We have also held discussions with the Department for Business, Energy & Industrial Strategy concerning changes to the Veterinary Surgeons Act 1966 necessitated by Brexit, namely references to the Mutual Recognition of Professional Qualifications Directive (MPRQ) and the Services Directive. A further meeting is due on 10 January 2019.

The RCVS continues to hold meetings with the Animal and Plant Health Agency (APHA) on the risks that Brexit holds to the veterinary profession’s capacity to meet certification requirements for the export of animal products, including discussion around the APHA proposal for the new role of Certification Support Officers (CSOs).

On 27 June the College hosted a successful Lords’ Dinner at Belgravia House, where our concerns about Brexit were raised with the attending peers. This was followed by an informal event for parliamentarians held in the Commons Pavilion on 19 December, which was attended by around a dozen peers and MPs who were given individual briefings on the risks of a no-deal Brexit and the importance of ensuring that veterinary surgeons are placed on the Shortage Occupation List. Several peers have requested follow-up meetings in 2019.

We are also received the results of the second survey of non-UK EU veterinary graduates working in the UK to find out about changes to their plans and how they have been treated since the Brexit vote, following the initial survey last summer. The results, which show a considerable increase in satisfaction with the RCVS’s Brexit measures, will be published imminently.

On 27 September we issued a position statement regarding the potential impact of a ‘no-deal’ scenario on the UK veterinary profession, particularly regarding the risks to animal welfare and public health due to the potential impact on the veterinary workforce.
On behalf of the RCVS, Professor Stuart Reid presented on Brexit at the Federation of Veterinarians of Europe's General Assembly, on 10 November in Rome.

The Education Department is currently looking at ways to scale up the RCVS Statutory Membership Exam, to allow a higher number of applicants to take the exam in 2019, if required.

D2. Collaborate with other competent authorities, associations, educational bodies and the commercial sector to establish a framework for the management of the impact of new technologies, such that animal health and welfare remains centre stage, regardless of from where veterinary services are being delivered into the UK and beyond (VF ambition five, recommendations four and 23, action S) [see also B5 and C4]
This work is on hold until we have a clear steer regarding telehealth in the UK.

D3. Improve our support for, and communication with, overseas graduates working in the UK and those considering working in the UK (VF ambition three, recommendation 13, action K)
As mentioned above, we conducted a follow-up survey of the more than 6,100 non-UK EU graduates working in the UK, to re-establish their views on living and working in the UK post Brexit. Just over 50% responded, and the results are being analysed.

The RCVS/Veterinary Defence Society (VDS) continuing professional development (CPD) course for overseas vets and VNAs was held on 20 November in London and was well received by the 50 or so delegates who attended.

D4. Clarify our offer for overseas members and consider expanding the number of members in this category, revising the Registration Regulations, if required
Research among our overseas members better to understand their motivations for retaining that membership category and what they would like to see from the College will be carried out in 2019.

D5. Investigate the global market for RCVS qualifications and Advanced Practitioner and Specialist status
Action to be started.

D6. Consider the global market for the RCVS accreditation of undergraduate veterinary education, particularly in the light of Brexit
Given the more pressing need to understand how we will work with European veterinary schools in the event of a no-deal, the global market for RCVS accreditation is not currently a high priority.

D7. Investigate the global market for the RCVS accreditation of veterinary practices
This work is to be started, meanwhile it is worth noting that four more overseas practices have been approved for the purposes of VN training, in Singapore, Sweden and Finland (two).

D8. Share knowledge with developing world countries to help raise standards around regulation and also animal health and welfare
Work to be started, meanwhile we aim to better understand the global networks of our Council members to facilitate this.
D9. Stimulate and communicate global career opportunities for UK graduates, including around One Health (VF ambitions two and four, recommendations seven, eight, 17-22, action G)

Work to be started, likely to be in conjunction with the Vet Futures ‘My Vet Future’ careers hub, which is being led by BVA/Vet Record.

D10. Support the Federation of Veterinarians of Europe’s Vet Futures Europe initiative (VF ambition six, recommendation 33, action W)

The Vet Futures Europe Report has been published. We offered to support some particular streams of work but these are not those that appear on the FVE priority list for 2019 so there is no immediate need for resources. The RCVS and BVA will host the FVE General Assembly in the UK in summer 2020, an important signal to our European colleagues that the UK veterinary professions intend to remain fully engaged in Europe and beyond.

E – Our service agenda

E1. Recognising that staff who are highly engaged will deliver the best service for our stakeholders, we will continue to review the way we work, with particular emphasis on cross-departmental working, involving Council members where appropriate

A new approach to staff appraisals was launched in January 2018, with a greater focus on personal and career development. The new approach has been positively received by staff, but line managers need support with the conversations they are having with their team members. Another great output has been a significant increase in training requests directly related to the development of the staff member in their role.

Work continues around mapping of our roles using a job evaluation system, to give us an opportunity to understand the common skills required by seemingly different roles. This will feed into career development and succession planning, helping us to retain and progress talented individuals. The whole organisation has now been mapped and communicated to staff, we are now committed to using the insights from this mapping to review where our structures might not be the most effective and where we can improve career opportunities for staff.

New pay structures have been created, and will be launched for use by department heads in making salary decisions from the annual review cycle in 2019, to support this, a pay decision tool is also being created to enable greater consistency of decision making across the teams. Ultimately, we aim to be as transparent with staff as possible on pay and pay progression. The new structures were discussed at the December 2018 Operational Board meeting.

Our pilot mentoring scheme, which has seen 13 individuals paired with Senior Team mentors with the objective of focusing on their development goals, is currently under review. Many of the ‘mentoring needs’ were career-oriented, rather than longer term, so a drop-in day of career development sessions with the HR team is under consideration. Mentoring will be officially relaunched in 2019 with changes related directly to the feedback received.
The Great Place to Work survey was completed by staff in August with a response rate of 89%. Early results are available and suggest there have been increases in areas we have focused on, such as corporate social responsibility, and reward and communication, and some decreases in other areas. Great Place to Work will present to staff in the latter part of the year and results will be used to identify opportunities for further progress.

The new HR information system ‘Cascade’ is on track for launch in early January. The HR team is currently being trained on the system and team members are working with Cascade to ensure the system is tailored correctly for the College. Go-live will mean the launch of a new self-service element for staff, giving them the opportunity to manage sickness, book leave and see all their data in one place. It means internally we can offer a more accurate and secure service to employees and rely less on manual intervention, which can result in errors.

We have now completed the tender process for our new online Council and Committee Collaboration System, with our panel of staff and Council/committee members selecting eShare BoardPacks as our platform of choice. Pricing has been negotiated, contracts signed and we are now in the process of planning the implementation and training for our administrators ready for launch to all Council and Committee members over the next few months.

E2. Continue to review our Estates Strategy so that we have appropriate spaces in which to work effectively and creatively, and a building that reflects the status of a Royal College
The work is ongoing and discussions are going to be held in the afternoon session of the 17 January 2019 meeting of Council.

E3. Embrace the opportunities of technology to fully engage with ‘generation mobile’ and make interactions with the College as accessible and easy as possible, including the development of innovative ways for us to share our knowledge and communicate our services with all of our key audiences
The first new appointment in support of the Digital Strategy, the IT Infrastructure Manager Jonathan Smith, is now in-post and already delivering value across his portfolio of responsibilities. Major achievements already include: delivering a robust new cloud-based backup approach, smooth and constructive conclusion of the existing supplier relationship, full audit of all existing infrastructural systems, establishment of a secure virtual private network encompassing Belgravia House, Amazon AWS and Microsoft Azure cloud environments, consolidation of all software licensing from disparate suppliers under our control.

We have also succeeded in securing an excellent Software Developer to join the team, Nicholas Ferrara brings with him a wealth of academic, technical and organisation experience and has already delivered the first release of a new online video sharing service for use by the Preliminary Investigation Committee to enable members securely to review evidentiary video remotely. This has been in addition to working with our existing team to create a standardised approach to design, development, testing and source control.

Work continues apace in completing delivery of member self-service Direct Debit management capability. A significant enabler of this is providing vets, VNs and practices with the ability to self-manage their relationships with each other, via MyAccount.
**E4. Develop and improve the advice we offer to animal owners and others to ensure they get the best out of their interaction with veterinary professionals**

We plan to continue our attendance at animal owner events in 2019, with applications lodged to exhibit at the Royal Highland Show near Edinburgh and the new BBC Countryfile Live event in Yorkshire.

Work is underway with an external agency to develop a digital marketing campaign to promote the RCVS Practice Standards Scheme to animal owners, and explain how it can benefit them and their animals.

Work has resumed on the vet-client relationship poster, previously agreed by Standards Committee, which should be mailed to all veterinary practices in the New Year.

**E5. Review our Service Charter and associated Service Standards, making changes to our core services to ensure these promises are met, including reviewing resources and funding, where appropriate**

We are still collecting feedback from our ‘customers’ and monitoring compliance with our service standards. This will provide evidence for changes to the Service Charter and Service Standards. This feeds into the broader First Rate Regulator Review.

**E6. Develop a mechanism via which members of the veterinary and veterinary nursing professions can proactively engage with the College so that their issues and concerns are fed into discussions at an early enough stage to influence our agenda, where appropriate**

Senior Team has discussed potential options for a mechanism. The CEO and Communications team will draw up a paper outlining suggestions for discussion by the Operational Board shortly, and Council in early 2019.

**E7. Carry out a stakeholder mapping exercise to measure perceptions of the College and see what progress has been made since the research carried out as part of the First-rate Regulator exercise (2013); make appropriate recommendations for change**

A paper on this was considered by the Operational Board in September and a Research Manager contracted on a six-month part-time basis. This work will be closely integrated with E5 (Service review) and C3 (review of professional conduct mechanism).
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<tr>
<td>Date</td>
<td>17 January 2019</td>
</tr>
<tr>
<td>Title</td>
<td>Updated Delegation Scheme</td>
</tr>
<tr>
<td>Classification</td>
<td>Unclassified</td>
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<tr>
<td>Summary</td>
<td>This paper offers recommended changes to the Delegation Scheme, including terms of reference for the new Advancement of the Professions Committee and new Terms of Reference for the Senior Team</td>
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<tr>
<td>Decisions required</td>
<td>To amend/approve the recommended changes</td>
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<tr>
<td>Attachments</td>
<td>Annex – existing Delegation Scheme with recommended changes</td>
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| Author     | Lizzie Lockett / CEO  
l.lockett@rcvs.org.uk / 020 7202 0725 |
Background

1. Following from the recent legislative reform order (LRO) and the subsequent review of Council and committees, there is a need to update the Delegation Scheme. This was last updated and approved by Council in January 2018.

2. The annex includes the most recent approved iteration, with tracked changes for consideration.

3. The Terms of Reference for Senior Team have been approved by the Operational Board. They do not require formal Council approval but have been included for completeness.

4. Terms of Reference and composition for the new Finance and Resources Committee will be considered at a future meeting, for instigation during the next Presidential year (ie from RCVS Day, 12 July 2019).
Annex one: Scheme of delegation from the RCVS Council to Operational Board and committees as approved in January 2018, with tracked changes

Operative date

1. The following delegations shall have effect from 18 January 2019.

Operational Board

2. There shall be an Operational Board consisting of the President; the Vice-Presidents; the Treasurer; the Chairs of the Advancement of the Professions Committee, Education Committee, Standards Committee and Veterinary Nurses’ Council; the Secretary/CEO; Deputy CEO; and the Registrar. It shall report to Council. The Senior-Vice President shall be the Chair of the Operational Board.

3. The Operational Board shall oversee the management of all College business and oversee matters of governance and the management of resources. In particular it shall:

- present a strategic plan to Council for approval each year;
- present an annual business plan and budget to Council for approval and recommend proposed fee changes;
- ensure that the strategic and annual plans and budget are implemented, within limits of variation approved by Council;
- lay down procedures for budgeting and financial control;
- approve expenditure from the contingency fund;
- seek the approval of Council for expenditure from the College’s reserves;
- manage the assets and investments of the College;
- manage organisational risks, maintain a risk register and oversee internal audit reviews;
- deal with all matters relating to registration and membership of the College;
- oversee the appointment of professional advisers to the College;
- approve rates of travelling and subsistence expenses and recompense for loss of earnings;
- authorise the sealing of documents;
- advise Council on corporate governance matters, including the terms of reference of committees;
- determine the members of committees;
- co-ordinate the work of committees;
- approve the setting up sub-committees, working parties and other such bodies and determine their members;
- keep under review arrangements for Council elections;
- recommend to Council the names of persons for: election as Honorary Associates; the Queen’s Medal; and other awards;
- determine external representation and conduct external relations.

Committees

4. There shall be the following statutory and appeals committees:

- the Disciplinary Committee (statutory committee);
- the Examination Appeals Committee (appeals committee);
- the Preliminary Investigation Committee (statutory committee);
- the Veterinary Nurses Preliminary Investigation Committee;
- the Veterinary Nurses Disciplinary Committee;
- the Registration Appeals Committee (statutory appeals committee); and
- the Specialist and Advanced Practitioner Appeals Committee (appeals committee).

5. There shall be the following other committees:

- the Advancement of the Professions Committee
- the Audit and Risk Committee;
- the Education Committee;
- the Preliminary Investigation Committee and Disciplinary Committee Liaison Committee;
- the Selection Committee;
- the Standards Committee; and

- the Veterinary Nurses’ Council.

6. The committees shall report to Council and shall be constituted and work within the terms of reference set out below.

7. The committees may appoint one or more sub-committees for such general or special purpose as they may think fit, subject to the approval of the Operational Board, and, subject to any contrary direction from the Council, may on behalf of the Council delegate to such sub-committees power to act in the name of the College and the Council in relation to the matters set out in their terms of reference.

**Advancement of the Professions Committee – Terms of Reference**

8. The Advancement of the Professions Committee will oversee work that is non-statutory in nature and contributes broadly to the advancement of the veterinary and/or veterinary nursing professions.

9. Such activity includes, but is not limited to, leadership, innovation, mental health (Mind Matters), the Fellowship, international strategy, Vet Futures, VN Futures and other workstreams to be defined by Council.

10. This will exclude work that is non-statutory but sufficiently covered by existing standing committees, such as postgraduate education.

11. The Committee will comprise the chairs of relevant working parties or taskforces, or appropriate Council member champions, together with four other members of Council (chair, lay member, veterinary surgeon, veterinary nurse), together with relevant members of the Senior Team. Other Committee members may be co-opted if necessary. RCVS Knowledge, an independent charity, will contribute by means of its Chair of Trustees who will be an invited observer. Although they each have responsibility for individual projects or areas of work, they will review and input across all areas, with collective responsibility.

12. The Committee will usually meet four times per annum.

13. The Committee will:

   a) Take regular reports from the leads on these areas of work and consider the ongoing effectiveness of the work against agreed strategy, timing and resourcing, making recommendations for changes, where appropriate. Consider any additional budgetary impact of these workstreams, which would then be escalated via the Financial Controls process.

   b) Ensure that potential synergies between the various projects and initiatives reporting into the Committee are identified and exploited, and that opportunities for working collaboratively to maximise the impact of workstreams is explored.

   c) Provide a forum for in-depth consideration of the issues surrounding or arising from the projects and initiatives that report into the Committee.
d) Provide a forum for blue-sky thinking to support the identification and development of new non-statutory projects which would serve to advance the professions.

e) Flag up any issues of concern to the Audit and Risk Committee, via the Risk Register, particularly in terms of financial, reputational or legal risks associated with the project and initiatives reporting to the Committee.

f) Make recommendations to Council for any new streams of work which may be appropriate under our Royal Charter.

g) Make a report to Council on a regular basis summarising the work that comes under its purview.

**Audit and Risk Committee**

8.14. The Audit and Risk Committee shall support the Council by reviewing the comprehensiveness and reliability of assurances and internal controls in meeting the Council’s oversight responsibilities. The Committee is a non-executive committee and has no executive powers except as set out below.

9.15. The Committee has delegated authority to:

   a. monitor the Council’s risk management arrangements;

   b. approve the internal audit programme; and

   c. advise the Council on the comprehensiveness and reliability of assurances and internal controls, including internal and external audit arrangements, and on the implications of assurances provided in respect of risk and control.

10.16. The Committee may request the attendance of any employee or member, as set out in paragraph 23 below, and may incur expenditure for the purpose of obtaining advice in terms of paragraph 27 below.

11.17. The Committee is accountable to the Council. The minutes of each committee meeting shall be circulated to the Council. The Committee shall report to the Council annually on its work. It may also submit separately to the Council its advice on issues where it considers that the Council should take action. Where the Committee considers there is evidence of ultra vires transactions or evidence of improper acts, the Chair of the Committee shall raise the matter at a formal Council meeting.
12.18. The Committee shall have six members, but may operate with fewer while a vacancy exists, provided the quorum is maintained. The members shall include two Council members, of whom one shall be a lay member and one a registrant member. The President, a Vice-President and the Treasurer shall not be members of the Committee. The members of the Committee who are not Council members (the "external members") shall have appropriate audit and risk management experience.

13.19. The Council will appoint one of the external members serving on the Committee as Chair, based on relevant background and skills. In the absence of the Chair, the Committee shall elect another of its members to chair the meeting.

14.20. The Committee shall support the Council by reviewing and advising the Council on the operation and effectiveness of the arrangements which are in place across the whole of the Council’s activities that support the achievement of the Council’s objectives. In particular, the Committee shall review the adequacy of:

a. all risk and control related disclosure statements, together with any accompanying internal audit statement, external audit opinion or other appropriate independent assurances, prior to endorsement by the Council;

b. the underlying assurance processes that indicate the degree of the achievement of corporate objectives, the effectiveness of the management of principal risks and the appropriateness of the above disclosure statements;

c. the policies for ensuring compliance with relevant regulatory, legal, governance and code of conduct requirements; and

d. the policies and procedures for all work related to fraud and corruption.

15.21. In carrying out this work the Committee will primarily utilise the work of internal audit, external audit and other assurance functions. It will also seek reports and assurances from Department Managers as appropriate, concentrating on the over-arching systems of governance, risk management and internal control together with indicators of their effectiveness.

16.22. In reviewing risk management arrangements, the Committee shall draw attention to areas where:

a. risk is being appropriately managed and controls are adequate (no action needed);

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1 Committee consists of five members, with staggered appointments to ensure continuity. One member resigned in 2017 and to replace them and to be prepared for the next staggered change two members were recruited in 2017, therefore Committee will be made up of six members in the interim.
b. risk is inadequately controlled (action needed to improve control);

c. risk is over-controlled (resource being wasted which could be diverted to another use);

and

d. there is a lack of evidence to support a conclusion (if this concerns areas which are material to the organisation’s functions, more audit and/or assurance work will be required).

17.23. In relation to internal audit the Committee shall:

a. ensure that there is effective internal audit activity that complies with any applicable standards and provides appropriate independent assurance to the Council, Audit and Risk Committee, Secretary and Registrar;

b. consider the appointment of advisers, the cost of the service and any questions of resignation or dismissal and make appropriate recommendations to the Council;

c. ensure that the College makes adequate resource available to internal audit activity;

d. review the internal audit strategy, operational plan and work programme;

e. consider the major findings of internal audit work, and management’s response; and

f. annually review the effectiveness of internal audit.

18.24. In relation to external audit the Committee shall:

a. consider the appointment and performance of the external auditor, the audit fee and any questions of resignation or dismissal and make appropriate recommendations to the Council;

b. discuss and agree with the external auditor, before the audit commences, the nature and scope of the audit as set out in the external audit plan and their local evaluation of audit risks;

c. review the work and findings of the external auditor, consider the implications and management’s responses to their work; and
d. review all external audit reports, including agreement of the annual audit letter before submission to the Council and any work undertaken outside the annual audit plan, together with the appropriateness of management responses.

**49.25.** The Committee shall review the annual financial statements, focusing particularly on:

- a. the statement on internal control and other disclosures relevant to the terms of reference of the Committee;

- b. changes in, and compliance with, accounting policies and practices;

- c. unadjusted mis-statements in the financial statements;

- d. major judgmental areas; and

- e. significant adjustments resulting from the audit.

**20.26.** The Committee shall ensure that the systems for financial reporting to the Council, including those of budgetary control, are subject to review as to completeness and accuracy of the information provided to the Council.

**21.27.** The Committee shall meet not less than three times a year. The external or internal auditors may request a meeting if they consider that one is necessary.

**22.28.** Only Committee members shall be entitled to attend meetings of the Committee. The Treasurer, Secretary and/or Registrar, and Head of Finance shall normally attend meetings. Representatives from the external auditors shall attend meetings as required for relevant items. The President and other Council members may attend meetings at the invitation of, or with the agreement of, the Chair of the Committee.

**23.29.** The Committee may request any employee or member to attend a meeting to assist with its discussions on any particular matter or to provide any information it may reasonably require in order to fulfil its remit. All employees and members shall co-operate with any reasonable request made by the Committee.

**24.30.** The Committee may ask any or all non-members to withdraw for all or part of a meeting if it so decides. In such an instance, the Chairman shall ensure that a proper record is made of the meeting.
25.31. The senior representatives of internal audit and external audit shall have free and confidential access to the Chair of the Committee. At least once a year, the Committee shall provide an opportunity to meet privately with the external and internal auditors.

26.32. The Committee may investigate any activity within its terms of reference. It may seek any information it requires from any employee and all employees shall co-operate with any request made by the Committee.

27.33. The Committee may obtain legal or other independent professional advice and secure the attendance of external advisers with relevant experience and expertise if it considers this necessary, within the budget approved by the Council. The Secretary and/or Registrar shall ensure that appropriate secretariat support is provided to the Chair and Committee.

Remit relating to accreditation functions of the College

28.34. The Committee will receive assurances that the quality assurance work undertaken by the College in relation to the accreditation of Veterinary and Veterinary Nursing educational institutions is operating in accordance with its published procedures. This process of assurance is also designed to contribute to compliance with the requirements for membership with the European Association for Quality Assurance in Higher Education (ENQA) that ‘Agencies should have in place processes for internal quality assurance related to defining, assuring and enhancing the quality and integrity of their activities’. This will be achieved by:

a. at the beginning of each calendar year, the Committee will be provided with a work plan, detailing the accreditation visitations that are scheduled for the forthcoming year;

b. brief progress reports against this work plan will be provided as a standing item at each meeting of the Committee. These reports will also highlight any major concerns or issues that had arisen as a result of quality assurance activities conducted in the period covered by the report;

c. an annual report will be produced at the end of each calendar year. This will be presented to the Committee together with the work plan for the next calendar year. The annual report would be expected to include:

   o confirmation that quality assurance activities have been completed in line with the work plan, or reasons for any variation;

   o actions that have been taken or that are planned as a result of discussion by committees;
actions that have been taken or that are planned as a result of feedback from
stakeholders (visitors/universities);

- trends and themes identified in information presented year on year.

**29.35.** Findings of the Committee arising from assurances received on the quality assurance
activities of the College in relation to Veterinary and Veterinary Nursing educational institutions
shall also be circulated to the Primary Qualifications Sub-Committee, Education Committee and
the Veterinary Nursing Education Committee.

**30.36.** The Committee may choose to invite attendance from representatives of Education
Committee and VN Education Committee for the purpose of receiving assurances on quality
assurance activities undertaken by those Committees.

**31.37.** Where an appointed member of the Audit and Risk Committee is also involved with the
education quality assurance activities of the RCVS, they shall not be permitted voting rights on
any issues discussed however they may remain present at the meeting for points of clarification.

**Disciplinary Committees**

**32.38.** The Disciplinary Committee shall be constituted in accordance with Schedule 2 to the
Veterinary Surgeons Act 1966. The Veterinary Nurses Disciplinary Committee shall be constituted
in accordance with the Veterinary Nurse Code and Disciplinary Rules 2014.

**Education Committee**

**33.39.** The Education Committee shall set the policy for undergraduate and postgraduate education
and training of veterinary surgeons and determine the requirements for those seeking registration,
for the award of qualifications under the Charter, for continuing professional development, and for
recognition as RCVS Advanced Practitioner and RCVS Specialist.

**34.40.** The Committee shall develop and keep under review education and training requirements for
registration, and in particular shall:

a. define "day 1 competences" and advise on the content of the veterinary undergraduate
curriculum;

b. oversee the approval process and ongoing monitoring of veterinary degrees and
international recognition agreements, considering sub-committee reports on appointment
of visitors, visitation reports, follow-up reports and annual monitoring reports from
veterinary schools, sub-committee reports on overseas degrees from other accrediting
bodies, and sub-committee reports on operation of the statutory membership examination; and
c. make recommendations to Council on any change in approved status concerning registrable degrees, on the regulations governing the statutory membership examination and on the regulations governing practice by students.

35.41. The Committee shall develop and keep under review policy for continuing professional development, revalidation and postgraduate training and qualifications, and in particular shall:

  a. define "year 1 competences" and monitor the postgraduate development phase;
  
b. set the requirements for and monitor continuing professional development within the profession;
  
c. develop and maintain a framework of College postgraduate awards, receiving reports from sub-committees on the standards for College-awarded certificates, diplomas and fellowships, examinations and accreditation of other recognised postgraduate qualifications as part of the framework;
  
d. define the requirements for RCVS Advanced Practitioner and RCVS Specialist status, receiving reports from sub-committees on the maintenance of lists for Advanced Practitioners and Specialists; and
  
e. recommend to Council amendments to the certificate and diploma and Fellowship Rules.

36.42. The Committee shall recommend fees to the Operational Board for candidates, examiners and visitors, Advanced Practitioners, Specialists and Fellows.

Examination Appeals Committee

37.43. The Examination Appeals Committee shall deal with appeals relating to the conduct of examinations administered by the College.

Preliminary Investigation Committees

44. The Preliminary Investigation Committee shall be constituted in accordance with Schedule 2 to the Veterinary Surgeons Act 1966. The Veterinary Nurse Preliminary Investigation Committee shall be constituted in accordance with the Veterinary Nurse Code and Disciplinary Rules 2014.
Preliminary Investigation Committee and Disciplinary Committee Liaison Committee

38.45. The Preliminary Investigation Committee and Disciplinary Committee Liaison Committee shall include the chair of the Preliminary Investigation Committee (PIC), the chair of the RVN Preliminary Investigation Committee (RVN PIC), the chair of the Disciplinary Committee (DC), at least two members of Council one of whom is a member of the Operational Board, the chair of Standards Committee (SC), one member of the Presidential Team to undertake the role of chair of the (liaison) committee for 3-year term.

39.46. The Preliminary Investigation Committee and Disciplinary Committee Liaison Committee shall serve as a channel for communication between the Preliminary Investigation and Disciplinary Committees and the Operational Board, discussing policy issues in connection with the supervision of professional conduct. These shall include the following:

a. the monitoring of performance, including key performance indicators and processes;

b. working methods;

c. budgeting and financial control;

d. arrangements for the recruitment of members of the Committees, including deciding the membership of the independent selection panel and overseeing the process (final decision on successful candidates to be ratified by Council), appraisal of their performance and the process for selection for chairmanship chairs;

e. arrangements for the appointment of legal advisors (including legal assessors) in connection with the professional conduct function;

f. planning for a public review of the implementation of the legislative reform order; and

g. there would also be a ‘feedback loop’ between DC decisions, outcomes of the PIC and RVN PIC and the SC.

40.47. The Preliminary Investigation Committee and Disciplinary Committee Liaison Committee shall report to the Operational Board.

Registration Appeals Committee
41.48. The Registration Appeals Committee shall be constituted in accordance with section 5D of the Act and the Veterinary Surgeons (Registration Appeals) Rules 2008.

Selection Committee

42.49. The Selection Committee shall advise on the appointment of persons other than members of Council to the Preliminary Investigation and Disciplinary Committees.

Specialist and Advanced Practitioner Appeals Committee

43.50. The Specialist and Advanced Practitioner Appeals Committee shall determine appeals relating to recognition of Specialists and Advanced Practitioners after reviewing the original papers considered by the first instance panel, sub-committee or committee.

Standards Committee

44.51. The Standards Committee shall provide advice and guidance on the professional conduct of veterinary surgeons and veterinary nurses, including, but not limited to:

a. publishing a Code or Codes of Professional Conduct, subject to the approval of the Council;

b. publishing as necessary advice on professional conduct, for example in “RCVS News” and RCVSonline;

c. responding to professional conduct issues raised by the RCVS Council, Veterinary Nurses’ Council or any committee of the RCVS;

d. responding to requests for advice from members of the profession and the public, as agreed by the chairman; and

e. overseeing the development of the RCVS Practice Standards Scheme by the Practice Standards Group, making recommendations to Council as appropriate, and considering appeals from the Practice Standards Scheme Review Group.

Veterinary Nurses’ Council

45.52. The Veterinary Nurses’ Council shall consist of the following members:
a. six veterinary nurses practising or living wholly or mainly in the United Kingdom, elected by ballot of all veterinary nurses, conducted substantially in accordance with the Royal College of Veterinary Surgeons Council Election Scheme 1967 (as amended), with the necessary adaptations;

b. two veterinary nurses practising or living wholly or mainly in the United Kingdom, to be appointed by the Veterinary Nurses’ Council;

c. two veterinary surgeons, to be appointed by the Veterinary Nurses’ Council in consultation with RCVS Council;

d. four lay members to be appointed by the Veterinary Nurses’ Council.

46.53. The term of office of elected and appointed members of the Veterinary Nurses’ Council shall be three years in each case, and one-third of the elected members shall retire in rotation each year, being eligible for re-election if still qualified to serve. A member elected or appointed to fill a casual vacancy shall serve the unexpired portion of the predecessor’s term of office.

47.54. Members of the Veterinary Nurses’ Council shall serve a maximum of three successive terms and after which they will be eligible to re-stand for election or be re-appointed after a gap of two years.

48.55. The quorum for meetings of the Veterinary Nurses’ Council shall be seven members, which must include four veterinary nurse members, one veterinary surgeon member, and one lay member.

49.56. The Chair and two Vice-Chairs of the Veterinary Nurses’ Council shall be elected by the Veterinary Nurses’ Council, by secret ballot. The Chair will be either an elected or appointed veterinary nurse. The election of the Chair shall be confirmed by the RCVS Council.

50.57. The term of office of the Chair shall usually be three years and Vice-Chairs shall serve for either one or three years, with the outgoing Chair normally serving one year as Vice-Chair.

54.58. The Veterinary Nurses’ Council shall, in addition to those functions specified in the Supplemental Royal Charter:

a. maintain the register of veterinary nurses;
b. ensure compliance with the requirements of the relevant regulatory authorities relating to licence to practise qualifications in veterinary nursing;

c. establish and keep under review schemes for post-qualification training and continuing professional development for veterinary nurses, and the outcomes to be achieved, with a view to recording an additional entry in the register of veterinary nurses;

d. recommend to the Operational Board a budget and levels of fees to be charged; and

e. recommend to the Council amendments to the rules relating to the registration, conduct and discipline of veterinary nurses.

52.59. In exercising its functions, the Veterinary Nurses’ Council shall ensure that the welfare of animals and good veterinary practice are central to its work.

Senior Team

60. The purpose of the Senior Team is to enable Council to set the strategic direction and oversee governance of the RCVS, and to enable our people to deliver.

61. The Senior Team shall comprise the RCVS Departmental Directors and be chaired by the CEO.

62. The Executive Director of RCVS Knowledge shall be invited to sit as observer.

63. The secretary shall be the Executive Assistant to the CEO.

64. The Senior Team shall meet regularly and the notes of the meetings will be available to all staff, with exemptions for private and confidential matters.

65. The key responsibilities of the Senior Team shall be as follows:

- Support and advise the Officers (President, Vice-Presidents and Treasurer), Council and committee members in the development and delivery of the Strategic Plan.

- Ensure delivery of the Strategic Plan and keep Council regularly updated on progress against time, budget and intended impact.

- Enable understanding of the RCVS purpose and Strategic Plan throughout the organisation and to ensure continual, coherent and consistent communication.

- Create an environment in which our people can deliver, learn and thrive.
- Ensure the effective and efficient day-to-day direction and management of the organisation in line with key functions as a Royal College and regulator.

- Propose and manage the College budget ensuring the most effective use of resources.

- Recommend Key Performance Indicators and service standards, and review activities against these, making adjustments to procedures and resources as applicable in association with the relevant Committee Chairs.

- Utilise the collective wisdom and expertise of the Senior Team and wider organisation by collaborating to exploit synergies and advance our organisational priorities.

- Ensure appropriate mitigations against risk, keeping the organisational and departmental Risk Registers up to date and report regularly to the Audit and Risk Committee.

- Horizon-scan for opportunities and threats, building networks to understand, for example, research and best practice from other similar organisations both at home and overseas, and act on this information appropriately.

- Identify and consider issues and activities for communication to the wider organisation, professions and public.

Approved by Council 18 Januaryxxxx 2019
### Meeting

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### Title

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### Summary

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<th>Amendments to the Meeting Procedure Rules 2014 to incorporate electronic voting.</th>
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### Decisions required

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### Attachments

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### Author

| Author               | Dawn Wiggins  
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<td><a href="mailto:d.wiggins@rcvs.org.uk">d.wiggins@rcvs.org.uk</a></td>
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Meeting Procedure Rules 2019

Background
1. Voting on matters for decisions at RCVS Council, and some other, meetings had been by a show of hands of members present; with the exception of elections to the office of Vice President and Chairs of standing committees where absent members were permitted to submit a postal vote (as part of those separate procedures).

2. Since September 2018, Council had been trialling the use of electronic voting through the audio system currently in place. At the meeting on 1 November 2018, it was agreed that the Meeting Procedure Rules 2014 be amended to incorporate electronic voting. Proposed amendments are shown at Annex A.

Decision required
3. Council is asked to approve the tracked changes as outlined at Annex A.
Meeting Procedure Rules 2019

Made by the Council of the Royal College of Veterinary Surgeons on 6 November 2014, to come into force on the date when the Supplemental Royal Charter of 2014 comes into operation.

Citation

1. These rules may be cited as the Royal College of Veterinary Surgeons Meeting Procedure Rules 2014.

Application and interpretation

2. These rules apply, except where otherwise stated, to general meetings and meetings of the Council and of committees, sub-committees, boards and other bodies transacting College business. The person chairing a meeting of a sub-committee, board or other body shall have discretion to modify the rules in their application to that meeting.

3. In these rules, "member", otherwise than in the expression "Council member", means a person participating in, or who is to participate in, any meeting to which these rules apply.

Voting

4. All questions relating to any business to be transacted at any meeting shall be decided by a majority of the members voting. The person chairing a meeting shall have a casting vote in addition to that person's original vote, whether or not the original vote has been used.

5. Immediately before a question is put to a meeting the text of the question to be voted upon shall be read out, unless it has been made available in writing to those who are to vote.

6. Voting shall be by show of hands. However, in the case of Council meetings voting may be either by a show of hands or via electronic means. If by electronic means, voting will take place by Council members present at the time, as directed via the system in place (which may vary from time to time) except that the Council may direct that a secret ballot shall be held for elections to the offices of President or Vice-President. Voting will be one vote per person (except for the Chair where necessary – see paragraph 4) and only the numbers recorded.

7. For the purposes of elections to the offices of President, Vice President, Treasurer and Chairs of standing committees, voting will be by electronic means by Council members present at the meeting, furthermore, absent members will be entitled to a postal vote that will be recorded at the meeting where those elections are held. The Chairman has no casting vote in relation to these elections.
Remote participation in meetings

8. Some or all of the members of any committee, sub-committee or working party may take part in a meeting by means of telephone conferencing or video-conferencing, at the discretion of the person chairing the meeting. Such participants shall count as present for the purpose of any vote.

Minutes

9. Minutes shall be taken of every meeting of the Council and of its committees and sub-committees.

Chairing of general meetings

10. The President shall take the chair, but in the President's absence the chair shall be taken by whichever of the Vice-Presidents first took office as a Vice-President or President. If the President and the Vice-Presidents are not present the members present shall choose one of their number to take the chair.

Convening of Council meetings

11. The meetings of the Council shall be convened by the Secretary or Registrar. At least ten days’ notice shall be given of every Council meeting, unless the President directs that a shorter period is permissible.

Quorum for Council meetings

12. The quorum of the Council shall be nine members personally present.

Business of Council meetings

13. The agenda for a meeting shall state clearly the business to be transacted.

14. A Council member who wishes to raise any subject for discussion or move a motion at any Council meeting shall, as soon as possible after receipt of the notice of the meeting, and in any case not later than three days before the date of the meeting, give notice of it to the Secretary or Registrar. That subject or motion shall then be added to the agenda of the meeting; except that no motion which in the opinion of the person chairing the meeting is the same in substance as a motion previously rejected by the Council shall be moved within six months of the date of the meeting at which it was rejected, except with the agreement of the Council.

15. No business shall be transacted other than that stated on the agenda for the meeting, except with the leave of the Council as a matter of urgency.

Adjournment of Council meetings
16. If no quorum is present within fifteen minutes of the time fixed for the commencement of a Council meeting, or the meeting ceases to be quorate during its course, it shall stand adjourned to a date and time to be fixed by the chairman, with the agreement of the members present.

17. Each meeting of the Council shall have power to adjourn to a future date and time, by agreement of the members present.

18. No business shall be transacted at an adjourned meeting other than that left unfinished at the adjournment of the immediately preceding session of the meeting, with the exception of urgent business designated as such by the President, and of which notice shall have been given to each Council member.

**Chairing of Council meetings**

19. The chair at Council meetings shall be taken by the President, but in the President's absence the chair shall be taken by whichever of the Vice-Presidents first took office as a Vice-President or President. If the President and the Vice-Presidents are not present, the members present shall choose one of their number to take the chair.

**Convening of committee meetings**

20. At least ten days' notice shall be given of every committee meeting, unless the chairman of the committee directs that a shorter period is permissible. The agenda for the meeting shall state clearly the business to be transacted.

**Quorum for committee meetings**

21. The quorum for a meeting of a committee shall be three, or such higher figure as the Council may decide in any case. Ex officio members of committees shall not be counted as part of the quorum for that committee.

**Chairmanship of committee meetings**

22. The chairman of a committee shall take the chair at every meeting of a committee if present. If the chairman of the committee is not present, the vice-chairman of the committee shall take the chair. If neither the chairman nor the vice-chairman of the committee is present, the members present shall choose one of their number to take the chair.

**Rules of debate**

23. The rules of the debate shall be as follows, but subject to the discretion of the person chairing any meeting to regulate the proceedings as they think fit.

24. No motion shall be discussed before it has been seconded, and no member shall speak more than once to any motion, except with the leave of the chairman. The seconder of a motion may choose not to speak until later in the debate. The mover of the motion shall have the last word in the
debate, but shall only answer points made by previous speakers and shall not introduce new material in the debate. No motion may be withdrawn, except by leave of the chairman. The withdrawal of a motion shall not preclude it from being moved on a later occasion.

25. All speeches shall be directed to the chair. No speech shall last for more than five minutes, except with the leave of the chairman.

26. Amendments to motions must be relevant to the motion and within the scope of the motion. An amendment shall be for one of the following purposes:-

- to omit words;
- to omit words and insert or add others in substitution;
- to insert or add words;
- in the case of a meeting of the Council, that the subject-matter of the motion be referred to a committee.

27. No amendment shall be discussed before it has been seconded. Only one amendment may be discussed at any one time, unless the chairman considers that this will assist the meeting. If an amendment is carried, the motion as amended shall then become the substantive motion before the meeting, and may be further amended. The mover of an amendment shall have no right of reply to the debate on that amendment, but the mover of the original motion shall have the right of reply to the debate on the amendment. The seconder of an amendment may choose not to speak until a later stage in the debate on the amendment, but shall have no right of reply to the debate on the amendment.

28. A member who has not spoken in the debate may move the closure of the debate by moving either that the question be now put, or that the meeting do proceed to the next business.

29. A motion to close the debate must be seconded. Neither the proposer nor seconder of a closure motion shall speak to the closure motion and there shall be no debate on it. If a proposal that "the question be now put" is carried, the question before the meeting shall then be put to the meeting forthwith, save that the mover of the original motion shall have a right of reply to the debate before the question is put. If it is agreed to proceed to the next business the original debate shall be closed without any question being put.

30. A member may raise a point of order at any time during the meeting and shall be heard forthwith. A member wishing to raise a point of explanation in relation to a previous speech by that member in the debate shall raise it as a point of order. The ruling of the chairman on a point of order shall be conclusive and shall not be questioned in any way, except by way of substantive motion.

Meeting Procedure Rules 2014, amended January 2019
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<td>Title</td>
<td>Election procedure for Chairs of standing committees</td>
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<tr>
<td>Classification</td>
<td>Unclassified</td>
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<tr>
<td>Summary</td>
<td>Amendments to the election procedure for Chairs of standing committees to incorporate the newly formed Advancement of the Professions Committee.</td>
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<tr>
<td>Decisions required</td>
<td>To approve the amendments</td>
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<tr>
<td>Attachments</td>
<td>Annex A: Election procedure for Chairs of standing committees with proposed amendments (tracked changes)</td>
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Eleanor Ferguson  
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Election procedure for Chairs of standing committees

Background
1. Written procedures for the annual elections of Chairs of standing RCVS committees do not currently include the newly formed Advancement of the Professions Committee nor the ability to vote electronically rather than by paper ballot. Proposed amendments to rectify this are shown at Annex A.

Decisions required
2. Council is asked to approve:

- the tracked changes to the election procedure as outlined at Annex A; and
- incorporate changes relating to electronic voting into the procedures for the offices of Vice President and Treasurer as those elections are run in the same manner.
Election procedure

for Chairs of Education and Standards Committees standing committees

These procedures were first put in place in 1994 for the election of President and Vice President following a review conducted by Sir Colin Shepherd MP. Minor modifications were made in intervening years and more substantive changes were agreed by Finance and General Purposes Committee in June 2005. The procedures set out below represent a consolidation of all the amendments and they were further adopted for the Election for Chairs of Education and Standards Committees at the Council meeting held in November 2013, and Chair of Advancement of the Professions Committee at the Council meeting held in January 2019.

Nomination

1. A notice of election for Chairs of Education and Standards and Advancement of the Professions Committees will be circulated to all Council Members not less than 60 days before the February/March Council meeting at which the election is to take place.

2. The notice will be accompanied by a nomination form for each Committee and these notes.

3. Any candidate seeking election should complete, sign and return the relevant form to the Registrar.

4. Each nomination must be supported by four Members of Council. No Council Member may support more than one candidate per Committee. Supporting forms can be submitted separately. It is the responsibility of the candidate to ensure that his/her nomination has the necessary number of supporters. [NB. Office staff will not get involved in chasing the necessary paperwork].

5. All forms must reach the Registrar on the date given, which will be 30 days before the Council meeting. Fax or e-mail copies will be allowed, and e-signatures will be accepted from within the Council group (RCVS Council elections will remain as they currently are in that ORIGINAL signatures must be received by the deadline date given).

6. Each candidate may circulate one letter to Council, limited to 250 words, indicating why s/he is standing for election. This should be submitted to the Registrar, where possible with the nomination form, but in any event by the date given.

7. The candidate details and any accompanying letters will be circulated to all Council Members at least 15 days before the Council meeting.

Voting

8. The election will be an agenda item held in public. After the Chair’s introduction, the Registrar will read out all the nominations, in alphabetical order, with the names of the supporters.
9. There will be no opportunity for the candidates or supporters to address Council, but Council will be given the opportunity to have a confidential discussion, in which case the candidate or candidates and the public will be asked to leave at this stage. Candidates will be invited back to vote and others to hear the results.

10. In the event that there is only one candidate, the motion will be put to the meeting that the candidate be elected. In the event that there is dissent there will be a secret ballot an electronic vote (in accordance to the Meeting Procedure Rules 2019, paragraphs 2 and 7). In order to succeed a single nomination must receive more than 50% of the vote. If the nomination captures less than 50% the election will be postponed until the next meeting of Council, during which time additional nominations will be sought.

11. In the event that there is more than one candidate a secret ballot an electronic vote will take place at the Council meeting.

12. Electronic voting will capture numbers only and in this instance will have the principle of A ballot box will be located at the front of the Council chamber. All voting papers will be numbered to secure the principles of anonymity and ‘one member; one vote’ i.e. unlike the Meeting Procedure Rules 2019 (paragraph 4) where the Chair of the meeting has a casting vote.

13. Council Members not able to be present may ask for a postal vote, which will be collected by the Registrar in advance of the meeting and recorded in the figures at the meeting where the election is held opened at the meeting by the Chair.

14. All voting papers will be issued to all members present and collected in the ballot box, along with any postal votes, by the Registrar.

15. Vote results Ballot papers will be counted noted by the Registrar in private with the Director of Operations or another member of the internal management team acting as scrutineer. The winner must receive more than 50% of the votes. Where this does not happen the position will be reported; the last placed candidate eliminated and a further ballot electronic vote carried out until an outright winner is identified. In the event of a tie the procedure outlined below will apply.

16. The Registrar will report the result of the ballot vote to Council, with the voting figures for each candidate together with any abstentions.

17. In the event of a tie there will be an immediate re-run of the ballot vote between the two tying candidates:

a. where the tie is between the only two candidates then there will be a short adjournment after which another vote will be called. In the event of yet another tie the candidate who is an elected Member will be preferred. If both be elected Members then the winner will be the one with the greatest number of votes on the most recent election to Council. If both are nominated/appointed members then the winner will be the one with the greatest seniority on the Council. If all these consideration fail then lots shall be drawn.
b. where the tie occurs in the last round of a ballot vote in which there were more than two candidates initially then the winner shall be the one with the greatest number of votes in the first round.

c. where the tie is amongst two, one of whom is to be eliminated from the next stage the considerations in a) shall apply.

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<td><strong>Title</strong></td>
<td>Ethics Review Panel for Practice Based Research</td>
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<tr>
<td><strong>Summary</strong></td>
<td>This paper provides information on the work of RCVS Ethics Review Panel (ERP) during its two year trial and sets out how the ERP may continue to function and evolve if Council decide to make it permanent.</td>
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| **Decisions required** | Council is asked: 
  (1) to decide if the RCVS Ethics Review Panel should be made a permanent group reporting to Standards Committee, and if so;  
  to confirm the terms of reference for ERP; and  
  to confirm the arrangements for appointment of Chairman and Panel members. |
| **Attachments** | Annex A: Ethical Review for Practice-Based Research. A report of a joint RCVS/BVA working party 2013  
Annex B: ERP terms of reference  
Annex C: SOP 2018  
Annex D: Applicant Guidelines 2018/Application form 2018  
Annex E: ERP Statistics  
Annex F: Oversight group minutes  
Annex G: Budget/Finance **CONFIDENTIAL** |
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Ethics Review Panel

Background

1. In 2013 a joint working party established by the RCVS and BVA reported on the ethical review of practice-based research in the UK (report attached at Annex A). The report set out why, in the view of the working party, an ethical review panel was needed, including; to encourage more practice based clinical research, to avoid veterinary surgeons and veterinary nurses involved with research inadvertently breaching associated legal or professional conduct responsibilities, and to ensure that any clinical research carried out can be published.

2. On the recommendation of the working party the RCVS established the Ethics Review Panel (ERP) to carry out review of practice based research.

3. In August 2016 the ERP was established for a trial period of one year. The trial was subsequently extended by a further year in August 2017. The ERP is currently continuing on a monthly-rolling basis until a decision is reached on its permanence.

4. The ERP’s original focus was on studies relating to small animals, however, in 2017, this was expanded to include farm and equine applications.

Make-up of the panel

5. The ERP was originally made up of seven members (including one RVN and one lay member) with Professor Morton nominated to take on the role of Chairman. The membership of the ERP increased to ten members in 2017, with a farm vet and an equine vet added to cater for the planned expansion in applications in these areas. An additional lay member was also added. Recruitment to the ERP was carried out including advertisement and interview process. The terms of reference for the ERP are as set out in Annex B.

6. In 2018 three ERP members (one lay member, one RVN member and one farm vet member) resigned due to other commitments. If the ERP is made permanent it is intended that three new members will be recruited to fill the vacancies of those leaving.

7. The current membership of the ERP is as follows:
   - Prof David Morton CBE MRCVS (Chair)
   - Miss Zoe Belshaw MRCVS
   - Dr Madeleine Campbell MRCVS
8. The expertise on the ERP provides a wide knowledge bank when considering applications. There are two current RCVS Specialists (in Small Animal Medicine, and in Veterinary Reproduction – Equine), and two members who have previously held this status. There is also one Fellow.

Comparison with university ethics panels/sources of applications to ERP

9. In order to compare the ERP’s utilisation against university ethical review panels, the RCVS asked a number of veterinary school panels to report on how many applications they have received since August 2016:
   - The Veterinary Ethical Review Committee (for non-ASPA applications) at the Royal (Dick) School of Veterinary Studies reported that they have received 250 projects for review since the above date to 26 September 2018.
   - The Clinical Research Ethical Review Board (for non-ASPA applications) at the Royal Veterinary College reported that they have received 443 projects for review between September 2016 and August 2017. These applications include those from students (undergrad/post-grad/PhD) and from staff.

10. The numbers of applications received by the ERP from August 2016 to 26 September 2018 is 58 applications. While the ERP received fewer applications in number, the applications received by university panels are inflated by the amount of student projects they receive. The ERP does not receive student projects and the applications that the ERP has received from practice based research would be unlikely to have been reviewed in a university setting.

Application review process

11. When the ERP was set up, the expected timeframe for processing applications was 50 working days (10 weeks) and it was stipulated within an SOP that the overall process (from submission of the application to first decision of the ERP) should take no longer than 50 working days. This timeframe was met for nine months, however, due to internal issues including staff changes in the summer of 2017, this expected timeframe was not maintained.
12. Action was taken to remedy these delays and when the ERP met in November 2017 they revised the expected timeframe with the aim to reduce application waiting time and improve efficiency.

13. The revised timeframe for processing applications was reduced from 50 to 32 working days (6.4 weeks)

14. Further detail on the work of the Recognised Veterinary Practice Sub-Committee and ERP, within this expected timeframe, is set out within the ERP’s SOP (Annex C).

15. Applicant guidelines and applications forms are also attached in Annex D. Both documents were revised by the ERP at their meeting in May 2018. The guidelines as revised provide a higher level of detail about the use of client data (in light of the GDPR), and the obligation for the applicant to include a sample client information sheet and client consent from within their application.

16. Since revising the expected timeframe in December 2017, 63% of applications have received a first decision from the ERP within 32 days. The average time taken for a first decision in those 14 applications was 13.8 working days.

17. The average time taken for a first decision for all applications since December 2017 is 31.9 working days. Of the 37% of applications which went beyond 32 days, most were caused by unavailability of staff and reviewers (RVP/ERP) during the Christmas period in 2017.

18. Further statistics obtained following the two year trial period are attached at Annex E of this paper. These statistics cover areas such as; application outcomes, RVP and ERP response times.

Applicant feedback

19. Feedback from the profession has been generally positive, with applicants commenting as follows:

i. “I was very grateful that the RCVS does have this panel for veterinarians wishing to undertake clinical research outside of an academic setting as I have not previously come across it before.”
ii. “We are very grateful that we could have ethical review for a project about a minority species that was conducted outside a university. The ERP is a vital resource for any practitioner that wishes to carry out clinical research. There was quite a delay (3 months) between submission of the application and a response from the panel. It would have been helpful to have some communication from ERP during this period. The comments from the Panel were very helpful. It is good to have another opinion about a project.”

iii. “The process has been user friendly, the feedback and expectations were clear. The delay in response could be a bit quicker if at all possible. The space to fill in in the form could also be bigger as there is not much space to write in some sections although lots of explanations are requested in the entitlements.”

iv. “We felt that the ERP process of application was clear and simple. We were very impressed that it was free and this was one of the main driving factors for using this ERP panel. We did however feel that the ERP reviewers addressed things within the article that were of no relevance to ethics. This included GDPR, statistics, methodology and study design. This we believe is not the responsibility of an ethical review panel unless it ethically effects any of the study patients.”

Ethics Review Panel feedback

20. Feedback and comments have also been sought from members of the ERP themselves - comments have included:

A. Benefits

i. Establishing the ERP has given, for the first time, practice based veterinary surgeons and registered veterinary nurses, who undertake clinical study projects, the opportunity to seek ethical approval; this should continue to be encouraged and publicised.

ii. There is a good mix of expertise and experience within the Panel members.

iii. The number, range and provenance of the applications demonstrates that there was a need. It is expected that the number of applications will continue to increase as the existence and facility of ERP becomes more widely recognised.

iv. The ERP has been very good, in terms of supplying the veterinary profession with a legitimate route for ethical review, raising awareness of the importance of ethical review.
B. Limitations

i. There has been limited publicity of the ERP. If the ERP continues on a permanent basis, there will still be some Veterinary Surgeons and Registered Veterinary Nurses in practice who continue to carry out clinical studies, without seeking ethical review, perhaps because they do not know that this is available. Equally there will be VS's and RVN's in practice who do not understand the importance of their clinical study undergoing ethical review to enable publishing the findings in peer-reviewed journals. Therefore, it is important to continue to publicise, promote the existence of the ERP within the profession, and ensure practices are familiar with the ‘Application Process’.

ii. The system in place for reviewing applications appears to be working adequately. However, one member, acting as Rapporteur commented that the number of panel members who have responded is variable. This might be addressed by selecting panel members differently.

iii. It is difficult to know how much we should criticise study design, when our remit is ethical review.

C. Suggestions going forward from ERP Panel Members

i. There needs to be awareness raised about what the ERP does, and all aspects of what Recognised Veterinary Practice and ethical review are as there is still knowledge gap in the profession.

ii. The quality of some submissions has been poor (in terms of experimental design, scientific quality etc) it is important that ERP is able to react constructively. As the purpose of the ERP is to help the profession access ethical review, the ERP should not to put up barriers and dissuade potential applicants from engaging with the ethics review process due to these issues. An “annotated” model submission might be useful in addition to the guidance for applicants.

iii. For every application, a Rapporteur is chosen from the Panel to summarise and anonymise the collective comments of each ERP member. This summary reflects the ERP’s collective decision for the proposed study which is communicated back to the Applicant. However, the final summary is never circulated to the Panel. As it is anonymised, circulating this summary and/or the letter of advice sent by the chair to the
applicant, would be especially informative for the ERP and would also usefully contribute to ongoing training for the ERP. This is not for the purpose of influencing decisions, as the collective decision has already been reached.

iv. Consideration should to be given to providing more extensive guidance notes to the applicants with regard to Client Consent Forms and Owner Information documentation. Invariably this was an aspect of the applications that needed much comment and often aspects of the clinical study had not been fully considered from the client’s perspective. *(Please note: this has already been actioned)*

v. The trial period has given a good insight into what is required to establish a permanent RCVS ERP. Going forward, based on Applications received to date, it would be an appropriate time to review the wording and format of the existing Application Form to ensure any amendments will maximise the information initially provided by the Applicant. *(Please note: this has already been actioned)*

vi. The Practice Standards Scheme is currently being updated, if ERP becomes permanent it could potentially be referenced in PSS, encouraging practices carrying out clinical studies to apply to the RCVS ERP for ethical review and acknowledging/rewarding them for doing so as part of the Awards structure of PSS.

**Interface between RVP and ERP**

21. Standards Committee has already set up a working group to look into a reported difference in approach between the RCVS RVP/ERP and those operating within universities, and what is and is not considered to be RVP, with a view to greater understanding and obtaining a more standardised approach; and also wider issues relating to “treating because we can”; where boundaries of treatment in individual cases apply. This group is due to meet for the first time in early 2019, and will compromise representatives of VSC, RVP, ERP and other stakeholders, the group will report back to Standards Committee later in the year.

**ERP Oversight Group**

22. The Oversight Group met in November 2018 to consider whether the ERP had achieved its stated aims, was fit for purpose and how the trial as a whole was doing. Minutes of this meeting are attached to this paper at Annex F.

23. It was the unanimous view of the group that the ERP was working well; fulfilling a need not otherwise met and that it should be made permanent. Comments included:
• It would be beneficial to final year veterinary students if the ERP could be publicised more widely to make students aware that there is another avenue for ethical review available after university.

• That is would be helpful if guidance on how to undertake research and how to respond to feedback could be produced for the profession. This would not necessarily be produced by the RCVS, as the Veterinary Nursing Journal are keen to mentor RVNs by matching editorial board members with authors of studies during the writing phase. The BSAVA, Pet Savers Grants, and The Journal of Small Animal Practice were also raised as being organisations who can offer support to those planning research.

• It was felt that feedback should be sought from applicants as to whether projects were actually implemented, and if so whether results had been published.

• In order to allay the concerns of those who have received an ‘approved in principle’, ‘deferral’, or ‘not approved’ letter in the first instance, figures could be published about the low number of applications that receive full ethics approval at the first attempt, as those inexperienced in conducting research may not realise that this figure is low.

• The current ERP membership has automatically rolled over at the end of the trial and is not fixed. It is recognised that a fixed term may encourage more applications for membership and that in addition it may be beneficial to prepare a new SOP so that ERP members are aware what is expected of them in terms of responding to applications.

• It was queried why members claim for a quarter of a day per application reviewed. It was clarified that this was the average time claimed by members for reviewing a single application. It was noted that if the ERP membership increased the budget would need to be revised and the matter brought back before RCVS Council.

• In relation to future oversight, it was suggested that Panel report to Standards Committee (as happens now) and that the ERP Chair should attend a Standards Committee meeting at least annually, to provide oral updates as to the work of the Panel. It was agreed Standards Committee could decide if further Oversight Group meetings were required, even if not within this framework it was considered that there was benefit in stakeholder feedback and meetings of this type every 1 – 2 years.

Budget/Finance

24. The original budget for the ERP under the trial (Table 1), expenditure January 2017 to May 2018 (Table 2) and maximum projected annual expenditure (Table 3) are set out in Annex F.

25. As can be seen since the ERP was set up the actual expenditure/costs have come in significantly under budget. This is due to a number of factors, principally the changes to the way the ERP operated which quickly became apparent as the trial was established. There have also only been three meetings of the Panel, instead of the six budgeted for. Originally, it
was intended that review of applications would be undertaken at physical meetings where all Panel members were present. Instead, the trial has developed to allow consideration via remote means, ensuring applications can be dealt with quickly and meaning that not all members are involved in reviewing every case. The ERP meetings that have taken place thus far were for the purposes of training, member interviews and inductions, and for ongoing review and consideration of the trial and how it was working. ERP members are able to claim for loss of earnings accrued whilst reviewing applications remotely. However not all Panel members have claimed full entitlement. Furthermore, the original budget also allowed for mentoring sessions for veterinary nurses not familiar with clinical research who may have required assistance developing clinical research projects. The BVNA offered to provide this mentoring service, and offered to help veterinary nurses plan and develop clinical research projects. Such mentoring has not taken place, however this could happen in the future. Also, the Ethics Oversight Group has met less frequently than anticipated.

26. The estimated budget/breakdown can be found at Table 3 of Annex G. Meeting breakdown is based on ten Panel members attending. Loss of earnings is based on not all Panel members reviewing every application received.

Conclusions/proposal

27. The original driver for establishing an ethical review panel still exists and is as valid now as it was before – namely, researchers in practice are unlikely to be able to access university ethics review panels. Furthermore many veterinary journals now require evidence of ethical review before the results of a study will be published. This means that without such approval it is unlikely that the results of a study can be disseminated to the profession via this route.

28. Although applications to the RCVS ERP are lower than those received by university panels, the 58 applications reviewed by the ERP between August 2016 and September 2018 may not have been able to obtain this approval and guidance elsewhere, and with numbers of application increasing demand is there.

29. Feedback has been positive and current arrangements are working well, though with scope for improvement as the Panel evolves over time. It is therefore proposed, following the recommendation of the Oversight Group, that the ERP should be made permanent. It is further proposed that going forward;

   i. ERP should continue to report to Standards Committee (and hence to RCVS Council);
   ii. That the Chairman should be appointed by Standards Committee (for a period of 3 years);
iii. That Panel members should be appointed following the current system of advertisement so as to obtain and maintain relevant expertise and knowledge for the periods of 3 years; (with appointment approved by Standards Committee.)

Decision required:

30. Council is asked:

iv. to decide if the ERP should be made permanent as a group reporting to Standards Committee, (with 2019 budget accommodated by way of budget variation) and if so;

   to confirm the terms of reference for ERP; and
   to confirm the arrangements for appointment of Chairman and Panel members as set out in paragraph 31 above.
Ethical Review for Practice-based Research

A report of a joint RCVS / BVA working party

~ 2013 ~
Members of the working party and their affiliations:

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1. Summary

An increasing amount of clinical research is being conducted by veterinary surgeons based in private practice. Unlike those based in veterinary schools and institutes, private practitioners may not be so familiar with the regulations and best practice associated with research particularly with reference to ethical review. To facilitate practice-based research, to enable it to be conducted to best standards and to protect both practitioners, the public and the animals they own, a working group was established by the RCVS and the BVA. Involving representatives of relevant bodies and experts, its aim was to provide advice and guidance on the ethical review of practice-based research in the UK.

This report provides the group’s advice with respect to ethical review for the veterinary surgeon planning clinical research. It discusses the distinction between clinical practice and clinical research and then considers under what circumstances research requires Home Office authorisation under the Animals Scientific Procedures Act 1986 (ASPA) and when it does not. All research requiring Home Office authority requires mandatory ethical review and arrangements and processes are embraced in the licence application.

This report concentrates particularly on clinical research outwith ASPA. Ethical review for all such research is advised. The reasons and issues are extensively discussed, not only for interventions directly with animals (including those under Animal Test Certificates) but also for research not involving clinical interventions (e.g. questionnaires, use of superfluous tissues, and environmental sampling).

Finally, guidance is given on accessing ethical review of research. Ideally, researchers are advised to develop a relationship with veterinary institutes so as to be able to submit research proposals to the ethical review committees of those institutes. We also recommend that the RCVS considers establishing an ethical review committee to consider research proposals from practitioners who may not have, or wish to have, links to existing institutions. To enhance advice to practitioners, we recommend that the RCVS standing committee on Recognised Veterinary Practice be enlarged and its existence better publicised.

It is hoped that this report will facilitate and encourage practice-based clinical research by giving practitioners constructive advice which will reassure both the profession and the public.
Ethical review – a flow chart to aid decision making and navigation of the report

Is what is proposed clinical practice or research?
(see section 4)

Clinical practice
- under VSA
- outwith ASPA
- does not require ethical review

Research
Does it require Home Office licence under ASPA?
(see section 6)

Yes
Under ASPA
- requires Ethical Review

Accessing ethical review
(see section 8)

No
Not under ASPA
- should be subject to voluntary Ethical Review
- maybe under Animal Test Certificate
(see section 7)
2. Terms of Reference

a) With reference to ethical review, to produce advice and guidelines for veterinarians conducting research from practice.

b) To recommend means of access to ethical review processes for veterinarians wishing to do research in practice.

3. Background

Research is essential to provide the evidence-base for veterinary science in order to improve the health and welfare of animals and to improve public health. The role of practising veterinary surgeons in that process is important and has been recognised by, amongst others, the seminar at the RCVS in 2005 ‘Research into Practice – Practice into Research’, the University of Cambridge initiative (Clinical Research Outreach Programme – see references, section 12) and the BSAVA (see Mellanby, 2011).

At the same time, more and more practices are operating at standards where research is feasible and clinical advances are validated. Those involved in research centres in institutions and universities are familiar with Home Office regulations, the Animals Scientific Procedures Act (ASPA) 1986, and the value of ethical review processes, but busy practitioners may not be so aware of these issues or may not be able to easily access advice on them. Recognising the positive effect advice and guidance in this area could have to ensure that practice-based research is conducted according to best practice, the BVA and the RCVS agreed to set up a Working Party to consider Ethical Review for Practice-based Research (ERPRB).

We were particularly mindful that prior ethical review of proposed procedures could provide important reassurance to practitioners considering research.

What the working party and this report do NOT consider are the wider ethical issues about the extent of treatment of individual animals which is the subject of widespread professional debate elsewhere. Nor does this report discuss in detail matters covered by ASPA – although for completeness we discuss the criteria by which research may or may not fall within the remit of ASPA. Particularly, this report concerns itself with clarifying those many situations where it would be prudent to involve ethical review for research falling outwith ASPA. This could be for such apparently innocuous procedures as sending out questionnaires. And we make recommendations about how ethical review might be obtained.

For the purposes of this report, we consider practice-based research as research involving client-owned animals and conducted by non institutionally-based veterinary practitioners who might not normally be involved with research.

We emphasise that this report seeks to provide guidance and help of practical benefit to veterinary practitioners and to provide re-assurance to the profession and public alike. It is not intended to impose unnecessary barriers to the pursuit of knowledge.
4. When does clinical practice become research?

4.1 Valuable advice about this is contained in the RCVS Code of Professional Conduct for Veterinary Surgeons: Supporting Guidance, Chapter 25, Recognised veterinary Practice [http://www.rcvs.org.uk/advice-and-guidance/code-of-professional-conduct-for-veterinary-surgeons/supporting-guidance/recognised-veterinary-practice/] and can be obtained from the Home Office Inspectorate, and from the RCVS through their standing committee on Recognised Veterinary Practice.

4.2 In essence, the veterinary surgeon must decide whether an intervention is likely to be of direct benefit to the animal or its immediate group and / or is for a purpose of recognised agricultural or animal husbandry practice in the UK. If it is, it falls within clinical practice and under the Veterinary Surgeons Act (VSA) 1966. If it is not then it may be deemed research. In all circumstances the individual has to consider the primary purpose and whether he or she is acting in a professional capacity as a veterinary surgeon or as a research scientist. Although the procedures and techniques may be identical, analysis of the purpose for which they are applied should help the veterinary surgeon to determine if the intervention is recognised veterinary practice or research. If it is research it would benefit from ethical review and might require a licence under ASPA. It is important to appreciate that whilst all activities requiring a Home Office licence require ethical review, not all research which would benefit from ethical review requires a Home Office licence. One such example is work undertaken under an Animal Test Certificate (ATC) of the VMD (see later), but also much other clinical research may fall into this category. Do not assume that because work does not require a licence under ASPA that it does not need ethical review. Note that for procedures outwith ASPA and outwith clinical practice there is no legal requirement for ethical review, but seeking it – and responding to its advice – will be a valuable assurance to the veterinary surgeon especially in the event of any subsequent dispute. Note too, that this advice pertains to each component of an investigation. Thus if a patient or series of patients underwent several procedures which might reasonably be regarded as part of normal clinical practice, but an additional procedure was carried out which might be argued was unnecessary for the direct clinical benefit of the animal / animals (but which contributed to the acquisition of knowledge), then the inclusion of the latter should prompt consideration of the requirement for ethical review and / or ASPA. Clearly there will be many instances where it is arguable to what extent a procedure is necessary, normal or beneficial to the patient. A number of examples are considered in this report and also in the RCVS Code of Professional Conduct, Supporting Guidance, Chapter 25. If in doubt, seek advice. Let us consider clinical research in more detail.
5. General considerations about clinical research and ethical review

5.1 Clinical research can arise from a continuum of activities that range from observational studies using data collected during routine veterinary practice to interventional studies where the treatment of patients is determined by their allocation to a particular intervention group. Any collection of clinical data where the intention is to communicate information about clinical practice may be described as clinical research.

5.2 All clinical research should be subject to some degree of ethical review, and many peer-reviewed journals now make such review a condition of publication. The extent and nature of any ethical review should be proportionate to the scale of any ethical risks that may be involved. Thus ethical review is a sequential or incremental process and should take the following steps:

i. The investigator should review any potential ethical issues that may arise from the planned research in order to make a judgement on the need for further formal ethical review. If the investigator is relatively inexperienced, advice should be sought from more experienced colleagues who are familiar with clinical research and ethical review.

ii. If the process in (i) above indicates that formal ethical review might be needed the investigator should submit an outline of the proposed research to an official representative of an institutional ethical review committee for an opinion on the need to submit the proposed research for full ethical review by that committee.

iii. If the advice in (ii) is that full ethical review is needed the investigator should submit a detailed protocol of the proposed research to an institutional ethical review committee for a formal ethical review.

5.3 What features of clinical research raise ethical issues?

The following sections indicate areas that should be considered, but this is not an exhaustive list. Ethical issues may arise from many unanticipated areas:

i. Any potential to cause harm or distress to a patient that may occur as a result of the animal’s participation in the research.

ii. Any potential to cause harm or distress to an owner or keeper of a research subject.

iii. Breaching the confidentiality of the owner/client/keeper of an animal during the conduct of the research or its publication.

iv. Ownership of data or clinical material.

v. Obtaining informed consent.

vi. Research involving children, or adults unable to provide full and informed consent.
5.4 The purpose of ethical review

i. The overarching principle of ethical review is to ensure that the potential risks are balanced by the likely outcome of the research.

ii. A formal ethical review considers the extent to which any hypothesis being tested or the aims of the research are credible and that the methodology is appropriate.

iii. Ethical review may identify issues that have not been recognised by the investigators.

iv. Feedback from an ethical review committee may suggest modifications to the research protocol that avoid or ameliorate ethical problems.

v. Veterinary ethical review can be expected to consider the possibility that the proposed research may require a Home Office licence under the ASPA. While this is not an ethical issue \textit{per se} it is an important legal consideration.

vi. Going through a process of external ethical scrutiny provides assurance to the participants and to the publishers of research that ethical issues have been carefully assessed, and the design and conduct of the research meets agreed standards.

vii. Formal ethical review is normally an iterative process and often improves the quality of the proposed clinical research.

5.5 At what stage should clinical researchers seek external formal ethical review?

i. Formal ethical review can only be effectively carried out prior to the research being conducted or published.

ii. Retrospective studies using data that have been collected in the normal course of veterinary clinical practice are less likely to raise ethical concerns. However, there are likely to be ethical issues relating to assimilation and storage of data. In addition, even the publication of a simple case report may cause a problem if the patient or its owner may be identified as a result of publication.

5.6 Publication of research

Conducting research without an intention to publicise the results more widely is difficult to justify ethically. The routes of publication need not be through refereed journals (although this is preferable) but they should try to reach the relevant audiences.
6. When does research fall within the Animals Scientific Procedures Act 1986 (ASPA) and when does it not?

6.1 Any research involving animals that has the potential to cause “pain, suffering, distress or lasting harm” falls under ASPA. The threshold of pain that is used is that of introducing a hypodermic needle through the skin. All research under ASPA requires ethical review.

6.2 For clinical research NOT to fall under ASPA it must either not cause pain, suffering, distress or lasting harm OR any potential to cause pain, suffering or lasting harm must result from an act of veterinary surgery as part of recognised veterinary practice (see 4.2 above). To reiterate, key considerations include the following -
   i. An act of veterinary surgery must be performed for the direct benefit of the animal (or group of animals, i.e. a pen, flock, or herd) under a veterinary surgeon’s care.
   ii. The primary motivation leading to the procedure is an important distinction. Where that motivation is entirely for research purposes that procedure would fall under ASPA. Where the motivation is for the treatment of an animal it would fall under ‘recognised veterinary practice’.
   iii. Any information obtained from a diagnostic intervention should have the potential to influence the treatment of the animal that has been subjected to that diagnostic test.
   iv. Sampling for surveillance purposes, where the sampling involves pain e.g. blood sampling, requires ASPA unless it can be clearly shown to be of direct benefit to the animals under the veterinary surgeon’s care.

6.3 Withholding treatment, when such a treatment has the potential to prevent “pain, suffering, distress or lasting harm”, such as the use of a placebo, would fall under ASPA.

6.4 Practical considerations of the interface between clinical research and ASPA requirements:
   i. Surplus tissue samples, such as blood, taken in the course of veterinary treatment may be used for research purposes. Additional amounts of blood may be withdrawn without a licence under ASPA as long as they are not likely to cause “pain, suffering, distress or lasting harm” (i.e. from the single needle stick used to take the diagnostic sample, and usually less than 10% of blood volume withdrawn in total). See also Section 7.4.1.
   ii. The use of novel surgical techniques on a patient may be performed when the primary intention is to treat the animal although there may be a secondary intention to publish the outcome. This is ‘recognised veterinary practice’ when the surgery is performed by a suitably experienced veterinary surgeon, and the procedure used has a reasonable expectation of a successful outcome appropriate for the condition being treated and supported by rational use of existing knowledge and literature.
7. Ethical review for research outwith ASPA

7.1 Research involving clinical intervention with animals

There are several categories of practice-based veterinary research which may be associated with clinical intervention and which require ethical review. Examples follow but this list is not exhaustive.

i. Clinical trials of novel medicines with a view to product registration. Such research generally requires an Animal Test Certificate (ATC) issued by Veterinary Medicines Directorate - see section 7.2.

ii. Novel uses of licensed medicines in prospective group or cohort studies. Such research may be justified with appropriate reference to the veterinary medicines cascade. Veterinary surgeons should carefully consider the clinical and scientific justification for such research. The circumstances under which such studies can be conducted without an ATC are quite specific (see VMD guidance – VMGN No. 6).

iii. Novel surgical techniques. There is no regulation for this type of research but veterinary surgeons should carefully consider the scientific and clinical basis to undertake research on a novel surgical technique. One would expect existing literature or studies to support the proposal, and this might include \textit{ex vivo} research, or translation of data from other species including human beings.

iv. Novel medical devices or implants. Medical devices and implants are not regulated in veterinary medicine in UK. However, veterinary surgeons considering clinical research with a novel device or implant should carefully consider the existing knowledge on that particular device or implant. This may involve translation of data from other species, including human beings, but may also involve \textit{ex vivo} testing, or materials testing.

v. Any study where decision-making (e.g. diagnostic or therapeutic intervention) is determined by the study design e.g. a randomised study, rather than the attending veterinary surgeon, requires formal ethical review.

vi. Any study where personal data (i.e. data that is not anonymous) may be passed to a third party who would not normally receive that data should be considered for formal ethical review.

vii. Studies where additional clinical data, or larger clinical samples, are obtained as part of the research require formal ethical review.

A pragmatic threshold for the need for formal ethical review is any study where a reasonable person would expect to obtain permission from the owners or keepers of an animal before including that animal in that study.
7.2 Animal Test Certificates - veterinary research which may require VMD Regulation

7.2.1 The Veterinary Medicines Directorate regulates clinical (field) trials using animals to demonstrate efficacy and/or safety of a Veterinary Medicinal Product in the intended target species under conditions of field use. Such trials may be carried out by individuals, organisations or companies. The VMD authorises such work through Animal Test Certificates (ATC).

Full details can be found in the Veterinary Medicines Guidance Notes 6 (VMGN6) and related guidance on the VMD website (www.vmd.defra.gov.uk). It is recommended that specific, case-by-case, advice be sought from the VMD Licensing team on 01932 338439 or 336911.

7.2.2 A Veterinary Medicinal product is defined as:

Substances or combinations of substances presented as having properties for treating or preventing disease in animals; or
Substances or combinations of substances that may be used in, or administered to animals with a view either to restoring, correcting or modifying physiological functions by exerting a pharmacological, immunological or metabolic action, or to making a medical diagnosis

7.2.3 An ATC is granted if the benefit to risk assessment is considered positive. Justification is required for the proposed trial. From the perspective of ethical use of the animals involved, the ATC provides appropriate safeguards for their safety. However, all procedures applied to animals during the course of the trial must be consistent with “recognised veterinary practice” and the investigating veterinary surgeon must act in accordance with the Veterinary Surgeon’s Act, otherwise the study will also need to be regulated under the ASPA.

7.2.4 Authorities under ASPA may be required when animals may experience pain, suffering, distress or lasting harm. Particular consideration should be given to animals in placebo treated “control” groups. The ATC itself does not relieve the veterinary surgeon from providing normal veterinary care for the animal involved in a trial. Should this be prohibited by the protocol of the trial, or if trial procedures are not compliant with recognised veterinary practice, the Home Office should be consulted regarding the need for an ASPA licence. Further information is available from the Home Office website at: http://www.homeoffice.gov.uk/science-research/animal-research.

7.2.5 The animals are usually client-owned animals rather than animals held at research establishments. Informed owner consent must be obtained.

7.2.6 In order to minimise the data requirements and time to approval, ATCs are divided into three types (A, B, and S) depending on their complexity. ATC’s A or
B are usually awarded to pharmaceutical companies to provide data for marketing authorisations. In these cases the pharmaceutical companies will have their own ethical review processes which will be invoked as required. The veterinary surgeon involved in trials under ATCs A or B should satisfy themselves that suitable ethical review has been done. Note that ethical review is not part of the VMD’s authorisation procedure.

7.2.7 The ATC-S is specifically intended for small scale research trials conducted by veterinary surgeons; these cases usually do not require the work to be conducted to Good Clinical Practice standards and involve only small numbers of animals (usually <50). For Type S ATC, as the protocol is not submitted, the researcher/investigator and at least two other veterinary surgeons, who are independent of the trial and have a further qualification in the discipline concerned, should provide signed confirmation that they have reviewed the protocol and that they are satisfied that the study is ethical and is to be conducted in accordance with these requirements.

7.2.8 In summary, the ethical considerations for the use of animals in these types of field trials include;
- Justification of the need for such a trial, which could not be addressed without using live animals.
- Provision for the safety and welfare of the animals involved.
- Confirmation that the procedures comply with the RCVS Guide to Professional conduct and be “recognised veterinary practice”, unless additional licence authorities under ASPA have been obtained.
- Informed consent from the owners of the animals.
- For ATC-S independent ad hoc ethical review by two veterinary surgeons

7.3 Helpful hints for research involving clinical interventions

7.3.1 Study design
i. There are various study designs that investigators may choose to use depending on the research question and the regulatory and ethical issues around the clinical intervention (e.g. retrospective, prospective, randomised, parallel group, cross-over, etc.). When considering study design, the investigator must consider the ethical issues around the clinical condition and the proposed intervention. The use of placebos in any trial must be very carefully considered. For example, placebo-controlled trials are not considered ethical in many types of cancer. In addition, studies of analgesics must be carefully planned such that animal welfare is carefully maintained and there are appropriate steps to use “rescue” analgesia, or withdraw the patient from the study. Surgical studies also have their own issues and
investigators are advised to seek professional help in choosing the most appropriate study design.

ii. Investigators should strive for the most robust study design having considered the ethical, clinical and financial constraints. Dialogue with the research ethics reviewers may be necessary to evolve an acceptable study design.

iii. Retrospective studies may also require ethical approval despite the fact that no prospective clinical interventions are planned. This is because patient and owner data will be collected; investigators must have ethical review for their data collection methods and appropriate data protection methods. Review may be required if stored data are to be used retrospectively for purposes other than those for which they were collected. Questionnaires to be sent to owners retrospectively must also have ethical approval (see non-interventional research).

7.3.2 Funding and potential conflicts of interest

The funding of the proposed research should be clearly identified. In addition, any relationship between the researchers and the funders should be declared, along with any other potential conflicts of interest.

7.3.3 Recruitment of animals

i. The methods for animal recruitment should be described.

ii. With respect to animal owners, researchers should describe how they would be identified, approached and recruited.

iii. Any advertisements for recruitment should be drafted and enclosed with the research ethics application along with the type of advertisement to be used.

iv. When involving animal owners, researchers should consider each owner’s ability to give informed consent.

7.3.4 Human participants in animal studies

i. Where humans are providing information or participating then the ethical review process should involve appropriate medical and / or social science research expertise.

ii. The researchers should carefully consider the human participants (e.g. owners, farmers, jockeys, kennel assistants, etc.). In particular, the collection of any data regarding the human participants should be carefully considered and disclosed (e.g. discussion of sensitive topics which might cause embarrassment or distress).

iii. If the study involves deliberately misleading the human participants, this should be declared and justified.

iv. Any financial inducements to human participants must be declared.

v. Human participants must provide full informed consent and must be informed that their participation is voluntary and that they can withdraw themselves and their animal(s) from the research at any time.
vi. The collection of samples from humans as part of animal studies (e.g. in a study of zoonosis) is outwith the scope of this report and would require review by a suitable medical ethical review committee.

7.3.5 Good clinical practice
Studies regulated by the Veterinary Medicines Directorate, and performed under an Animal Test Certificate generally operate to Good Clinical Practice (GCP) guidelines. Staff engaged in GCP studies must be suitably trained.

7.3.6 Sample size estimates for research involving clinical intervention.
Researchers should make sample size estimates on the basis of sound statistical principles. They make use of existing literature and seek professional help in doing so if necessary.

7.3.7 Inclusion and exclusion criteria
Inclusion and exclusion criteria for human and animal participants should be listed separately.

7.3.8 Outcomes measures in research involving clinical intervention
   i. Outcomes measures should be clearly defined in the study protocol.
   ii. The chosen outcomes measure(s) should be ethical, reasonable and entirely appropriate for monitoring the clinical condition being studied. In a rapidly evolving diagnostic environment, outcomes measures may be novel but novelty per se should not be the reason for choosing a specific outcomes measure. There should be clearly justifiable grounds for choosing a specific outcomes measure and if at all possible, it should be non-invasive. Where it does involve some intervention, this should be the least invasive method for the condition or pathology being monitored.
   iii. A single primary clinical outcomes measure should be defined prospectively. The selection of this primary outcomes variable should be considered carefully. Generally, it will be the most relevant and robust measure collected. Some suitable examples include: somatic cell counts in milk in mastitis studies; objective measure of limb function in lameness studies; an echocardiographic parameter in cardiac studies; a hormonal assay in endocrine studies; a biochemical or haematological parameter in internal medicine studies; an animal owner questionnaire (clinical metrology instrument) which would preferably be previously validated for the clinical condition under research.
   iv. Secondary outcomes measures should also be defined prospectively and may be single or multiple. Such measures are often less robust or less directly relevant but are of sufficient relevance to be included
to provide additional dimensionality to the research. Examples might include: an owner questionnaire; a biomarker, or panel of biomarkers.

7.3.9 Risks and their management
   i. The potential risk to animal or human participants should be carefully considered. How the benefits of the research outweigh the risks should also be explained.
   ii. Any risks to the researchers should also be considered and explained.
   iii. The procedures for detection and reporting of unexpected outcomes or adverse events should be documented.
   iv. The conduct of the study should be monitored and adherence to the study plan documented.

7.3.10 Data access and storage
   i. When the research involves collection of personal data (including at the recruitment stage), researchers should put in place strategies to maintain confidentiality of personal data (e.g. encryption or anonymisation procedures).
   ii. Export and sharing of data, or transport of data away from the research facility, should be carefully monitored.
   iii. The custodian of the data and those who will have access to the data should be logged.
   iv. The length of time for which the data will be stored should be detailed.

7.4 Research not involving clinical interventions

This is an important area where, at first glance, it may be thought that ethical review is unnecessary but there may be many consequences of such research which raises ethical issues. We consider some examples here but this list is not exhaustive.

7.4.1 Use of tissues collected for clinical reasons


Superfluous tissue left after its clinical purpose has been fulfilled can be a valuable research resource. The commonest example is the use of archived sera collected primarily for diagnostic purposes and when, at the time of collection research was not envisaged, nor was consent given. Providing samples can be securely anonymised, subsequent use may not pose ethical questions. However,
this will depend on what the research tests seek to find. The tests may identify information of clinical relevance which should be disclosed to the owner. Consequently, it is advisable to include in consent forms the agreement to the use of superfluous tissue or serum, and acknowledge that any information subsequently deemed to be of clinical relevance would be disclosed to the owner.

The collection of either a significantly greater quantity of tissue, or additional types of tissue (say, during surgery) than is strictly required for diagnostic or treatment purposes requires ethical review. Licence authorities under ASPA may also be required if the additional intervention are such that, of themselves, they may cause pain, suffering, distress or lasting harm.

7.4.2 Environmental samples

The collection of samples from the environment may raise ethical issues. For example, if faecal samples of livestock and/or wild animals are being collected from farmland, the consequences of what may be found in those samples for the farmer or landowner need to be thought through. Maintaining anonymity will be a problem if, either findings require mandatory reporting, or for example, results are to be presented graphically at high resolution. Thus informed consent should be obtained for this type of sampling including the commitment to disclose any clinically relevant information to the owner.

7.4.3 Questionnaires

This is a popular type of research tool for student projects and lends itself very well to practice-based research since it is generally straightforward, relatively cheap and apparently free of restrictions. However, there are technical aspects to the design of questionnaires which should be incorporated to ensure they achieve meaningful and reliable results. This is beyond the remit of this report, but readers are advised to seek advice on the design of questions and questionnaires (see for example Holmes and Cockcroft, 2008).

There are also likely to be ethical issues involved with most if not all questionnaires and advice should be sought. Note that this is always required in NHS or medical research related to patients, students or human subjects. Matters for consideration include anonymity, self incrimination, data protection and unanticipated distress or psychological harm.
7.5 Fulfilling requirements of funders and publishers

Ethical review will almost certainly be required by both the funders and the publishers of the research. They will require statements confirming that the research has undergone ethical review. For example, many journals have adopted into their Instruction for Authors the ARRIVE guidelines of the National Centre for the Replacement, Refinement and Reduction of Animals in Research (see References – section 12). These guidelines particularly pertain to laboratory animal experiments but may be useful to consult.

7.6 Informed Consent

7.6.1 The requirement for informed consent and the procedure through which informed consent is obtained is an important consideration in ethical review.

7.6.2 Informed consent is an agreement to carry out specific actions, based on what those actions involve, and the likely consequences of those actions.

7.6.3 Obtaining informed consent is a process and goes beyond obtaining a signature on a consent form. A signature on a consent form provides some evidence that the process was complied with, but may be invalid if it was obtained without adhering to that process.

7.6.4 Requirements for an ethically acceptable informed consent process include:
   i. Providing relevant information accurately and in a way that the person providing informed consent can comprehend it.
   ii. Any undesirable outcomes should be discussed, as well as any potential benefits. The relative likelihood of these events should be communicated as well as the degree of uncertainty involved, as far as is possible.
   iii. People being asked for informed consent must be made aware of the alternatives (i.e. that they do not have to agree to participate in the research) and that the veterinary care of a patient will not be prejudiced if they decline to participate. They must also be informed that they may withdraw at any stage during the research.
   iv. Those being asked for informed consent must be given an opportunity to ask questions and seek clarification about any information they have been given but do not understand fully. They should be asked to confirm that they understand before signing a consent form and confirm that they have been given the opportunity to raise any points of uncertainty. It is important that during the informed consent process, a veterinary surgeon familiar with the proposed research (or other suitably qualified person) is available to answer any questions that may arise. It may be helpful if the consent form is countersigned by the person administering the form to confirm that these requirements were fulfilled.
v. It is good practice to offer participants giving consent an independent person or body who they may contact if they are unhappy with the conduct of the study or the persons involved in it.

vi. All communications with owners/clients during the informed consent process should be impartial to avoid direct coercion or paternalistic intimidation.

vii. The competence of the person from whom the informed consent is being obtained should be established. It is important to take all reasonable steps to ensure the person giving consent is the owner, or is genuinely acting on their behalf. Anyone providing informed consent must be capable of understanding the nature of the decision. This would exclude children, adults with learning difficulties, or people not fluent in the English language (unless translations are available).

viii. It is good practice to offer subjects access to the research project’s report and conclusions.


7.6.5 What is required for the ethical review of the informed consent process?

i. In order to review the mechanism by which informed consent is obtained final copies of all documents (e.g. consent forms, client information sheets, questionnaires etc.) will be required.

ii. A protocol of the research clearly identifying the likely populations from which the research subjects (and their owners/keepers) will be recruited. This should state if any people likely to be less able to provide informed consent are likely to be approached, or how they are to be excluded.

iii. A description of the process by which informed consent will be obtained.
8. Accessing ethical review

The working party considered four potential means of access to ethical review:

i. Collaboration with colleagues in research institutions that already have ethical review committees.

ii. Purchase of ethical review services from institutions that have ethical review committees and are prepared to provide these services.

iii. The establishment, under the auspices of the RCVS, of a national independent body available to practitioners for ethical review of veterinary practice based research.

iv. Setting up an *ad hoc* ethical review process (the “DIY” option).

8.1 Collaboration

8.1.1 The working party recognises that collaboration between veterinary practice and research institutions is potentially fruitful but has limitations. For example, the type of clinical work performed in practice based research may be unattractive to research institutions in terms of effort versus reward, or veterinary surgeons performing research in veterinary practice may not wish to share data with colleagues in research institutions unless there is a perceived benefit of the collaboration that goes beyond ethical review.

8.1.2 Notwithstanding the recognised limitations, the working party wished to encourage collaboration between veterinary practice and veterinary research institutions on as many levels as possible. The practice-based clinician can achieve this by identifying and collaborating with an existing member of staff of an institution which has an ethical review process. Alternatively, many institutions will also confer honorary staff status on persons working in practice or industry who are seen to be contributing to the institution’s goals. Honorary staff would normally have access to the institutional ethical review process. Since existing institutional committees are dealing with ethical review on a relatively frequent and large scale, they are well placed to ensure expertise, consistency and fairness in the process (see also 8.2.2 below).

8.2 Purchase

8.2.1 The working party recognises ethical review committees as a valuable resource meeting a needed service. As such some research institutions may wish to make this resource available to individuals outside of the institution and the working party is already aware of instances of this. Some practitioners may wish to make use of this on an *ad hoc*, pay as needed basis.

8.2.2 All veterinary schools, veterinary research institutes and other biomedical research organisations will have ethical review committees and they may be willing to help. Practitioners are advised to approach the institution of their choice directly.
8.2.3 Should practitioners seek to purchase ethical review, we recommend that the ethical review of veterinary practice-based research is done by committees based in clinical veterinary research establishments and which comprise at least one veterinary qualified member. There may be other specialised aspects of the research (e.g. social science) where the researcher should satisfy themselves that the chosen ethical review committee have available appropriate expertise.

8.2.4 The working party believes that individual institutions will need to decide for themselves whether to charge for these services at a commercial rate or whether to provide them at reduced cost as a service to the greater good of building an evidence base for veterinary medicine and surgery.

8.3 A body or bodies under the auspices of the RCVS

8.3.1 To set up and service a “bespoke” ethical review committee to be available for ad hoc requests from practice-based researchers would demand considerable resources. Moreover, it might only be used intermittently and thus maintaining consistent standards and experience would be challenging. However, we are aware of increasing demand for such a body and we recognise that this could provide a valuable support to facilitate practice-based research. Thus the working party recommends that the RCVS considers establishing a national standing committee for ethical review of practice based research.

8.3.2 The working party agrees that there is currently not a role for the RCVS in overseeing other bodies providing ethical review of veterinary practice based research.

8.3.3 The working party agreed that the RCVS is, and should be, in a position to provide guidance to veterinary surgeons concerning what is and what is not recognised veterinary practice. The working party notes that there already exists for this purpose a Recognised Veterinary Practice Sub-Committee of the RCVS. The working party also agreed that the RCVS should be in a position to give advice to veterinary surgeons as to whether ethical review is required when an act of veterinary surgery includes an element of research and, if so, to guide veterinary surgeons to suitable resources. If the RCVS decides not to establish an ethical review of practice based research committee (contrary to the recommendation in 8.3.1 above), we recommend that the RCVS considers establishing a list of institutions in the UK which have ethical review committees and which are willing to either collaborate with practitioners or sell their services.

8.3.4 The working party agreed that the RCVS should be in a position to give advice to veterinary surgeons as to whether a proposed act potentially falls outside the Veterinary Surgeons Act 1966 and might be considered to fall under ASPA and, if so, to guide veterinary surgeons to suitable resources for clarification.
8.3.5 In respect of the above, the working party considered that an extension of the membership, resource and remit of the existing Recognised Veterinary Practice Sub-Committee could serve this purpose.

8.3.6 The working party urges the RCVS to publicise the availability of the Recognised Veterinary Practice Sub-Committee to the profession at large.

8.4 Setting up an *ad hoc* ethical review process

8.4.1 This may be an option favoured by practices which conduct, or plan to conduct, significant amounts of research. Guidance on setting up ethical review committees, their composition and processes is given in the LASA/RSPCA publication ‘Guiding Principles on Good Practice for Ethical Review Processes’ 2nd Edition 2012 (see references – section 12). This is written largely for institutionally-based research involving laboratory animals, but the general principles of setting up and running an ethical review committee are relevant.

8.4.2 Setting up an *ad hoc* committee requires a number of issues to be considered and resolved. It will be important to ensure true independence from the ‘parent’ practice to ensure credibility and meaningful review. Of course it is in the practice’s own long term interests that any review is thorough, rigorous and independent. The quality of review and reviewers will partly depend on their experience. A group which is reviewing very few proposals, and from only one source, will be less able to comment authoritatively or to benchmark activities. This is why the use of pre existing ethical review processes handling scores of proposals a year is recommended above (see section 8.1.2). Nonetheless we recognise that some practices may wish to set up their own processes. In that case, the involvement of individuals who have past, and preferably current experience of ethical review is essential, as is the inclusion of suitable lay representation.

9. Meetings held

17th May 2011
20th September 2011
1st February 2012
10. Acknowledgements and list of others consulted

RCVS Advisory Committee, RCVS Research Sub-committee and RCVS Trust

- BVA and its divisions (BEVA, BCVA and BSAVA)
- Home Office
- Veterinary schools / HoVS
- Research institutes
- Funders: Horse Trust / World Horse Welfare / BSAVA Petsavers / Petplan / RSPCA / UFAW / Wellcome Trust / DEFRA
- Boyd Group – (Sue Houlton)
- VDS
- VMD
- Peter Fordyce

11. List of acronyms

RCVS – Royal College of Veterinary Surgeons
BVA – British Veterinary Association
VSA – Veterinary Surgeons Act
ASPA – Animals Scientific Procedures Act
VMD – Veterinary Medicines Directorate
ATC – Animal Test Certificate

12. References and further information:


- Cambridge Clinical Research Outreach Programme http://www.vet.cam.ac.uk/cidc/outreach.html


- VMD Guidance Note No 6 2009 Animal Test Certificates from [http://www.vmd.defra.gov.uk/pdf/vmgn/VMGNote06.pdf](http://www.vmd.defra.gov.uk/pdf/vmgn/VMGNote06.pdf) (briefly refers to ethical review in paragraph 52)
RCVS Ethics Review Panel (ERP) Terms of Reference

The Terms of Reference for the ERP are as follows:

a. To consider the ethical content of practice based clinical research projects not subject to the Animals (Scientific Procedures) Act 1986 (ASPA);

b. To ensure that any potential ethical risks are balanced by the likely outcome of the research;

c. To consider the extent to which any hypothesis being tested or the aims of the research are credible and that the methodology is appropriate;

d. To recommend or suggest any modifications to the research protocol that avoid or ameliorate ethical problems;

e. To provide assurance to researchers and to the publishers of research that ethical issues have been carefully assessed, and the design and conduct of the research meets appropriate standards; and

f. To provide assurance to researchers and to the publishers of research that animal welfare and the needs and circumstances of the animal owners have been carefully considered, particularly in relation to informed consent and communication.

[To report to Standards Committee]
**Ethics Review Panel SOP – expected timeframe for remote consideration**

The following SOP is expected to be adhered to by ERP members and those other Panel members/support staff involved in the ethics review process. The times stipulated at each stage are for guidance, but it is important that the overall process – receipt to response – takes no longer than 32 working days (6 full working weeks + 2 days).

1. **Application received and acknowledged (within 2 working days of receipt)**

   This function is to be undertaken by RCVS staff managing the Ethics inbox within 2 days of receipt of the application. The application will be acknowledged and then appropriately filed in both the Ethics inbox and on the RCVS drives.

2. **Application sent to the RVP Sub-Committee for initial review (response received within 12 working days of receipt)**

   The application needs to be sent to the RVP Sub-Committee by day 2. The RVP Sub-Committee plays an important role in initial screening of applications to check that the research proposal falls within the ERP’s remit for review (i.e. if it amounts to RVP). Comments from the RVP Sub-Committee on an application must be received within 10 days of the application being sent to it – so within 12 days of the application’s initial submission. There are three members of the RVP Sub-Committee – if only two members have returned comments on a study the RCVS staff will adopt a 2/3 approach and progress the application. The application is also passed to the Chair of the ERP at this time so that a rapporteur can be determined.

   [There may be times when the application is not definitively RVP, meaning that the application will be sent back to the applicant for further comment at this point, leading to a delay]

3. **Application passed to the ERP for consideration (Panel response received within 22 working days of receipt)**

   This should be done as soon as possible after receiving the RVP response. Ethics Review Panel members review the application and provide their comments to the designated rapporteur and RCVS staff within 10 working days. This may be the whole Panel, but the quorum is three (one of whom must be the lay member of the Panel).

4. **All ERP comments passed to the rapporteur for determination of Panel view (collation to be completed within 27 working days of receipt)**

   The Rapporteur is responsible for collating the (anonymised) Panel member comments and summarising them in a draft Panel view to be sent to RCVS staff and the ERP Chair. The Rapporteur will communicate which of the five possible views the Panel has taken at that time (Approved, Approved in Principle, Deferred, Not Approved or Rejected) and what, if any, further information the Panel require from the applicant in order to be able to give approval. The rapporteur has 5 extra days (after the deadline for ERP comments) to collate the comments.

5. **A preliminary response (or final if the study has been unconditionally approved) to be sent to the applicant (within 32 working days of receipt)**

   Decision letter drafted by RCVS staff and Chair (with agreement from rapporteur) and sent to applicant, providing full information about the Panel’s considerations and anything further required. Where the applicant is asked to amend the study before approval, the applicant will be asked to send a final copy of the application, which incorporates the changes, to be kept on file.
The Royal College of Veterinary Surgeons

Ethics Review Panel: guidance notes for applicants
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RCVS Ethical Review Panel (ERP): guidance for practice-based veterinary surgeons and veterinary nurses applying to the RCVS ERP

This guidance is intended to assist veterinary surgeons and veterinary nurses applying for ethics review of clinical research proposals outside the scope of a university and/or industry context and not covered by Home Office licensing under the Animals (Scientific Procedures) Act 1986 or other appropriate review bodies e.g. NHS Human Research Ethics Committees. It is important that a formal ethics approval should be obtained prior to any research being conducted.

1. Practice-based clinical research versus experimental research

1.1 Practice based clinical research is an integral part of Recognised Veterinary Practice. It is essential in providing the evidence base for veterinary science in order to improve the health and welfare of animals and to improve public health. This can result in changes to the way that conditions and diseases are diagnosed, managed and treated. Research must however be conducted within a recognised legal framework and to best standards in order to protect animals, researchers and clients, and to maintain public confidence in the profession. Occasionally the object of the research may involve the health and wellbeing of veterinarians, veterinary nurses, or seeking their views on various aspects of veterinary practice.

1.2 Experimental research involving animals that has the potential to cause "pain, suffering, distress or lasting harm equivalent to, or higher than, that caused by inserting a hypodermic needle according to good veterinary practice" falls under A(SP)A and will need to be considered under a separate ethics review process undertaken by the Home Office during the licensing processes. The RCVS ERP will not consider applications involving research requiring an A(SP)A licence and will only consider applications where the study does not go beyond what is considered to be 'Recognised Veterinary Practice' (see below).

1.3 Clinical research conducted as part of recognised veterinary practice does not require Home Office approval. Recognised veterinary practice is interpreted as ‘procedures and techniques performed on animals by veterinary surgeons [or veterinary nurses under their direction] in the course of their professional duties, which ensure the health and welfare of animals committed to their care’. For more detailed information on the meaning of recognised veterinary practice, please see Chapter 25 of the Supporting Guidance to the Code of Professional Conduct (www.rcvs.org.uk/recognised). Occasionally, the research may necessitate obtaining an ‘Animal Test Certificate’ for the work from the Veterinary Medicines Directorate in order to carry out a veterinary field trial of a veterinary medicine (https://www.gov.uk/guidance/animal-test-certificates).

1.4 Clinical research conducted as part of recognised veterinary practice should however be subject to ethics review. The RCVS/BVA joint Working Group on Ethical Review for Practice-Based Research found that “a pragmatic threshold for the need for formal ethical review is any study...”
where a reasonable person would expect to obtain permission from the owners or keepers of an animal before including that animal in that study” (Section 7.1, page 11 of 24).

1.5 The extent and nature of any ethics review should be proportionate to the scale of any risks that may be involved to animals or their owners/keepers. What will be proportionate will vary from case to case. It may also involve novel treatment particularly in medicine and surgery, or use of the cascade for novel non-veterinary medicines or dosages.

2. Ethical issues in practice-based clinical research

2.1 In order for research to result in benefit and minimise the risk of harm to animal or client (i.e. be conducted in accordance with a veterinary surgeon’s or veterinary nurse’s responsibilities under the RCVS Codes of Professional Conduct, and other legal responsibilities) it must be conducted ethically. Obtaining ethics approval from the RCVS ERP (or other such panel) will ensure that a researcher can be confident in their compliance with the Code and defend any allegations of poor research practice robustly.

2.2 Practice-based clinical research may involve client-owned animals, or data pertaining to them, or to veterinary personnel and may be conducted by non-institutionally-based veterinary surgeons and veterinary nurses, who might not normally be involved with research, or who may have experience of research, but have now moved to a practice-based environment.

2.3 There are several different categories of practice-based veterinary research which may be associated with clinical interventions and which require ethics review. Research not involving clinical interventions may also require ethics review. Some examples include collection of surplus/unneeded tissues or extra tissues, the use of questionnaires for clients or peers, or the collection and retention of personal data.

2.4 Ethics review helps to ensure that important ethical and scientific issues are addressed. For example, where live animals are involved, has written informed consent for the procedure been obtained from the animal owner? Or, where tissue or samples derived from animals during normal surgery or post-mortem examination are collected, has the owner given informed written consent for their use in research? Have the attendant and novelty of the research risks been made quite clear to the owners in an understandable way in order to obtain ‘informed’ consent?

2.5 Ethics approval also helps in protecting the researcher and enables them to demonstrate that they have adhered to the accepted ethical standards of a research study. Peer-review is important in ensuring the integrity of veterinary science and development, and ethics review forms an important part of that. In addition, most journals will no longer accept for publication research or articles which have not had ethical approval; for example, the Journal of Small Animal Practice (JSAP) states that all authors applying for publication must "certify that all
relevant legal and ethical requirements have been met with regards to the humane treatment of animals described in the study”. The same is particularly true when research (medical or social science) involves humans.

2.6 With the recent legislative emphasis on data protection, clients or animal owners have the right to know who has access to their data and how it is being used, and the right for their participation to remain confidential in that only the researcher(s) will be aware of their identity. Researchers should put in place strategies to maintain confidentiality of personal data (e.g. anonymisation and pseudonymisation procedures), and to ensure that owners have consented to the use of their data in that context, in line with current data protection legislation (i.e. the General Data Protection Regulation)

2.7 There is detailed advice on the categories of research requiring ethics review in the report by a joint RCVS / BVA Working Party (see related documents). This includes advice on the features of clinical research that may raise ethical issues. Applicants are encouraged to read this report.

3. Applying to the RCVS ERP for ethics review

3.1 You can apply to the ERP by completing the application form attached to this guidance. You should complete the application form using lay terminology, understandable to all members of the ERP, which includes lay members unfamiliar with some veterinary terminology. Similarly, you should explain all abbreviations at the time of their first use.

3.2 The completed application should contain sufficient information for a thorough ethics review to take place. If a project is deemed to be poorly planned, or may cause unjustifiable harm/inconvenience/risk to participants without any likelihood of producing worthwhile information or results, it will be rejected or deferred and sent back to the applicant for substantial amendment.

3.3 If you consider that a section of the form is irrelevant to your study, please do not leave it blank - please write "N/A" and explain why. All relevant documents, such as consent forms, information sheets, questionnaires and/or risk assessments, should be included with the form and submitted. The inclusion of a client/owner consent form and information sheet are compulsory and the study will not be considered by the ERP until these are received.

3.4 You should submit your proposal by email to ethics@rcvs.org.uk or by post to:

Beth Jinks (Senior Standards & Advisory Officer)
Royal College of Veterinary Surgeons, Belgravia House, 62-64 Horseferry Road, London SW1P 2AF.
3.5 Once you have submitted your proposal, you may be contacted to clarify or modify aspects of it before it can formally be considered by the full ERP.

4. Details to be included on the application form

4.1 Your application should be suitably detailed so as to allow for rigorous ethics review. Whilst every study will be different, there are a number of elements which will be common to all applications and the minimum of information expected by the ERP is set out below.

a. Details about the purpose and aims of the study and, if appropriate, the hypothesis being tested.

b. Background to the study, including why you are interested in answering the research question, and what is already known and what is not known from the peer-reviewed literature. This is likely to be similar to an ‘Introduction’ to a paper that you may ultimately submit for publication.

c. Description of the study, including defining the subject group and inclusion and exclusion criteria as appropriate to the study. In effect, this will be a precis of what will be your ‘Materials and Methods’ section when publishing. The sample size should be large enough to produce a statistically valid conclusion, but no larger than absolutely necessary to avoid unnecessary harm or risk. If you are unsure as to an appropriate sample size for your project, you should obtain appropriate advice from a fellow researcher or statistician before applying.

d. Methods of recruitment for proposed subjects and evidence that fully informed consent can be obtained.

e. Sample owner’s consent forms and information sheets must be attached to the form and should be sufficiently detailed to ensure informed consent, and in plain English. This would normally include information about the potential harms and other risks, the anticipated benefits, what the study will involve, and a declaration of voluntariness as a minimum. This is best achieved with a relatively simple consent form with an accompanying owner information sheet which contains enough information to allow clients to give informed consent.

The Panel will also expect to see the following within the owner consent form.

i. Consent to the use of their animal in the proposed research that has been duly explained to them and that they have been able to have any questions answered to their satisfaction. This should include any procedures to be carried out over and above what can be considered normal veterinary practice.
Consent procedures should include access to the veterinary surgeon familiar with the study who can answer owner’s questions, and not just e.g. a veterinary nurse.

ii. Consent to the use and storage of their personal data in the proposed research and that they have been able to have had any questions answered to their satisfaction.

iii. A statement explaining to the owner that non-participation or withdrawal of their animal or their personal data from the study is voluntary and will not be detrimental to the animal or the owner either now or in the future.

iv. A statement explaining to the owner that if their animal becomes unduly stressed during the procedure then it will be stopped immediately and the animal withdrawn from the study.

v. A statement explaining to the owner that if their animal suffers unexpected pain during the procedure then it will be stopped immediately, pain relief administered and the animal withdrawn from the study.

vi. A statement explaining to the owner that results will be reported back to them, or information about how results can be accessed.

vii. A statement that the owner consent is limited exclusively to the study as described in the information sheet.

f. Anticipated benefits arising from the study to the animal being used and/or to other animals now or in the future.

g. Potential ethical issues and how these will be addressed (e.g. consent, confidentiality, personal data, animal restraint, issues for human participants, justification for any financial incentive(s) offered).

h. Any harms likely to occur, how they have been mitigated and assessment of any animal welfare issues that may arise and how these will be dealt with.

i. Potential risks to the project’s success, including any potential risk to subjects arising from their participation and any risk to researchers or staff working with the subjects in any way, and evidence of any precautionary measures that have been taken to safeguard against these. Any risk assessments should also be included.

j. The research outcomes being assessed and measured, including who will be assessing them, any necessary training, which methods and at what time points.

k. Details of any medications to be administered, including proposed dosages, details and legal/regulatory status as well as any procedures to be carried out / samples taken and when those samples will be taken.
l. Details of information to be collected e.g. copies of draft / outline questionnaires and an assurance that the information being collected is specifically required for the research.

m. Information about controlling access to data, including any measures taken to maintain anonymity in line with the GDPR (see 2.6 above). The following wording may be used on the client consent form:

“I consent to my personal data (INSERT WHAT YOU DETAILS WILL USE) being used to select my animal into the study. After selection, I understand that my personal details will be anonymised and unlinked from the study, and will be erased. Only anonymised details will be used for publication and for any subsequent studies.”

n. Details about how the study will be funded, any payments or incentives given to the owners and whether there has been any support and/or guidance from any other group when formulating the study. Incentives should provide sufficient to cover expenses but not be coercive. Assurance should be given that there will be adequate funds to cover the study.

o. What you will do in the case of incidental findings e.g. unrelated finding on imaging, or blood tests.

p. Information about how adverse findings inadvertently discovered may be are reported to client/insurer, potentially affecting future claims.

Please note that this is not an exhaustive list and there may be other elements to consider depending on the nature of your proposal. Generally, the more relevant detail you are able to provide, the less likely it is that the ERP will need clarification and so, potentially, speed up the process.

5. The decision-making process

5.1 We will aim to acknowledge receipt of your application within 2 working days.

5.2 The decision-making process will be carried out in 2 stages:

**Stage 1**: Your application will be considered by the Recognised Veterinary Practice Sub Committee to confirm that the proposal falls within ‘what can be considered recognised veterinary practice’ or that the study needs to be regulated under ASPA. The RVP Sub Committee aims to make a decision 12 working days of the application being submitted, subject to any requests for clarification or further information. In some cases it may be necessary for the RCVS to discuss aspects of your proposal with the Home Office or with the Veterinary Medicines Directorate.
Stage 2: If the proposal is considered to fall within ‘recognised veterinary practice’ it will be referred to the ERP for consideration. We anticipate that a decision will be made within 27 working days of the application being submitted. A letter will then be sent to the applicant outlining the decision within 32 working days of the application being submitted.

5.3 The ERP may make one of the following decisions:

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<th>Decision</th>
<th>Description</th>
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<tr>
<td>Approved</td>
<td>The application is ethically sound and needs no amendment or correction.</td>
</tr>
<tr>
<td>Approved in principle</td>
<td>The application is essentially ethically sound but requires minor amendments before definitive approval can be given. Once such amendments have been made and confirmation of this has been received, the Chair of the ERP will generally action approval.</td>
</tr>
<tr>
<td>Deferred</td>
<td>The ERP could not reach a decision and needs to seek further advice either from the applicant or from other sources.</td>
</tr>
<tr>
<td>Not approved</td>
<td>The study, or parts of it, are deemed to lack ethics integrity and cannot be approved.</td>
</tr>
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<td>Rejected</td>
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5.4 Ethics approval is generally given specifically for the proposal described in your submission. Any amendments not requested by the ERP made after approval has been granted would need to be reassessed by the ERP for ethics approval.

5.5 A brief report will be required during the research to feedback to the ERP and to highlight any unexpected issues. Generally this will be requested by the ERP one year after the proposed start of the study.

5.6 If unexpected issues arise during the project that may impact on the ethics approval being given, the applicant is expected to notify the ERP as soon as possible for further guidance. It is also good practice to plan an interim ethics review to be carried out by the applicant/researcher for long-term studies.

5.7 Please note that in obtaining ethics approval from the ERP, you agree to provide the ERP with feedback on the results of your study (in addition to the report mentioned above in 5.5), which will be sought by the ERP after the study's completion. Please see the Ethics page of the RCVS website for an example of feedback which you will be asked to provide.
6. **Other sources of advice and guidance**

6.1 Please note that the ERP will not provide assistance in designing or analysing clinical research proposals. If you are seeking help with study design, you may wish to consider sources such as the Clinical Research Assessment and Guidance (CRAG) initiative which has been developed by JSAP. According to the website, the goal of the CRAG panel is to provide assistance in designing, running and analysing clinical research projects. Applicants should be able to work with the CRAG panel to refine the methodology so that the project will be feasible. Further information is available here: [http://www.ed.ac.uk/vet/services/small-animals/services/internal-medicine/news/crag](http://www.ed.ac.uk/vet/services/small-animals/services/internal-medicine/news/crag)

6.2 Grants may also be available through organisations such as Pet Savers, which supports veterinary surgeons to advance clinical investigations into problems associated with pet animal medicine and surgery to the knowledge acquired for the benefit of patient, owner and the profession. Pet Savers award grants to researchers in universities, practices and research organisations following a selection process and there is more information available here: [http://www.petsavers.org.uk/Home.aspx](http://www.petsavers.org.uk/Home.aspx)
Application for consideration by the RCVS Ethics Review Panel

This form is for veterinary surgeons and/or registered veterinary nurses who wish to submit a clinical study proposal for ethical approval to the above panel. Please ensure that you read the Application Guidelines carefully before completing the form in full. Any questions regarding completion of the form or the consideration process should be directed to ethics@rcvs.org.uk.

1(a) Details of applicant (principal researcher)

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<td>Phone number</td>
<td></td>
</tr>
<tr>
<td>Clinical discipline</td>
<td></td>
</tr>
</tbody>
</table>

1(b) Details of co-applicants (if applicable)

<table>
<thead>
<tr>
<th>Full name</th>
<th>Full name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>Title</td>
</tr>
<tr>
<td>RCVS number</td>
<td>RCVS number</td>
</tr>
<tr>
<td>Postal address</td>
<td>Postal address</td>
</tr>
<tr>
<td>Email address</td>
<td>Email address</td>
</tr>
<tr>
<td>Phone number</td>
<td>Phone number</td>
</tr>
<tr>
<td>Clinical discipline</td>
<td>Clinical discipline</td>
</tr>
</tbody>
</table>

2(a) Basic details

<table>
<thead>
<tr>
<th>Short title/study title</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Site(s) where the study will be conducted</td>
<td></td>
</tr>
<tr>
<td>Proposed start date</td>
<td></td>
</tr>
<tr>
<td>Proposed end date</td>
<td></td>
</tr>
</tbody>
</table>
### 2(b) Study details

<table>
<thead>
<tr>
<th>(i) Purpose and aims of study</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(See 4.1(a) in Applicant Guidelines)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(ii) Description of the study using lay terms and simple prose</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Inc. details of proposed sample size, statistical power, methodology</td>
<td></td>
</tr>
<tr>
<td>(See 4.1(b)/(c) in Applicant Guidelines)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(iii) What are the benefits to individual animals involved in the study, and to other animals in the future? Please advise whether there are any alternative treatments.</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(See 4.1(f) in Applicant Guidelines)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(iv) What ethical issues could arise as a result of the study and how will these be addressed? Please address the issues stated.</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>General:</td>
<td></td>
</tr>
<tr>
<td>Consent:</td>
<td></td>
</tr>
<tr>
<td>Confidentiality:</td>
<td></td>
</tr>
<tr>
<td>Minimising risk:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(v) What harms are likely to occur, and how have they been mitigated?</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(See 4.1(h) in Applicant Guidelines)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(vi) Are there any animal welfare</th>
<th></th>
</tr>
</thead>
</table>


<table>
<thead>
<tr>
<th>Issues that may arise?</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>(vii)</strong></td>
<td>What are the main risks to the project’s success?</td>
</tr>
<tr>
<td></td>
<td>Please explain whether these risks are to animals involved in the study, benefits not being achieved or issues with study design</td>
</tr>
<tr>
<td></td>
<td>(See 4.1(i) in Applicant Guidelines)</td>
</tr>
</tbody>
</table>

### 3(a) Practicalities

<table>
<thead>
<tr>
<th>(i)</th>
<th>How will consent be obtained for participation in the study?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Please attach copies of proposed client consent form/information sheet. <strong>This is mandatory.</strong></td>
</tr>
<tr>
<td></td>
<td>(See 4.1(e) in Applicant Guidelines)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(ii)</th>
<th>Is the success of the project contingent on obtaining funding?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(See 4.1(n) in Applicant Guidelines)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(iii)</th>
<th>Will any payment or incentive be given to the owners of the animals in the research group? If so, please specify.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(See 4.1(n) in Applicant Guidelines)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(iv)</th>
<th>Please state who will have access to client and animal data, and any measures you have taken to maintain</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>General:</strong></td>
</tr>
<tr>
<td>Topic</td>
<td>Question</td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------</td>
</tr>
<tr>
<td>anonymity and ensure compliance with the General Data Protection</td>
<td>How are you going to store your data?</td>
</tr>
<tr>
<td>Regulations. (See 4.1(m) in Applicant Guidelines)</td>
<td>How long are you going to store your data for?</td>
</tr>
<tr>
<td>(v)</td>
<td></td>
</tr>
<tr>
<td>To the best of your knowledge, will the intended group of animal</td>
<td></td>
</tr>
<tr>
<td>subjects be involved in any other research project?</td>
<td></td>
</tr>
<tr>
<td>(vi)</td>
<td></td>
</tr>
<tr>
<td>Have you received support and/or guidance from any group i.e. BSAVA</td>
<td></td>
</tr>
<tr>
<td>or BVNA, in formulating your study?</td>
<td></td>
</tr>
<tr>
<td>(vii)</td>
<td></td>
</tr>
<tr>
<td>Have you completed all relevant documentation in preparation for</td>
<td></td>
</tr>
<tr>
<td>your study, i.e. insurance, COSHH risk assessment forms etc? (Please</td>
<td></td>
</tr>
<tr>
<td>attach copies of documents if so)</td>
<td></td>
</tr>
</tbody>
</table>
3(b) Declaration

In providing information to the RCVS:

- I declare that all the information I have provided on this form is accurate to the best of my knowledge and understanding.

- I understand that submission of this form to the RCVS gives them permission to contact named persons in the form, if necessary, for further information.

- I understand that the RCVS may be required to discuss aspects of my proposal with the Home Office or with the Veterinary Medicines Directorate.

- I will ensure that any substantive changes to my proposal as detailed on this form are reported promptly and are not initiated without review from the RCVS Ethics Review Panel and will further ensure that any adverse or unforeseen problems arising from the research project are reported in a timely fashion to the RCVS Ethics Review Panel.

- I consent to providing the RCVS with any feedback they request in relation to the outcomes of the study.

Signature  Date
### Breakdown by species/subject type

<table>
<thead>
<tr>
<th>Species/subject Type</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dog</td>
<td>35</td>
</tr>
<tr>
<td>Cat</td>
<td>5</td>
</tr>
<tr>
<td>Farm</td>
<td>2</td>
</tr>
<tr>
<td>Equine</td>
<td>2</td>
</tr>
<tr>
<td>Other species</td>
<td>5</td>
</tr>
<tr>
<td>Social</td>
<td>2</td>
</tr>
<tr>
<td>Companion animals (multiple species)</td>
<td>3</td>
</tr>
<tr>
<td>Formal application form pending</td>
<td>4</td>
</tr>
</tbody>
</table>

![Species/subject Pie Chart]

**Species/subject Pie Chart**

- **Dog**: 60%
- **Cat**: 9%
- **Farm**: 4%
- **Equine**: 3%
- **Other**: 9%
- **Social**: 3%
- **Companion Animals (multi)**: 5%
- **App pending**: 7%
Application outcomes

<table>
<thead>
<tr>
<th></th>
<th>Approved</th>
<th>Not approved</th>
<th>Deferred*</th>
<th>Approved in principle*</th>
<th>A(SP)A determination (not approved)*</th>
<th>In progress</th>
<th>Formal application form pending</th>
<th>Withdrawn</th>
<th>Referred onwards*</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Count</td>
<td>22</td>
<td>4</td>
<td>10</td>
<td>8</td>
<td>2</td>
<td>5</td>
<td>4</td>
<td>1</td>
<td>2</td>
<td>58</td>
</tr>
</tbody>
</table>

Definitions:

- **Deferred** – the ERP could not reach a decision and needs to seek further advice either from the applicant or from other sources.
- **Approved in principle** – the application is essentially ethically sound but requires minor amendments before definitive approval can be given.
- **A(SP)A determination (not approved)** – the application describes procedures which are not considered to be recognised veterinary practice, meaning that it could not be reviewed by the ERP and instead the applicant was directed to contact the Home Office.
- **Referred onwards** – the study is out with the expertise of the ERP members (e.g. social sciences) and has been referred to an appropriate reviewer separate from the ERP.
Applications approved with no changes vs application approved with changes

<table>
<thead>
<tr>
<th>Approved no change</th>
<th>Approved with amendments</th>
<th>Still in progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>41</td>
<td>15</td>
</tr>
</tbody>
</table>

- Approved w/out amendments: 5%
- Approved w/amendments: 95%
RVP turnaround times

The average time taken for the RVP Sub-Committee to respond was 7 days. There were eight applications that took longer than the targeted 10 working days.
ERP turnaround times

There were 25 applications that took longer than the targeted 50/32 working days:
Minutes of the Ethics Review Panel Oversight Group meeting held on Monday, 19 November 2018 at 2pm at Belgravia House, 62-64 Horseferry Road, London SW1P 2AF

In attendance: Dr Philip Lhermette, BSAVA President
Dr Stacey Blease, Head of Learning and Development BVNA
*Dr Kate Richards, Chair of RCVS Standards Committee
Prof David Morton, Chair of RCVS Ethics Review Panel
Mr Nick Oldham, Standards & Advisory Manager
Ms Beth Jinks, Senior Standards & Advice Officer, RCVS Ethics Review Panel
Secretary

Apologies: Ms Eleanor Ferguson, RCVS Registrar

*Chair

Have the aims of the ERP been met?

1. It was discussed that, as some veterinary surgeons and registered veterinary nurses within the profession may not be affiliated with a university, it has been difficult in the past for these professionals to access an ethics review service. This, in itself, has stifled research as if a veterinary surgeon or RVN wanted to publish a study, increasingly they could only do so with evidence of ethics approval. It was agreed that in terms of the aim to fill this gap, the ERP has met this aim.

2. In order to expand upon this achievement, it would be beneficial for the ERP to be publicised to fifth-year/final year veterinary students. This would be useful because so that when students leave university and no longer have access to university ethics review panels, there is another avenue for ethics review.

3. It was queried whether there was an expectation of how many applications would be received by the ERP. It was confirmed that there was no expectation about number of applications, or what kind of species would be covered (the ERP has received 58 applications during the two year trial period until September 2018, covering small animal, exotics, farm animals, and equines). There have also been applications for ethics review of sociological research, the majority of which have been submitted by RVNs. These applications would not come under the remit of veterinary school ethical review panels and further highlight the need for, and the benefit of, the RCVS ERP.

4. It was highlighted that 91% of applicants that have received an ‘approved in principle’, ‘deferral’, or ‘not approved’ letter, have not responded to such notifications, meaning that their
applications have not received final approval. It was raised that this may be because some applicants, both vets and RVNs, do not know how to respond to any critique in these letters.

**Action 1: RCVS to follow up on applications not responded to after 30 days.**

5. It was agreed that guidance on how to undertake research and how to respond to feedback would be produced for the profession. This would not necessarily be produced by the RCVS, as the Veterinary Nursing Journal are keen to mentor RVNs by matching editorial board members with authors of studies during the writing phase. The BSAVA, Pet Savers Grants, and The Journal of Small Animal Practice were also raised as being organisations who can offer support to those planning research. Additionally a workshop at BVNA Congress 2019 will focus on RVNs who want to become authors of case studies, research, literature reviews, and discussion articles.

6. The Chair of the ERP confirmed that the ERP want to assist applicants but there is a risk of conflict of interest if such guidance strays into re-designing studies for the applicants.

7. It was agreed that the ERP guidance for applicants should provide links to organisations that can help applicants design studies (as stated above in 5).

**ERP capacity**

8. It was queried what the anticipated capacity was for the ERP per annum. It was stated that the ERP could potentially review up to 100 applications a year, and if needed the demand could be met by expanding the membership of the ERP.

**Feedback from applicants**

9. It was agreed that feedback should be sought from applicants about whether their projects have been implemented, and if so whether the results have been published – this includes applications that have received ethics approval, and those that remain ongoing with a different status (i.e. ‘approved in principle’, ‘deferral’, or ‘not approved’).

**Action 2: RCVS to request details of whether applications have been implemented/published**

10. In order to allay the concerns of those who have received an ‘approved in principle’, ‘deferral’, or ‘not approved’ letter in the first instance, figures could be published about the low number of applications that receive full ethics approval at the first attempt, as those inexperienced in conducting research may not realise that this figure is low.

**Action 3: RCVS to produce data on how many applications receive ethical approval on first attempt**
**ERP Members**

11. It was agreed that a review of the membership of the ERP would be beneficial. Due to three members (Farm vet, RVN, and lay member) resigning from the ERP, these positions will need to be filled.

12. The current membership has automatically rolled over as the trial period has been extended and is not for a fixed period. It is however recognised that a fixed term may encourage more applications for ERP membership in the future.

13. It was explained that, although not all members of the ERP have the same expertise, it is still expected that members will comment broadly on all applications received (the example of commenting on consent forms was given). It was agreed that it would be beneficial to explain to the ERP members what is expected of them, and that a new SOP should be drafted for this purpose.

**Action 4: RCVS to draft SOP for ERP members.**

14. Data has shown that some of members of the ERP respond to less than 50% of applications that they are asked to comment on. It was agreed that those members who are not responding to a reasonable number of applications might need to be replaced in the future.

15. It was agreed that the letter sent to applicants, with an outcome of the ethics review, should be circulated to the ERP members, as this is a useful learning exercise.

**Action 5: RCVS to circulate responses to ERP members.**

**Budget**

16. It was explained that it was originally anticipated that applications would be reviewed at meetings physically attended by the ERP members. However, it was explained that it was more efficient for applications to be reviewed remotely over email. This meant the amount of money spent during the trial period fell far below that originally budgeted. Additionally, not all members eligible to claim expenses for loss of earnings have done so.

17. The proposed budget allows a member to claim for a quarter of a day per application reviewed. A quarter of a day was the average time claimed for members reviewing single applications during the trial period.
18. If the ERP membership increases then it is expected that the proposed budget will need to be revised and the matter brought before RCVS Council.

**Action 6: RCVS to include in recommendation to Council that budget may be increased if membership is expanded or more applications received than anticipated.**

**Ongoing oversight**

19. It was agreed that the ERP Chair should attend Standards Committee meetings on a regular basis and provide an oral report on the progress of the ERP. It was agreed that the Standards Committee would decide whether further Ethics Oversight Group meetings are needed.

20. Additionally, it was agreed that there is benefit in having feedback from stakeholders, and that this oversight meeting was useful. It was proposed that a meeting could be had every 1-2 years, based on the recommendation of the Standards Committee.

**Decision**

21. The Ethics Oversight Group recommend that the RCVS Council make the ERP a permanent panel of the RCVS.