

Council Meeting

Thursday, 4 June 2020 at 10:00 am to be held remotely by Microsoft Teams

Agenda	Classification ¹	Rationale ²
1. President's introduction	Oral report Unclassified	n/a
2. Apologies for absence	Oral report Unclassified	n/a
3. Declaration of interests	Oral report Unclassified	n/a
4. Minutes		
a. Minutes of the meeting held 16 April 2020	Unclassified	n/a
b. Classified appendix	Confidential	1, 2, 3, 4
5. Matters arising		
a. Obituaries	Oral report Unclassified	n/a
b. Council correspondence	Oral report Unclassified	n/a
c. CEO update	Oral report Unclassified	n/a
6. Matters for decision by Council and for report (unclassified items)		
a. Under care/out of hours review – update	Oral report Unclassified	n/a
b. RCVS Delegation Scheme – June 2020	Unclassified	n/a
c. Legislation Working Party report	Unclassified	n/a
d. Standard of proof / Charter Committee – structure of RCVS concerns process (Annex A – Private and Confidential)	Unclassified Private/Confidential	n/a 2, 3, 4, 5

7. Reports of committees – to note		
a. Advancement of the Professions Committee	Unclassified	n/a
b. Audit and Risk Committee		
i. Unclassified minutes of meeting held 13 February 2020	Unclassified	n/a
ii. Classified appendix of meeting held 13 February 2020	Confidential	1, 2, 3
iii. Classified appendix of meeting held 7 May 2020	Confidential	1, 2, 3
c. Joint Audit and Risk Committee / Finance and Resources Committee		
i. Classified appendix of meeting held 7 May 2020	Confidential	1, 2, 3
d. Education Committee		
i. Unclassified minutes	Unclassified	n/a
ii. Classified appendix	Confidential	4
e. Finance and Resources Committee		
i. Unclassified minutes	Unclassified	n/a
ii. Classified appendix	Confidential	1, 2, 3
f. Standards Committee		
i. Unclassified minutes	Unclassified	n/a
ii. Classified appendix	Confidential	1, 2, 3
g. Veterinary Nurses Council		
i. Unclassified minutes	Unclassified	n/a
ii. Classified appendix	Confidential	1, 2, 3, 4
h. PIC/DC Liaison Committee		
i. Unclassified minutes	Unclassified	n/a
ii. Classified appendix	Confidential	4, 5
8. Reports of statutory committees – to note		
a. Preliminary Investigation Committee (and annual update)	Unclassified	n/a
b. RVN Preliminary Investigation Committee	Unclassified	n/a
c. Disciplinary Committee and VN Disciplinary Committee (and annual update)	Unclassified	n/a
9. Notices of motion	Oral report Unclassified	n/a

10. Questions	Oral report Unclassified	n/a
11. Dates of future Council meetings	Oral report Unclassified	n/a
12. Election of Vice-President (Junior) (re-run) – recommendation for confirmation at the AGM on 10 July 2020	Confidential	1
13. Any other College business (unclassified)	Oral report Unclassified	n/a
14. Risk Register, equality and diversity (unclassified)	Oral report Unclassified	n/a
15. Dates of next meetings Friday, 10 July 2020 (AGM) Thursday, 3 September 2020	Oral report Unclassified	n/a
16. Matters for decision by Council and for report (confidential items)		
a. Discretionary Fund report	Oral report Confidential	1
b. Estates Strategy - update	Oral report Confidential	1, 2, 3
c. Annual Accounts 2019	Confidential	1, 2
d. Brexit Taskforce	Confidential	1, 3, 4
17. Any other College business (confidential)	Oral report Confidential	1, 2, 3, 4
18. Risk Register, equality and diversity (confidential)	Oral report Confidential	1, 2, 3, 4
Dawn Wiggins Secretary, RCVS Council 020 7202 0737 / d.wiggins@rcvs.org.uk		

Summary	
Meeting	Council
Date	16 April 2020
Title	April 2020 Council minutes
Summary	Minutes of the meeting held on Thursday, 16 April 2020
Decisions required	To approve the minutes and classified appendix
Attachments	Classified appendix
Author	Dawn Wiggins Secretary, Council d.wiggins@rcvs.org.uk / 020 7202 0737

Classifications		
Document	Classification¹	Rationales²
Paper	Unclassified	N/A
Classified appendix	Confidential	1, 2, 3, 4

¹Classifications explained

Unclassified	Papers will be published on the internet and recipients may share them and discuss them freely with anyone. This may include papers marked 'Draft'.
Confidential	Temporarily available only to Council Members, non-Council members of the relevant committee, sub-committee, working party or Board and not for dissemination outside that group unless and until the relevant committee or Council has given approval for public discussion, consultation or publication.
Private	The paper includes personal data which should not be disclosed at any time or for any reason, unless the data subject has agreed otherwise. The Chair may, however, indicate after discussion that there are general issues which can be disclosed, for example in reports to committees and Council.

²Classification rationales

Confidential	<ol style="list-style-type: none"> 1. To allow the Committee or Council to come to a view itself, before presenting to and/or consulting with others 2. To maintain the confidence of another organisation 3. To protect commercially sensitive information 4. To maintain public confidence in and/or uphold the reputation of the veterinary professions and/or the RCVS
Private	<ol style="list-style-type: none"> 5. To protect information which may contain personal data, special category data, and/or criminal offence data, as listed under the General Data Protection Regulation

Council Meeting

Minutes of the meeting held remotely via Microsoft Teams on Thursday, 16 April 2020

Members:

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

*Absent

In attendance:

Ms E C Ferguson	Registrar
Ms L Lockett	CEO
Ms C McCann	Assistant Registrar / Director of Operations (DoO)

Guests:

Ms H Atkin	Policy Officer, British Veterinary Association (BVA) (open session only)
Mr J Bourne	Defra (agenda item 03a only)
Ms E Butler	Chair, Audit and Risk Committee
Miss C H Middlemiss	Chief Veterinary Officer (UK), Defra
Dr A Ridge	Animal Health and Plant Agency (APHA) (agenda item 03a only)

President's introduction

1. The President extended a warm welcome to guests and outlined the order of the meeting.

Apologies for absence

2. There were no apologies for absence.

Matter for discussion and / or decision by Council (confidential item)

Certification issues

3. This information is available in the classified appendix at paragraphs 1 – 19.

Declarations of interest

4. New declarations of interest were received from:
 - Dr M O Greene: no longer employed by Medivet.

Minutes

Minutes of the meeting held on 5 March 2020

5. Council had the opportunity to comment on the minutes electronically.

6. A vote was taken:

For:	31
Against:	0
Abstentions:	1
Did not vote:	2

7. The minutes were accepted as a true record of the meeting.

Classified appendix of the meeting held on 5 March 2020 (taken out of order)

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

9. A vote was taken:

For:	30
Against:	0
Abstentions:	2
Did not vote:	2

10. The minutes were accepted as a true record of the meeting.

Classified appendix of items between 6 – 31 March 2020 (taken out of order)

11. Council had the opportunity to comment on the minutes electronically.

12. A vote was taken:

For:	33
Against:	0
Abstentions:	0
Did not vote:	1

13. The minutes were accepted as a true record of the meeting.

Matters arising

Obituaries

14. There had been no written obituaries received. In an adjustment to normal practice, the President encouraged Council members to pause for a moment of quiet reflection on members of the profession who had passed away since the last meeting, and for all members of the veterinary, medical, and other professions who were facing untold difficulties during the current pandemic.

Council correspondence and matters for report

15. The President reported that there would need to be fluidity in a number of areas, not least events, and that there would be cancellations and postponements in the future. He further reported:

RCVS Day 2020

16. The decision was made to split RCVS Day so that the Annual General Meeting (AGM) and Honours and Awards would move to Friday, 2 October and would become part of a joint event with RCVS Fellowship Day to be held at the Royal Institute of Great Britain. The Council meeting to welcome new Council members and changeover of Officers was expected to still take place in the summer, but this was subject to future lockdown / social distancing arrangements. There would be a notice in the veterinary press and Council would be informed accordingly.

[Afternote: Following the meeting it was confirmed that the AGM would be on the same day as the changeover of Council members and Officers in the summer, and only the Honours and Awards moved to October.]

Honours and Awards 2020

17. All recipients had accepted their awards and a press release had been sent, so this was now public information.

Federation of Veterinarians of Europe (FVE) General Assembly – June 2020

18. This event had been cancelled and moved to 2021 – further details would be reported in due course.

Diary dates 2021

19. Following the CEO's request for comments on the current schedule of meetings at the March 2020 Council meeting, dates would be drafted and sent to Council shortly. It was noted that, because of the lockdown, that there may be a backlog, or increase in meetings such as Disciplinary Committee (DC), that would have a knock-on effect on other meetings held and availability of meeting rooms later in 2020 / early 2021.

CEO update

20. The CEO reported that since the government's instruction to work from home and socially distance where possible, that there had been substantial work of 'unpicking' day to day business, a lot of which is underpinned by statute meaning decisions had to be robust and balanced, whilst recognising the stress that stakeholders were under. She thanked Council and the Covid-19 Taskforce (C-19 TF) for the work they had undertaken. Regular (virtual) meetings were being held with Defra; the Food Standards Agency (FSA); British Veterinary Association (BVA); and Vet Schools Council (VSC). There were also two to three Officer meetings; two C-19 TF meetings; and two Senior Team meetings per week.

21. To recap, initial advice to the profession was that emergency activities only should be undertaken; but, as the lockdown continued, consideration now had to be given to animal health and welfare whilst keeping public health at the heart of any decisions made. A flowchart had been published to help the profession to make considered clinical judgements; and further guidance for animal owners had been produced and would be uploaded to the RCVS website shortly.

22. To date, discussions and decisions had been made on a number of matters including:

- continuing professional development (CPD): annual requirement reduced by 25%;
- extra-mural studies (EMS): reduced from 38 weeks to 30 for final year students, so long as 50% of clinical work had been completed. Students who were in the other years of their studies would have their EMS reviewed as the pandemic continued;
- accreditation of veterinary schools: extended;
- Practice Standards Scheme (PSS): assessments suspended and fees phased;
- guidance on remote prescribing: suspended and would be continually reviewed;
- veterinary nurse student assessments: suspended;
- Objective Structured Clinical Examinations (OSCEs) for veterinary nurses: under review;
- overseas and UK registrations: being completed on-line;
- furloughing of staff: lobbying continued as furloughed veterinary staff meant remaining staff within practices were exceeding Working Time Regulations as provision of 24 / 7 care was still required;

- National Health Service (NHS) / Public Health England (PHE): where possible practices were encouraged to donate Personal Protection Equipment (PPE) and ventilators to the medical profession. Caution was advised regarding the use of Propofol as the animal version was not suitable for use in human medicine; guidance had been issued;
- veterinary professionals helping on the medical front-line: the government remained focussed on getting retired doctors and final-year medical students into the human medical team and there were also indemnity insurance implications for vets and VNs wishing to work within the NHS; guidance had been issued;
- revalidation of Advanced Practitioners: extended;
- Statutory Examination for Membership: temporary changes to the refund policy had been made as candidates had been restricted on travel and subsequent ability to undertake the examination;
- Covid-19 survey: had been undertaken to get a picture of the impact of the virus on veterinary practices. There had been over 500 responses; a full report would be published shortly; and the survey would be repeated in three to four weeks as the pandemic continued.

23. RCVS staff were in a good position as they had all moved to Microsoft Teams approximately one month prior to the lockdown so the telephones were now 'cloud' based and able to be used remotely through laptops; there had been a practice lockdown before the official lockdown commenced. Whilst there were a few issues with staff juggling work and childcare, and some vulnerable staff were in isolation, morale was generally high. Staff were thanked for working very long hours and for working across teams, learning new skills and being supportive of each other. One 'hotspot' in particular was in the Finance team as it was audit time, as well as the veterinary surgeon annual retention fees being due and the new instalment process being set up.

24. It was a little frustrating that work had not commenced in earnest on the Strategic Plan and it was hoped this would start shortly. However, it was noted that whilst the College had not started many of the proposed activities under the Plan, the core focus of the plan was on how we work, not just what we do, and the pandemic had tested the team's ability to work with clarity, confidence, compassion and courage, often in difficult circumstances: they had risen the challenge.

25. The Treasurer reassured Council that whilst the Covid situation had financial implications, the College was in a good position to absorb it and would not need to draw down on its investments. It was noted that the annual audit continued, but the College had been advised by its auditors that there may be delays in audits being signed off due to the need to ensure post-balance sheet events, which could impact on the figures, were reflected, and also whether businesses or professions would be a going concern going forwards.

26. The update was noted.

Notices of Motion

27. There were no notices of motion received.

Questions

28. There were no questions received.

Date of next meeting

29. The date of the next meeting is Thursday, 4 June 2020 at 10:00 am. This meeting was expected to return to its usual format and reconvene in the afternoon, pending government advice on social distancing, and this would be confirmed shortly.

Any other College business

30. There was no other business to report or discuss.

Risk Register, equality and diversity (confidential)

31. This information is available in the classified appendix at paragraphs 20 – 21.

32. The meeting was brought to a close.

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Summary	
Meeting	Council
Date	4 June 2020
Title	Updated Delegation Scheme
Summary	The paper offers recommended minor changes to the Delegation Scheme to bring it up to date – presented as tracked changes. NB this document does not include anything below committee level, where Terms of Reference are agreed by the sponsoring committee rather than Council. These are available on the RCVS website for reference.
Decisions required	To approve the recommended changes.
Attachments	None
Author	Lockett / CEO l.lockett@rcvs.org.uk / 020 7202 0725

Classifications		
Document	Classification¹	Rationales²
Paper	Unclassified	n/a

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Scheme of delegation from the RCVS Council to committees – proposed updated version

Operative date

1. The following delegations shall have effect from xxx 202019.

RCVS Council

2. RCVS Council exists to enable the College to fulfil its objects, as laid down in the Supplemental Charter granted on 17 February 2015 to the Royal Charter of 1844, ie:
 - a) To set, uphold and advance veterinary standards, and to promote, encourage and advance the study and practice of the art and science of veterinary surgery and medicine, in the interests of the health and welfare of animals and in the wider public interest.
 - b) The Charter also recognises those functions provided for in the Veterinary Surgeons Act 1966, in terms of the regulation of the profession, and also recognises other activities not conferred upon the College by the Veterinary Surgeons Act or any other Act, which may be carried out in order to meet its objects, including but not limited to:
 - i. Accrediting veterinary education, training and qualifications, other than as provided for in the Act in relation to veterinary surgeons;
 - ii. Working with others to develop, update and ensure co-ordination of international standards of veterinary education;
 - iii. Administering examinations for the purpose of registration, awarding qualifications and recognising expertise other than as provided for in the Act;
 - iv. Promulgating guidance on post-registration veterinary education and training for those admitted as members and associates of the College;
 - v. Encouraging the continued development and evaluation of new knowledge and skills;
 - vi. Awarding fellowships, honorary fellowships, honorary associateships or other designations to suitable individuals;
 - vii. Keeping lists or registers of veterinary nurses and other classes of associate;
 - viii. Promulgating guidance on professional conduct;
 - ix. Setting standards for and accrediting veterinary practices and other suppliers of veterinary services;
 - x. Facilitating the resolution of disputes between registered persons and their clients;
 - xi. Providing information services and information about the historical development of the veterinary professions;
 - xii. Monitoring developments in the veterinary professions and in the provision of veterinary services;
 - xiii. Providing information about, and promoting fair access to, careers in the veterinary professions.

3. It is laid down in the Charter that the affairs of the College shall be managed by the Council as constituted under the Act. The Council shall have the entire management of and superintendence over the affairs, concerns and property of the College (save those powers of directing removal from, suspension from or restoration to the register of veterinary surgeons and supplementary veterinary register reserved to the disciplinary committee established under the Act) and shall have power to act by committees, subcommittees or boards and to delegate such functions as it thinks fit from time to time to such committees, subcommittees or boards and to any of its own number and to the employees and agents of the College.
4. A strategic plan is normally developed and agreed by Council to facilitate the delivery of these activities and to ensure ongoing development and quality improvement.
5. This scheme outlines how Council's functions are currently delegated.

Committees

6. There shall be the following statutory and non-statutory disciplinary and investigation committees, 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).
7. There shall be the following standing committees:
 - the Advancement of the Professions Committee
 - the Audit and Risk Committee;
 - the Education Committee;
 - the Finance and Resources Committee;
 - the Preliminary Investigation Committee and Disciplinary Committee Liaison Committee;
 - the Standards Committee; and,
 - the Veterinary Nurses' Council.
8. The standing committees shall report to Council and shall be constituted and work within the terms of reference set out below. Their Chairs will be elected by Council unless the Chair is role-based (eg Treasurer for Finance and Resources Committee), with the exception of VN Council, which will elect its own Chair. They will select their own Vice-Chairs, unless otherwise specified.
9. All the standing committees will generally meet four times a year. The quorum for standing committees will generally be a simple majority of the total number of members, unless otherwise specified.

Commented [LL1]: Updated to reflect current practice

10. The committees may appoint one or more subcommittees or working parties for such general or special purpose as they may think fit, subject to the approval of the Finance and Resources Committee and/or Council, and, subject to any contrary direction from the Council, may on behalf of the Council delegate to such subcommittees 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

11. 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.
12. Such activity includes, but is not limited to, leadership, innovation, mental health (Mind Matters), the Fellowship, international strategy, Vet Futures, VN Futures, diversity and other workstreams to be defined by Council.
13. This will exclude work that is non-statutory but sufficiently covered by existing standing committees, such as postgraduate education.
14. The Committee shall comprise the chairs of relevant working parties or taskforces, or appropriate Council member champions, together with at least 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.
15. The Committee shall:
 - 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; and,
- g) Make a report to Council on a regular basis summarising the work that comes under its purview (usually via the minutes of its meetings).

Audit and Risk Committee

- 16. 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.
- 17. 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.
- 18. 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 25 below.
- 19. 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.
- 20. The Committee shall have ~~six~~ five 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.
- 21. 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.

Commented [DW2]: Updated to reflect current position – see footnote from 2018 delegation scheme
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.

22. 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.

23. 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.

24. 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);
- 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).

25. 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.

26. 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.

27. 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.

28. 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.

29. 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.

30. Only Committee members shall be entitled to attend meetings of the Committee. The Treasurer, CEO, Secretary and/or Registrar, and Director of Operations 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.

31. 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.
32. 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 Chair shall ensure that a proper record is made of the meeting.
33. 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.
34. 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.
35. 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

36. The Committee will receive assurances that the quality assurance work undertaken by the College in relation to the accreditation of veterinary [degree programmes](#) 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:

- confirmation that quality assurance activities have been completed in line with the work plan, or reasons for any variation;
- 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); and,
- trends and themes identified in information presented year on year.

37. Findings of the Committee arising from assurances received on the quality assurance activities of the College in relation to veterinary [degree programmes](#) and veterinary nursing educational institutions shall also be circulated to the Primary Qualifications Subcommittee, Education Committee and the Veterinary Nurses Education Committee.

38. 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.

39. 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

40. 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

41. 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.

42. Under normal circumstances Council members will form the majority on non-statutory committees, but on Education Committee (and the Primary Qualifications Subcommittee (PQSC)) a minimum of one third and a maximum of one half of members will be co-opted external members with education expertise, for example, Heads of Vet Schools or their nominees. Two students will also sit on the Committee, together with the Chairs of the Education Subcommittees and one observer from the Officer Team.

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

- a) define "Day One 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 subcommittee reports on appointment of visitors, visitation reports, follow-up reports and annual monitoring reports from veterinary schools, subcommittee reports on overseas degrees from other accrediting bodies, and subcommittee 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.

44. 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-One Competences" and monitor the Professional Development Phase (or equivalent);
- 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 subcommittees on the standards for College-awarded certificates and fellowships by thesis, 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 subcommittees on the maintenance of lists for Advanced Practitioners and Specialists; and,
- e) recommend to Council amendments to the certificate rules and Fellowship application rules.

Commented [LL3]: To future-proof for the next iteration of the formative development programme – name TBC

Commented [LL4]: This would now come via APC

45. The Committee shall recommend fees to the Finance and Resources Committee for candidates, examiners and visitors, Advanced Practitioners and Specialists.

Examination Appeals Committee

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

Finance and Resources Committee

47. The Finance and Resources Committee shall be responsible ensuring the finances, resources and framework of the College governance system is fit for purpose, thus enabling the Council and committees to deliver against the College's objects.
48. It shall make recommendations to Council as appropriate.
49. It will be chaired by the Treasurer, and its functions will include, but not necessarily be limited to:
- a) Presenting an annual budget to Council for approval and recommending proposed fee changes;
 - b) Laying down procedures for budgeting and financial control;
 - c) Approving expenditure from the Discretionary Fund;
 - d) Seeking the approval of Council for expenditure from the College's reserves;
 - e) Managing the assets and investments of the College;
 - f) Working with the executive team to ensure management of organisational risks, maintenance of a risk register and delivery of appropriate internal audit reviews, with oversight provided by the Audit and Risk Committee;
 - g) Overseeing the appointment of professional advisers to the College, over £50,000;
 - h) Acting as Project Board for substantive projects, where applicable under the project protocol;
 - i) Approving rates of travelling and subsistence expenses, and remuneration for work carried out on the College's behalf;
 - j) In consultation with the APC and the Fellowship Board, recommend to FRC fees for application and ongoing membership of the Fellowship;
 - k) Advising Council on corporate governance matters, including the terms of reference and composition of committees (but not individual membership);
 - l) Approving the setting up of subcommittees, working parties and other such bodies, and determining their composition (but not individual membership), by considering proposals made by sponsoring committees, Officers or senior staff members (Council to ratify members and agree terms of reference);
 - m) Approving the disbanding of subcommittees, working parties and other such bodies, as appropriate; and,

- n) Keeping under review the rules and arrangements for Council elections (the operation of the annual elections themselves being overseen by the Registrar, as returning officer).

Preliminary Investigation Committees

50. 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

51. 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 Officer Team, the chair of Standards Committee (SC). The member of the Officer Team to undertake the role of chair of the (liaison) committee for a three-year term, usually incoming Junior Vice-President in the year that the role becomes vacant.
52. The Preliminary Investigation Committee and Disciplinary Committee Liaison Committee shall serve as a channel for communication between the Preliminary Investigation and Disciplinary Committees and Council, 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 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, the SC and the Veterinary Client Mediation Service (VCMS).

Registration Appeals Committee

53. The Registration Appeals Committee shall be constituted in accordance with section 5D of the Act and the Veterinary Surgeons (Registration Appeals) Rules 2008, ie .it is to comprise three Council members who are members of the College, one of whom shall be Chair of the Committee and one of whom shall be Vice-Chair of the Committee; and two Council members who are not members of the College. No person shall sit as a member of the Committee to deal with any appeal who has any personal connection with the appellant of such a kind that that person's independence or impartiality might reasonably be called into question. The quorum for any meeting of the Committee shall be three, including not more than two members who are members of the College. Unless impracticable, the Chair or Vice-Chair of the Committee shall sit as a member of the Committee to deal with any appeal, and shall preside.

Commented [LL5]: Summary of the 2008 Rules ref composition added for clarity

Specialist and Advanced Practitioner Appeals Committee

54. 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, subcommittee or committee.

Standards Committee

55. 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;
- 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 chair; 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

56. 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 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.
57. 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.
58. 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.
59. 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.
60. 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.
61. 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
62. 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 Finance and Resources Committee 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.

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

Other groups with delegated responsibilities

64. In addition to the abovementioned Committees, the following groups of individuals are tasked with oversight and/or delivery of specific areas of activity.

Chairs of standing committees

65. In addition to leading the work of their respective committees, the chairs of the standing committees (excluding the independent Chair of the Audit and Risk Committee and the chair of the PIC/DC Liaison Committee, which is a co-ordinating role) will meet with the Officer Team and senior staff members prior to each Council meeting to discuss the running order and presentation of papers. They will also provide advance notice of major decisions likely to be put before Council at future meetings, in order to enable the flow and time management of those meetings.

Officer Team

66. The Officer Team comprises the President, Junior Vice-President, Senior Vice-President and Treasurer, who are elected by the Council according to the election rules.
67. The Officer Team will meet on a regular basis with senior staff in order to discuss relevant matters, with a focus on external meetings, media management, communications and stakeholder relationships.
68. The Officer Team will also act as the Nominations Group, together with the CEO and Registrar, and one other member of Council, proposing who will be awarded College honours and awards (choices will be ratified by Council).
69. The Officer Team will also act as the Remuneration Subcommittee, The Remuneration Subcommittee meets annually to decide how the budget allocated to staff salaries, as agreed by Council as part of the budget-setting process, should be allocated, for example, what percentage should be allocated to salary increases and what to bonuses. It does not look at individual staff salaries, which is the role of the Senior Team. The remuneration of the CEO is considered by the President in line with the agreed policy. The Subcommittee consists of the Officer Team.

Commented [LL6]: This amendment was agreed by Council in June 2019

Commented [LL7]: This is not a new group but added here for completeness

Senior Team

70. The purpose of the Senior Team is to enable Council to set the strategic direction and oversee governance of the RCVS, and to enable the College staff team to deliver.
71. The Senior Team comprises the RCVS Departmental Directors and is led by the CEO, who takes responsibility for delivery of the RCVS strategic plan, as agreed by Council, and the day-to-day running of the College.
72. The Senior Team meets regularly and the notes of the meetings are available to all staff, with exemptions for private and confidential matters. The CEO chairs these meetings, and the Executive Director of RCVS Knowledge is invited to sit as observer.
73. The key responsibilities of the Senior Team are 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; and,
 - Identify and consider issues and activities for communication to the wider organisation, professions and public.

Approved by Council xxxx June 2020

Summary	
Meeting	Council
Date	4 June 2020
Title	Report of the RCVS Legislation Working Party (LWP)
Summary	This paper presents the report of the LWP.
Decisions required	<p>Council is asked to approve the broad principles and recommendations reached by the LWP, and agree for the report to go to consultation with the professions and public.</p> <p>The consultation results will be brought back to Council alongside any amendments for consideration before Council is asked to approve the final report.</p>
Attachments	<p>Annex A – LWP report</p> <p>Annex B – LWP Annex of recommendations</p>
Author	<p>Ben Myring Policy & Public Affairs Manager b.myring@rcvs.org.uk 020 7202 0783</p>

Classifications		
Document	Classification¹	Rationales²
Paper	Unclassified	n/a
Annex A	Unclassified	n/a
Annex B	Unclassified	n/a

¹Classifications explained

Unclassified	Papers will be published on the internet and recipients may share them and discuss them freely with anyone. This may include papers marked 'Draft'.
Confidential	Temporarily available only to Council Members, non-Council members of the relevant committee, sub-committee, working party or Board and not for dissemination outside that group unless and until the relevant committee or Council has given approval for public discussion, consultation or publication.
Private	The paper includes personal data which should not be disclosed at any time or for any reason, unless the data subject has agreed otherwise. The Chair may, however, indicate after discussion that there are general issues which can be disclosed, for example in reports to committees and Council.

²Classification rationales

Confidential	<ol style="list-style-type: none"> 1. To allow the Committee or Council to come to a view itself, before presenting to and/or consulting with others 2. To maintain the confidence of another organisation 3. To protect commercially sensitive information 4. To maintain public confidence in and/or uphold the reputation of the veterinary professions and/or the RCVS
Private	<ol style="list-style-type: none"> 5. To protect information which may contain personal data, special category data, and/or criminal offence data, as listed under the General Data Protection Regulation

Report of the Legislation Working Party

Introduction

1. This paper introduces the report of the RCVS Legislation Working Party (LWP). The LWP was established in 2017 under the chairmanship of Professor Stephen May, with a mission to examine the Veterinary Surgeons Act 1966 (VSA) and to make proposals for reform to ensure that the RCVS can be a modern and efficient regulator, in the interests of animal health and welfare, and public health.
2. The LWP built on work previously undertaken by working parties focusing on veterinary nurses and other paraprofessionals, but with a much wider remit. This work was judged to be timely in light of the UK's departure from the European Union, and the work of the Vet Futures project. The LWP was tasked to establish principles on which any reform would be based, and to ensure that any recommendations were considered in the round to produce a coherent vision.
3. The LWP consists of a membership drawn from across RCVS Council and staff, including veterinary surgeons, veterinary nurses and lay members, as well as representation from both the British Veterinary Association (BVA) and British Veterinary Nursing Association (BVNA). Over the course of three years and twelve meetings the LWP explored over 56 reform proposals, from fundamental questions to relatively minor changes.
4. At all times, the LWP has sought to examine what other regulators do successfully, both at home and abroad. This is not because others always have it right and the RCVS does not. Each recommendation has been made on its own merits. However, there is a reason why 'best practice' is regarded as such. While there may be a case for the regulation of the veterinary profession to differ from that of other professions, even in the healthcare sector, the LWP has taken the view that such exceptions need to be carefully justified. On the whole, the LWP has recommended a set of reforms that brings the RCVS more into line with current regulatory standards, and ensure that this is done in a way that allows regulation to be more responsive to future changes.
5. The LWP was specifically tasked with ensuring that consideration was given to a more comprehensive piece of legislation that could incorporate allied paraprofessionals and the regulation of veterinary practices. While the VSA 1966 has served the profession well for many years, it is now a very out-of-date piece of legislation which will be difficult or impossible to 'stretch' much further. Therefore, in addition to its specific reform recommendations, the LWP concluded that new primary legislation would be necessary to introduce many of the reforms, and a new Veterinary Surgeons (or 'veterinary services') Act would be needed to introduce them in a cohesive and coherent way.

6. Some recommendations do not call for immediate change, but ask that the RCVS be given powers to be able to implement a particular measure in future should detailed proposals be developed and RCVS Council decide to implement them – with (where appropriate), the Secretary of State agreeing via an Order in Council¹ or other method. This future-proofing would remove the barrier of additional Parliamentary time or other burdensome processes being required in future.
7. The LWP report is the most comprehensive review of the VSA since its introduction in 1966. If implemented, its proposals would allow the RCVS to be a modern, principle-based regulator. The proposed new legislation would aim to contain sufficient future-proofing and flexibility to serve the profession and public for at least as long as the VSA 1966 has.
8. If implemented, the recommendations would allow the RCVS to maximise the skills set of veterinary nurses and other paraprofessionals, creating rich career paths while allowing vets to focus on the work that only they can do. They would create a 'fitness to practise' framework that would allow for vets and nurses to be treated compassionately while protecting the public interest. They would help to assure the public of the high standards met within veterinary practice. Further, they would increase access to the veterinary professions for people whose disability might otherwise bar them from contributing to the vet-led team.
9. Should Council agree, all the recommendations in the report will be subject to consultation with the regulated professions, paraprofessions, and the public. The results, and any suggested amendments, will then be brought back to Council for final approval and adoption as RCVS recommendations. The final report then would be the basis of our discussions with the Department for Environment, Food and Rural Affairs (Defra), in the hope of securing future legislation.

¹ A secondary piece of legislation approved by the Queen on the advice of the Privy Council

Report of the Royal College of Veterinary Surgeons (RCVS) Legislation Working Party (LWP)

Executive summary

1. This report presents the findings of the RCVS Legislation Working Party (LWP). The LWP was established in 2017 with a mission to examine the Veterinary Surgeons Act 1966 (VSA), and to make proposals for reform to ensure that the RCVS can be a modern and efficient regulator.
2. The LWP was tasked to establish principles on which any reform would be based, and to ensure that any recommendations were considered in the round to produce a coherent vision. The LWP was specifically tasked with ensuring that consideration was given to a more comprehensive piece of legislation that could incorporate allied paraprofessionals and the regulation of veterinary practices.
3. The LWP consisted of a membership drawn from across RCVS Council, Officer team and staff, including veterinary surgeons, veterinary nurses and lay members, as well as representation from both the British Veterinary Association (BVA) and British Veterinary Nursing Association (BVNA). Over the course of three years and twelve meetings the LWP explored over 56 reform proposals, from fundamental questions to relatively minor changes.
4. Should council choose to accept them, all the recommendations in the report will be subject to consultation with the professions and the public. Some recommendations do not call for immediate change, but ask that the RCVS be given powers to be able to implement a particular measure in future should detailed proposals be developed and RCVS Council decide to implement them – with (where appropriate), the Secretary of State agreeing via an Order in Council¹ or other method. This future-proofing would remove the burden of additional Parliamentary time or other burdensome processes being required in future.

Key messages:

The principles of legislative reform

5. The LWP established the following principles on which reform should be based:

Principle 1: Legislation should not be unduly burdensome or complicated; it should provide clarity to the public and enhance public confidence in the professions, e.g. protection of veterinary titles, statutory underpinning for continuing professional development (CPD).

¹ A secondary piece of legislation approved by the Queen on the advice of the Privy Council

Principle 2: The RCVS disciplinary process should be ‘forward looking’, with public protection at its heart.

Principle 3: That the vet-led team should fall under a single regulatory umbrella.

Principle 4: By default, acts of veterinary surgery should continue to be restricted to veterinary surgeons. However, in order to allow for futureproofing, there should be flexibility to reflect and review the procedures that may be delegated to appropriately qualified and supervised members of the vet-led team. Additional tasks may be delegated where this can be fully justified and evidenced. Such evidence may include comparison with other health professions

Principle 5: Delegation rights to different paraprofessions should be variable without impacting each other. For instance, the rights of VNs to undertake minor acts of veterinary surgery should be amendable without impacting the rights of farmers as is the situation at present

Key recommendations:

6. **Embracing the vet-led team.** The LWP defined the vet-led team as ‘appropriately-regulated professionals, including veterinary nurses, working under the direction of a veterinary surgeon, to protect animal health and welfare’. The RCVS is proud of its regulation of veterinary nurses, who play an essential part in the vet-led team, and the LWP is keen to allow veterinary nurses to expand their role. The LWP’s recommendations also build on previous work by the RCVS to call for additional paraprofessions to be brought under the RCVS’s umbrella – becoming ‘allied professions’ - to underpin their standards. The LWP proposes the adoption of a model of paraprofessional regulation similar to that of the General Dental Council, allowing the RCVS to regulate all members of the vet-led team, and to create greater evidence-led flexibility over what can be delegated to these allied professionals. The LWP recommends that statutory protection be given to the professional titles of all allied professions regulated by the RCVS, including veterinary nurses.
7. **Assuring practice standards.** The RCVS Practice Standard Scheme (PSS) has been very successful in promoting high standards within veterinary practice. However, it is a voluntary scheme and as a result there is no mechanism to ensure standards across all practices through assessments. At present the RCVS only regulates individual veterinary surgeons and nurses, unlike modern regulatory regimes such as that recently established for the General Pharmaceutical Council. Nor does the veterinary sector have an equivalent to the Care Quality Commission. The LWP recommends that the RCVS be granted statutory authority to regulate all practices. In order for practice regulation to be meaningful and enforceable across the board the RCVS would need powers of entry similar to those regulators.
8. **Introducing a ‘Fitness to Practise’ regime.** The RCVS’s existing disciplinary processes do not reflect modern best practice. The LWP recommends introducing a forward-looking ‘Fitness to Practise’ regime with less focus on past misconduct, instead introducing the concept of ‘current

impairment'. This model would include the following: introducing a wider range of sanctions, including conditions of practice orders which would restrict practice short of suspension; introducing interim orders to allow vets and RVNs to be restricted from practising whilst cases are investigated where there is a significant risk of harm; introducing; and underpinning the Health and Performance Protocols in legislation. The LWP also recommends reforming the appeal processes so that they become the responsibility of the High Court rather than the Privy Council and introducing the power to require disclosure of information. The LWP further recommends reducing the Disciplinary Quorum to three, with flexibility to use a larger number of Committee members for longer or more complex cases.

9. **Modernising RCVS registration.** The LWP recommendations include a number of reforms to improve the RCVS's registration processes that are not possible under the VSA. This includes the separation of registration and licence to practise, in line with other regulators, to underpin mandatory CPD and to enable the RCVS to introduce a revalidation regime (as found in other health professions such as the General Medical Council) if this was judged to be appropriate in future.
10. **Improving access to the profession for those with disabilities.** The LWP recommends the introduction of provisions for limited licensure in specific circumstances where disability would limit the ability to work in all areas of practice.
11. **Retaining a Royal College that regulates.** The LWP recommends that the RCVS continues to be a 'Royal College that Regulates'. This unique arrangement allows the RCVS to take a holistic approach to public assurance. It also ensures that the Royal College functions are properly funded; some RCVS activities might well not be carried out at all if the RCVS did not take responsibility for them. These includes some Charter-based activities carried out as part of the proactive and supportive approach to regulation such as initiatives in the area of mental health and leadership.
12. **Towards a new Act?** Many of the proposed recommendations require primary legislation. The number and scale of proposed changes, and in particular the proposal to embrace paraprofessionals by regulating the whole veterinary team, mean that it is unlikely that the LWP's coherent vision for reform can be achieved in its entirety, or even substantially, via amendments to the Veterinary Surgeons Act 1966. While some recommendations could perhaps be implemented piecemeal via secondary legislation, any combination of these may well be too substantial a reform for this method of legislative change. The RCVS has done the best it can within the limits of the VSA since its creation in 1966, but the process of using creative solutions to mitigate the limitations of the Act, such as the health and performance protocols, may now be nearing its limit. The VSA is in many ways an old-fashioned piece of legislation, overly restrictive and prescriptive, burdensome rather than principles-based, and unfit to underpin the work of a modern regulator or a modern profession.

Introduction

13. The Veterinary Surgeons Act has been under review since it became law in 1966, and while it has served both public and the veterinary profession well in many ways, various reviews over the years have highlighted its inadequacies. It has been amended numerous times, and sometimes substantially – notably in 1991 when veterinary nurses were named and empowered by the reform of Schedule 3 of the Act.
14. In 2008, the Environment, Food and Rural Affairs Committee (EfraCom) published a report on the Veterinary Surgeons Act and its possible replacement.² Much progress has been made since then on various issues raised in the report, including reform to modernise RCVS governance and to make its disciplinary processes independent of RCVS Council. There is now much more consensus across the profession on the ‘veterinary-led team model’, potentially enabling Defra’s ambition that “any successor to the VSA would need to encompass providers of wider veterinary services.” The EfraCom report, and Defra’s response to it, included agreement that the RCVS’s disciplinary measures should include a wider range of sanctions. The EfraCom report also stressed that further consensus should be sought across the profession for further reforms, and the LWP is keen that this new report and the consultation that follows be part of this process.
15. In more recent years, the 2013 First Rate Regulator report highlighted several trends in regulatory reform reflecting shifts in public expectations in professionals and the organisations charged with regulating them, noting that “Regulatory reform has been underpinned by a need to sustain or boost public confidence in the way professions are regulated”.³ This can be seen in the shift towards risk-based approaches to regulation by a number of regulators, with “a stronger focus on consumer expectations and outcomes”. The importance of the agility and flexibility of regulation was also highlighted.⁴
16. The report indicated numerous areas in which the RCVS was out-of-step with best practice, and that would require legislative reform to remedy. Some of these areas, including the separation of disciplinary committees from Council, and the reform of Council’s composition, were achieved via Legislative Reform Orders in 2013 and 2018 respectively.
17. In addition to the VSA, the RCVS is also underpinned by Royal Charter. A new Charter was granted as recently as 2015. This Charter established the objectives of the RCVS as a Royal College that regulates, and which therefore go beyond that of a narrow regulator: “to set, uphold and advance veterinary standards, and to promote, encourage and advance the study and practice of the art and science of veterinary surgery and medicine, in the interests of the health and welfare of animals and in the wider public interest”. The new Charter also underpins the

² Government response to the EfraCom 2008 report into the VSA 1966

³ First Rate Regulator report 2013, P7

⁴ First Rate Regulator report 2013, P10

regulation of veterinary nurses, and contains provision for new allied professions to be regulated by the RCVS. However, it made no provisions for delegation to these allied professions, as this requires primary legislation.

18. In 2016, the RCVS submitted a petition to Defra containing over 10,000 signatures calling for statutory protection of the title 'veterinary nurse'. While Defra was not prepared to legislate for this at that time, they suggested a review of Schedule 3 of the VSA to explore whether the VN role should be expanded. This led to the RCVS establishing a working party which undertook a survey of both the veterinary surgeon and veterinary nurse professions, which confirmed an appetite for VNs to be able to undertake more tasks than at present, ensuring increased utilisation of existing skills.
19. Between 2016 and 2018 the RCVS also undertook a review of the VSA's 'Exemption Orders' which allow certain minor acts of veterinary surgery to be undertaken by non-veterinarians. The subsequent report⁵ was published in January 2019, and recommended historic reforms to add the work of several paraprofessions to Schedule 3, while bringing those paraprofessions under the regulatory umbrella of the RCVS. It is as yet unclear whether it would be possible to achieve these recommendations via reform of the existing VSA, or whether new primary legislation would be needed.
20. Following the UK's 2016 referendum on European Union membership it was decided to broaden these reviews into a full analysis of the Veterinary Surgeons Act in order to help ensure that veterinary regulation could continue to be fit for purpose in a changing world. The Legislation Working Party drew on reform suggestions from staff and Officers of the RCVS, as well as suggestions made by the British Veterinary Association and British Veterinary Nursing Association, who were represented on the Working Party. The LWP's main recommendations are presented below, grouped by theme. A full list of recommendations is presented in Annex A.
21. At all times, the LWP has sought to examine what other regulators do, both at home and abroad. This is not because others always have it right and the RCVS does not. Each recommendation has been made on its own merits. However, there is a reason why 'best practice' is regarded as such. While there may be a case for the regulation of the veterinary profession to differ from other professions, even in the healthcare sector, the LWP has taken the view that such exceptions need to be carefully justified. On the whole, the LWP has recommended a set of reforms that brings the RCVS more into line with current regulatory standards, and ensure that this is done in a way that allows regulation to be more responsive to future changes.

⁵ <https://www.rcvs.org.uk/document-library/report-to-defra-on-the-review-of-minor-procedures-regime-and/>

Part 1: Embracing the vet-led team

22. The RCVS is the regulator of both veterinary surgeons and veterinary nurses. Under Schedule 3 of the existing VSA, veterinary nurses are able to undertake medical treatment and minor surgery, not involving entry into a body cavity.

23. Recommendation 1.1: Statutory regulation of the vet-led team

24. The LWP reaffirms the recommendations found in the 2019 RCVS report to Defra on the Review of Minor Procedures Regime (RMPR report). Among the recommendations was a two-fold approach to veterinary paraprofessionals:

25. First, legislation should be amended to underpin the work of those paraprofessions who are currently working in a legal 'grey area' as their work amounts to acts of veterinary surgery too substantial to be underpinned by an exemption order: in particular equine dental technicians, musculoskeletal therapists, and cattle foot trimmers.

26. Second, the RCVS should seek to bring the vet-led team under its regulatory umbrella in order to be able to assure standards and protect animal health and welfare – this is particularly necessary for those paraprofessionals who carry out acts of veterinary surgery.

27. The RMPR report attempted to address the issue of paraprofessionals by making proposals that could potentially be achieved by reform of the existing VSA. However, the legal advice on whether this could be achieved in practice is inconclusive – it is possible that it would 'stretch' the VSA too far from its original purpose to be acceptable to legislators. Further, it would be a somewhat inflexible measure that does not provide for futureproofing. Any new paraprofession requiring legislative underpinning (such as the proposed formal vet tech role) would require significant further legislation to achieve. This contrasts with regulatory regimes such as the General Dental Council (GDC), who are able to add new paraprofessions to their regulatory remit via Section 60 Orders under the Health and Social Care Act.

28. The LWP therefore recommends that new legislation should provide flexibility to allow the RCVS to give legal and regulatory underpinning to new paraprofessions whose work amounts to veterinary surgery without recourse to new legislation. This should be full statutory regulation, and may include measures to allow 'grandfathering' to ensure that no-one is denied the right to a livelihood, much as existing practitioners were grandfathered by the early Veterinary Surgeons Acts.

29. Recommendation 1.2: Flexible delegation powers

30. The LWP reiterates that, by default, acts of veterinary surgery should be reserved to veterinary surgeons. At present, new legislation is required if Council determines that additional acts of veterinary surgery can be undertaken by a properly regulated and supervised paraprofession. The LWP concludes that this is too restrictive, and, in accordance with Principle 4 and modern regulatory regimes such as those for social workers under the Social Workers Regulations 2018, recommends that the RCVS should be able to determine which tasks should be eligible for delegation by a veterinary surgeon where such delegation can be fully justified and evidenced, subject to rules concerning consultation requirements and approval by the Secretary of State.

31. Recommendation 1.3: Separating employment and delegation

32. The LWP notes that some paraprofessionals could be part of the vet-led team without necessarily being employed by a veterinary surgeon. While the legal underpinning for their activities is not yet in place, this is already the case with some paraprofessions such as equine dental technicians whose work can consist of veterinary surgery requiring delegation by a veterinary surgeon.

33. At present, Schedule 3 of the VSA restricts such delegation to allied professionals (currently only veterinary nurses) who are in the employ of the delegating veterinary surgeon. The LWP recommends that this restriction is removed. In practice, this would allow a 'district veterinary nurse' model, in which VNs could help clients to administer treatment to their pets at home under the direction of a veterinary surgeon who was not their employer. The veterinary nurse would be working 'with but not for' a veterinary practice. Decoupling direction from employment would avoid a potential double-standard relative to other paraprofessions, and help to better use VNs to their full potential in the interests of animal health and welfare.

34. Recommendation 1.4: Statutory protection for professional titles

35. The RCVS already has a longstanding recommendation that the title 'veterinary nurse' should be protected to prevent its use by unqualified, unregulated individuals. The protection of professional titles gives clarity and assurance to the public. The LWP reaffirms this recommendation, and recommends that protection of title be extended to any new paraprofessions who fall under the RCVS's regulatory umbrella.

Part 2: Enhancing the VN role

20. In addition to separating employment from delegation rights, and giving statutory protection to the title 'veterinary nurse', the LWP also recommends a number of specific expansions of the VN role:

36. Recommendation 2.1: Extending the VN role in anaesthesia

37. In 2015, following extensive consultation and discussion, RCVS Council approved a recommendation to increase the role of veterinary nurses in the induction and maintenance of anaesthesia via reform of Schedule 3. These proposals would allow the veterinary nurse to "assist in all aspects of anaesthesia under supervision", pursuant to an animal-specific protocol, increasing utilisation of veterinary nurses while freeing up veterinary surgeons' time. The LWP supports the retention of this recommendation.

38. Recommendation 2.2: Allowing VNs to undertake cat castrations

39. At present, Schedule 3 explicitly prohibits veterinary nurses from carrying out cat castrations. Having reviewed the history of the VSA, it is clear that this provision was introduced in 1988, as the last in a series of Statutory Instruments that prohibited untrained lay people, including farmers, from carrying out numerous acts that should be reserved to veterinarians for animal welfare reasons. Prior to this, cat castrations had been carried out legally by laypeople (including the precursor to veterinary nurses, Animal Nursing Auxiliaries) under both the 1948 and 1966 Acts.

40. When the 1988 Statutory Instrument (SI) was introduced the term 'veterinary nurse' had only been in use for four years, and the reforms to Schedule 3 to formally recognise their role and allow them to undertake minor acts of veterinary surgery was still three years away. The non-statutory register of VNs would not be introduced for another 19 years. Since then, things have moved on considerably. Veterinary nurses are now a fully-fledged allied profession, Associates of and regulated by the RCVS under its Royal Charter powers. They are not the 'laypeople' whom the SI targeted in 1988. Notwithstanding the debatable question of whether castration is 'entry into a body cavity', the LWP recommends that veterinary nurses should be able to undertake this task under veterinary direction and supervision.

Future recommendations

41. The RCVS is also exploring additional options for enhancing the VN role that do not require changes to the Veterinary Surgeons Act. Research is currently being carried out into the risks and opportunities of a potential 'VN prescriber' role that could allow VNs to prescribe certain routine medicines that are currently restricted to veterinary surgeons. Recommendations may be brought to Council for decision in due course, based on the results of this research. Implementation of any recommendation would involve legislation to amend the Veterinary Medicines Regulations.

Part 3: Assuring practice regulation

42. Recommendation 3.1: Mandatory practice regulation

43. Unlike other sectors, there is no body responsible for regulating veterinary practices. In human healthcare the Care Quality Commission fulfils this role, and some overseas veterinary regulators such as the Veterinary Council of Ireland have this responsibility. At present, the RCVS has no mandatory powers to regulate veterinary practices. This is increasingly at odds with a world in which practices may not be owned by the individual veterinary surgeons whom the RCVS does regulate. It is reasonable for the public to expect that all practices are assessed to ensure that they meet at least the basic minimum legal requirements, and at present this assurance is not in place for all practices.

44. The RCVS Practice Standards Scheme (PSS) has been very successful in assuring standards, and a recent 'reboot' of the scheme has increased membership to 68% of veterinary practices. Whilst non-PSS practices might be meeting core standards, there is no guarantee or assurance that this is the case – this is not consistent with our aims re animal welfare and public protection. The RCVS has sought to address this via the Code of Professional Conduct. However, as the Code only applies to individual veterinary surgeons this does not necessarily sit easy with responsibilities at practice level where individuals will have varying degrees of control over practice decisions and policies, and therefore creates a greater responsibility for more junior members of staff than might be considered reasonable.

45. The LWP therefore recommends that the RCVS be given the power to implement mandatory practice regulation, including powers of entry, should RCVS Council decide to complement the PSS with a universally-applied scheme.

46. Recommendation 3.2: Powers of entry for the RCVS

47. The RCVS has no power of entry, meaning it does not have the right to enter a veterinary practice without consent. In most cases, this does not pose a problem in terms of investigating allegations of serious professional misconduct. However, where there are allegations that a veterinary surgeon has breached paragraph 4.3 of the RCVS Code of Professional Conduct, which states that *'veterinary surgeons must maintain minimum practice standards equivalent to the Core Standards of the RCVS Practice Standards Scheme [PSS]'*, powers of entry would be useful. This is because, if a veterinary surgeon refuses entry, it is extremely difficult, if not impossible, for the RCVS to investigate allegations of this nature.

48. While it is rare for other regulators to have powers of entry, human healthcare premises, for example, hospitals, GP surgeries and care homes, are regulated by the Care Quality Commission (CQC) which has powers of entry and may carry out unannounced inspections. The LWP

recommends that the RCVS be given powers of entry in order to remedy this omission in the veterinary sector, and to ensure that regulation of practices can be underpinned and enforced.

49. Recommendation 3.3: Power to issue improvement notices

50. The LWP recommends that the RCVS be granted the power to issue improvement notices when a person or a business is failing to fulfil a legal duty, and where improvement is required to ensure future compliance. This would provide better protection for the public, while being a more proportionate response than pursuing a disciplinary case. Improvement notices provide practices with a clear and concrete action plan to remedy any deficiencies.

Part 4: Introduce a modern ‘Fitness to Practise’ regime

51. Under the VSA, the RCVS may only take action where there has been ‘serious professional misconduct’ (SPMC). The definition of SPMC is widely accepted as conduct which falls far below the standard expected of a veterinary surgeon. As such, the RCVS can only deal with the most serious of allegations, and negligence (i.e. conduct falling below the standard expected) falls outside the scope of the RCVS’ powers.
52. Almost all human healthcare regulators operate a variant of the ‘Fitness to Practise’ (‘FTP’) model⁶. The key characteristic of the FTP model is that it focuses on whether or not a registrant’s fitness to practise is ‘currently impaired’, rather than whether they have been guilty of SPMC in the past. Prior to FTP, the prevailing model for regulation was the ‘unacceptable professional conduct’ (‘UPC’) model (a concept very similar to disgraceful conduct/SPMC); however, this model is now considered to be outdated as it is backward-looking, i.e. focusing on past misconduct. By way of contrast, the emphasis of FTP is forward-looking, i.e. focusing on whether there is any risk to the public or the public interest. Moving the focus away from disgraceful conduct would also allow the RCVS to consider matters where a practitioner’s fitness to practise is impaired for other reasons (such as those currently addressed by the existing RCVS Health and Performance Protocols) which in turn would better protect animals and the public.
53. In a recent paper⁷, the Professional Standards Authority (PSA) called for a number of reforms of the FTP model, and the LWP’s recommendations take these latest proposals into account.
54. The LWP recommends that any new legislation should include measures with a view to achieving the following:
- a. A ‘forward-looking’ process with the protection of animals and the public at its heart
 - b. An enhanced suite of powers available to enable more effective investigations and case management
 - c. A reduction in the length and cost of investigations/proceedings wherever possible
 - d. The ability to amend/update legislation more easily in the future as systems and thinking develops.
55. In addition to these broad objectives, there are also a number of specific matters that require attention. All of these matters, broad and specific, are explored in more detail below.
56. **A ‘forward-looking’ process with the protection of animals and the public at its heart:**
Legislative changes in a number of areas would assist the RCVS in achieving this objective:

⁶ First Rate Regulator report 2013, P34

⁷ https://www.professionalstandards.org.uk/docs/default-source/publications/thought-paper/right-touch-reform-2017.pdf?sfvrsn=2e517320_7

a. **Recommendation 4.1: Introducing the concept of ‘current impairment’**

Under the current system, if a veterinary surgeon or veterinary nurse is found guilty of misconduct the Disciplinary Committee (DC) proceeds straight to the sanction stage, and the sanction is determined on the basis of that past misconduct. The LWP recommends that this is changed in line with the fitness to practise model. Under this system, DC would need to be satisfied that the veterinary surgeon’s or nurse’s fitness to practice is currently impaired before it could proceed to the sanction stage. This means that in circumstances where the veterinary surgeon or nurse has taken steps to remediate their failings and shown significant insight into what has gone wrong, the DC may conclude that there is no (or very low) risk of repetition of similar behaviour and as such, the veterinary surgeon’s fitness to practise is not currently impaired. If the DC comes to this conclusion, it must dismiss the case without proceeding to sanction, even though the veterinary surgeon or nurse has been guilty of misconduct in the past.

This approach is more consistent with the aims of regulation, because it focuses on whether the veterinary surgeon or nurse currently poses a risk to animals and the public, rather than whether he or she has posed a risk in the past.

b. **Recommendation 4.2: Widening the grounds for investigation**

At present, the RCVS may only investigate where there is an allegation that could amount to SPMC. This means that the RCVS may not intervene in cases where a practitioner might pose a risk to animals, the public or the public interest for other reasons. For cases involving allegations of poor performance or ill-health affecting a veterinary surgeon or nurse’s ability to practise safely, the RCVS has devised the Health and Performance Protocols, which provide a framework for the RCVS to work with an individual towards the common aim of becoming fit to practise, however these can only be engaged with the consent of the individual concerned. Where there is no consent, the PIC have no option but to refer the matter to the DC. A more satisfactory situation might be the option to refer such cases to a dedicated ‘health’ or ‘performance’ committee that has a range of appropriate and proportionate powers designed to support the veterinary surgeon or nurse in regaining their fitness to practise.

c. **Recommendation 4.3: Introducing powers to impose interim orders**

The LWP recommends that the RCVS should have the power to impose interim orders, i.e. a temporary restriction on a veterinary surgeon or nurse’s right to practise pending a final decision by DC where a veterinary surgeon or nurse poses a significant risk to the public or to animals. The current lack of power to impose interim orders is not only problematic during the investigation stage, it is also an issue in cases that have been through the full hearing process and DC have decided to suspend or removal a practitioner’s registration. In such cases, there is a statutory appeal period of 28 days

and, as such, the sanction does not take effect until that time has elapsed (and if an appeal is lodged, not until that the appeal is dismissed or withdrawn). The result of this is an illogical situation where DC have determined that a practitioner is not fit to practise and yet they are permitted to practise for 28 days or significantly longer (sometimes up to a year) depending on whether or not an appeal has been lodged.

d. **Recommendation 4.4: Introduce reviews of suspension orders**

At present, DC has no power to review the suspension orders it imposes; in other words, if a practitioner is suspended for six months they are automatically restored to the Register once that time has elapsed, whether or not they are fit to be restored. The practical effect of this is that where DC has concerns regarding a respondent's fitness to practise, it has no choice but to remove them from the Register completely as it is the only way to retain any control over that person's restoration to the Register. The LWP recommends that DC be empowered to review suspensions and, if necessary, extend the suspension or impose conditional registration as part of that review; they would then be able to ensure protection of animals and the public and, at the same time, impose a less onerous sanction on the veterinary surgeon or nurse.

e. **Recommendation 4.5: Introduce a wider range of sanctions**

The range of sanctions available to DC is very limited, in that it may only issue a reprimand or warning or suspend or remove an individual from the Register⁸. The LWP recommends that DC be given the power to impose conditional or restricted registration (also known as 'conditions of practice orders'), a power almost all other regulators have. Again, the power to impose conditions of practice orders would allow DC, in suitable cases, to adequately protect animals and the public by imposing a less onerous sanction.

57. An enhanced suite of powers available to enable more effective investigations and case management: There are a number of additional powers that would enable the RCVS to better achieve this objective. These are outlined below:

a. **Recommendation 4.6: Introduce the power to require disclosure of information**

Other regulators, including the healthcare regulators, have statutory power to require disclosure of information where that information may be relevant to a fitness to practise investigation. By way of contrast, the RCVS has no such power and instead must rely on the cooperation of the relevant parties, which is not always forthcoming. In recent times, the RCVS has had particular difficulty in obtaining information from a number of organisations, which has resulted in difficulties with investigations. This situation is

⁸ DC may also take no further action or postpone judgment (with or without undertakings) for up to two years, however these powers are not true 'sanctions'

unsatisfactory as it hinders the RCVS from effectively carrying out its investigative duties; the LWP recommends that this is remedied.

58. **A reduction in the length and cost of investigations/proceedings wherever possible:** There is a number of areas where legislative change could reduce the length and cost of investigations and disciplinary hearings:

a. **Recommendation 4.7: Formalise role of Case Examiners and allow them to conclude cases consensually**

At present the RCVS does have a 'case examination' stage, but it does not operate a true Case Examiner (CE) model. In the case of other regulators that use the CE model (e.g. the General Medical Council (GMC), GDC, Nursing and Midwifery Council (NMC) and General Optical Council (GOC)), CEs make decisions in pairs (one registrant and one lay) and, in some cases, one or both are employees of the regulator. CEs also have powers that allow them to dispose of suitable cases consensually where the threshold for referral is met (so long as the wider public interest can be satisfied by disposing of the case in this way). This model is more cost effective than convening the Preliminary Investigation Committee (PIC) for all decisions (NMC has recently reported a year-on-year decrease in FTP spending and has attributed this, in part, to the introduction of CEs). It allows for quicker and more consistent decision-making, and is less stressful for the respondent if the case is subject to consensual case conclusion. The CE model may be particularly useful in health and performance cases where undertakings or conditions are used (similar to the result achieved by the RCVS Health and Performance Protocols).

59. The LWP have also made recommendations in relation to restoration periods, the appeal process and case management conferences: see Annex A for details.

Standard of proof

60. The RCVS is in a small minority of regulators – and the only major regulator - that still applies the criminal standard of proof, i.e. beyond reasonable doubt/so as to be sure, when deciding the facts of a case as other regulators have now moved to the civil standard, i.e. the balance of probabilities/more likely than not. In light of the primary purpose of regulation, the civil standard is considered to be the more appropriate standard of proof as, as the Law Commission explained in its 2014 report on the regulation of health and social care professionals in England, *'it is not acceptable that a registrant who is more likely than not to be a danger to the public should be allowed to continue practising because a panel is not certain that he or she is such a danger'*. As the working party will be aware, the standard of proof is set out in the 2004 rules and as such, can be amended without the need for a change in primary legislation. Consideration of this issue was

included in the last two RCVS Strategic Plans, and is being considered separately by RCVS Council, but is included here for completeness.⁹

61. **Recommendation 4.8: Futureproofing of the disciplinary process**

62. The RCVS' disciplinary process derives directly from the VSA, which is a piece of primary legislation. As a general principle, primary legislation is not easy to amend and, even where there is appetite for amendment from Defra (which is not guaranteed), doing so usually requires a lengthy, drawn out process. In recent years, the RCVS has twice amended the VSA by Legislative Reform Order (LRO), however the scope of amendment that can be achieved by LRO is limited and so it is unlikely to be the correct instrument for achieving the degree of disciplinary reform recommended in this report.

63. A new Act of Parliament is likely to be required to achieve the disciplinary reforms proposed above (and in this report in general). The LWP therefore recommends that disciplinary reform is implemented predominantly through secondary legislation, with primary legislation serving only to enable that secondary legislation. An example of how this could work is the Health and Care Act 1999 (HCA) which, at section 60, enables the named healthcare regulators to modify their regulatory processes in any way *'that is expedient for the purpose of securing or improving the regulation of the profession or the services which the profession provides or to which it contributes'* through an Order in Council¹⁰.

64. However, even an Order in Council is not necessarily a straightforward process and may still take a significant amount of time (for example, it took the GDC just over two years to obtain an order in relation to case examiners). As such, the LWP recommends that if other legislative mechanisms exist that would allow more flexibility and enable the RCVS to amend legislative provisions more quickly as time moves on and attitudes change then these should be considered. These could include a mechanism similar to those in the new Social Workers Regulations 2018, allowing reform subject to rules concerning consultation requirements and approval by the Secretary of State.

⁹ Any paper presented to RCVS Council regarding changing the standard of proof to the civil standard would be subject to consultation, and would be likely to also include proposals for a range of new options for concluding cases might be implemented under the current framework, along with a package of measures to expand the range of sanctions.

¹⁰ A secondary piece of legislation approved by the Queen on the advice of the Privy Council

Part 5: Modernising RCVS registration

Recommendation 5.1: Introduce provisions to allow limited licensure in principle, including for those with a disability

65. In the context of the veterinary profession, 'limited licensure' refers to the concept whereby a suitably-qualified individual would be licensed to undertake less than the full range of activities that could be considered to be acts of veterinary surgery, or work that would otherwise require someone to be registered as a veterinary surgeon. In principle such limitations could range from being restricted from undertaking a specified act or area of practice, through to only being licensed to undertake a specific procedure or area of employment.
66. There is no provision for UK-qualified veterinary surgeons to operate under limited licensure. The general license for veterinary surgery is considered an international standard (particularly for the purposes of certification, for instance in international trade of animal and animal products) therefore at the present time there is limited appetite for a general introduction of limited licensure for domestic graduates, but this may change in future. Further, in future there may be an appetite for RCVS Council, after due consultation, to introduce limited licensure for overseas veterinary graduates whose degree does not qualify them for a general UK licence. This could allow the RCVS to help to address workforce shortages without undermining the assurance of standards.
67. The LWP considered whether limited licensure should be permitted for UK graduates where disability prevents them from being able to undertake all aspects of a veterinary degree and veterinary practice.. For instance, an individual may not be able work in practice due to a disability, yet still be able to teach, undertake research, work in pathology, veterinary regulation, politics or policy. Limited licensure could permit such candidates to complete the relevant education for a branch of veterinary surgery, and allow them to become Members of the College. The RCVS Diversity and Inclusion Working Group will be exploring detailed proposals in due course, but it would require amendments to legislation to implement any such reforms.

Recommendation 5.2: Empower the RCVS to introduce revalidation

68. The First Rate Regulator report noted that "Most regulators already have a role in ensuring that, once registered, registrants remain up-to-date with evolving practices and continue to develop as professionals".¹¹ In 2007, a Department of Health report¹² proposed that all the statutorily-regulated health professions should have arrangements in place for 'revalidation', to ensure that health professionals remain up to date and demonstrate that they continue to meet the requirements of their professional regulator as they are now, rather than when they first

¹¹ First Rate Regulator report 2013, P25

¹² Trust, Assurance and Safety – The Regulation of Health Professionals in the 21st Century (Communications Department of Health 2007a)

registered. The professional standard against which each is judged is the contemporary standard required to be on the Register, and not the standard at the point at which the individual may have first registered.’

69. The GMC became the first UK health regulator to implement a system of revalidation; the five-year revalidation cycle takes into account a local evaluation of a doctor’s practice through annual appraisal. The appraisal is carried out by an experienced independent doctor, and then referred to a ‘responsible officer’ who has a statutory responsibility for making a revalidation recommendation to the GMC. The responsible officer makes a recommendation about the doctor’s fitness to practise to the GMC based on the outcome of the doctor’s annual appraisals over the course of the five years, a portfolio of supporting information that meets the GMC requirements, and whether there are any outstanding concerns for any part of the doctor’s scope of work. Following the responsible officer’s recommendation, the GMC decides whether to renew the doctor’s licence to practise. Revalidation aims to give assurance that individual doctors are not just qualified, but safe. It also aims to help identify concerns about a doctor’s practice at an earlier stage and to raise the quality of care for patients by making sure all licensed doctors engage in continuing professional development and reflective practice.
70. Under the VSA, providing that conditions of registration are satisfied, a person may continue to be registered for the whole of their life (providing they pay their fees and are not removed by DC or for lack of response); there is no requirement to revalidate as there is with other professions. The LWP recommends that the RCVS be empowered to introduce a system of revalidation in future, should RCVS Council decide to do so.

Recommendation 5.3: Underpin Mandatory continuing professional development (CPD)

71. The First Rate Regulator report noted that “CPD is a requirement for all professionals wishing to register with the health professional and legal services regulators.”¹³ However, the VSA does not give the RCVS the power to enforce this requirement, except through the disciplinary process. MsRCVS are asked to certify that they have satisfied the CPD requirement as part of the annual renewal process. However, if they do not there is no power to refuse renewal of registration. The LWP recommends that the RCVS should be empowered to refuse renewal of registration if a veterinary surgeon fails to meet their minimum CPD requirement.

Conclusions

72. This historic report is the end result of the most comprehensive review of the Veterinary Surgeons Act since its inception in 1966. It sets out a coherent set of principle-based reforms which, if enacted, would allow the RCVS to function as a modern, flexible regulator fit for the 21st century. Many of the key reforms require primary legislation, and it is difficult to avoid the conclusion that

¹³ First Rate Regulator report 2013, P30

the time for piecemeal change is over, and a new Veterinary Surgeons Act is now required, one that is itself sufficiently futureproof to one day beat the current VSA's half-century on the statute book.

	Recommendation for legislative reform	Reasons for reform	Possible legislative vehicle
	Part 1: Embracing the vet-led team		
1.	<p>Recommendation 1.1: Statutory regulation of the vet-led team</p> <p>Legislation should underpin the work of those paraprofessionals who are carrying out acts of veterinary surgery.</p> <p>Empower the RCVS to bring additional paraprofessions under its regulatory umbrella without additional legislation; this should be a requirement for those carrying out acts of veterinary surgery.</p> <p>May include measures to allow ‘grandfathering’ to ensure that no-one is denied the right to a livelihood, much as existing practitioners were grandfathered by the early Veterinary Surgeons Acts.</p>	<p>Ensure that all paraprofessionals are working legally</p> <p>Assure the standards of conduct and education of all members of the vet-led team.</p>	<p>Requires primary legislation</p> <p>A less elegant and flexible solution could be achievable via reform of Schedule 3 (see RCVS RMPR Report January 2019).</p>
2.	<p>Recommendation 1.2: Flexible delegation powers</p> <p>By default, acts of veterinary surgery should be reserved to veterinary surgeons</p> <p>The RCVS should be able to determine which tasks should be eligible for delegation by a veterinary surgeon where such delegation can be fully justified and evidenced.</p>	<p>Potential to free up veterinary surgeons to do work that only they can do, with lower-risk tasks being undertaken by paraprofessionals under veterinary direction.</p> <p>Future-proofs delegation regulation.</p>	<p>Requires primary legislation.</p>

3.	<p>Recommendation 1.3: Separating employment and delegation</p> <p>Recommend that direction by a veterinary surgeon to a paraprofessional (including veterinary nurses) should no longer require the paraprofessional to be employed by the veterinary surgeon.</p> <p>This would enable, for instance, a 'VN practitioner' role to develop.</p>	<p>This is already a reality for many paraprofessions.</p> <p>Would empower veterinary nurses and potentially increase their reach, benefitting animal health and welfare as well as clients.</p>	<p>Requires legislative change – possibly secondary legislation.</p>
4.	<p>Recommendation 1.4: Statutory protection for professional titles</p> <p>Protection of paraprofessional titles including 'veterinary nurse' and any new paraprofessions who fall under the RCVS's regulatory umbrella.</p>	<p>Ensures that unregulated individuals are not carrying out acts of veterinary surgery.</p> <p>Better clarity for the public.</p>	<p>Primary legislation.</p> <p>(Draft Bill to protect the title 'veterinary nurse' drawn up by the College in 2015).</p>
Part 2: Enhancing the VN role			
5.	<p>Recommendation 2.1: Extending the VN role in anaesthesia</p> <p>Allow veterinary nurses to "assist in all aspects of anaesthesia under supervision", pursuant to an animal-specific protocol.</p>	<p>Increasing utilisation of veterinary nurses while freeing up veterinary surgeons' time.</p>	<p>Would require amendment of Schedule 3 via a Statutory Instrument. Legal advice received states this should be possible in principle.</p>

			NB: Already agreed by RCVS Council in 2015.
6.	<p>Recommendation 2.2: Allowing VNs to undertake cat castrations</p> <p>Veterinary nurses should be able to undertake this task under veterinary direction and supervision.</p>	Increasing utilisation of veterinary nurses while freeing up veterinary surgeons' time.	Would require amendment of Schedule 3 via a Statutory Instrument. Legal advice received states this should be possible in principle.
	Part 3: Assuring practice regulation		
7.	<p>Recommendation 3.1: Mandatory practice regulation</p> <p>The RCVS be given the power to implement mandatory practice regulation, should RCVS Council decide to replace or underpin the PSS with a more comprehensive scheme.</p>	Ensure that all practices meet at least the basic minimum legal requirements.	Requires primary legislation.
8.	<p>Recommendation 3.2: Powers of entry for the RCVS</p> <p>RCVS be given powers of entry into order to remedy this omission in the veterinary sector, and to ensure that mandatory regulation of practices (see Recommendation 3A) can be underpinned and enforced.</p>	<p>Makes evidence gathering easier and more efficient</p> <p>Better protects the public.</p>	Requires primary legislation.

9.	<p>Recommendation 3.3: Power to issue improvement notices</p> <p>Introduce a power to issue improvement notices when a person or a business is failing to fulfil a legal duty and improvement is required to ensure future compliance.</p>	<p>Better protection of the public.</p> <p>More proportionate response than pursuing a disciplinary case.</p> <p>Provides practice with a clear action plan.</p>	Requires primary legislation.
<p>Part 4: Introduce a modern ‘Fitness to Practise’ regime</p>			
10.	<p>Recommendation 4.1: Introducing the concept of ‘current impairment’</p> <p>Change the trigger for considering sanction to whether the practitioner’s fitness to practise is ‘<i>currently impaired</i>’.</p>	<p>More consistent with the primary purpose of regulation</p> <p>Using current impairment as the gateway to sanction means that the test becomes forward-looking and more inline with the primary purpose of regulation (i.e. protecting the public). By way of contrast, disgraceful conduct is a backward-looking concept that may skew the emphasis away from public protection/current risk of harm to punish for past wrong doing.</p>	Requires primary legislation.
11.	<p>Recommendation 4.2: Widening the grounds for investigation</p> <p>Allow the RCVS to investigate for reasons other than serious professional misconduct, e.g. poor health, knowledge of English or sustained poor performance.</p>	<p>Better protection of the public/animal welfare</p> <p>Would allow the RCVS to intervene earlier when issues involving health and performance are raised and take action that may prevent the issues from escalating – benefitting both the practitioner, the public and animal welfare.</p>	Requires primary legislation.
	<p>Recommendation 4.3: Introducing powers to impose interim orders</p> <p>Introduce a temporary restriction on a veterinary surgeon or nurse’s right to practise pending a final decision by DC</p>	<p>Better protection of the public/animal welfare where there is a significant risk of harm.</p>	Requires primary legislation.

	where a veterinary surgeon or nurse poses a significant risk of harm to the public or to animals.	Remedies the appeal period anomaly when DC impose suspension or removal.	
12.	<p>Recommendation 4.4: Introduce reviews of suspension orders</p> <p>Introduce the power to review a suspension order to ensure that the practitioner is in fact fit to practise before they are restored to the Register (would also apply to conditions of practice orders, see Recommendation 4.5).</p>	More proportionate sanctions with more robust safeguards.	Requires primary legislation.
13.	<p>Recommendation 4.5: Introduce a wider range of sanctions</p> <p>Introduce conditions of practice orders (or otherwise restrict a practitioner's practice short of suspension).</p>	More powers to deal with matters appropriately.	<p>Requires primary legislation</p> <p>Reprimand is contained within the 2004 Procedure Rules but not within the Act.</p>
14.	<p>Recommendation 4.6: Introduce the power to require disclosure of information</p> <p>Introduce the power to require the disclosure of information where that information might assist in carrying out the RCVS's regulatory functions.</p>	<p>Speed up investigative process.</p> <p>May allow RCVS to bring cases where previously it would have been restricted by lack of cooperation</p> <p>Bolster public confidence in the RCVS' processes.</p>	Requires primary legislation .

		Members of the public and organisations may feel more comfortable providing information if there is a statutory basis.	
15.	<p>Recommendation 4.7: Formalise role of Case Examiners and allow them to conclude cases consensually</p> <p>Introduce the power to dispose of suitable cases consensually where the threshold for referral is met (so long as the wider public interest can be satisfied by disposing of the case in this way).</p> <p>See also Recommendation 3.3: Improvement notices.</p>	<p>In-line with other healthcare regulators.</p> <p>More cost effective than convening PIC for all decisions (NMC has recently reported a year-on-year decrease in FTP spending and has attributed this, in part, to the introduction of CEs).</p> <p>Quicker decision making.</p> <p>More consistent decision making.</p> <p>Less stressful for respondent if case is subject to consensual disposal.</p> <p>More flexibility in terms of CE powers.</p> <p>May be particularly useful in health and performance cases using undertakings/conditions (similar to the result achieved by the RCVS Health and Performance Protocols).</p>	Requires primary legislation.
16.	<p>Recommendation 4.8: Futureproofing of the disciplinary process</p> <p>In line with the Health & Care Act 1999, allow future reform of the DC process via Ministerial Order or a less onerous mechanism.</p>		Requires primary legislation.

17.	<p>Recommendation 4.9: Statutory underpinning for the RCVS Health and Performance Protocols</p> <p>Introduce a formal procedure for dealing with health and performance cases.</p>		Requires primary legislation.
18.	<p>Recommendation 4.10: Reduce the DC Quorum to three</p> <p>Reduce the quorum in line with other regulators.</p>	<p>Speed up proceedings.</p> <p>Reduce costs.</p> <p>Easier to list hearings as fewer diaries to manage.</p> <p>Less intimidating for respondents.</p>	Cannot be remedied without legislative change.
19.	<p>Recommendation 4.11: Reformed restoration periods</p> <p>Extend range of options for minimum period before which a veterinary surgeon or nurse can apply can apply to be restored to the register following removal.</p> <p>Enable restoration to be subject to conditions or restrictions of practice (see also Recommendation 4.5).</p>	<p>Currently the VSA sets restoration application limit to 10 months. For other regulators, length of time is much longer (e.g. the Nursing and Midwifery Council (NMC) has five years).</p> <p>Longer restoration periods would increase public confidence in the RCVS as a regulator.</p>	Requires primary legislation.
20.	<p>Recommendation 4.12: Allow voluntary removal</p> <p>Allow voluntary removal of practitioners under investigation for disgraceful conduct in certain circumstances</p>	<p>Currently, the practitioner must remain on the Register so that the disciplinary processes can be completed.</p> <p>Other regulators, e.g. the GMC, have the power to grant applications for voluntary removal even where fitness to practise concerns have been raised. Applications of this nature would be considered by the Case Examiners (or</p>	Requires primary legislation.

		<p>equivalent) and may only be granted in circumstances where public protection and wider public interest can be satisfied by this disposal. It is a form of consensual disposal.</p> <p>At present, a similar effect is achieved by the practitioner giving undertakings to DC that they will voluntarily remove themselves from the Register and, in some circumstances, not apply to re-join. However, this requires a hearing to be convened.</p>	
21.	<p>Recommendation 4.13: Case Management Conferences</p> <p>Formalising the role of Case Management Conferences (CMCs)</p>	<p>Identifies issues that may hinder the progress of a hearing at an early stage and allows time to resolve those issues.</p> <p>More accurate time estimates/less wasted time and cost.</p> <p>Avoids unnecessary witness attendance by identifying and narrowing issues in dispute in advance.</p> <p>Directions made at the CMC would be enforceable by DC.</p>	Requires a change to the Rules.
22.	<p>Recommendation 4.14: Recommend that DC should be given power order costs.</p> <p>Provision to allow DC to make costs orders, for instance for unsuccessful restoration applications, as per other healthcare regulators.</p>	<p>Other regulators have this power but use it sparingly, only where absolutely necessary</p> <p>Examples of where the power might be useful are to discourage repeated applications for restoration where circumstances have not changed or as an incentive to engage in proper and timely case management.</p>	Requires primary legislation.

23.	<p>Recommendation 4.15: Appeals against DC decisions to be heard by the High Court instead of the Privy Council</p> <p>DC appeals to the Privy Council against suspension or removal should be moved to the High Court.</p>	<p>More in-keeping with other regulators.</p> <p>Regulatory processes are more familiar to the High Court and therefore appeals likely to result in predictable decisions.</p> <p>High Court process more familiar to those representing the parties.</p> <p>Likely to speed up process.</p>	Requires primary legislation.
24.	<p>Recommendation 4.16: Appeals mechanism for reprimands and findings of misconduct</p> <p>Introduce a right of appeal against a decision to reprimand or a finding of disgraceful conduct.</p>	<p>At present, the only way to challenge these decisions is by way of judicial review.</p> <p>A more proportionate remedy for those wishing to challenge DC decisions.</p>	
25.	<p>Recommendation 4.17: Automatic removal offences</p> <p>Introduce a presumption in favour of removal from the register if a vet or veterinary nurse is convicted of certain extremely serious criminal offences, e.g. rape and murder.</p>	<p>Swift conclusion, with no hearing, to cases with (usually) one inevitable outcome. Can be appealed.</p> <p>Bolster public confidence in the profession and in the RCVS.</p> <p>Social Work England has this power. Also supported by GMC consultation, Law Commissions, and PSA.</p>	Requires primary legislation.
26.	<p>Recommendation 4.18: Power to appeal unduly lenient decisions</p> <p>Right of appeal if RCVS believes the DC has made a decision that is too lenient.</p>	<p>Provides an addition safeguard to animals, the public and wider public interest.</p> <p>The PSA hold this power. There is no equivalent of the PSA for veterinary practice and so we are the only body that would be in a position to</p>	Requires primary legislation.

		appeal where a sanction (or lack of) was unduly lenient.	
27.	Part 5: Modernising RCVS registration		
28.	<p>Recommendation 5.1: Introduce powers to create limited licensure provisions, including for those with a disability</p> <p>Limited licensure should be permitted for UK graduates where disability prevents them from being able to undertake all aspects of a veterinary degree and veterinary practice. Other provisions could be used for overseas graduates.</p>	<p>Increasing access to the profession.</p> <p>Ensuring compliance with human rights legislation.</p> <p>Ability to address workforce shortages with greater assurance of standards.</p>	Requires primary legislation.
29.	<p>Recommendation 5.2: Empower the RCVS to introduce revalidation</p> <p>Empower the RCVS to introduce a system of revalidation in future, should RCVS Council decide to do so.</p>	Ensure that veterinary surgeons and nurses remain up to date and continue to demonstrate that they continue to meet the requirements of their professional regulator as they are now, rather than when they first registered.	Requires primary legislation.
30.	<p>Recommendation 5.3: Underpin Mandatory Continued Professional Development (CPD)</p> <p>Empower the RCVS to refuse registration if a veterinary surgeon fails to meet their minimum CPD requirement.</p>	Ensure that veterinary surgeons and nurses cannot practice if they are not keeping their knowledge and skills up to date.	Requires primary legislation.
31.	<p>Part 5A: Further registration issues</p> <p>NB: These are mainly technical issues requiring relatively minor legislative change to the existing VSA. The LWP recommends that these be remedied via legislative change.</p>		

	The spirit of these recommendations would need to be reflected in any new Act.		
32.	<p>Recommendation 5.4: UK graduates</p> <p>The VSA stipulates that any person who passes ‘examinations in veterinary surgery’ from a UK university with a recognition order in place <i>‘shall be entitled to be registered in the register [of Veterinary Surgeons] and shall on being so registered become a member of the College’</i>.</p> <p>This leaves no discretion for the Registrar to refuse registration in any circumstances (e.g. if the individual has a previous conviction or if there is any other issue that might call into question his or her fitness to practise), as so long as person passes their exams (they do not even have to graduate) they are entitled to be registered.</p>		Cannot be remedied without legislative change.
33.	<p>Recommendation 5.5: EU nationals</p> <p>If a person is a ‘European Union rights entitled person’ and they are an ‘eligible veterinary surgeon’ according to Schedule, they are entitled to be registered and become a MRCVS. The Registrar does have some discretion in that they <i>may</i> refuse registration where the applicant has been convicted of a criminal offence, if an ‘alert’ has been received under Article 56a of Directive 2005/36/EC¹ or there are ‘serious and concrete doubts’ regarding English language ability.</p>		<p>Problem introduced by SI 2008/1824, therefore possibly remediable with a further SI.</p> <p>May not be relevant post-Brexit.</p>

¹ This is where one member state issues an alert concerning a particular individual that can be viewed by all other member states, the alert will usually be to notify others that the individual has been found not fit to practise by the relevant competent authority.

	<p>However, this discretion is limited and does not, for example, enable them to refuse Registration if the applicant is subject to a conditional discharge. This limitation has caused problems in the past (e.g. RCVS v Lown).</p> <p>No reference to restoration following further proceedings, suspensions running their course, etc.</p>		
34.	<p>Recommendation 5.6: Non-EU qualifications: Lack of formal route in the Act for registration by individuals with ‘acquired rights’</p> <p>This relates to non-EU applicants with non-EU qualifications who have the right to register under the MRPQ by virtue of their ‘acquired rights’.</p> <p>The lack of right to appeal negative decisions under S.6 of the VSA is inconsistent with the provisions relating to European Union Rights Entitled Persons (EUREPs) in that there is a right of appeal for those refused registration under s.5A (EUREPs with European qualifications) and s.5B (EUREPs with acquired knowledge and skill) and a right of appeal against decisions under S.5BA (decision to remove a person who ceases to be a EUREP).</p>		<p>Secondary legislation to amend Act.</p> <p>May not be relevant post-Brexit.</p>
35.	<p>Recommendation 5.7: Recognition of qualification and registration</p> <p>The recognition of qualification and registration is currently one process. This is problematic for the purposes of complying with the English language provisions that came</p>		<p>Cannot be remedied without legislative change.</p>

	<p>into force in January 2016. Where a competent authority has 'serious and concrete doubts' about a person's English language ability, it is required to recognise the individual's qualification (if it meets the requirements set out in the MRPQ) before refusing registration on language grounds. Due to the way the VSA is drafted, if the RCVS recognises a qualification, it technically means that person is automatically entitled to be registered.</p> <p>The LWP recommends underpinning this separation in legislation.</p>		
36.	<p>Recommendation 5.8: Separation of registration and licence to practise</p> <p>Once an individual is registered by the RCVS, they are automatically allowed to practise. In other professions, registration and a licence to practise are distinct.</p> <p>Separating these two stages would be essential if, for example, the RCVS wished to introduce revalidation. It would also mean that the 'non-practising' register was no longer necessary as individuals could be registered but not have a licence to practise.</p> <p>This issue applies to all registrants regardless of their registration route (i.e. whether they were UK graduates, EU nationals, statutory examination).</p> <p>The LWP recommends underpinning this separation in legislation.</p>	<p>Recommendation to separate registration and licence to practise.</p> <p>This could replace the existing 'period of supervised practice' and VN temporary student enrolment status.</p>	<p>Cannot be remedied without legislative change.</p>

37.	<p>Recommendation 5.9: Temporary registration - nomenclature</p> <p>The heading of S.7 is “Temporary registration” is misleading in that it suggests that the section relates to registration that is limited in duration. In fact, S.7 has a much wider application in that it allows RCVS Council to restrict registration in a number of ways, e.g. the place a person may work, the “circumstances” in which a person may practice veterinary surgery.</p> <p>Further, “Temporary registration” suggests registration under S.7 must be for a limited period of time but in fact, the section permits a person to be registered indefinitely (albeit with restrictions upon their practice).</p> <p>Internal policy currently limits temporary registration to five years.</p> <p>The LWP recommends that legislation need to underpin both temporary and limited registration. Provisions should be clearer than at present.</p> <p>See also recommendation 5.1: limited licensure.</p>		Any changes will require changes to primary legislation.
38.	<p>Recommendation 5.10: Restoration following voluntary removal/removal for non-contact</p> <p>Where a person voluntarily removes themselves from the register or is removed by the registrar following six months without response that person is entitled to be restored to the register if they apply to do so (unless the original entry was incorrect or fraudulent).</p>		Might be possible via secondary legislation.

	<p>There is no requirement for the applicant to show that they are in good standing/of good character and given that a number of years may have passed since their removal this is unsatisfactory.</p> <p>The LWP recommends that this discrepancy is remedied.</p> <p>See also Recommendation 5.8</p>		
39.	<p>Recommendation 5.11: Restoration following voluntary removal/removal for non-contact</p> <p>Where a person wishes to restore in these circumstances but there is a concern about them, for example another competent authority have raised an issue or they have disclosed a conviction, the RCVS has no power to refuse restoration, or any formal power to delay until the issue is resolved/investigated.</p> <p>In practice, registration is delayed as long as possible whilst the matter is investigated, but there is no formal power to do this.</p> <p>The LWP recommends that the RCVS should have the power to suspend restoration in these cases.</p>		Cannot be remedied without legislative change.
40.	<p>Recommendation 5.12: Annual renewal – declared convictions</p> <p>If someone discloses a conviction as part of their annual renewal, the RCVS cannot refuse to renew their registration even where the conviction is very serious. Instead, the</p>		Cannot be remedied without legislative change.

	<p>RCVS must register the individual and then initiate disciplinary proceedings so that action may be taken. It should be noted that as the RCVS has no power to issue interim orders, the individual is permitted to practise while the disciplinary investigation takes place.</p> <p>The LWP recommends that the RCVS should have the power to allow suspension of registration where a conviction has been declared during annual renewal.</p>		
41.	Part 6: Education issues		
42.	<p>Recommendation 6.1: Powers to revise the Statutory Examination</p> <p>The RCVS Statutory Membership Examination provides a route for overseas-qualified veterinary surgeons whose degrees are not recognised by the RCVS to register in the UK.</p> <p>At present amendments to the content of the exam, and the fee that can be charged for it, are contained within a schedule to the VSA and therefore require parliamentary time to amend.</p> <p>The LWP recommends that powers to amend the examination fees and format are delegated to the RCVS.</p>		Not possible without legislative reform.
43.	<p>Recommendation 6.2: Ability to charge UK vet schools for accreditation visits</p> <p>At present, the cost of accreditation visits is born by the RCVS membership fee. There is an argument that the</p>		Not possible without legislative reform.

	RCVS should have the power to charge the veterinary schools for these visits, should RCVs Council decide to do so in future. This power would also guard against the possibility that future models of delivery of veterinary education would be onerously expensive to assess.		
44.	Part 7: Governance issues		
45.	<p>Recommendation 7.1: Power for the Minister to make further changes to size/composition via Ministerial Order</p> <p>This measure was originally intended to be part of the 2018 Legislative Reform Order which modernised RCVS governance, but was considered too substantial a delegation of power to be achieved by that mechanism.</p>	Would provide future-proofing by reducing the administrative burden and Parliamentary time required should the decision be made to reform RCVS governance again in future.	Primary legislation likely to be necessary.
46.	Part 8: Miscellaneous measures		
47. 48.	<p>Recommendation 8.1: Revised Exemption Orders (EOs) as recommended by the Exemption Orders and Associates (EO&A) Working Party.</p> <p>As per RCVS RMPR Report of January 2019.</p>		Secondary legislation to add/revise/remove EOs, or more substantial measures via

	If measures are taken via primary legislation then the RCVS should be empowered to more easily amend EOs to allow for flexibility and future-proofing.		primary legislation.
49.	<p>Recommendation 8.2: Empower the RCVS to set the annual renewal fee</p> <p>At present the RCVS requires Privy Council approval to amend the annual renewal fee. Other regulators are not required to do this. The requirement is burdensome and makes budgeting uncertain.</p> <p>The LWP recommends that powers to amend the annual renewal fee and format are delegated to the RCVS.</p>		Primary legislation likely to be necessary.
50.	<p>Recommendation 8.4: Preserve the Royal College/Regulator relationship</p> <p>The LWP Recommends that 'Royal College that regulates' model continues.</p>	<p>Allows a holistic approach from a public assurance perspective</p> <p>Ensures that Royal College functions are properly funded</p> <p>Allowing a more proactive and supportive approach to regulation through Charter-based activities such as mental health, leadership etc</p>	

Summary	
Meeting	Council
Date	4 June 2020
Title	Changes to Standard of Proof; potential for alternative mechanisms for disposal of cases; and changes to the structure of the concerns process.
Summary	<p>This paper outlines for Council's consideration a number of potential reforms to the disciplinary process in relation to:</p> <ol style="list-style-type: none"> a. Standard of Proof; b. Introduction of a new mechanism to provide a broader range of outcomes for cases; c. Changes to the structure of the concerns process / Preliminary Investigation Committee (PIC).
Decisions required	<p>Council is asked to decide if it wishes:</p> <ol style="list-style-type: none"> a. to proceed with a consultation covering ALL of: <ul style="list-style-type: none"> • a change to the standard of proof in disciplinary cases to the civil standard; and • introduction of the Charter case Protocol; and • introduction of mini-PICs. <p>IF NOT:</p> b. to proceed with the introduction of: <ol style="list-style-type: none"> i. the Charter Case Protocol (with consultation); ii. mini-PICs; iii. a change to the standard of proof in disciplinary cases to the Civil Standard (with consultation).
Attachments	<p>Annex A – Report and Analysis of decisions by PIC 2019 (Private & Confidential)</p> <p>Annex B – Draft Charter Case Protocol</p> <p>Annex C – Examples of Warnings</p>

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Classifications

Document	Classification ¹	Rationales ²
Paper	Unclassified	n/a
Annex A	Private & Confidential	2, 3, 4, 5
Annex B	Unclassified	n/a
Annex C	Unclassified	n/a

¹Classifications explained

Unclassified	Papers will be published on the internet and recipients may share them and discuss them freely with anyone. This may include papers marked 'Draft'.
Confidential	Temporarily available only to Council Members, non-Council members of the relevant committee, sub-committee, working party or Board and not for dissemination outside that group unless and until the relevant committee or Council has given approval for public discussion, consultation or publication.
Private	The paper includes personal data which should not be disclosed at any time or for any reason, unless the data subject has agreed otherwise. The Chair may, however, indicate after discussion that there are general issues which can be disclosed, for example in reports to committees and Council.

²Classification rationales

Confidential	<ol style="list-style-type: none">1. To allow the Committee or Council to come to a view itself, before presenting to and/or consulting with others2. To maintain the confidence of another organisation3. To protect commercially sensitive information4. To maintain public confidence in and/or uphold the reputation of the veterinary professions and/or the RCVS
Private	<ol style="list-style-type: none">5. To protect information which may contain personal data, special category data, and/or criminal offence data, as listed under the General Data Protection Regulation

Introduction / Background

1. At its meeting on 23 January 2020, Council considered the issues raised in this paper in general terms and decided that it would be appropriate for further work to be done and for the matter to return to Council for more detailed consideration, including the impact that any changes would be likely to have in terms of numbers and cost of cases in the Disciplinary process. All of the issues raised are matters that can be taken forward without the necessity for a new Veterinary Surgeons Act. It is, however, appropriate that Council is reviewing them at the same time as consideration of the report from the Legislation Working Party.
2. It is accepted that even if a decision was made to move to a new Veterinary Surgeons Act now – it would be a number of years in the making. What we are looking at in this paper is what might be done now, bearing in mind the role of the RCVS and its statutory duty to protect the public and animal welfare and to maintain the reputation of the profession – whilst at the same time acting as a compassionate regulator to its members.
3. The subject of a change to the standard of proof arose in 2019 in discussions at the Legislation Working Party (LWP). While recognising the arguments for change, there were also thoughts expressed that it was all very well to make a change to the civil standard by itself, but that the context in which the civil standard was applied in other regulators was quite different; in particular those other regulators had a much broader range of disposal options not currently available at the RCVS, and that to change the standard of proof without other changes would be inappropriate.
4. As a result, further work has been done to ascertain whether the limitations of the Veterinary Surgeons Act (VSA) 1966 could be ‘stretched’ further (without the necessity for new legislation) to accommodate any such changes. See Section 2 below.
5. At the same time, consideration has been given to if / how (again within the confines of existing legislation) structural changes might be made to update the concerns process to improve clarity and transparency; minimise delays and maximise efficiency within the system. See Section 3 below.

Section 1

Standard of Proof

6. Council will be aware that the current (and indeed previous) Strategic Plan contained a commitment to reviewing the standard of proof applied in the concerns / disciplinary process. Currently the standard of proof is set out in the Veterinary Surgeons and Veterinary Practitioners (Disciplinary Committee) (Procedure and Evidence) Rules Order of Council 2004 (SI 2004/1680), as being: ‘...to the highest civil standard of proof; so that it is sure...’. Although reference is made to the ‘highest civil standard’, the reference to ‘so that it is sure’ means that the standard of proof applied is, in fact, equivalent to the criminal standard of beyond a reasonable doubt.

7. That review of this standard of proof is envisaged is not surprising as, increasingly over the years, there has been a marked shift by regulators in general, but particularly those involved in the healthcare sector, towards applying the 'civil standard' – i.e. on the balance of probabilities.

Other regulatory bodies – UK

8. The nine healthcare regulators overseen by the Professional Standards Authority¹ apply the civil standard of proof and have done so for a number of years. In fact, most regulators, including the regulators for barristers, accountants, actuaries, auditors, architects, teachers and chartered surveyors, now apply the civil standard in their respective disciplinary proceedings. The one other large regulator that had maintained the criminal standard until recently (the Solicitors Disciplinary Tribunal (SDT)), has in fact now agreed to change and will shortly also be adopting the civil standard.
9. The only regulators in the UK therefore still using the criminal standard of proof for misconduct proceedings are the RCVS, the Farriers Registration Council, the Scottish Solicitors Disciplinary Tribunal ('SSDT'), and the Faculty of Advocates (which regulates advocates in Scotland). Notwithstanding these, the RCVS is frequently referred to as the main outlier in this respect (being much larger than the others are and in the health sector).
10. The SSDT consulted its members in December 2019 about changing to the civil standard and decided against it. It was felt it would be unwise to change one part of a whole system which is already under review (there is to be a wider review of all legal services in Scotland following the Robertson review and Scottish government response²) and which might be altered by legislation in due course. It was, however, felt prudent to keep the matter under review in the light of the experience of the Solicitors Disciplinary Tribunal in England and Wales.

Other veterinary regulators – outwith the UK

11. Enquiries were made of veterinary regulators elsewhere as follows:
- a. Veterinary Council of New Zealand
 - b. South African Veterinary Council
 - c. Veterinary Practitioners Board of New South Wales (Australia)
 - d. Veterinary Surgeons Board of Queensland (Australia)
 - e. Veterinary Practitioners Registration Board of Victoria (Australia)
 - f. Ordre des Médecins Vétérinaires du Québec (Canada)
 - g. College of Veterinarians of British Columbia (Canada)
12. Responses were received from all but the South African Veterinary Council and all of those that responded confirmed that the civil standard of proof was applied in their jurisdiction. In fact, in New Zealand and Canada, there have been court rulings stating that the appropriate standard of proof to be applied in all regulatory proceeding is the civil standard and, as such, it must be applied in those jurisdictions.

¹ General Medical Council, Nursing and Midwifery Council, General Optical Council, General Dental Council, General Pharmaceutical Council, Pharmaceutical Society of Northern Ireland, General Chiropractic Council, General Osteopathic Council, Health and Care Professions Council

² <https://www.gov.scot/news/report-of-the-independent-review-of-legal-services/> and <https://www.gov.scot/publications/scottish-government-response-fit-future-report-independent-review-legal-services-regulation-scotland/>

Arguments for and against changing the Standard of Proof

13. There is a paucity of research studies undertaken in advance of other regulators making the change. In fact, there is reference in other consultations to there being no such research – the decision being more one of principle – as the perceived wisdom for regulatory proceedings is that the civil standard should be applied. The underlying rationale for its application is that the fundamental purpose of professional regulation and discipline is protection of the public and not punishment of the individual who commits misconduct, and as such, the proper standard of proof to apply in such proceedings is the civil standard.
14. Likewise, we have not found any specific research studies or measurement of the actual impact that the change has had for those that have done so. General discussions with health regulators do not take matters forward as the application of the civil standard has been part of the landscape for so long that comparisons pre-2008 are long gone. For those regulators making the change most recently it seems that the length of time since the change has been made is too short for any changes to be measured.

Law Commission 2014

15. The issue of the standard of proof was considered by the Law Commission in 2014 when it carried out a review of the law relating to the regulation of health care professionals and social workers, including a public consultation, and proposed a draft Bill setting out a new single legal framework for the regulation of all health and social care professionals³
16. The civil standard of proof was already applied to all such regulators in the field at this point. This review considered whether the civil standard should be stated in a new statute.
17. The report notes that it was accepted that the civil standard was appropriate in the context of professional regulation. The Law Commission discussed the consultation responses and, in particular, the view that the sanctions imposed by the regulators can be so devastating to a registrant's livelihood and reputation that the criminal standard must apply. Its view was that the criminal standard *'would set the threshold too high and could lead to a situation where a registrant survived a challenge to continued registration, but was not regarded as someone who, for example, the NHS could safely employ to look after patients'*.
18. The consultation paper for the Bill stated that the civil standard of proof should be retained and noted that there are strong public protection arguments for adopting the civil standard: ***'The criminal standard implies that someone who is more likely than not to be a danger to the public should be allowed to continue practising, just so long as the panel is not sure that he or she is a danger to the public.'***
19. ***Futhermore it was stated: 'It seems to us that professional regulation is quite different from the criminal context, where the state is required to make sure that someone has committed a crime before taking the extreme and punitive step of imprisoning him or her. Public protection is, of***

³ <https://www.lawcom.gov.uk/project/regulation-of-health-and-social-care-professionals/>; Report summary: https://s3-eu-west-2.amazonaws.com/lawcom-prod-storage-11jsxou24uy7q/uploads/2015/03/lc345_regulation_of_healthcare_professionals_summary.pdf; Full report - https://s3-eu-west-2.amazonaws.com/lawcom-prod-storage-11jsxou24uy7q/uploads/2015/03/lc345_regulation_of_healthcare_professionals.pdf.

course, an element in criminal justice, but primarily at the sentencing stage, not in terms of findings of guilt'.⁴

20. It may also be worth considering the position of **Social Work England (SWE)**, which went into operation in 2019 and has the benefit of the most up to date legislation of all the regulators. SWE is a non-departmental public body established by the Children and Social Work Act 2017. Its role is to protect the public by regulating the social work profession (taking over from the Health & Care Professions Council).
21. Part 5 of the Social Workers Regulations 2018 deals with discipline and fitness to practise by SWE. Regulation 25(4) provides that the *'standard of proof applicable to fitness to practise proceedings is that applicable to civil proceedings'*. This is similar to the wording in section 60A Health Act 1999 (inserted by section 112 of the Health and Social Care Act 2008), which made it a requirement for the statutory healthcare regulators to use the civil standard of proof in their proceedings.
22. SWE notes that the Regulations drew on evidence and recommendations for effective professional regulation from numerous places, including reform proposals for healthcare regulation, the Law Commission's recommendations on health and social care regulation and the Professional Standards Authority's right-touch reform report.⁵
23. There has also been a judicial 'nudge' towards the civil standard of proof in the case of [the Solicitors Regulation Authority v Solicitors Disciplinary Tribunal \[2016\] EWHC 2862 \(Admin\)](#) (known as 'Arslan') when [commenting on discussions around the SDTs use of the criminal standard] Sir Brian Leveson stated: *'I emphasise the observations of Leggatt J in relation to the standard of proof in these cases and underline the need for a re-evaluation of the approach to disciplinary measures intended to protect the public'*.
24. The detailed arguments for and against have been well rehearsed in consultations by other regulators and would appear to be broadly as follows (as was reflected in the consultation exercises carried out most recently by the SDT and the Bar Standards Board (BSB)):

For

- a. retaining the criminal standard is protectionist and puts the interests of the profession above the wider public interest;
- b. regulatory proceedings are different to criminal proceedings in that the objective is to protect the public rather than to punish the registrant;
- c. ensures a proper balance between protecting the public and the rights of the professional under investigation;
- d. enhances public confidence in the regulatory system and the profession;

⁴ https://s3-eu-west-2.amazonaws.com/lawcom-prod-storage-11jsxou24uy7q/uploads/2015/03/cp202_regulation_of_healthcare_professionals_consultation.pdf, para 9.65, page 173.

⁵ *ibid.*

- e. there is nothing to set (in the case of solicitors) solicitors apart from other professions, the vast majority of which apply the civil standard in disciplinary proceedings;
- f. to adopt the civil standard of proof would not affect the investigation and scrutiny of concerns received by the regulatory body, but would ensure that action can be taken where an individual more likely than not presents a risk to the public.

Against

- a. if a regulatory body has the power to remove a person's ability to practise (not to mention the impact disciplinary proceedings may have on finances, reputational, health and wellbeing), it should be sure that the allegations are well founded;
 - b. advocates of change are over-influenced by the desire to be in the mainstream of professional discipline;
 - c. the criminal standard provides sufficient and adequate safeguards to protect the public and maintain public confidence, particularly when combined with the other avenues of redress in the civil system e.g. via negligence action;
 - d. concerns about increased exposure to unfounded complaints;
 - e. increases the risk of 'miscarriages of justice', e.g. allegations being found proven when they are not in fact true;
 - f. disciplinary proceedings are more akin to criminal proceedings than they are to civil because the of severity of the sanctions that may be imposed and impact those sanctions may have;
 - g. proposals for change are not based on any research or empirical evidence;
 - h. in relation to allegations that are criminal in nature, it is inherently unfair that the regulatory tribunal can 'go behind' an acquittal and find allegations proven due to the differing standards⁶.
25. It would seem likely that arguments in relation to the standard to be applied to veterinary professionals would be similar.
26. One aspect that has been the subject of much debate is the suggested ease by which cases would progress were the civil standard to be adopted. It is therefore worth looking further at how it might be applied.

The Civil Standard – what would it mean? How would it be applied?

27. When discussing the civil standard, the following points should be remembered:

⁶ As a result of this argument, there has been suggestion that a 'sliding scale' could be adopted in relation to the standard of proof depending on the nature of the allegations, i.e. for allegations akin to criminal offences, the criminal standard should be applied.

- a. it applies only to proving the facts of the case; whether or not what has occurred (and what has been found to be proven) amounts to serious professional misconduct would remain, as now, a matter for the judgement of the tribunal;
- b. also it is not a leap from 'being sure' to having no standard at all and, as is sometimes perceived, the introduction of "easy" prosecutions, where each and every allegation made by a complainant is simply accepted. Respondents would still be entitled to full legal representation, be entitled to challenge any evidential assertions in the course of a hearing and continue to benefit from evidential protections such as good character and hearsay directions. Facts would still need to be proved "on the balance of probabilities". A change to the standard of proof also does not mean that matters would be not continue to be robustly investigated.

How would a tribunal apply the civil standard?

28. In 2008, the Courts reviewed previous case-law in relation to the civil standard of proof and how this had been interpreted. In particular, there had been some suggestion in case-law before this date that there was a "sliding scale" involved in the application of the civil standard of proof: in other words, if an allegation was more serious, then a higher standard would be applied. So – for example – if fraud were alleged in civil proceedings, then the highest standard – "so as to be sure" or "beyond reasonable doubt" – should be applied. If the allegation were not so serious, the standard would be on the balance of probabilities.
29. In 2008, the House of Lords in the case of *Re B* rejected the suggestion that there was any "sliding scale", and confirmed that there is only one civil standard of proof: the balance of probabilities. The Court did acknowledge, however, that as a matter of common sense, if a matter were less likely to have happened, then more cogent evidence would be necessary in order for the fact-finding tribunal to be satisfied on the balance of probabilities.
30. Mitting J summarised the position following *Re B (2008)* in *R (on the application of Independent Police Complaints Commission) v Hayman and Bannister* [2008] EWHC 2191 (Admin) (paras [16 – 19] and [20]) (cited from *Gomez*):

'15. It is not necessary for me to review the tortuous development of the law relating to the standard of proof in disciplinary proceedings with serious consequences because it is now stated, beyond possibility of argument, by the House of Lords...

The balance of probability standard means when a court is satisfied that an event occurred if the court considers that on the evidence the occurrence of the event was more likely than not. In assessing the probabilities the court will have in mind as a fact, to whatever extent is appropriate in the particular case, that the more serious the allegation the less likely it is that the event occurred... the stronger should be the evidence before the court concludes that the allegation is established on the balance of probability.

Built into the preponderance of probability standard is a generous degree of flexibility in respect of the seriousness of the allegation. Although the result is much the same, this does not mean that where a serious allegation is in issue the standard of proof applied is higher. It

means only that the inherent probability or improbability of an event is itself a matter to be taken into account when weighing the probability and deciding whether on balance the event occurred.'

20. Of course in disciplinary proceedings the tribunal must look with the greatest of care at accusations which potentially given rise to serious consequences. But in determining whether or not they occurred, it applies a single unvarying standard, the balance of probabilities. If satisfied it is more likely than not that the facts occurred, then it must find them proved and draw appropriate conclusions as to sanction.

28. The requirement for cogent evidence to prove certain propositions is the practical reflection of the fact that the balance of probabilities takes into account the inherent plausibility or implausibility of an event. In practical terms, the tribunal will require evidence of greater weight before it will conclude that it was more likely than not that a person of good character acted dishonestly, than before it will conclude it was more likely than not that a person of good character made a mistake.⁷

Impact of changing the Standard of Proof

31. One obvious potential effect of changing the standard of proof – and one much talked about – is that it would lead to an increase in the volume of cases being referred to Disciplinary Committee (DC).
32. In order to give Council an estimate of the impact in numbers (and therefore costs) of any change to the civil standard a comprehensive review of all cases dealt with by the Preliminary Investigation Committee (PIC) in 2019 was carried out. It should be noted that such an exercise can only ever give an estimate, since in any given year there will be a wide variety of cases coming to the Committee and no two years are alike, so reviewing other years might have given slightly different results. Similarly, cases vary enormously in complexity and duration so costs can differ significantly. However, such an exercise gives an indication of the potential consequences of change.
33. See **private and confidential Annex A** for the full report and analysis. By way of summary, there was firstly a filtering process, under which the Professional Conduct team reviewed all 103 PIC decisions to close, and identified 16 decisions where there may have been some, however remote, possibility that a different decision could have been made had the standard of proof been the civil rather than criminal one. In all other cases, the reasons for closure by PIC would not have been affected by the standard, for example, because in the Committee's view there was no real prospect of the facts, even if they were proved, amounting to disgraceful conduct in a professional respect.
34. These 16 decisions were then considered and assessed jointly by the Registrar, Head of Professional Conduct, and external solicitors. An assessment was made as to whether, if the PIC had been considering a case in the context of the civil rather than criminal standard of proof being applied by the Disciplinary Committee, a different decision may have been reached.

⁷ David Gomez, 'The Regulation of Healthcare Professionals: Law, Principle and Process (Sweet & Maxwell 2nd ed., vol 2), 25-041.

35. Of the 16 closed cases considered, there were two identified where it was considered that the PIC might have made a different decision and forwarded the matter to the Disciplinary Committee had the standard of proof been civil rather than criminal.
36. In addition, there were three cases that might be considered borderline, but on balance, the review was of the opinion that a change to the standard of proof would not have altered the decision.
37. Many of the closed cases that were considered as part of the review involved clinical allegations where PIC had taken the view that, even if proved, there was no real prospect of the facts being found to amount to disgraceful conduct in a professional respect (serious professional misconduct).
38. As can therefore be seen, the likely increase in the number of cases being referred from PIC to DC were the civil standard to be applied is low and chimes with a comment made by the General Optical Council ('GOC') when responding to the SDT's consultation, which stated:
- 'the experience of the GOC is that very few cases turn on disputed facts; the central issue is generally whether agreed facts amount to professional misconduct / impairment of fitness of practise, and what is the appropriate sanction.'*
39. In 2019 the median cost of holding a disciplinary hearing was approximately £45,000 – so it might be anticipated that with a change to the civil standard there might be increased costs in the region of between £90,000 and £225,000. However, see below at paragraph 67 for the counter-impact were Council to decide at the same time to implement the Charter Case Protocol.
40. Prior to making a change to the standard of proof, there would need to be a formal consultation involving **both** the profession and the public. In principle this could go ahead at any time, and that is an option that Council could take. However, Council might also wish to consider if it would be preferable to combine such a consultation with other potential changes set out in this paper (see further below).
41. A change to the standard of proof would require a formal change to the Rules referred to in paragraph 6. Achieving this would require input from Defra / Privy Council and for both to allocate time to the process. However, it is considered that such changes are possible (so more akin to processes relating to fee changes / statutory examination rules, etc.).

Section 2

Alternative means for disposing of DC cases

42. As Council is aware, limitations of the VSA to address the health and performance cases were addressed in 2010 by the introduction of the Health, and Performance, Protocols. Whilst not being a direct 'mirror' for such matters in the Fitness to Practise set ups of other regulators, they provide valuable alternatives to a DC Hearing for appropriate cases by providing a proportionate disposal that still protects the welfare of animals, public interest, and the reputation of the

profession. (See: <https://www.rcvs.org.uk/setting-standards/advice-and-guidance/code-of-professional-conduct-for-veterinary-nurses/supporting-guidance/health-protocol/> and <https://www.rcvs.org.uk/setting-standards/advice-and-guidance/code-of-professional-conduct-for-veterinary-surgeons/supporting-guidance/performance-protocol/>).

43. However, there remains the issue of how best to deal with cases that are not in either of these exceptional categories that cross the threshold for a disciplinary case, where there is a strong public interest / reputational driver to deal with them to reflect their seriousness, but where the likely outcome is either a finding of misconduct and no further action, a reprimand, or a warning. For example, failings in Continuing Professional Development (CPD); failings in Indemnity Insurance; minor convictions; minor social media failings; and, confidentiality issues. Frequently, in these sorts of cases, by the time a the DC Hearing takes place matters have been 'put right' / steps taken to ensure no repeat in the future and insight has been demonstrated. In such a situation, is it proportionate or indeed the most appropriate way to protect the public interest and preserve the reputation of the veterinary professional to take such cases to a full disciplinary hearing? There is also the issue of the cost attached to such hearings. Other regulators through statutory provisions are able to apply alternative disposals to full hearings through systems of warnings / advice; such mechanisms are not available under the RCVS' current processes.

Potential for Disposal of cases under Charter powers

44. The VSA 1966 sets out the remit for PIC and this must remain (absent changes in primary legislation). This is that:

'the Preliminary Investigation Committee ('PIC') has a duty to investigate all disciplinary cases and will decide to refer such cases to the Disciplinary Committee ('DC') if the evidential and public interest thresholds are met. A disciplinary case is one in which it is alleged that a person is liable to have their name removed from the register or to have their registration suspended.'

45. However, by utilising the wide powers available to the RCVS under its 2015 Charter, it is proposed that consideration is given to a new additional system to facilitate the giving of published warnings in appropriate cases. This proposal has been discussed at length with external Counsel prominent in the regulatory field who has confirmed the viability of the proposal.
46. Those powers are contained in the Objects to the Charter i.e. to 'set / uphold veterinary standards' allied with the Activities also stated in the Charter, which allows the College to '*...undertake any activities which it deems necessary or expedient to achieve these objects*'. (There is then a list of potential activities, which it is stated include, but are not limited to, those activities stated in the list).
47. The proposal (referred to for now by the working title Charter Case Protocol (CCP)) would involve setting up a scheme where a veterinary surgeon or nurse could be subject to a warning that is separate from the statutory process. The way this would work in practice is that the RCVS concerns process would run as it does now⁸. However, in cases where the threshold for a referral

⁸A summary of this process can be found on the RCVS website at: <https://animalowners.rcvs.org.uk/concerns/i-want-to-raise-a-concern-about-a-veterinary-surgeon/how-we-assess-and-investigate-concerns-raised-about-a/>

to DC has been crossed, PIC would decide whether or not it was appropriate to refer the matter via the CCP for disposal.

48. The CCP would require the RCVS to establish a new Committee (for ease for now, known as the 'Charter Case Committee' ('CCC')) whose remit would be to conclude cases referred to it by the PIC. The CCC would have a defined and limited range of disposals available to it, these could include for example:
- a. issuing a public warning (i.e. a warning published on the RCVS website/on an individual's iMIS record);
 - b. issuing a private warning;
 - c. issuing public advice (i.e. advice published on the RCVS website);
 - d. issuing advice that would remain private.
49. If new evidence were to come to light that suggested the matter might be more serious than the PIC initially determined, the CCC would have the power to refer the matter back to the PIC for further consideration and / or investigation.

Publishing decisions

50. It is considered that publishing warnings would fall within the Charter objects of the College, i.e. to *'uphold... veterinary standards, ... in the interests of the health and welfare of animals and in the wider public interest'*⁹, as it would:
- a. provide guidance to others on likely future decisions of the College;
 - b. increase public confidence in the manner in which the veterinary profession is regulated;
 - c. enable animal owners to make decisions regarding the health and welfare of their animals; and;
 - d. assist employers in making decisions about structure for future compliance with regulatory requirements with respect to employees who may be subject to decisions under the CCP.
51. Counsel was asked whether it would be permissible to publish warnings but not to publish advice and hold it on file instead (as is the case now with advice given by PIC). Counsel was of the view that this would be permissible and that it would be up to the RCVS to decide on the approach it wished to take. It is suggested that it would be useful to keep published warnings distinct from advice – with the giving of advice remaining within the range of options open to PIC (with the CCC only issuing advice on the rare occasions when it considered that a matter referred to it by PIC for consideration of a warning was not serious enough to merit such a sanction).
52. With anything published there are always fears about what that might be. Aspects of a case that would not be published as part of a warning would be:
- a. a client's confidential information;
 - b. a veterinary surgeon's or nurse's confidential medical condition or treatment;
 - c. information which would prejudice other legal proceedings or legal, regulatory or disciplinary investigations;

⁹ Paragraph 3 of the Supplementary Royal Charter 2015

- d. information which directly relates to the private and family life of the veterinary surgeon or nurse concerned. Direct reference to identifiable third parties would also be avoided.

53. Prior to making a decision to refer a matter to the CCC, the PIC would invite representations from the veterinary surgeon or RVN concerned – including whether or not they would consent to the warning (see further below at paragraphs 56-57). Views of the complainants could also be sought. While both would be considered, neither would be determinative – i.e. consent is not a prerequisite.

Time limitation on publication and disclosure

54. A time limit on the publication and disclosure of decisions including a warning would be appropriate and it would be a matter for the RCVS to decide what it felt was appropriate. In order to decide the appropriate length of time, the question to be asked is: *what is the period necessary in for an outcome (a) to remain in the public domain or (b) on the file, so as to protect the public interest¹⁰?*

55. It follows from the above that if further allegations are made against a veterinary surgeon or nurse, the new matter could be considered in the context of their having previously been given a warning. This would **not** be a reopening of the old matter so it is more akin to an aggravating feature. (This has already occurred albeit rarely in DC cases where an individual has been given advice – usually on more than one occasion – but notwithstanding continues to act in the same way and this forms part of the charges.)

Consent

56. As indicated above the *‘veterinary surgeon or RVN in question would be invited to comment on a referral to the CCC for a warning and might choose to consent to the matter being so disposed of in this way, although such consent is not a prerequisite’*.

57. Counsel’s view here was that, if the RCVS’ powers under the Charter were wide enough to set up the scheme (which he considered they were), then consent to use the scheme is not necessary. However, it goes without saying that consent would be desirable as the veterinary surgeon or nurse would be less likely to complain or challenge by way of judicial review (and even if judicial review proceedings were brought, the chance of success where there had been prior consent would be very low). If a veterinary surgeon or nurse was unhappy with the RCVS’ decision to deal with a case under the CCP, the RCVS would be entitled to proceed in any event, but the risk of a challenge by way of judicial review would be higher (although the likelihood of success would in Counsel’s view still be low as the RCVS is entitled to set up and use such a scheme under its Charter powers).

Admissions

58. Similarly, Counsel indicated that the veterinary surgeon or nurse admitting the relevant allegations is not a prerequisite for disposal under the CCP; provided that the disputed facts do not require resolution by the DC. Obviously, any admissions that have been made by the veterinary surgeon or RVN would be taken into account.

¹⁰ The public interest comprises preventing the repetition of the relevant conduct and protecting the reputation of the professions.

Relationship between the CCC and the PIC

59. The circumstances in which the CCC might refer cases back to the PIC was discussed. It is obvious that if the CCC considered a case too serious, the matter should be referred back to the PIC for further consideration. In that scenario, PIC would only have two choices: to close or to refer to DC as the CCC would have already decided that the case did not fall within its remit. In the event that the CCC felt that a public warning was not appropriate as it was too severe, it is suggested that it could instead decide to issue advice.

Composition of the CCC

60. There are no prescriptive rules for who would sit on the CCC although it would be sensible for each decision making panel to include a lay person and a veterinary surgeon or nurse given current good regulatory practice. All members of the CCC would of course need to be carefully selected and trained. It would be desirable in the light of common law duty of fairness as well as separation for the make up to be entirely separate from the membership of PIC and DC.

Decisions of the CCC

61. The CCC would be required to give reasons for its decisions and to outline relevant time limits for publication, and to disclose all of its reasons.

62. Examples of warnings as issued by the General Medical Council (GMC) / Nursing and Midwifery Council (NMC) are set out in **Annex C**. It is envisaged that something similar could be implemented by the RCVS.

63. A detailed draft of a proposed Charter Case Protocol (CCP) is set out in **Annex B**.

64. Unlike a change to the standard of proof (that would require changes to the 2004 Rules via a Statutory Instrument issued by the Privy Council), these changes do not require any legislation change and could be implemented now, either alone or in conjunction with a change to the standard of proof or other changes set out below.

65. At present from time to time PIC operates a system of holding cases open for up to two years where the threshold for DC is crossed (i.e. it is considered there is a realistic prospect of success) but PIC considers there is no public interest to refer to a DC. The cases where this occurs are similar to those described above where matters have been resolved / insight shown, etc. While this has been a pragmatic solution it would not be considered best practice in regulatory terms as regulators should aim for finality. Furthermore, it lacks transparency. As such, the CCP an alternative way of dealing with such cases.

Impact of the introduction of the Charter case protocol

66. In terms of impact, the review of 2019 cases at PIC indicated that 12 cases had been held open by the Committee (figures for 2018 were also reviewed and for that year it was shown that 13 cases had been held open). Of these, it was considered that all bar one would have been appropriate for referral to the CCC. This would suggest that a figure of around 12 cases per year might appropriately be dealt with by this route – again, this is very much an estimate.

67. Against this, it is necessary to look at the cases that **did** progress to DC but that might, had such a protocol existed, have been dealt with by this alternative route. A review of cases in 2019 suggests that three cases might have been suitable to be dealt with in this way. Again, this is an estimate, but it adds to the overall picture of the potential numbers to be dealt with by this route. For the purposes of assessing overall impact and costs we have allowed for 20 cases per year.
68. As indicated above in paragraph 60, members of the CCC would need to be recruited. It is proposed that this would be via the same independent process as is currently applied to PIC and DC members. A quorum of three members would be required (to include one registrant RVN or Vet depending on the case, and one lay). It is envisaged that the CCC would ordinarily consider matters 'on the papers', but with the facility to meet (either remotely or face to face) if the need arose. Pinning down costs is difficult, as time taken will vary depending on the nature and volume of material in any case, but allowing ½ to a full day per case for assessment on the papers would result in additional costs based on existing remuneration rates for PIC / DC of between £9,000 and £18,000 per annum.
69. In addition to this there would be start-up costs – i.e. recruitment costs / training (for both new CCC members and for PIC members) and some changes to the Profcon system. Administration would be dealt with by the existing complement of Case Managers.
70. The benefit, however, would be that some cases that have in the past gone to a DC could be dealt with by another means – via proportionate sanctions – whilst still providing the necessary protection of the public and animal welfare, and with increased visibility and transparency, in line with good regulatory practice

Section 3

Structural changes to the Concerns process

71. The VSA 1966 (subject to changes introduced by the Legislation Reform (Constitution of Veterinary Surgeons Preliminary Investigation and Disciplinary Committees) Order 2012 (the LRO)) sets out the constitution of the PIC:
72. Schedule 2 of the VSA states that PIC must have no fewer than nine and no more than 15 members. However, a quorum for PIC is three – of whom one must be a lay member and one must be a registrant. Currently there are 10 members appointed to PIC. Historically, all 10 sat for each of its monthly meetings. However, this increasingly became unwieldy and, from January 2018, the number was reduced to five members but with the Committee meeting every fortnight.
73. There is, however, nothing to stop the full quotient of 15 members being appointed and to apply the quorum of three – i.e. to have five 'mini' PICs.
74. As indicated at paragraph 44 above, the VSA 1966 sets out the remit of the PIC. The VSA is, however, otherwise completely silent on 'process'. Over the years, as numbers of complaints increased (and in line with practice at the time by other regulators), the RCVS introduced a 'sifting' process pre-PIC, and introduced the Case Examiner Groups (CEGs). The function of

these groups (made up of one lay, one registrant member of PIC, and a staff member) is to consider concerns at their early stages of and to refer matters to PIC where there is an 'arguable case' of misconduct – a low threshold. It is then for PIC to apply the higher threshold of a realistic prospect of establishing Serious Professional Misconduct (SPMC) and, if it decides it is in the public interest to do so, to refer to a DC.

75. The CEG system has the obvious advantage of identifying those cases that could never reach the misconduct threshold. The overwhelming majority of concerns are closed at this point but, of necessity, it takes time for this to happen (the current Key Performance Indicator (KPI) is four months). However, there are also disadvantages in such a system, principle of which is that it is very difficult indeed to explain the complexities of the thresholds to both complainants and members of the professions. Also, frequently a CEG will look at a case and 'know' that it will not ultimately proceed and will close at PIC, but will still have to refer to PIC as it must apply the lower arguable case threshold. Such a referral from CEG to PIC sets up expectations and fears – expectations in the case of complainants that matters will proceed that may not ultimately be borne out; and fear in the minds of registrants, who potentially relate any referral to PIC as heading to a DC (and sets up the none-too-easy task of explaining how something can be an arguable case and yet have no realistic prospect of success).
76. To simplify the process and provide greater clarity and transparency and with (some albeit limited) potential to speed up the process, it is proposed that an alternative system could be introduced as follows:
- CEGs are removed and instead all cases are referred to one of five new 'PIC-lets' / mini-PICs, which will make decisions based on one threshold test only – i.e. whether or not there is a realistic prospect of establishing serious professional misconduct;
 - Each mini-PIC, as it is quorate, has all the 'powers' of PIC, and could make any and all of the decisions open to the existing larger PIC of five. For them to do so, is an option and would be in line with other health regulators, which have small groups of (two or three) individuals making decisions up to and including full scale investigations and referrals to Fitness to Practise tribunals.
77. However, it might be considered that this would be too big a step (though it might be for consideration in the future), and that for more complex cases needing extensive investigation and where the matter could go to a DC, the benefits of input from a larger number of participants would be desirable. A system could therefore be introduced, such that 'simple cases' (i.e. those not involving external statements and input from experts) are dealt with by the mini-PICs; with 'complex cases' being referred by the mini-PICs to a PIC of five members (as now).
78. No new legislation is required to implement these changes – and could be implemented at any time.

Impact of the introduction of mini-PICs

79. The overall number of cases dealt with by the mini-pics would be the same as are now dealt with by the CEG. Also, it is envisaged that mini-pics would operate remotely in the same way as the

CEG does now. However, to be quorate a mini-pic would need three members – not the two plus a staff member that currently forms a CEG – and payment would be required for this additional input. On average, CEG members spend in the region of two days per month on CEG work. The creation a mini-PIC – system would therefore lead to additional costs for the initial ‘sifting’ of cases of around £7560 a year.

80. A review of 2019 showed that approximately 80% of cases dealt with by PIC fall into the ‘simple’ category (i.e. no expert reports or formal statements). If these were now to be dealt with by a mini-PIC, the work of the larger five-person PIC would be reduced. With fewer cases to consider, an option would be to reduce the frequency of meetings. It is suggested that this would not be desirable (as it could increase the time taken for such cases to be dealt with) and that the potential for fortnightly meeting should be maintained. It is likely, however, that these would be much shorter (likely to be half a day rather than a full day – with potential for reduced reading time).
81. At the time when Council considered this previously, in a pre-Covid landscape, the focus was on fortnightly face-to-face meetings. These may still be valid, but given the positive experience of remote meetings, necessitated by the Covid restrictions, it is felt that consideration should be given to continuing remote meetings other than in exceptional circumstances (at the discretion of the Chair). This might allow for greater agility in terms of timing of meetings to meet demand at any given time (and would avoid travel time and costs for those involved). This would, however, require further exploration.
82. The potential benefits here lie in a speedier and streamlined process; with greater clarity in explaining decisions made for both the public and the profession.

Conclusion

Timing and phasing / decisions required

83. The potential therefore exists for changes to be made to various aspects of the current concerns / disciplinary system, namely:
- a. change to the Standard of Proof (to the civil standard);
 - b. wider powers introduced under a Charter Case Protocol (CCP) (to give greater disposal options);
 - c. introduction of mini-PICs applying one threshold test and ‘doing away’ with the current system of CEGs.
84. As far as possible under the current legislative boundaries, these changes mirror the processes applied by other regulators operating under a Fitness to Practice system.
85. It is open to Council to decide to implement all, or none, or any combination and to decide on timing/phasing if wishing to proceed on some / all.

86. Ordinarily at his point, there would be an overall summing up of benefits and costs. This is somewhat hard to do precisely given the number of permutations open to Council. What can be seen however is that there is unlikely to be a landslide of cases going to a disciplinary hearing in the event of the adoption of the civil standard of proof; indeed a very small increase is likely, though that might be seen to represent, even in a small way, greater protection for the public. It would also bring the RCVS into line with what is considered best practice in the regulatory field and potentially enhance the reputation of the profession. When taken hand in hand with the application of the CCP, the effect, as far as Disciplinary hearings is concerned, is likely to be broadly cost-neutral.
87. Application of the CCP would result in a small increase in costs to the RCVS for operating that committee. The benefit, however, as indicated above, would be that some cases that have in the past gone to a DC could be dealt with by another means – via proportionate sanctions – whilst still providing the necessary protection of the public and animal welfare, and with increased visibility and transparency, again in line with good regulatory practice.
88. Introduction of mini-PICs also might result in a small increase in costs to the RCVS (although with changes in the operation of the 'large' PIC there would be potential scope for savings). The potential benefits here lie in a speedier and streamlined process with greater clarity in explaining decisions made for both the public and the profession.
89. Council will have heard today and will be making decisions about how it wishes to proceed with the Legislation Working Party report and it is fair to say that in any new Act encompassing a Fitness to Practise system, the sort of changes outlined here would be refined and fall within the broader context of a new Act and all that that could offer.
90. If a new Act is agreed it would inevitably take a number of years before it would be in place. The matters outlined in this paper can be achieved without primary legislation and indeed the CCP and mini-PICs could be introduced with changes to internal processes. It is for Council to decide if it is appropriate to go ahead with some or all of these now. Council will have in mind the role of the RCVS to protect the public and animal welfare and to maintain the reputation of the profession whilst at the same time acting as a compassionate regulator to its members.

Decisions required

91. Council is asked to decide if it wishes:

- a. to proceed with a consultation covering **ALL** of:
 - a change to the standard of proof in disciplinary cases to the civil standard; and
 - introduction of the Charter case Protocol; and
 - introduction of mini-PICs

IF NOT:

- b. to proceed with the introduction of:
 - i. the Charter Case Protocol (with consultation);
 - ii. mini-PICs;

- iii. a change to the standard of proof in disciplinary cases to the Civil Standard (with consultation).

Draft protocol for disposal of cases under the Royal Charter ('The Charter Case Protocol')

Introduction

1. The RCVS is the regulator of veterinary surgeons and registered veterinary nurses in the UK and has a duty to act in the public interest. This includes safeguarding the health and welfare of animals committed to veterinary care, protecting the interests of those dependent on and/or who own animals and ensuring public health through the regulation of ethical and clinical standards. The RCVS's duty to protect the public interest includes preserving the reputation of the veterinary profession and upholding and maintaining proper standards of conduct, as well as the recognition of a veterinary surgeon or registered veterinary nurse's own interests.
2. Under paragraph 3 of the Royal Charter, the RCVS is required to set, uphold and advance veterinary standards, and to promote, encourage and advance the study and practice of the art and science of veterinary surgery and medicine, in the interests of the health and welfare of animals and in the wider public interest. In 2015, the functions of the College were enlarged such that functions are provided for in addition to those conferred on it by or under the 1966 Veterinary Surgeons Act (the Act). These include encouraging the continued development and evaluation of new knowledge and skills, promulgating guidance on professional conduct, facilitating the resolution of disputes between registered persons and their clients, and monitoring developments in the veterinary profession and in the provision of veterinary services.
3. Under the Act, the Preliminary Investigation Committee ('PIC') has a duty to investigate all disciplinary cases and will decide to refer such cases to the Disciplinary Committee ('DC') if the evidential and public interest thresholds are met. A disciplinary case is one in which it is alleged that a person is liable to have their name removed from the register or to have their registration suspended.
4. The RCVS recognises that, when discharging its duties under the Act, it will not always be necessary for the PIC to refer cases that cross the evidential threshold to the DC or RVN DC for a hearing. In these cases, it may be more appropriate and proportionate to deal with them by other means, albeit always ensuring that PIC and DC are able to discharge their statutory duties and that the outcome is in the public interest.
5. In line with the procedures of other professional regulators, the RCVS's Charter Case Protocol is designed to allow the veterinary profession and RCVS to work together to protect the public interest by dealing appropriately and proportionately with cases which may not have to be referred to the DC. This Protocol provides that veterinary surgeons or RVNs may, in certain cases, be dealt with by alternative disposal of the matter concerning them.
6. The RCVS has established a Committee known as the Charter Case Committee ('CCC') with the remit to deal with cases referred to it by the PIC, or by other means. The alternative methods of disposal by the CCC include:
 - a. issuing a warning to the veterinary surgeon or RVN, such warning to be published on the RCVS website for a period of time specified by the CCC; or
 - b. issuing a warning to the veterinary surgeon or RVN, such warning not to be published on the RCVS website; or
 - c. issuing advice to the veterinary surgeon or RVN.

How does the RCVS deal with concerns about a veterinary surgeon or registered veterinary nurse in accordance with this protocol?

7. The Act gives the RCVS powers regarding veterinary surgeons who are registered with the RCVS. Under the Veterinary Nurse Conduct and Discipline Rules 2014 ("the Rules"), RVNs are subject to a similar regulatory jurisdiction. Under the Act and the Rules, the RCVS can only take action regarding a properly registered veterinary surgeon or RVN in the following circumstances:
 - a. where a veterinary surgeon or registered veterinary nurse receives a criminal conviction which could render him or her unfit to practise; and/or
 - b. where a veterinary surgeon or registered veterinary nurse's conduct could amount to disgraceful conduct in a professional respect.
8. The PIC and RVN PIC conduct a preliminary investigation under the Act or Rules. The PIC decides:
 - a. whether there is a realistic prospect of a finding of disgraceful conduct in a professional respect or a conviction rendering a veterinary surgeon or RVN unfit to practise; and if so
 - b. whether it is in the public interest to refer the case to the DC for a full hearing.
9. When undertaking each element of this assessment, PIC may take into account all the relevant circumstances of the allegations against the veterinary surgeon or RVN. PIC meetings are held in private and information is discussed confidentially.
10. The PIC may decide that in light of all the relevant facts and circumstances, one of the disposals set out in paragraph 6 would be proportionate and appropriate, and such a disposal would be sufficient to meet any public interest concerns. In other words, it would not be required or in the public interest to refer the case to the DC. In such cases, the PIC may refer the matter to the CCC to be disposed of in accordance with this protocol. The veterinary surgeon or RVN will be invited to consent to the matter being so disposed of.
11. If a case is particularly serious in nature, it will necessarily be referred to the DC, as such referral will be required in order to satisfy the public interest, notwithstanding any willingness on the part of the veterinary surgeon or RVN to have the matter dealt with by way of disposal under this Protocol.
12. After a matter has been referred, the CCC may write to the veterinary surgeon or RVN indicating that it is minded to deal with (and close) the matter on the basis of one of the outcomes set out in paragraph 6. At this stage, the CCC may invite the practitioner to consent to the disposal of the case in this way, or to make any representations as to the form of disposal. If the practitioner agrees to the proposed course of action, they will be invited to confirm this in writing.
13. The CCC will then consider the matter at its next meeting and, unless there are exceptional circumstances, the matter will be closed on the basis of the disposal proposed pursuant to paragraph 12.
14. When the veterinary surgeon or RVN is notified that the CCC is minded to deal with the matter by way of a warning or advice, that notification should include:
 - a. details of the warning or advice that the CCC is minded to issue;

- b. information as to whether the CCC considers that the advice or warning should be published on the RCVS website and if so, for how long;
 - c. the reasons why the CCC consider that advice or a warning is appropriate in the circumstances of a particular case.
15. Until such time as the advice or warning has finally been issued by the CCC (including after agreement has been received from the veterinary surgeon or RVN), the CCC is not bound as to how it may deal with a matter. In particular, if further material is provided which, had it been available at an earlier stage, might have affected the initial decision to offer disposal by way of a warning or advice.

What are the circumstances in which the Charter Case Protocol might apply?

16. The PIC, and in turn the CCC, will take into account all relevant factors, which may include (but are not limited to) the following:
- a. the seriousness of any allegations against the veterinary surgeon or RVN. Cases which are of a particularly serious nature should be referred to the DC in accordance with sections 15 and 16 of the Act;
 - b. any admissions that have been made by the veterinary surgeon or RVN;
 - c. the level of insight demonstrated by the veterinary surgeon or RVN;
 - d. any views of complainants in relation to the allegations (although these may not be determinative);
 - e. any relevant mitigation (although again this may not be determinative). It should be borne in mind that purely personal mitigation is not relevant to the assessment of whether there is a real prospect of a finding of disgraceful conduct/unfitness to practise. It may, however, be relevant to the second stage assessment of whether referral to DC is in the public interest and therefore may have a bearing on whether voluntary disposal is appropriate;
 - f. the previous history of the veterinary surgeon or RVN;
 - g. whether there is any risk to animal welfare or the wider public interest in dealing with the matter in the way proposed;
 - h. the likelihood of repetition of the matters in question and steps taken by the veterinary surgeon or RVN to address the concerns raised; and
 - i. the period of time that has elapsed since the alleged incident/s.
17. The fact that allegations are disputed does not prevent the PIC from referring a case to the CCC provided that such disputed facts do not require resolution by the DC and that there is a proper basis for the matter to be dealt with under this Protocol.

What sort of matters are included in a warning or advice?

18. The sort of matters suitable for a warning or advice are those which do not justify a referral to the DC under the Act and where a warning or advice are considered appropriate bearing in mind the public interest. These will be less serious cases.
19. The purpose of issuing advice or a warning is to assist veterinary surgeons and RVNs to achieve better standards of conduct in accordance with their membership of the RCVS and the Charter objects. In particular, it is to avoid future risks to animal welfare or harm to the public interest. The publication of warnings and advice serves to demonstrate to the public that the RCVS is fulfilling its public interest duties; and will also underline to members of the profession the types of conduct and behaviour considered to be unacceptable and/or of concern to the RCVS.
20. The wording of the advice or warning will set out clearly the areas of concern and explain what is expected of the veterinary surgeon or veterinary nurse in relation to their future conduct.
21. The RCVS will not publish as part of any advice or warning any information which directly relates to the health or private and family life of the veterinary surgeon or RVN concerned, and will avoid any direct reference to identifiable third parties.

What is the status and/or effect of advice or a warning issued by PIC?

22. Advice and warnings issued by the PIC do not affect a veterinary surgeon or RVNs registration status. The fact that a warning or advice was issued however will become part of the individual's professional conduct records at the RCVS, and the veterinary surgeon or RVN may need to declare such warnings or advice to employers, insurance bodies and other organisations.
23. A warning or advice may be considered by the RCVS decision-makers such as the PIC, DC or CCC in the event of any future complaints or information is received, [even after the expiry of the period of publication.]
24. [Similarly, details of a warning or advice may be provided to relevant bodies (e.g. employers or overseas regulatory bodies) where appropriate and in the public interest.]

GMC Warning

Screen 1 (how it is displayed in a list – the columns are: registration number, given names, surname, gender, registration status, year qualified):

[REDACTED]	[REDACTED]	[REDACTED]	Man	Registered with a licence to practise This doctor has been given a warning	2013
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Screen 2 (when specific doctor's entry is opened):

Doctor Details

Results of search on: 09 Jul 2019 at 15:59:57. The details shown are valid at the date and time of the search only.

GMC Reference Number	[REDACTED]
Given Names	[REDACTED]
Surname	[REDACTED]
Gender	Man
Status	Registered with a licence to practise; this doctor is on the GP Register This doctor has been given a warning

More Details

Primary Medical Qualification	[REDACTED]
Provisional Registration Date	22 Jul 2013
Full Registration Date	06 Aug 2014
Specialist Register entry date	This doctor is not on the Specialist Register
GP Register entry date	From 31 Jul 2018
Revalidation Information	This doctor is subject to revalidation
Information for Employers	View information for Employers




NMC warning

Screen 1 (how it is displayed in a list – columns are name, practising status, details):

	 Not Practising	Warning Issued >
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Screen 2 (when specific nurse's entry is opened):


Practitioner Details

Name 	Geographical locations Not Practising	Expiry date 29/02/2020
Registration status  Warning Issued An explanation of these terms can be found in the glossary of terms .		
Register entry		Start date
Registered Nurse - Mental Health		22/11/1988
Recorded qualifications		Start date
No Recorded Qualifications found		-
Fitness to Practise Disposals		View disposals ▲
Warning on 23/10/2018		 View Warning

Screen 3 (when the 'view warning' link is clicked):



Disposal details

Name Of Registrant 
Case Examiner Decision Outcome Warning Issued
Date Of Decision 16/10/2018
A warning has been issued to uphold proper standards of conduct and behaviour and to maintain trust and confidence in the profession.

Decision on Warning
<p>In January 2018 you stole medication from your employer.</p> <p>This conduct does not meet with the standards expected of nurses and midwives and could undermine public confidence in the nursing and midwifery professions. The Code set out the relevant standards of practice and behaviour at section 20: 20.1, 20.2, 20.3, 20.4, 20.8.</p> <p>20 Uphold the reputation of your profession at all times To achieve this, you must:</p> <p>20.1 keep to and uphold the standards and values set out in the Code 20.2 act with honesty and integrity at all times 20.3 be aware at all times of how your behaviour can affect and influence the behaviour of other people 20.4 keep to the laws of the country in which you are practising 20.8 act as a role model of professional behaviour for students and newly qualified nurses and midwives to aspire to</p> <p>You have shown insight into your conduct and have addressed any risks in your practice.</p> <p>This warning will be published against your register entry for a period of 12 months</p>

Summary	
Meeting	Council
Date	4 June 2020
Title	Advancement of the Professions Committee Report 5 May 2020
Summary	<p>To note the attached minutes of the meeting held on 5 May 2020.</p> <p>In particular, to note the following:</p> <ul style="list-style-type: none"> - Many workstream activities and events have been postponed or moved online due to the pandemic - The Committee agreed to pursue a workstream aimed at coordinating further efforts to increase the environmental sustainability of veterinary practice and reduce its contribution to climate change. - The Committee agreed that further discussion around the Primary Care project is required by the Chair, Secretariat and RCVS CEO to agree a revised direction for the project that reflects the inevitable changes the coronavirus pandemic has brought about.
Decisions required	None
Attachments	None
Author	Ceri Chick Secretary APC c.chick@rcvs.org.uk / 0207 856 1034

Classifications		
Document	Classification¹	Rationales²
Paper	Unclassified	N/A

¹Classifications explained

Unclassified	Papers will be published on the internet and recipients may share them and discuss them freely with anyone. This may include papers marked 'Draft'.
Confidential	Temporarily available only to Council Members, non-Council members of the relevant committee, sub-committee, working party or Board and not for dissemination outside that group unless and until the relevant committee or Council has given approval for public discussion, consultation or publication.
Private	The paper includes personal data which should not be disclosed at any time or for any reason, unless the data subject has agreed otherwise. The Chair may, however, indicate after discussion that there are general issues which can be disclosed, for example in reports to committees and Council.

²Classification rationales

Confidential	<ol style="list-style-type: none"> 1. To allow the Committee or Council to come to a view itself, before presenting to and/or consulting with others 2. To maintain the confidence of another organisation 3. To protect commercially sensitive information 4. To maintain public confidence in and/or uphold the reputation of the veterinary professions and/or the RCVS
Private	<ol style="list-style-type: none"> 5. To protect information which may contain personal data, special category data, and/or criminal offence data, as listed under the General Data Protection Regulation

Minutes of the Advancement of the Professions Committee held on Tuesday,
5 May 2020 at 2pm via Teleconference by Microsoft Teams.

Members:

Dr C J Allen	Council Member
Professor D Argyle (Chair)	Council Member
Professor John Innes	Chair, RCVS Fellowship Board
Ms A Boag	Senior Vice-President and Leadership lead
Dr N Connell	President, and Chair, Diversity and Inclusion Group
Professor S Dawson	Chair, Mind Matters Initiative
Ms L Lockett	Chief Executive
Miss R Marshall	Chair, Veterinary Nurses Council
Mrs J Molyneux*	Chair, Board of Trustees for RCVS Knowledge
Dr C Tufnell	Innovation and Global lead
Mr T Walker	Lay Council Member

In attendance: Mr A Roberts	Director of Leadership and Innovation
Mr B Myring	Policy and Public Affairs Manager
Mr O Glackin	Leadership Initiatives Manager
Miss C Chick	Leadership Initiatives Officer
Dr G Wild	Policy and Public Affairs Officer
Mr I Holloway	Director of Communications
Mr C Gush	Executive Director, RCVS Knowledge
Ms N Philpott	Director, UKHACC – for agenda item 5 only
Dr R Smith, CBE	Chair, UKHACC – for agenda item 5 only
Mr J Walmsley	FRCVS, representative to UKHACC – for agenda item 5 only

*absent

Welcome and apologies for absence

1. The Chair welcomed all present to the meeting of the APC and noted that the meeting would be recorded for minuting purposes.
2. Apologies were received from:
 - Mrs J Molyneux

Declarations of Interest

3. No new declarations of interest were received.

Minutes of the last meeting, held on 11 February 2020.

4. The minutes were approved as an accurate record of the meeting.

Matters Arising

5. The new Vice-Chair of the Committee was confirmed as Dr Christopher Tufnell.

Updates from APC workstreams

6. The responsible Committee members or the relevant staff lead provided an update on each of the eight workstreams within the scope of the APC; this reflected the contents of the paper (APC May AI01).
7. The Committee considered these updates, as well as other specific matters raised, that were brought to it for discussion and, in some cases, decision. These are highlighted below, in addition to the main questions and comments prompted by each update.

Diversity and Inclusion Working Group

8. It was noted that the coronavirus pandemic has put some planned activities on hold.
9. The Committee noted that in response to the coronavirus pandemic, some diversity-related issues will arise. This, alongside the widening participation theme, will need to be kept in mind to ensure their importance informs any short or long-term policy changes.

10. The Committee suggested that there could be merit in some data collection to capture the diversity impacts on individuals from the pandemic, however the Committee was aware that this would need to be balanced against the risk of overloading individuals during data collection exercises.

Fellowship

11. It was noted that there had been 65 applications received this year for Fellowship, with the results being announced by July. The Fellowship Chair stated that this was a testament to the Fellowship team raising awareness and encouraging applications.
12. It was noted that the Fellowship Board had undertaken a process review to ensure that the reviewing system for applications was as efficient as possible. As a result, clearer decision-making pathways have been created, which amongst other things, should allow for improved feedback to unsuccessful candidates.
13. In relation to other activities, it was noted that there was the intention to elect a new Vice-Chair of the Fellowship Board, however this has been postponed until later in the year due to the pandemic. The current Vice-Chair will step down in June, as planned. It was also stated that the duties of the Science Advisory Panel Chair will be subsumed into the role of current Fellowship Board member, Dr Mary Fraser. The Committee agreed this was a sensible way forward in the current context.
14. It was noted that the Fellowship Day event, set to take place in October 2020, has been merged with Royal College Day. There is an ongoing discussion to determine whether Fellowship Day will go ahead on the planned date of 2 October 2020 due to current uncertainties related to future government guidance on the staging of events. The Committee suggested that a Fellowship celebration could take place online instead, which could be used to showcase the work of the Fellows. The Committee Chair and Fellowship Board Chair agreed to discuss the potential for doing this outside of the meeting and feed back to the Committee appropriately.
15. The Chair suggested creating an online Fellowship Application Advice session to help potential applicants through the application process.
16. The Fellowship Chair welcomed any further suggestions from the Committee with regards to implementing an online Fellowship Day.

Global Strategy

17. It was explained that due to the pandemic, communication with representatives from Botswana had temporarily halted.

18. It was noted that the College's World Veterinary Association (WVA) Observer Status had been granted, allowing representatives from RCVS to attend their virtual AGM held last month.

Innovation

19. It was noted that plans for in-person events to drive innovation have been either postponed or cancelled, with efforts now focused on finding new ways to deliver the content.

20. Discussions have taken place with a number of innovation consultants and educators around building a Massive Open Online Course (MOOC) for innovation. It was suggested that this idea could be put forward to the Committee in a more detailed proposal at a later date.

21. It was highlighted that the three-year ViVet plan runs until the end of this year, and straddles two of the College's Strategic Plans. A new plan and reflection the programme to date will be presented to the Committee at a future meeting, with a view to this going to Council for discussion and approval.

Leadership

22. It was noted that a new run of the Edward Jenner Programme began on 27 April 2020, with around 300 active participants signing on to date. With the current pandemic climate and short-term loss of NHS support, extra care is being given to monitoring and mentoring those within the programme.

23. It was noted that the Edward Jenner Course had recently been shortlisted for an industry award run by Memcom. The result of the award is expected to be announced in June.

24. It was explained that a number of focus groups had been facilitated, before the lockdown, with students from the Royal Veterinary College to discover their ideas and prior knowledge around the Edward Jenner Programme, and veterinary leadership in general. It was noted that the feedback was very encouraging, as there seems to be a strong appetite from students to incorporate aspects of the programme into their learning. The outcomes of these focus groups are currently being reviewed to determine the best way to facilitate students' access to the resource.

25. It was highlighted that the Leadership strategy will conclude at the end of this year. The process of refreshing and updating the strategy will soon commence, and will be presented to the Committee at a later date.

26. It was noted that there was some discussion happening around providing Leadership resources, such as webinars, to the professions during the pandemic.

Mind Matters Initiative

27. It was noted that planned projects and events had been reviewed due to the pandemic. As most of the planned events focused on small group teaching, the majority had been postponed. Some content was able to be translated onto an online platform, but care was being taken as this was not always the safest way to carry out training on sensitive topics. It was stressed that safeguarding during these online events is key.
28. It was noted that joint resilience sessions with the British Small Animal Veterinary Association (BSAVA) had been postponed due to the pandemic.
29. It was noted that the deadline for the Sarah Brown Mental Health Research Grant had been extended, due to the changing priorities of potential applicants.
30. It was emphasised that the College was ensuring that any work being carried out during the pandemic is safe and appropriate.
31. It was noted that celebration plans for Mind Matters' fifth anniversary have been cancelled, but may be moved online, depending on the pandemic situation at the time. Meanwhile a document outlining the first five years' activity was still under development.

RCVS Knowledge

32. It was noted that RCVS Knowledge had provided the following resources and information to the professions and public around Coronavirus. These resources have been well received by the professions and general public.
- a) Webinars around infection control and biosecurity, along with FAQs on personal protective equipment and veterinary practice.
 - b) Resources around latest evidence linking animals and the Coronavirus, such as critical review and summary of research papers.
 - c) Key experts are being used to answer questions from the public and the professions.
33. It was stressed that RCVS Knowledge was providing a review of existing literature and evidence in a usable format, rather than providing guidance.

34. It was noted that the deadline for the Plowright Prize had been extended, due to the pandemic.
35. It was noted that the Editor-in-Chief of Veterinary Evidence had stepped down. The Committee was encouraged to identify potential applicants for the position.
36. The Committee thanked RCVS Knowledge for its rapid response and valuable work guiding the professions in the current crisis.

VN Futures - update

37. The Chair of the Veterinary Nurses Council provided an update noting that after a promising VN Futures Board meeting at the end of February, work had come to a halt due to the pandemic. The focus of current work is ending the project's five-year strategic plan.

Presentation by the UK Health Alliance on Climate Change (UKHACC)

38. Alongside the presentation by UKHACC, the Committee was invited to consider a paper put forward by Director of Leadership and Innovation, Anthony Roberts. The paper outlined the activities the RCVS has undertaken in relation to climate change and sustainability and made proposals to bring these together under a new APC workstream.
39. The Chair welcomed Dr Richard Smith CBE and Nicky Philpott the chair and CEO of UKHACC, respectively.
40. The representatives from UKHACC gave a presentation to the Committee explaining the work of the Alliance and how the RCVS can work collaboratively with it to achieve its goal of decreasing the UK's impact on climate change.
41. It was noted that there may be a greater appetite from the veterinary profession for action against climate change, as the pandemic highlights the fragile relationship between humankind and nature.
42. The representatives noted that they are well connected with their members' staff teams, which benefits the coordination and collaborations of policies and campaigns across the alliance.
43. It was noted that the Alliance does not have as much involvement with students and new graduates as they would like. It was noted that there is the opportunity to develop this line of work within the Alliance.

44. It was remarked that this line of work is now a critical part of the veterinary team, and reflecting this it was essential that effective governance structures were put in place. Accordingly, it was noted that there was merit in appointing both a staff lead and dedicated Council lead. APC would provide oversight and be the conduit to RCVS Council. The Committee agreed that this approach should be adopted and that it should be proposed to RCVS Council for decision. It was also agreed that a role specification should be drafted for the position of RCVS Council Sustainability and Climate Change lead.
45. It was noted that the College will have to exercise caution where there may be an impact on its regulatory work. There may be instances where the RCVS will differ from other Royal Colleges within the Alliance. It was therefore suggested that the RCVS would also continue to work with other environmental groups to ensure a good fit for the profession.
46. The Committee agreed that the processes outlined within the paper and UKHACC's presentation, should act as the initial roadmap for progressing this agenda. It was emphasised that membership of UKHACC would serve, most of all, to support our lobbying efforts on this important issue.
47. The current proposal is that this project will initially be resourced by the Leadership and Innovation team, looking to involve staff support from other departments as opportunities arise.

Discussion: The Primary Care project and the APC workstreams within the context of the coronavirus pandemic

48. The Chair noted that the aim and outcomes of the project will have to be updated in answer to the pandemic. In particular, the Chair emphasised how the project should be a means of initially supporting practices and helping them cope with the disruption that the coronavirus pandemic is already causing and then, in time, provide the resources and help that will enable an agile response to the new ways of working the pandemic will inevitably precipitate. The Committee expressed its broad agreement with this approach.
49. It was noted that support tools and resources for Primary Care practitioners could be collated into the RCVS Academy online learning environment. This has been supported by RCVS Council as part of the strategic plan. These resources could still be housed in this area after the pandemic.
50. It was remarked that it was important to look outside the profession to consider the affect this pandemic will have on clients.

51. It was noted that this will require further discussion by the Chair, Secretariat and RCVS CEO.

Any other business

52. The Chair thanked the Committee for its continued hard work throughout the pandemic.

53. The Chair thanked the Secretariat for ensuring the continued smooth running of the Committee in spite of current challenges.

Date of next meeting

54. The Chair closed the meeting noting the date of the next meeting was confirmed as the afternoon of 8 September 2020.

Summary	
Meeting	Council
Date	4 June 2020
Title	Audit and Risk Minutes
Summary	Audit and Risk Minutes of meeting on 13 February 2020
Decisions required	None
Attachments	None
Author	Alan Quinn-Byrne Governance Officer/Secretary a.quinn-byrne@rcvs.org.uk / T 020 7227 3505

Classifications		
Document	Classification¹	Rationales²
Paper	Unclassified	n/a
Classified appendix	Confidential	1, 2, 3

¹Classifications explained

Unclassified	Papers will be published on the internet and recipients may share them and discuss them freely with anyone. This may include papers marked 'Draft'.
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Private	The paper includes personal data which should not be disclosed at any time or for any reason, unless the data subject has agreed otherwise. The Chair may, however, indicate after discussion that there are general issues which can be disclosed, for example in reports to committees and Council.

²Classification rationales

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Private	<ol style="list-style-type: none"> 5. To protect information which may contain personal data, special category data, and/or criminal offence data, as listed under the General Data Protection Regulation

Minutes of the Audit and Risk Committee held on 13 February 2020 at Belgravia House, 62/64 Horseferry Road, London SW1P 2AF

Members:

Ms E Butler	Chair
Professor D Bray	
*Professor S May	
Mr V Olowe	
Ms J Shardlow	Vice-Chair

In attendance:

Dr C P Sturgess	Treasurer
Ms L Lockett	CEO
Ms C McCann	Director of Operations (DoO)
Ms G Kingswell	Head of Standards, Agenda Item 9
Mr N Oldham	Standards and Advice Manager, Agenda item 9
Dr L Prescott-Clements	Director of Education (DoE), Agenda items 10
Ms B Crawford	Education Manager, Agenda item 10
Mr A Quinn-Byrne	Secretary to ARC / Governance Officer

*Not in attendance – apologies received

Apologies for absence

1. Professor May sent his apologies.

Declarations of interest

2. There were no new declarations of interests to note.

Minutes of the meeting held on 1 November 2019

3. The minutes were accepted as a true record of the Audit and Risk Committee (ARC) meeting held on 1 November 2019.

Matters arising

4. The Charity Governance Code was compared to RCVS practices. A draft document came before this meeting under agenda item 12, this document noted how compliant the RCVS Council was with best practice in governance.
5. The Governance Officer gave an update on Charity Magique Risk Register implementation.
6. A review of expenses and loss of earnings is ongoing as further work is required on the costs and tax implications.
7. An update on the Business Continuity Plan was presented under agenda item 6.
8. Terms of Reference and ENQA update will be on the agenda for the 7 May 2020 meeting.
9. Central Anti-Fraud policy was presented to the Committee under agenda item 8.
10. A new training platform consisting of security clinic for Council is being devised by some members of staff. This platform will feature introductory training to the organisation which will include areas such as Facilities, Data Protection, IT and Finance training. It will also aim to cater for existing staff by creating an effective training log to monitor staff compliance with various policies and procedures.
11. A full list of RCVS polices and a rotation plan for when they will be reviewed by the Committee is being devised.
12. The alignment of the corporate risk register with the Strategic Plan is an ongoing process with the Governance Officer and members of Senior Team working on this.
13. The DoO will discuss with Crowe a review of the potential governance risks of a smaller Council. A draft assurance map came before the ARC under agenda item 7.
14. A departmental risk register rotation has been drafted and HR will present the next risk register to the ARC.
15. The ARC would like to see more active engagement between the auditors Crowe and the Audit and Risk Committee. The Director of Operations is to discuss the following with Crowe:
 - a) Governance issues arising as a result of the smaller council
 - b) More communication and engagement with ARC
 - c) To remove any reference to "charity" from Audit Report

CEO Update

16. The CEO gave an update on activities since the last ARC meeting in November 2019. She commented on several issues, as follows:
17. It was confirmed that the new Strategic Plan 2020-2024 went to Council in January 2020, and was approved.
18. The Committee praised the work of the CEO and the wider RCVS staff on the creation of an ambitious, inspiring and forward-thinking Strategic Plan. It was suggested that one paragraph of the wording within the plan could contain plainer English language, in line with the 'clarity' ambition of the plan.
19. It was noted that while the Strategic Plan was really impressive, communication would be key in delivering the central messages housed within it. The Committee asked if there was an effective communication strategy in place that would assist people to understand the central messages instead of making individuals read a lengthy document. The CEO confirmed that there would be a summary of the plan for the profession and public to read.
20. A discussion took place around the need to address resourcing issues that the RCVS may face when delivering the plan. It was confirmed that plans were in place to enable staff who had core tasks in some areas of the RCVS to contribute their skills and time to work on various other projects that they normally wouldn't have the opportunity to work on. This would aim to help bridge the skills gap between senior management and the next level down in the organisation, improve inter-departmental working, and harness and develop key skills.
21. On 31 January 2020 the deadline closed for nominations for RCVS and RVN Council elections. It was confirmed that the RCVS Council election will commence on 16 March 2020. There are currently eight veterinary surgeons standing for three places. There was a significant increase in the number of nurses running for election which now stands at thirteen candidates for two places. The election period will close on 24 April 2020 and results will be announced on 27 April 2020.
22. On the topic of Brexit, the CEO confirmed that the relevant teams within the RCVS were keeping up to date on developments of the Government Brexit negotiations and will await further Government clarification to determine what contingency plans or advice is to be put in place for the RCVS and the profession as a whole.
23. Since the last ARC meeting broader legal discussion had taken place around the College's intellectual property (IP) and trademark rights. A register of trademarks has been set up and the CEO along with the Registrar and other relevant departments are working to ensure all relevant RCVS initiatives and projects have the necessary IP protection, as part of the new protocols. Items such as contracts, procurement and modern slavery legislation will also form part of the newly revised project protocol, which will come before the ARC later in the year.

24. A discussion took place around other items of risk that may evolve throughout the implantation of the five-year Strategic Plan. The Committee emphasised the need to ensure horizon-scanning for risks to confirm that they are adequately kept on the radar of reflected in the corporate risk register. Items such as:
- a) Shortage of vets within the profession and what the workforce will look like in 10 years.
 - b) The impact on risk that changes to the Veterinary Surgeons Act 1966 may help crystallise.
 - c) The review of Under Care/Out-of-hours and the report the RCVS has commissioned.
 - d) The impact of corporatisation on the profession and how the RCVS interacts with it.
25. On item (b) it was noted that the Legislation Working Party will be publishing a report around what changes are being proposed to the Veterinary Surgeons Act 1966. The ARC will then be given a chance to digest the report and comment on its findings.
26. On item (c) Under care, it was confirmed that a further paper would be going to the Finance and Resources Committee (FRC) for the approval of revised costs for the project.
27. The current new strain of Coronavirus and the impact its potential proliferation could have on the business was discussed. The Committee emphasised the importance of having a robust plan when it comes to pandemics / public health emergencies. It was confirmed that the College has the resources in place for staff to work remotely and a skeleton staff could operate if required to keep the building running. The situation is being monitored closely and Senior Team will notify staff of changes if required.

Update on Business Continuity Plan

28. The Committee proceeded to delve deeper into the topic of business continuity. A Business Continuity Plan (BCP) was presented and the Committee noted they were pleased to see a plan is in place.
29. It was confirmed that RCVS had discussed various different scenarios with staff that could develop and drafted strategies for dealing with various problems for example: a fire, outbreak of disease etc.
30. The Committee was assured that the RCVS had effective communication strategies, such as a text messaging system in place internally, should staff need to be informed and updated remotely.
31. It was emphasised that in situations of panic or when events out of the ordinary happen, it was important to ensure that a designated leader was in place, equipped and trained to deal with the situation and mitigate any further damage that may ensue. It was stressed that it was vital the correct people took the lead when needed to coordinate the response needed. The BCP will be updated to reflect this.

Update on Assurance Map

32. The DoO presented an assurance map to the Committee. This map was modelled from a template on the Institute of Chartered Accountants in England and Wales (ICAEW) website.
33. It was noted that this is a new concept and will have to be explained to staff. There are more sources of assurance than at first glance, which should enable us to ensure we are making the right decisions for the organisation.
34. A risk appetite exercise with RCVS Council will be carried out, and will help when completing the map. For example, where we have a low risk appetite, we will want to have lots of assurance around risk areas.
35. A high level of assurance is required for the top 10 risks and monitoring must be really strong.
36. Gaps in assurance will be identified.
37. The Chair of ARC is to meet with the DoO to discuss further.

Central Anti-Fraud Policy

38. The Committee was overall happy with the policy brought before it regarding anti-fraud.
39. It was noted that the RCVS should continue to be active in fraud prevention, this means the updating of a log and relevant training around cybersecurity and fraud prevention.
40. The Committee was satisfied that a good system, effective checks and balances and a strong culture were in place to prevent and mitigate against potential fraud in many of its variations.

Departmental Risk Register Standards and Advice

41. Confidential information is available in the classified appendix at paragraphs 1-15.

Departmental Risk Register Education

42. Confidential information is available in the classified appendix at paragraphs 16-21.

ENQA Update

43. The Director of Education informed the Committee that recruitment was taking place for a new Quality Assurance Officer who will have some of the work recommended by ENQA within their job remit.

44. A paper will be circulated with a full ENQA update for ARC on 7 May 2020.

Charity Governance Code Update

45. The Governance Officer presented the College's response to the Charity Governance Code (CGC) to the Audit and Risk Committee.

46. The CGC is a document devised by the Charity Commission as a practical tool to help charities and their trustees develop high standards of governance. (RCVS is not a charity but used the tool to review the current governance arrangements.)

47. The document had been tailored to fit the RCVS's Council and Royal College structure. The Committee praised this work stating that it would serve as an excellent aid in the development of a College-wide dashboard of governance oversight. The CGC enables the work of Council to be measured against the Strategic Plan and lays out the role of Council and internal workings of the RCVS in a transparent manner.

48. A discussion took place and recommendations were made around some points of the response to the CGC, they were:

“1.5.2 Trustees consider the benefits and risks of partnership working, merger or dissolution if other organisations are fulfilling similar charitable purposes more effectively and/or if the charity's viability is uncertain”.

It was recommended that there may be scope here to amend the wording from Trustees to Council to take into account various other regulatory bodies and initiatives that do crossover work.

“2.4.5 Where the board has agreed to establish a formally constituted subsidiary organisation/s, it is clear about the rationale, benefits and risks of these arrangements. The formal relationship between the parent charity and each of its subsidiaries is clearly recorded and the parent reviews, at appropriate intervals, whether these arrangements continue to best serve the organisation's charitable purposes”.

It was suggested that wording here can also be amended to state what we actually do with regards to RCVS Knowledge, as this may have been left slightly vague.

49. It was acknowledged that a lot of cross-departmental work went into this document and the document will serve as a critical tool in mapping the work of Council and their interaction with staff, stakeholders and the wider public going forward. It was suggested this document be kept refreshed and the column on areas of improvement be added to overtime.

AOB

50. The date for the next ARC will remain 7 May 2020.
51. The Committee was informed that the Chair of ARC was reappointed for a further year by Council to mitigate the risk of the treasurer and chair of ARC leaving at the same time.
52. HR Department to present its Risk Register on 7 May 2020
53. Confidential information is available in the classified appendix at paragraph 22.

Summary	
Meeting	Council
Date	04 June 2020 AI XX
Title	Education Committee Minutes of the meeting held on 5 May 2020
Summary	<p>Education Committee Minutes of the meeting held on 5 May 2020</p> <p>Annex A contains the new Day One Competences document, which embraces a broader range of professional, non-technical skills within the competences in line with the findings from the Graduate Outcomes consultation.</p>
Decisions required	Council to note final Day One Competences Model included at Annex A
Attachments	<p>Annex A: Day One Competences</p> <p>Classified appendix</p>
Author	<p>Britta Crawford</p> <p>Education Manager</p> <p>b.crawford@rcvs.org.uk / 020 7202 0777</p>

Classifications		
Document	Classification¹	Rationales²
Paper	Unclassified	n/a
Annex A	Unclassified	n/a
Classified appendix	Confidential	4

¹Classifications explained

Unclassified	Papers will be published on the internet and recipients may share them and discuss them freely with anyone. This may include papers marked 'Draft'.
Confidential	Temporarily available only to Council Members, non-Council members of the relevant committee, sub-committee, working party or Board and not for dissemination outside that group unless and until the relevant committee or Council has given approval for public discussion, consultation or publication.
Private	The paper includes personal data which should not be disclosed at any time or for any reason, unless the data subject has agreed otherwise. The Chair may, however, indicate after discussion that there are general issues which can be disclosed, for example in reports to committees and Council.

²Classification rationales

Confidential	<ol style="list-style-type: none"> 1. To allow the Committee or Council to come to a view itself, before presenting to and/or consulting with others 2. To maintain the confidence of another organisation 3. To protect commercially sensitive information 4. To maintain public confidence in and/or uphold the reputation of the veterinary professions and/or the RCVS
Private	<ol style="list-style-type: none"> 5. To protect information which may contain personal data, special category data, and/or criminal offence data, as listed under the General Data Protection Regulation

Education Committee

Minutes of the meeting held on 5 May 2020

Present:	Professor Ewan Cameron		
	Mr Danny Chambers		Also Adv Practitioner Panel Chair
	Ms Linda Ford	-	Lay member
	*Professor Richard Hammond		
	Mrs Susan Howarth		
	Dr Susan (Sue) Paterson	-	Chair
	Dr Cheryl Scudamore		
	Professor Kenneth Smith		
	Professor James Wood		
	*Ms Katie Fox	-	Student representative
Mr Tobias Hunter	-	Student representative	
By invitation:	Professor Susan Dawson	-	PQSC Chairman
	Professor Jill Maddison	-	CertAVP Sub-Committee Chair
	Mr John Fishwick	-	Chair of Specialist Sub-Committee
	Dr Joanne Dyer		EMS Co-ordinators Liaison Group
	Professor Stephen May	-	Graduate Outcomes Working Group
In attendance:	Mr Duncan Ash	-	Senior Education Officer
	Mrs Britta Crawford	-	Committee Secretary
	Mr Jordan Nichols	-	Senior Education Officer
	Dr Linda Prescott-Clements	-	Director of Education
	Mr Jonathan Reid		Examinations Manager
	Ms Jenny Soreskog-Turp	-	Senior Education Officer
	Ms Laura Hogg		Senior Education Officer
	Ms Sam Eady		Education Assistant
	Ms Beckie Smith		Education Assistant
	Mrs Kirsty Williams		Quality Assurance Manager
	Ms Lizzie Lockett	-	CEO
	Dr Amanda Boag	-	Officer Team Observer

Apologies for absence and welcome

1. Apologies were received from Richard Hammond and Katie Fox.

2. The meeting was held remotely by “Teams” due to the Covid-19 pandemic.
3. The meeting papers reference the RCVS Council Covid-19 Taskforce. The Chair explained that this is a group brought together to make key decisions on temporary policy changes due to the Covid-19 pandemic. All decisions are reported to Council and any decisions with far reaching effects will be decided by Council in the usual manner.
4. The Chair, as always, sincerely thanked the Education Department for their hard work, both in preparing for the meeting and for dealing with the added pressures caused by the pandemic. Her thanks were appreciated.

Declarations of interest

5. Susan Howarth informed the Committee that she is programme manager for Veterinary Nursing courses at Harper Adams.

Minutes

6. The minutes of the meeting held on 11 February 2020 were approved.

Matters arising

7. The Chair updated the Committee as to relevant matters arising that would not be covered in meeting papers: The update to the Statutory Instrument, required for the agreed change in Statutory Membership Exam (SME) re-sit charges, was delayed due to Covid-19 but was progressing slowly. The fellowship diploma was approved at the Council meeting in March. For the accreditation review, the interview with the Veterinary Nursing department had been planned but was postponed. Laura Hogg had tried to contact the BCVA regarding the Advanced Practitioner (AP) review but had so far not had a response.
8. Three new members had been invited to join the VetGDP task and finish groups. These were Erin Marsh, first opinion practitioner who had graduated from Nottingham in 2015; Tim Hutchinson a mixed species practitioner from an independent first opinion practice with a tradition of recruiting graduates and developing them in-house; and John Chitty, a small animal/exotics practitioner who was a previous BSAVA president and had helped develop their mentoring scheme.

Education Department update

9. The Director of Education, Dr Linda Prescott-Clements, gave an oral update on the work of the Education Department. The Committee heard that the final diploma appeal had not been upheld and therefore no further Diploma exams would now be held.
10. Regarding funding for refugees taking the SME, the RCVS has agreed to make funding available and had met with the Refugee Council who were now deciding on how this funding would be administered.

11. It had been agreed by the Covid-19 Taskforce and approved by this committee that members may undertake 25% less CPD for the year 2020. Whilst many were able to undertake more CPD this year with unexpected time on their hands due to having been furloughed, many had extra responsibilities such as childcare and home “schooling” and therefore may find meeting the requirements difficult.
12. Dr Prescott-Clements reported that she had received an invitation to join inter-regulatory meetings with other healthcare regulators, to discuss education policy.
13. Dr Prescott-Clements was invited to take part in a recent online round-table discussion organised by the Quality Assurance Agency (QAA) involving other Professional Statutory Regulatory Bodies (PSRB’s) on the subject of temporary policy changes as a result of the pandemic.

Change to CPD requirement for 2020 due to Covid-19

14. The committee received and noted the paper about the reduction in CPD hours for 2020 due to the Covid-19 pandemic. The policy will be reviewed again at the beginning of June by the CPD Policy Working Party and the Education Committee will be kept informed of the discussion and any potential amendments

CPD Audit

15. The Committee received the results from the 2019 CPD audit with further analysis of CPD records. A review of records show that compliance is over 70% in all age groups under the age of 60 and that 59% of recorded CPD activities are external formal learning.
16. Twenty-four vets have been included in three audits but are still non-compliant, and a further 54 have been included in three audits but have not responded, so they will be referred to the CPD Referral group.
17. The next audit is planned for October 2020 and due to Covid-19 pandemic this year’s audit will focus on the follow up of cases of non-compliance and non-respondents from last year, but not contact members as part of a random sample. In order to check compliance an anonymous random sample will be taken from 1CPD users. The audit will check compliance for the last three years and not focus on the hours for 2020. The committee agreed the proposal for this year’s audit.
18. The committee discussed the previous CPD policy change to an annual requirement instead of the rolling three year requirement. The positive aspects such as regular recording of CPD and better enforcement of the requirement were noted, but also potential negative aspects such as not being able to carry over hours to next year. They felt that it is important that we keep reviewing data and compliance to see if we need to make further amendments to the policy to make sure that the policy is supportive and reflects best practice.

Update from CPD Referral Group

19. The committee received the minutes from the CPD Referral group meeting on the 17 April 2020. Ms Ford briefed the committee about some of the discussions at the meeting.
20. The group considered how CPD compliance can be enforced following the changes in the CPD policy and emphasised the importance of educating the professions about what can be counted as CPD and encourage 1CPD usage. The group also discussed how CPD could be encouraged through mentors and any collaborations with the Practice Standards Scheme (PSS).
21. The Education Committee noted the suggested process for dealing with non-compliance after 1CPD becomes mandatory in 2022 and were satisfied that the process would be efficient and use resources appropriately.

Graduate Outcomes

Day 1 Competences (D1C)

22. A further update of the draft of the new D1C document was received and noted.
23. Professor May explained that the intention of the update was to embrace a broader range of professional, non-technical skills within the competences. There would be a slight further update with the document being date stamped, and with acknowledgements also given to the Day One Competences sub-group of the wider Graduate Outcomes Working Party for the update.
24. There was a discussion around the explanatory notes to each of the competences, with specific examples of words like “simple”, and “basic”, being used to describe certain procedures that new graduates should be capable of doing, and whether or not this implied that they were ‘easy’ tasks. It was noted that it could be interpreted in such a way, however it was clarified that the intention was not to undermine any specific procedures, but more that the emphasis was being put on procedures that graduates would feel comfortable doing on “day one”, recognising that there would still be tasks that they would not have the experience to perform yet. Therefore using words like, “simple”, was designed to be able to put students and recent graduates at ease. Suggestions for specific changes to the wording of any particular section would be welcomed.

ACTION: EC to feedback any suggestions for changes to wording.

25. It was also agreed to review the guidance for 3 competences that did not have any explanatory notes in place. Although the competences themselves were straight forward, the absence of notes stood out, and in some cases the explanation existed within the competence, so it could simply be moved across.

ACTION: review guidance for 3 competences that do not have any explanatory notes

26. Members were also presented with a possible alternative format to the document, with the new Model being more incorporated into the heading for each section. It was agreed that this format should be further explored as it helped the link the competences themselves back to the Model.

ACTION: Group to further explore alternative format

Veterinary Graduate Development Phase (VetGDP)

Entrustable Professional Activity (EPA) Task and Finish Group

27. Professor May updated the Committee on the work of the EPA Task and Finish Group which had met for the first time the previous week. He reported that it had been a good brain storming session and had involved a range of perspectives and experiences from the group.
28. The group had been presented with an arrangement of EPAs, based on those developed by the Association of American Veterinary Medical Colleges, Competency-Based Veterinary Medicine group, as a starting point to discuss how we move forward to create a portfolio for VetGDP that will be framed around EPAs/tasks in practice rather than a skills check list. The graduates would need to reflect not only on their performance of the task but would also receive feedback on the professional activities involved to provide a benchmark to support their reflections.
29. The group were left with the actions to consider how feedback on the activities could be achieved both from the perspective of the graduate and the mentor. The education department would consider a milestones for the EPA's to bring back to the group. The group would feedback any areas they felt were missing, such as euthanasia, so these could be added as separate EPAs. The guidance materials may include vignettes around standards and milestones to distinguish the level needed at 1 year post graduation and how these are different from competences at day one.
30. The 1st opinion practitioners added enormously to the discussions and all were excited to see what would be produced.

Timeline review in light of Covid-19

31. The VetGDP project has the potential to have a genuine positive impact on all new graduates. The current 4th year students at vet schools are arguably those that will be the hardest hit by the effects of the Covid-19 pandemic, having missed out on this period of experience while the country is in lock down. The hope is that the VetGDP can be ready to pilot by the time the 4th years graduate in summer 2021 but it may require a re-shaping of internal resources so that the department has sufficient support. The sub-committee agreed that they would support a call for extra resources where necessary.
32. The Committee also noted that the VetGDP would be useful for those returning to the veterinary profession and those who had may need to focus on specific areas after a disciplinary hearing. The committee heard that the EPA structure would be beneficial for these uses as they could be tailored to individual need. There would be a "toolkit" so that new EPAs could be added to the bank if any areas were felt to be missing.

Review of Accreditation Standards and Processes

33. The minutes from the accreditation review working party were received and noted, and an update on the ongoing work was presented. It was noted that the semi-structured interviews with other professional regulators regarding their accreditation processes was almost complete. It was also

noted that, alongside these, interviews with a selection of veterinary schools representing the different models of curricula were also almost complete. A report from these interviews, alongside a comparison of processes observed on visitations by the American Veterinary Medical Association (AVMA) and the European Association of Establishments for Veterinary Education (EAEVE), will be presented to the working party at their next meeting.

34. A comparison of standards across the different veterinary regulators, as well as other professions, was now complete and the working party had agreed on a list of standards which needed either amending or adopting into those used by the RCVS. A lot of overlap between the new standards had been identified and it was agreed to take forward the high level themes of these rather than just copying the standards completely. Members of the Education Department were now writing up a draft of the new standards, based on the recommendations from the working party, for presentation at the next accreditation standards review meeting.
35. The main focus of the previous meeting had been the results of the literature review. The final report on the Systematic Review of the Professional Accreditation Literature, completed by the Australian Council for Educational Research (ACER), had been received by the committee and it had been agreed that it was well structured and well written, and could be used as a sound basis to evidence the next steps of the project. The review group had agreed that there was no single model presented which would satisfy the needs of RCVS, and that a hybrid model would be favourable, selecting the best parts of each type of model presented.
36. A paper detailing the overarching principles was then agreed by the working party, further details are in the appendix.
37. It was queried when the results of the confidential literature review would be made public, and it was commented that ACER were due to submit it for publication later in the year, at which point it could be shared.

SME Addendum

38. The Committee were asked to approve the addendum to the Statutory Membership Examination guidance, which outlined temporary changes to the examination regulations in response to Covid-19.
39. There was a question on whether the arrangements for running the written component remotely, allowing candidates to sit it in their home countries, could become a permanent change to the examination. The remote running of the written component would be reviewed by the SME Board towards the end of 2020 and Education Committee would be asked to consider whether to make any of these changes permanent at a future meeting.
40. Education Committee approved the addendum.

SME Temporary Refund Policy

41. The Committee were asked to approve a temporary refund policy proposed in light of the changes to the exam schedule brought about in response to the Covid-19 outbreak. The proposal would allow candidates a two-week window to withdraw from the examination and apply for a discretionary refund on 100% of the examination fee.
42. Education Committee approved the temporary refund policy.

SME Applications - IELTS Indicator test

43. The RCVS Covid-19 Taskforce had approved temporary changes to the policy on applicants demonstrating their English language competence prior to being accepted as a candidate for the SME, as both the IELTS and OET are currently unavailable due to the pandemic. This will enable applicants for the 2021 diet to be accepted as candidates for the exam without taking the IELTS or OET test , but they would be required to pass the IELTS or before being permitted to register.
44. Education Committee were asked to determine an appropriate length of time following a pass in the 2021 diet of the examination for candidates to pass the IELTS or OET.
45. Education Committee agree that candidates who are unable to sit the IELTS or OET as part of the application process should pass either test no later than one year following the issue of the results for the 2021 SME diet.

Primary Qualification Sub-Committee (PQSC)

46. Since the last Education Committee meeting, two PQSC meetings had been held in an attempt to bring the two committees back in sync with regards to reporting. The minutes from both these meetings were received and noted.
47. Education Committee were asked to approve one recommendation from PQSC regarding an interim visitation to CityU in Hong Kong. Following a request from the Dean of the University that an RCVS representative attend the Australasian Veterinary Boards Council (AVBC) interim visitation in 2021, PQSC felt that RCVS should conduct its own visitation, in line with RCVS standards and consistent with the decision made by Education Committee to conduct an RCVS only visitation in the final year of the first cohort. This recommendation was supported by Education Committee. It was noted that the visitation could be scheduled at a similar time to the AVBC visitation, so as to reduce the administrative burden on these school as much as possible.
ACTION: RCVS to write to CityU to inform them that an RCVS only interim visitation would be conducted in 2021.
48. Another item of note from the PQSC minutes was the rearrangement of the next meeting of the International Accreditors Working Group (IAWG), which had been due to take place in June 2020. Due to the global pandemic this meeting had now been postponed although it has been agreed to host a scaled down meeting of IAWG virtually in June this year. The original agenda had been a two day event focussing on development work and emerging ideas around accreditation, which wouldn't be possible via videoconference. The plan was now to have shorter sessions remotely

focussing on essential business items such as the facilitation of joint visitations and the future remit of the group, and for a full conference to take place in 2021.

Temporary changes to Education Policy agreed by RCVS Covid-19 Taskforce

Extra-Mural Studies (EMS)

49. Following a recent decision to suspend the EMS requirements during the pandemic, and allowances for students in year 5 to be able to graduate without the required number of weeks achieved, the policy had since been reviewed and an updated version agreed upon which included further considerations for those students currently in year 4. Letters from the RCVS President, detailing these agreements, had been sent to all UK veterinary students. Thanks were given to the Education Department for drafting policy changes and getting measure in place quickly, so as to prevent any interruption in veterinary education and the supply of graduated vets.
50. Since the policy changes had been made, there had been some anxiety for students in earlier years, as it was felt that they would not have the time in already full timetables to make up any shortfall in Animal Handling EMS (AHEMS). It was clarified that this subject was under constant review by the RCVS and the Veterinary Schools Council (VSC), who met regularly, and that a decision about students in years 1, 2 and 3 would be made before the end of May.
51. It was pointed out that both the VSC and RCVS had agreed that any changes to EMS policy as a result of the pandemic were temporary, that a precedent would not be set, and that EMS experience would not be reduced in future years as a result of this reactive policy change.

Amended Vet School assessment plans

52. Constraints resulting from the Covid-19 pandemic had meant that vet schools have had to implement alternative methods of assessment. A template for schools to report these temporary changes, as well as the QA measures in place to mitigate risk and maintain standards had been provided by RCVS and agreed by VSC. This would also ensure evidence would be kept on file and considered within context during future accreditation visits.

Accreditation periods

53. Due to the global pandemic, a number of veterinary school accreditation visits were unable to take place. A policy had been approved by the RCVS Council Covid-19 Taskforce to temporarily extend accreditation periods by twelve months for those schools impacted, to enable rescheduling to take place once things return to normal.
54. The veterinary schools affected by this situation were Glasgow, Pretoria and Melbourne, although depending on the length of the lockdown more may be impacted. Discussions with these schools, in conjunction with overseas accrediting agencies, had been ongoing to manage the rescheduling.

Certificate in Advanced Veterinary Practice (CertAVP)

55. Professor Maddison reported on the minutes of the CertAVP sub-committee from the 26th March 2020. The Committee heard that there had been an applications for equivalence against the 'A' module and another for a 3rd sit at the synoptic examination. The sub-committee understood that a candidate would shortly be applying for the first designation in primary care and made some way in discussions about the format of the synoptic examination during their meeting.
56. Nottingham had presented new modules to be added to the Certificate scheme, which were welcomed. They were given some advice as to how these could fit more neatly into the scheme and would come back with revisions.
57. The Committee were presented with the draft questionnaire for the CertAVP review. The survey questions were based on the aims set out in the project document already approved by the CertAVP subcommittee and Education Committee and are similar to those going out as part of the AP review. The CertAVP sub-committee were keen that answers relating to the CertAVP alone would be easily distinguishable, and this is being achieved through the participants being asked to identify which postgraduate certificate they have completed at the beginning of the survey. The focus groups, which we hope will be done in person, rather than remotely, will also distinguish between certificates.

Advanced Practitioner Status

58. The Committee noted the lists of new and re-listed Advanced Practitioners approved by the panel in March 2020.
59. Advanced Practitioner candidates needing to re-apply for their status this year had until the end of July to provide evidence of their Professional Key Skills. Given the current circumstances, the Covid-19 Taskforce had agreed to extend this deadline to the end of October. The Committee noted the decision.

Qualifications approved for inclusion on the Registers

60. The Committee noted the recently approved qualifications approved for inclusion in the Register.

Nottingham MOOC

61. Karen Braithwaite joined the meeting for this agenda item to set out her proposal for a MOOC to replace the lack of veterinary work experience currently available for undergraduate applicants to veterinary courses due to Covid-19. The Committee heard about the areas that would be covered, such a history of the profession, veterinary roles in the profession, challenges, wider team roles, etc. The MOOC would be produced in conjunction with Future Learn and would be added to the schools career programme.

62. Susan Howarth asked if elements of the MOOC could also be useful for Veterinary Nurses. Karen Braithwaite replied that the MOOC could be structured so that the relevant parts could be easily accessed.
63. The Committee fully supported the idea felt that it was very timely and particularly beneficial for the Widening Participation students who may not have access to practice. There was a query as to whether the MOOC would include any information on the veterinary course, but it was understood that the MOOC was intended to focus purely on the profession given that there was quite a variability between the vet schools.
64. The Committee were encouraged to email any further feedback directly to Karen.

ACTION: BC to circulate MOOC outline document

Brexit Taskforce Update

65. The committee received a paper updating them on the Brexit Taskforce discussion on the future of European Degree recognition. The Committee were reminded of the interim decision for the RCVS to recognise graduates of schools approved or accredited by the European Association of Establishment for Veterinary Education (EAEVE) in the event that a MRPQ was not part of the Brexit deal.
66. The paper presented to the taskforce included concerns about this agreement and criteria for future proposals, all of which were agreed, and would be explored in more detail by the taskforce and presented to Council. The annexes to the paper contained the evidence and rationales for the future proposals. The annex regarding comparing EAEVE accreditation standards had been removed due to its sensitivity but Education Committee were given an oral report as to its content.

Risk Register

67. The Committee considered the departmental risk register and were asked to email Britta Crawford if they any questions or additions.
- ACTION: Committee email Britta Crawford with any questions of additions to the risk register.**

Any other business

American Veterinary Medical Association (AVMA) agreement

68. PQSC had requested that Education Committee consider the possibility of renegotiating the agreement that RCVS had with AVMA. The agreement signed in 1999 was now very much out of date and many members were concerned with how one-sided the agreement was in favour of the AVMA. This was felt to be timely, in light of the RCVS reviewing its position with regards to the temporary Council decision on accepting graduates from EAEVE approved or accredited schools following Brexit. Members felt that a more mutual recognition agreement would be beneficial and requested that a dialogue be opened to this effect.

ACTION: RCVS to talk to AVMA about renegotiating the recognition agreement.

Date of next meeting

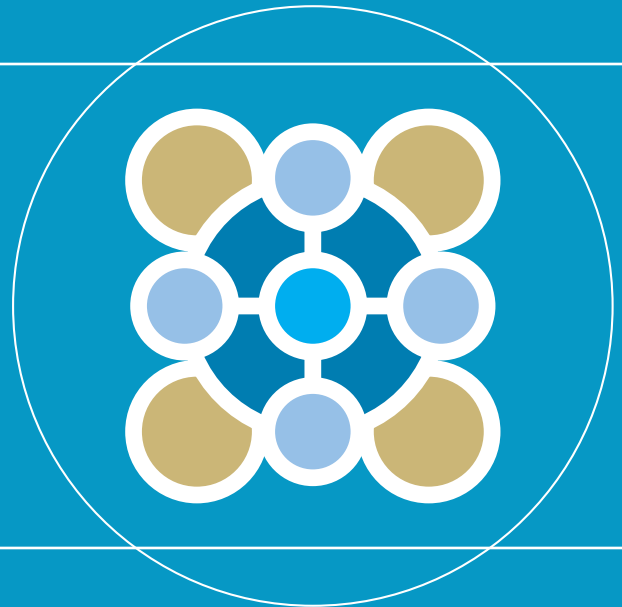
69. Tuesday 15th September 2020
At 13.30.

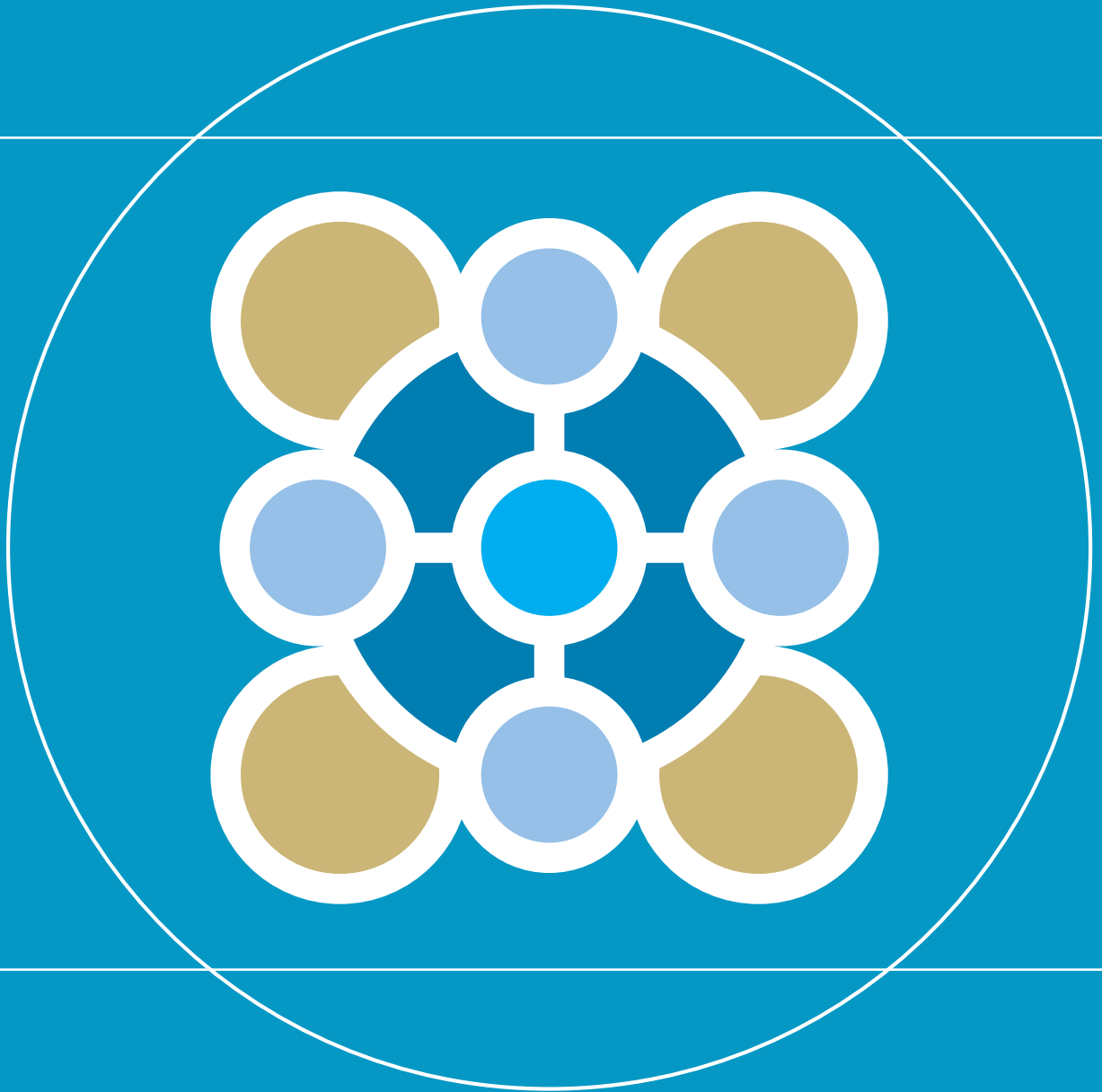
Britta Crawford
Committee Secretary
May 2020
b.crawford@rcvs.org.uk

The Royal College of Veterinary Surgeons

Day One Competences

Edition Published 2020





Introduction

The RCVS has a statutory duty to set and monitor the standards of veterinary degrees for registration into the profession. The “Day One Competences” describe the knowledge, skills and attributes required of veterinary students upon graduation to ensure that they are prepared for their first role in the profession and safe to practise independently.

Competence in a job has been defined as “the ability to perform the roles and tasks required by one’s job to the expected standard.” The standard of competence expected at any given time will vary with experience and responsibility, and it is recognised that the Day One Competences represent a graduate at the start of their career. Competence is therefore a relative term, both in terms of task and fluency in its execution, and increasing levels of competence will be expected throughout the professional’s career.

This version of the Day One Competences was updated and published in 2020 following a review which formed part of the Graduate Outcomes Project. The RCVS in particular wishes to acknowledge the work of the Day One Competences sub-group which, formed out of the main Graduate Outcomes Working Group, with individuals chosen based on their knowledge of professional education, and experience working as academics; practitioners; and in industry:

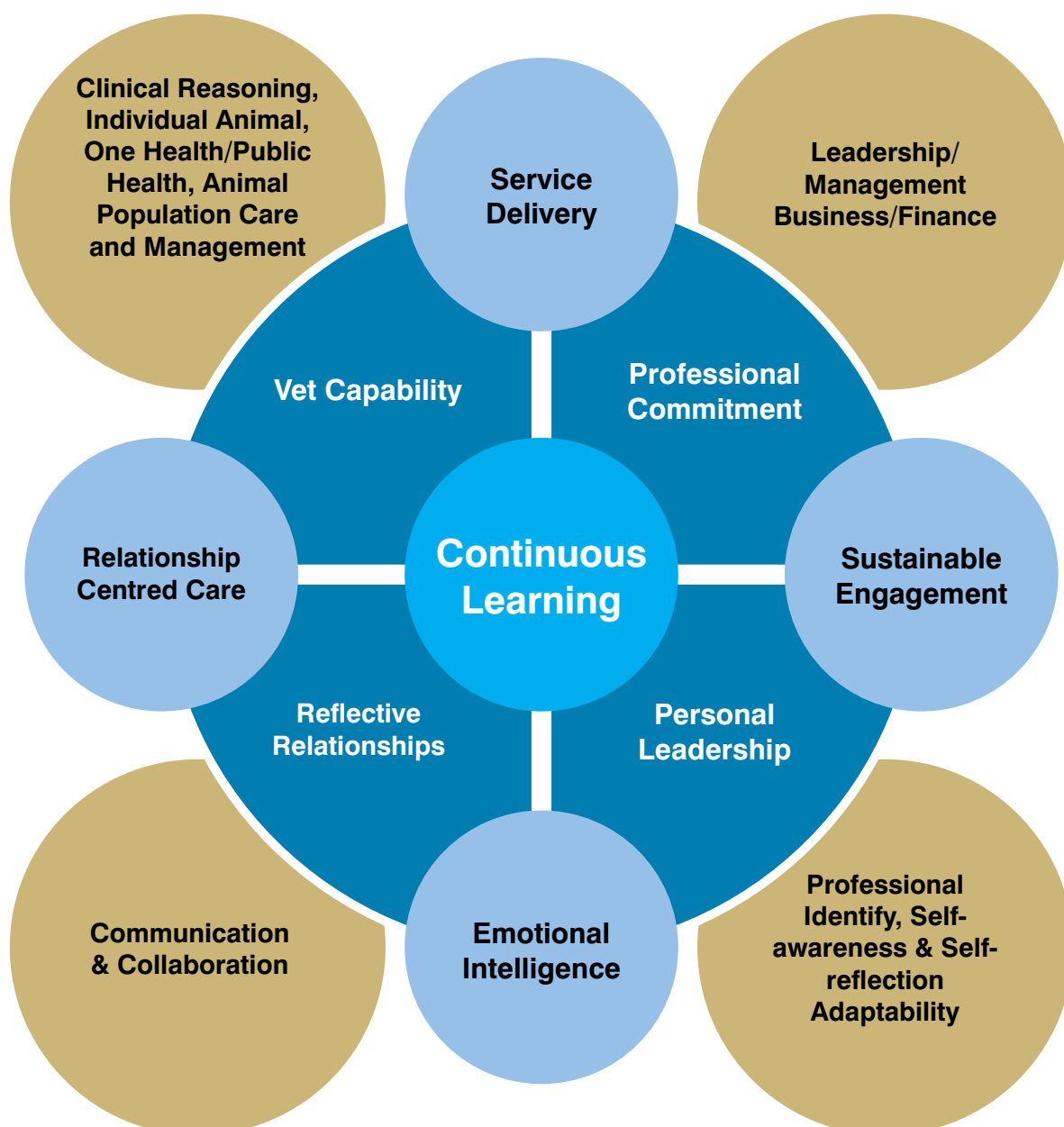
Professor Stephen May
Miss Claire Wade
Mr Adi Nell

Mrs Gudrun Ravetz
Professor Susan Rhind

The work of RCVS staff members Mr Duncan Ash and Dr Linda Prescott-Clements of the Education Department are also acknowledged for this update. The Education Department can be contacted at education@rcvs.org.uk for those who may wish to discuss this document further.

Conceptual Model for the Day One Competences

Each competence is listed individually, and each one is part of a separate domain. However, the reality of professional practice is that competences are carried out holistically in an integrated manner, rather than as separate entities. The model below is designed to show the differing overarching areas and domains in which each veterinary surgeon will have displayed as being competent in upon graduation:



Animal Welfare

Although not mentioned explicitly within the Model, “animal welfare” is implicit to the idea of a qualified veterinary surgeon, and is at the heart of each individual section of the Model and individual competence. It is at its essence, bigger than the Day One Competences and where each

competence is born from, and what each sets out to maintain. It is completely central to a veterinary surgeon in any veterinary duty that they perform from graduation and throughout their career. It is the core of veterinary medicine, and everything begins and ends with animal welfare.

Continuous Learning

The Model itself is designed to be conceptual, showing how the different areas overlap or interact with each other. “Continuous learning” is considered to be at the heart of what it is to be a veterinary professional, framing every veterinary surgeon’s progression.

The four areas that link directly from this in the dark blue boxes are the domains, in which individual competences are described: Vet Capability; Professional Commitment; Reflective Relationships; and Personal Leadership. These are described in more detail within each section of the competences. The gold boxes are the sub-sets of these main domains.

Whilst specific competences are placed within the domains, the Model also shows how, although they are separate, they do interact. The Model should be considered as a framework which represents the competences as a whole, and how each domain will contribute to the development of a student and their professional identity as they become ready to graduate. The light blue boxes illustrate this, as whilst not “domains” in themselves, they form part of the philosophy and attributes of the professional veterinary surgeon, whilst also linking into the central idea of “continuous learning” that the Model is formed around.

General Professional Skills and Attributes Expected of Newly Qualified Veterinary Surgeons - Personal Leadership

The competences within this domain describe the attributes and behaviours of a professional veterinary surgeon. Competences within this domain include knowing the Code of Conduct and understanding professional procedures, recognition of one's own abilities and limitations, and how to act and/or react to different situations and circumstances.

Personal Leadership - Professionalism

1	Act professionally, as informed by the RCVS Code of Professional Conduct.	The RCVS Code of Professional Conduct is available on the RCVS website at www.rcvs.org.uk/vetcode . The Code sets out veterinary surgeons' professional responsibilities, and along with supporting guidance provides advice on the proper standards of professional practice.
2	Act in a way that shows understanding of ethical and legal responsibilities, appropriately balancing competing interests.	To abide by the principles in the Code of Professional Conduct, veterinary surgeons need to be able to make professional judgements based on sound principles. They must be able to think through the dilemmas they face when presented with conflicting priorities and be prepared to justify the decisions they make. As well as decisions relating to individual patients, animal groups, populations of animals and clients, veterinary surgeons must take account of the possible impact of their actions beyond the immediate workplace, for example, on public health, the environment and society more generally.
3	Demonstrate the ability to critically review and evaluate evidence, in support of practising evidence based veterinary medicine.	New graduates must be able to appreciate the difference in value to be attached to different sorts of literature, presentations and evidence, for example, recognising commercial and other forms of bias.
4	Apply principles of clinical governance.	More guidance on clinical governance is included in the supporting guidance to the Code of Professional Conduct. It includes critically analysing the best available evidence for procedures used, reflecting on performance and critical events and learning from the outcome to make changes to one's practice.
5	Contribute as appropriate to the advancement of veterinary knowledge, in order to improve the quality of animal care and public health.	The veterinary surgeon must think beyond the immediate case or work in hand, and take up opportunities to contribute to the processes of continuous improvement. This may include clinical audit, case discussions, research and adding to the evidence base for others to draw on in the future.
6	Apply the RCVS Ten Principles of Certification.	The Principles of Certification are described in the supporting guidance to the Code of Professional Conduct, available on the RCVS website. New graduates must be familiar with the Principles and follow the RCVS supporting guidance.

7	Prescribe and dispense medicines correctly and responsibly in accordance with legislation and latest guidance including published sheets.	New graduates must understand the requirements of the “Cascade” in prescribing. In particular, when prescribing or using antimicrobial agents, care must be taken to minimise the risk of antimicrobial resistance, risks to food safety, and risks to the person dispensing or damage to the environment.
8	Report suspected adverse reactions effectively.	The veterinary surgeon should follow the Veterinary Medicines Directorate procedures for reporting.

Personal Leadership - Self-awareness & Self-Reflection

9	Demonstrate situational awareness through navigating and responding to the economic and emotional context in which the veterinary surgeon operates.	Veterinary surgeons need to be resilient and confident in their own professional judgements to withstand the stresses and conflicting demands they may face in the workplace. They should know how to recognise the signs of excessive anxiety which may lead to stress and how to seek or give support to mitigate this in themselves and others.
10	Demonstrate self-awareness of personal and professional limits, and know when to seek professional advice, assistance and support.	Veterinary surgeons should at all stages in their careers be competent in their performance, or be under the appropriate supervision of those so competent until such time as they can act alone.
11	Demonstrate a commitment to learning and professional development, including recording and reflecting on professional experience and other learning aimed at improving performance and competence.	It is a requirement of the RCVS Code of Professional Conduct that veterinary surgeons must maintain and develop their knowledge and skills relevant to their professional practice and competence. This includes being able to reflect, learn, and share information gained with others. New graduates must be prepared to take part in the RCVS Professional Development Phase (PDP) and be ready on graduation to make the transition to being an independent learner responsible for their own professional improvement and development.
12	Engage with self-audit and peer-group review processes in order to improve performance.	Veterinary surgeons must regularly review how they are performing in their day to day professional work, and play an active part in performance appraisal. New graduates in clinical practice must take part in the RCVS Professional Development Phase and keep a record of their continuing progress until they have met the year one competence level.

Personal Leadership - Adaptability

13	Demonstrate ability to manage in situations where information is incomplete, deal with contingencies, and adapt to change.	Veterinary surgeons must be able to manage cases and make decisions where there is incomplete or unclear data. For example, it is not always possible to run a full set of tests or range of diagnostic procedures which may preclude the investigation of the 'perfect' case. They need to be able to adapt their approach to fit changing circumstances, know how to cope appropriately when either making other plans or adapting to contingencies and the unexpected, and identify appropriate options for further diagnosis, treatment and/or referral, should a case require it.
14	Adapt knowledge and skills to varied scenarios and contexts.	Knowledge may sometimes be extrapolated to novel species and/or situations, and new graduates should be able to adjust existing protocol when standard measures are unavailable.



Professional Commitment

The competences in this domain, as the name suggests, describe a graduate’s professional capabilities around the business aspects of veterinary practise. Competences in this domain recognise that graduates are not expected to have full knowledge of how to run a successful business, but that they should be aware of the way the profession operates, both in terms of businesses that exist within the profession and also outside the profession in related areas.

Professional Commitment - Business/Finance

15	<p>Demonstrate a basic knowledge of the organisation, management and legislation related to a veterinary business.</p>	<p>This includes knowing one’s own and the employer’s responsibilities in relation to employment, financial and health and safety legislation, and the position relating to non-veterinary staff, professional and public liability. Also one would need to be aware of how fees are calculated, of income, overheads and other expenditure involved in running a veterinary business. It also requires an ability to work with various information systems in order to effectively communicate, share, collect, manipulate and analyse information. Finally, it is also important to comply with professional standards, protocols and policies of the business knowledge of legislation affecting veterinary businesses, such as the disposal of clinical waste and safety of medicines.</p>
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Professional Commitment - Leadership/Management

16	<p>Promote health and safety of patients, clients and colleagues in the veterinary setting, including applying the principles of risk management to practice.</p>	<p>This includes knowledge and explanation of the procedure for reporting adverse incidents and the procedures for avoiding them. It also includes following safe practices relating to the dangers in the workplace.</p>
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Reflective Relationships

Professional relationships form an important part of a veterinary surgeon's career, from working directly with colleagues within the same institutions, to those based in other locations and/or areas of the profession and relationships with clients. Therefore, understanding how to communicate and collaborate effectively is key for the competences within this domain, as they are central to forming and maintaining the relationships that will exist within a veterinary surgeon's professional life.

Reflective Relationships – Collaboration & Communication

17	Communicate effectively with clients, the public, professional colleagues and responsible authorities, using language appropriate to the audience concerned.	Effective communication includes active listening and responding appropriately, both verbally and non-verbally, depending on the context.
18	Demonstrate inclusivity and cultural competence, and encourage diverse contributions within the workplace.	Cultural competence is the ability to understand, communicate with and effectively interact with people from all cultures. The veterinary profession is diverse, and veterinary surgeons will need to act professionally and show a respect for colleagues from all backgrounds.
19	Work effectively as a member of a professional/ inter-professional team, fully recognising the contribution of each professional, and demonstrate an understanding of cognitive diversity.	The team may include veterinary nurses, practice managers, technicians, farriers, nutritionists, physiotherapists, veterinary specialists, meat hygiene inspectors, animal handlers and others. The veterinary surgeon should be familiar with and respect the roles played by others in the team and be prepared to provide effective leadership when appropriate, and contribute to the synthesis that ensures that team outputs are always optimal.
20	Prepare accurate professional records and case reports, in a form appropriate to relevant audiences.	Patient records should be clear enough that they can be referred to by others and (if written by hand) legible, avoiding idiosyncratic abbreviations or jargon, so that the case can be taken over by another professional for ongoing treatment if necessary. If for a client and/or member of the public, records should be written in plain English and free from jargon.
21	Communicate clearly and collaborate with referral, diagnostic and other professional services.	This includes passing on all relevant information, including providing an appropriate history and other details.

Practical and Clinical Competences Expected of Newly Qualified Veterinary Surgeons - Vet Capability

This domain describes the clinical competences, and encompasses the practical skills, techniques and underlying veterinary scientific knowledge that veterinary surgeons must possess upon graduation. By meeting these competences, graduates demonstrate that they are ready to carry out clinical procedures independently (to a day one competence standard). The majority of the competences lie within this domain.

Vet Capability - Clinical Reasoning

22	Obtain an accurate and relevant history of the individual animal or animal group, and its/their husbandry and environment.	This will depend on context and, in particular, how extensive this is, including husbandry and environment. It will be affected by whether it is a first opinion or referred case and any proposed treatment. Also the nature of the case and what species, and whether a herd or individual and whether there is a disease profile or risk.
23	Develop appropriate treatment plans and administer treatment in the interests of the patient and with regard to the resources available and appropriate public health and environmental considerations.	This is centred around informed consent. It includes being able to tailor a treatment plan when there may be financial or other constraints. Veterinary surgeons must be mindful of the welfare of the patient(s), whether for an individual animal or the group, for example, anti-microbial resistance or appropriateness of treating animals with zoonosis.
24	Synthesises and prioritises problems to arrive at differential diagnoses.	New graduates should be able to identify different problems, creating refined problem lists to prioritise differential diagnoses.
25	Prioritise situational urgency and allocate resources.	New graduates will need to be able to triage cases to address the most urgent and important problems first, recognising emerging situations and directing action. They should also recognise and respond to notifiable, reportable, transboundary, epizootic and emerging/re-emerging diseases.
26	Act professionally in complex situations.	This could be situations where there is ambiguity and/or uncertainty, where there may be no clear diagnoses.

Vet Capability – Individual Animal

27	Handle and restrain animal patients safely and humanely, and instruct others in helping the veterinary surgeon perform these techniques.	Safety applies not only to the animal, but also to yourself and others nearby. The newly qualified veterinary surgeon should be able to make a timely risk assessment of all procedures as duties are performed, as dangers may arise in situations that initially appear to be safe. They should be prepared to take a range of measures including adaptation, seeking assistance or retreating from the task until safety measures can be put in place.
28	Perform simple, elective surgeries in an aseptic fashion.	The new graduate must appreciate the requirement for asepsis during procedures, and be able to perform simple, elective surgeries within the limitations of their experience, in an aseptic fashion.
29	Perform a complete clinical examination relevant to presentation and context.	Whilst the newly qualified veterinary surgeon should be competent to perform a complete examination, they should know when it is appropriate to adapt their examination to the circumstances.
30	Attend all species in an emergency and perform first aid.	The new graduate must be willing to perform basic first aid, and know when and how to request assistance from others if called to deal with an animal outside their immediate area of competence or where there are potential risks to health and safety. This involves being able to make a rapid risk assessment of the situation and take appropriate action to protect the health and safety of themselves and those around them.
31	Collect, preserve and transport samples, select appropriate diagnostic tests, interpret and understand the limitations of the test results.	New graduates are expected to have a working knowledge of relevant tests for the condition under investigation. They should seek assistance to interpret results when appropriate, and recognise the way these tests perform in primary care and hospital based contexts.

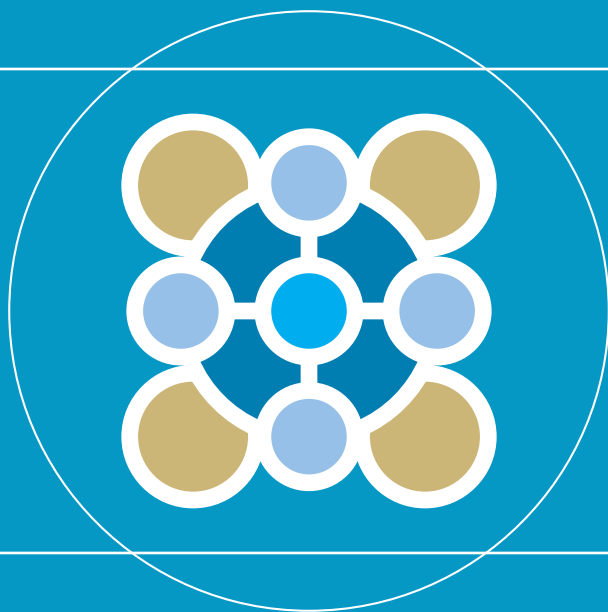
32	Use diagnostic techniques and use basic imaging equipment and carry out an examination effectively as appropriate to the case.	This competence includes taking images of diagnostically-useful quality, as well as the safe use of equipment (e.g. ionising radiation regulations) in accordance with best practice ('ALARA' principle – as low as reasonably achievable, and where possible with no exposure). 'Basic' equipment includes, for example, x-ray, ultrasound and endoscopes, but a new graduate would not be expected to perform an MRI or CT scan. New graduates should be able to interpret common findings and know when to refer or seek more experienced interpretation if appropriate. Veterinary surgeons should act in accordance with good health and safety practice and current regulations.
33	Safely perform sedation, and general and regional anaesthesia; implement chemical methods of restraint.	
34	Assess and manage pain.	The new graduate should be able to score, evaluate and treat pain.
35	Recognise when euthanasia is appropriate and perform it humanely.	Euthanasia should be carried out using an appropriate method, whilst showing sensitivity to the feelings of owners and others, with due regard to the safety of those present; it may include advice on disposal of the carcass.
36	Perform a systematic gross post-mortem examination, record observations	The new graduate should be aware of the limitations of such investigations, and the potential for conflict of interest where they have previously been involved with the case. It is important that they are able to differentiate between normal and abnormal, and that good quality records are kept, as well as samples for further investigation by a pathologist if necessary.

Vet Capability - Animal Population Care and Management

37	Assess the physical condition, welfare and nutritional status of an animal or group of animals and advise the client on good practice of husbandry and feeding.	This applies to commonly presented cases and does not include advanced advice for complex cases.
38	Recognise suspicious signs of possible notifiable, reportable and zoonotic diseases and take appropriate action, including notifying the relevant authorities.	This applies to all areas of veterinary practice. All veterinary surgeons must maintain high standards of biosecurity at all times in order to minimise the risk of contamination, cross-infection and accumulation of pathogens in the veterinary premises and in the field. It involves identifying the clinical signs, clinical course and transmission potential (including vectors) of pathogens associated with common zoonotic-, food-borne-, and transboundary animal diseases.
39	Apply population principles in compliance with legal regulations and economic realities.	New graduates should be able to recommend disease prevention measures; advise on nutritional management; recommend housing and husbandry protocols; and design therapeutic plans for disease management.
40	Recommend and evaluate protocols for biosecurity, and apply principles of biosecurity correctly, including sterilisation of equipment and disinfection of clothing.	New graduates should be able to develop bespoke biosecurity protocols tailored to the situation, covering isolation, disinfection, animal and people movement, and waste disposal.
41	Advise stakeholders on practices that promote animal welfare	New graduates should be advocates for animal welfare through communication of the physical, affective and natural needs of an animal. They should be able to explain ethical and welfare-related aspects of production processes and slaughter, and recognise proper handling and/or adequate production facilities by interpretation of appropriate animal behaviours and advise on animal husbandry and transport.

Vet Capability – One Health/Public Health

42	<p>Perform ante-mortem inspection of animals destined for the food-chain, including paying attention to welfare aspects; correctly identify conditions affecting the quality and safety of products of animal origin, to exclude those animals whose condition means their products are unsuitable for the food-chain.</p>	<p>Not all graduates will work in food-animal practice, but the ability to undertake a health and welfare assessment is an important competence. It is required of all new graduates in order to comply with European and OIE international recognition requirements. Further postgraduate training will be needed before the new graduate can take up official veterinarian duties.</p>
43	<p>Advise on, and implement, preventative programmes appropriate to the species and in line with accepted animal health, welfare and public health and environmental standards.</p>	<p>New graduates will need to be able to assess health and welfare records (and production records where appropriate) and implement health plans. This does not only apply to production animals but is important for any kept animals, particularly those kept in groups.</p>
44	<p>Promote the health and safety of people and the environment.</p>	<p>New graduates should be able to make recommendations for management of animal waste, carcasses and by-products and implement safety and infection control practices. They should also be able to advise on disaster/emergency preparedness and response, whilst practising responsible use of antimicrobial agents and describe the role of the veterinary profession in food safety.</p>



Summary	
Meeting	Council
Date	4 June 2020
Title	Finance and Resources Committee minutes of the meeting held 7 May 2020
Summary	To Note: Minutes of Finance and Resources Committee
Decisions required	None
Attachments	Confidential Appendix attached
Author	Alan Quinn-Byrne Governance Officer/Secretary a.quinn-byrne@rcvs.org.uk / T 020 7227 3505

Classifications		
Document	Classification¹	Rationales²
Paper	Unclassified	n/a
Classified appendix	Confidential	1, 2, 3

¹Classifications explained

Unclassified	Papers will be published on the internet and recipients may share them and discuss them freely with anyone. This may include papers marked 'Draft'.
Confidential	Temporarily available only to Council Members, non-Council members of the relevant committee, sub-committee, working party or Board and not for dissemination outside that group unless and until the relevant committee or Council has given approval for public discussion, consultation or publication.
Private	The paper includes personal data which should not be disclosed at any time or for any reason, unless the data subject has agreed otherwise. The Chair may, however, indicate after discussion that there are general issues which can be disclosed, for example in reports to committees and Council.

²Classification rationales

Confidential	<ol style="list-style-type: none"> 1. To allow the Committee or Council to come to a view itself, before presenting to and/or consulting with others 2. To maintain the confidence of another organisation 3. To protect commercially sensitive information 4. To maintain public confidence in and/or uphold the reputation of the veterinary professions and/or the RCVS
Private	<ol style="list-style-type: none"> 5. To protect information which may contain personal data, special category data, and/or criminal offence data, as listed under the General Data Protection Regulation

Minutes of the Finance and Resources Committee (FRC) held remotely via Microsoft Teams on Thursday, 7 May 2020

Members:

Dr C P Sturgess	Chair / RCVS Treasurer
Dr C L Scudamore	Representative from Education Committee
Mr C T Barker	RCVS Council Member
Dr C W Tufnell	Representative from Advancement of Professions Committee
Ms J S M Worthington	Lay Member RCVS Council
Mr M L Peaty	Representative from Standards Committee
Mr M E Rendle	Representative from Veterinary Nursing Council
Dr M A Donald	Representative from PIC/DC Liaison Committee
Miss R M Marshall	Veterinary Nursing Council Chair
*Mr T J Walker	Lay Member RCVS Council

In attendance:

Ms L Lockett	CEO
Ms E Ferguson	Registrar / Director of Legal Services
Ms C McCann	Director of Operations (DoO)
Mr A Quinn-Byrne	Secretary FRC/Governance Officer

Apologies for absence

1. Mr Walker sent his apologies.

Declarations of interest

2. There were no new declarations of interest to note.

Minutes of the Meeting held on 13 February 2020

3. There were no comments to add on the February 2020 minutes.

Standing Items

Matters Arising

4. It was noted a discussion on risk appetite was due to take place at June Council however this will now be discussed at a Council meeting in autumn. June will be too early to assess all risks deriving from the Covid-19 pandemic. The last time Council had a risk appetite session was June 2018. September FRC will then review the impact of the risk discussion on College finances and resources following Council meeting.
5. The CEO was asked to provide current risk appetite statement, who confirmed she would send to the Committee after the meeting.
6. Death in service benefit was dealt with at the last committee meeting and to be deleted from the actions table.
7. New Chair of FRC to arrange meeting with CEO, Director of Operations (DoO), RCVS President, Registrar, and Governance Officer to discuss Governance Framework of RCVS.
8. The Governance Officer and Director of Operations are working on a document to present to the FRC which outlines the workload being conducted across the college a draft will come before the Committee in September 2020.
9. A draft Contract Procurement Policy will also be an agenda item in September 2020.

Update from Director of Operations (DoO)

Status of audit

11. The Audit and Risk Committee (ARC) and this Committee held a joint meeting prior to this meeting with Crowe U.K LLP (RCVS auditors) in attendance The Annual Report and Audit Findings Report were discussed and are to be subsequently updated with items identified in the joint ARC/FRC meeting.
12. Confidential information is available in the classified appendix at paragraph 42.

Budget 2021

13. Confidential information is available in the classified appendix at paragraphs 1-4

Fraud and Data Protection

17. There were no items of fraud or data protection issues to report.

Facilities

18. The RCVS office at Belgravia House London had been closed since 20 March 2020. The Facilities Manager was currently going in once a week to ensure there were no problems in the building and regular maintenance work was also being carried out. A security guard regularly patrols the building.
19. No post had come through for an initial five-week period, however, there had since been a large volume delivered remedying the backlog.

Recruitment

20. Nine individuals have joined the RCVS since February 2020, while seven staff members had left.

Estate Strategy update

21. Confidential information is available in the classified appendix at paragraphs 5-6.

Items to note

Register and Registration Subcommittee (RRSC)

23. The Registrar highlighted that since the last meeting, the RRSC had approved an application for the 'Employed' category of temporary registration. Further information had been sought from the applicant and the application had subsequently been approved.
24. There were no appeals to report

Reports of Committees

25. The Chair asked each member of the FRC who was representing a committee to produce a report to the Secretary for discussion at the meeting. The Chairs of PIC/DC Liaison Committee and Standards Committee provided their reports. There were no further updates from the remaining RCVS Committees.
26. Confidential information is available in the classified appendix at paragraphs 7-8

Covid-19 Risk Register Discussion

27. Confidential information is available in the classified appendix at paragraphs 9-13

Budget 2021

28. Confidential information is available in the classified appendix at paragraphs 14-33.

Management Accounts

29. Confidential information is available in the classified appendix at paragraphs 34-36.

Investment update

30. Confidential information is available in the classified appendix at paragraphs 37-39.

RCVS Bursary Scheme

31. Confidential information is available in the classified appendix at paragraphs 40-41.

Any other business

32. The CEO on behalf of the RCVS thanked the outgoing Chair Dr Sturgess for his work on the formation of the Committee and wished him the very best for his future endeavours.

33. Professor Dawson, in her role as RCVS Treasurer, would become Chair of the Committee, from 10 July 2020.

Summary	
Meeting	Council
Date	4 June 2020
Title	Standards Committee Minutes
Summary	<p>Minutes of Standards Committee held on Monday, 27 April 2020 at 10am remotely.</p> <p>The Committee's attention is drawn to paragraphs 8 – 15 and 16 – 22 in the classified appendix.</p>
Decisions required	n/a
Attachments	Classified appendix
Author	Nick Oldham Standards and Advice Manager n.oldham@rcvs.org.uk

Classifications		
Document	Classification¹	Rationales²
Paper	Unclassified	n/a
Classified appendix	Confidential	1, 2, 3

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Minutes of the Standards Committee held on Monday, 27 April 2020 at 10 am remotely.

Members:	Prof D Argyle	
	Mr M Castle	
	Mrs L Cox	
	Dr M A Donald	Chair
	Mr D Leicester	
	Ms C-L McLaughlan	
	Mr M Peaty	
	Ms B Andrews-Jones	
	Miss L Belton	
	Dr C Allen	
In attendance:	Ms E C Ferguson	Registrar
	Mrs G Kingswell	Head of Standards
	Mrs L Price	Head of Standards (Maternity Cover)
	Mr N Oldham	Standards and Advisory Manager
	Ms B Jinks	Senior Standards and Advisory Officer
	Ms K Richardson	Senior Standards and Advisory Officer/Solicitor
	Mr N Connell	President (observer from RCVS Officer Team)
	Ms L Lockett	CEO
	Mr B Myring	Policy and Public Affairs Manager (Present for AI 3(c))
	Mr I Holloway	Director of Communications (Present for AI 3(b))
	Mr A Roberts	Director of Leadership and Innovation (Present for AI 3(b))
	Mr P Jinman	Chair, Certification subcommittee (Present for AI 3(a))
	Dr K Sturgess	Certification subcommittee member (Present for AI 3(a))
	Mr C Barker	Certification subcommittee member (Present for AI 3(a))
	Prof E Cameron	Certification subcommittee member (Present for AI 3(a))

AI 1 Apologies for absence and declarations of interest

- 1) The Chair welcomed the President and the CEO to the meeting as observers. There were no apologies and no declarations of interest received.
- 2) The Chair asked for consent to record the video stream of the meeting. There were no objections to this request. The Chair asked that those who have questions/comments put a note in the messaging section and they will be called on in turn.

AI 1 Minutes of last meetings held on 10 February 2020

- 3) It was agreed that the minutes of the last meeting are accurate.
- 4) In regards to the actions from the last meeting (unclassified minutes):
 - a) Paragraph 14 – The Committee were advised that the new PSS requirements and supporting guidance would be aligned when the PSS amendments go live.
 - b) Paragraph 22 – Following the last meeting, the Committee approved additional amendments requested to Chapter 11 of the supporting guidance and BVZS would be notified of the new guidance.
 - c) Paragraph 29 – The Standards and Advice Manager advised that the Audit and Risk Committee ('ARC') were pleased with the controls and measures in place regarding the Standards and Advice risk register. The ARC complimented the 'theme' based approach to risk and suggested other departments at the College may wish to follow this model.

AI 2 Standards and Advice Update

- 5) The Standards and Advice Manager provided an oral update on the volume of COVID-19 enquiries received by the College and measures implemented in order to address the increased number of telephone calls and emails, including additional support from other teams within the College.
- 6) The Committee enquired as to whether there have been any particular themes noted and were informed enquiries had varied as guidance from the government and College had been updated. It was noted that the Communications Department have also been receiving enquiries and these statistics could be considered.

Action: Standards and Advice Team/Communication Department

- 7) The Committee noted that it was felt that some members of the profession have been posting 'abusive' comments on social media platforms and asked whether teams at the College have been exposed to this. The Registrar confirmed that the College is aware of a small minority of the profession who have been making what might be described as "overly robust" comments. However, it is appreciated that these are difficult times.
- 8) The Standards and Advice Manager confirmed that a paper relating to equine identification and the draft framework on Recognised Veterinary Practice would be brought back to the Committee at its next meeting.

Matters for decision

AI 3(a) Certification – Confidential

- 9) Confidential information is available in the classified appendix at paragraphs 8 – 15.

AI 3(b) UCOOH – Confidential

- 10) Confidential information is available in the classified appendix at paragraphs 16 – 22.

AI 3(c) Badger Vaccination training – Confidential

- 11) Confidential information is available in the classified appendix at paragraphs 23 – 26.

AI 3(d) Professional indemnity insurance

- 12) The Head of Standards introduced the paper advising that the PIC/DC Liaison Committee had noted the supporting guidance did not explicitly state the purpose of Professional Indemnity Insurance (PII) was to ensure that veterinary surgeons were covered in the event of claims for negligence. The guidance also did not set out that it is not a requirement to have cover for concerns raised with the College.
- 13) The Committee were advised that veterinary surgeons often presume that PII policies also provide cover in the event a concern is raised with the College, however, this is not always the case. This may be a particular issue for locums, who are in most circumstances covered for negligence under practice policies but may not be covered for anything else.

- 14) The Committee approved the proposed amendments to deal with PII and equivalent arrangements in the supporting guidance.

Action: Standards and Advice Team

AI 3(e) Social media case study

- 15) The Standards and Advice Manager recalled that at its February meeting the Committee requested the preparation of an additional case study to illustrate how social media platforms may be used in a positive manner. The additional case study will supplement those already approved.

- 16) The Committee approved the additional case study, with two amendments; the removal of reference to POM-Vs that cannot be advertised and the addition of an RVN.

Action: Standards and Advice Team

- 17) The Committee discussed what additional resources could be produced to support the profession when they received negative social media feedback. The Committee were advised that the BVA is going to run a CPD session on this subject, and the Mind Matters Initiative has guidance on cyberbullying, which is free online. The Committee suggested that these resources should be promoted alongside the case studies.

Action: Director of Communication

AI 4(a) Risk and equality

- 18) Risks associated with COVID-19 have been added to the Standards and Advice risk register.

Any other business and date of next meeting

- 19) There was no other business.

Date of next meeting

- 20) The date of the next meeting is 7 September 2020.

Table of unclassified actions

Paragraph	Action	Assigned to
6	Consider whether themes apparent from COVID-19 enquiries received	Standards and Advice/Communications Team
14	Update supporting guidance with approved PII amendments	Standards and Advice Team
16	Amend social media case study as directed	Standards and Advice Team
17	Consider promoting BVA/Mind Matters resources regarding use of social media	Director of Communications

Summary	
Meeting	Council
Date	4 June 2020
Title	Veterinary Nurses Council Report to Council
Summary	<p>To note the minutes of the meeting of Veterinary Nurses Council (VNC) held on 6 May 2020.</p> <p>In particular, to note:</p> <ul style="list-style-type: none"> the OSCE Taskforce commissioned by VN Council in April, to consider alternative routes to registration following the deferment of OSCEs, has held several meetings and will present its final proposals to VN Council for discussion in June. A report is being compiled to highlight the work of the VN Futures project as it comes to the end of its initial five-year period. The next phase of the project will begin in June 2021 with events being held prior to this to update on achievements so far and to consult on the future.
Decisions required	None
Attachments	Classified appendix
Author	Annette Amato Committee Secretary a.amato@rcvs.org.uk / 020 7202 0713

Classifications		
Document	Classification¹	Rationales²
Paper	Unclassified	n/a
Classified appendix	Confidential	1,2,3,4

¹Classifications explained

Unclassified	Papers will be published on the internet and recipients may share them and discuss them freely with anyone. This may include papers marked 'Draft'.
Confidential	Temporarily available only to Council Members, non-Council members of the relevant committee, sub-committee, working party or Board and not for dissemination outside that group unless and until the relevant committee or Council has given approval for public discussion, consultation or publication.
Private	The paper includes personal data which should not be disclosed at any time or for any reason, unless the data subject has agreed otherwise. The Chair may, however, indicate after discussion that there are general issues which can be disclosed, for example in reports to committees and Council.

²Classification rationales

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Private	<ol style="list-style-type: none"> 5. To protect information which may contain personal data, special category data, and/or criminal offence data, as listed under the General Data Protection Regulation

Veterinary Nurses Council
Minutes of the meeting held on 6 May 2020

Members:	Mrs Belinda Andrews-Jones	
	Miss Alison Carr	
	Ms Elizabeth Cox	
	Miss Jane Davidson	
	Mr Dominic Dyer	
	Dr Joanna Dyer	
	Ms Lucie Goodwin	
	Mrs Susan Howarth	
	* Mrs Andrea Jeffery	
	* Mrs Katherine Kissick	
	Miss Racheal Marshall	- Chair
	Professor Susan Proctor	
	Mr Matthew Rendle	- Vice-Chair

In attendance:	Mrs Annette Amato	- Committee Secretary
	Mr Luke Bishop	- Senior Communications Officer
	Mrs Julie Dugmore	- Director of Veterinary Nursing
	Ms Eleanor Ferguson	- Registrar
	Mrs Victoria Hedges	- Examinations Manager
	Ms Lizzie Lockett	- Chief Executive
	Mrs Jill Macdonald	- VN Futures Manager
	Mr Ben Myring	- Policy and Public Affairs Manager
	Mrs Jenny Soreskog Turp	- Senior Education Officer

Apologies for absence

1. Apologies were received from Andrea Jeffery and Katherine Kissick. Both members had submitted comments which would be fed in to the relevant sections of the meeting, Jane Davidson joined the meeting at item 8.

Declarations of interest

2. There were no new declarations of interest.

Items discussed in closed session

RVN Disciplinary Committee recruitment

3. See Confidential Appendix paragraphs 1 - 4

CPD Referral Group

4. See Confidential Appendix paragraphs 5 - 8.

Policy and Public Affairs Update

5. See Confidential Appendix paragraphs 9 – 10.

Risk Register

6. See Confidential Appendix paragraph 11.

Examination proposals

7. See Confidential Appendix paragraphs 12 - 15

Obituaries

8. There had been no written obituaries received. The Chair encouraged Council members to have a moment of quiet reflection after the meeting, on members who have passed since the last meeting, and for all members of the veterinary, medical, and other professions, who are facing untold difficulties during the current pandemic.

Minutes of the meeting held on 12 February 2020

9. The Minutes of the meeting held on 12 February 2020 were accepted as a correct record.

Matters arising

10. The Chair reported that discussion on the selection procedure for the Veterinary Nurse Education Committee had been delayed due to the Covid-19 situation, and proposals would be brought to a future meeting.

CEO update

11. The CEO reported on the various activities which had taken place since the last meeting, particularly in relation to the Covid-19 pandemic.
12. The RCVS offices closed on 19 March and all staff had been in a good position to work from home, due to IT changes which had been gradually introduced since the end of 2019. All teams are working at home including the reception team, and are pulling together and working well.

13. Since March, the focus has been on unpicking some of the work that had been carried out so far this year, which had particularly affected the events team, and revising and reviewing policies and procedures. The aim has been to continue to carry out the College's core regulatory responsibilities and make robust decisions while remaining compassionate to the needs of the professions and the public.
14. Work is now being carried out to develop virtual versions of some of our regulatory functions and Royal College activities, and on other areas of support that can be provided to the veterinary team.
15. A Covid-19 Taskforce was set up in March, as a sub-set of RCVS Council, comprising Chairs of all non-statutory committees including the Chair of VN Council, a veterinary RCVS Council member and a lay RCVS Council member. The aim of the group is to approve temporary changes to policies in light of Covid-19. This has met once or twice a week, and the Officer team has been meeting between one and three times a week, to work through a Covid-19 action table. There have also been very regular and frequent meetings of the Senior Team, and with many other external organisations such as BVNA, BVA, Defra, Veterinary Schools Council and other key stakeholders and employers.
16. A survey was put out in April to look at the economic impact of Covid-19 and a second survey has just been issued, to look at the impact of the change in RCVS guidance to professionals which was issued over Easter. The guidance took the form of a flowchart, and aim was to make the flowchart as future-proof as possible, so that it remained relevant whatever government guidance is in place at the time. The veterinary professions have come up with many innovative ways of managing business and dealing with urgent cases.
17. The Strategic Plan for the next five years has now gone live and is on the website. One of the key points in the plan was the focus on our key values, and workstreams were organised around compassion, clarity, courage and confidence. The values and behaviours have been applied during the current crisis by the staff, teams and Councils. We will be starting to look at some of the actions in the plan, probably in the second half of the year.
18. The Chair added that it has been very obvious from attendance at the Covid-19 Taskforce meetings how hard everyone has been working, and passed on thanks from the professions to the College.

Reports from RCVS Committees

Registered Veterinary Nurse Preliminary Investigation Committee (RVN PIC)

19. Council noted the report on the work of the RVN Preliminary Investigation Committee since the last meeting of VN Council. The annual report of the RVN PIC would be presented at the September meeting of Council.

Standards Committee

20. Belinda Andrews-Jones provided a brief update on the meeting of the Standards Committee held on 27 April 2020.
21. The Committee had been provided with an oral update on the volume of Covid-19 enquiries received by the College and the measures implemented in order to address the increased number of telephone calls and emails. The thanks of the Committee had been passed on to the office team for the amazing support they have provided and the way the enquiries have been dealt with.
22. The Committee had approved amendments to Chapter 17 of the supporting guidance to the Code of Professional Conduct to clarify the provisions relating to professional indemnity insurance (PII). The amendments explicitly state the purpose of the requirement for PII is to ensure cover in the event of claims for negligence, and veterinary professionals may wish to take out cover for concerns raised with the RCVS.
23. At its previous meeting the Committee had approved changes to the guidance to advise the professions of their responsibility in relation to comments on social media platforms, and to provide additional guidance on discriminatory comments. Two case studies to support this additional guidance had been approved, and the Committee had requested a further case study highlighting the positive use of social media. The Committee had now approved this additional case study, with two minor amendments, including the inclusion of an RVN.

Communications report

24. The Senior Communications Officer reported on a number of recent and forthcoming activities.
25. The key recent focus had been to communicate the major decisions made by Council, VN Council and the Officer Team with regard to the pandemic, including the information on student veterinary nurses and the OSCE Taskforce. There has also been monitoring of social media to keep abreast of comments and provide appropriate responses.
26. Social media resources and graphics have been developed to communicate key messages to the professions, and a series of materials which can also be used by practices to communicate with clients. The website has been regularly updated, in particular the FAQ sections in light of the changes to guidance. There have also been regular email updates to the professions.
27. The events team has been busy finding alternative ways to deliver the key events planned for this year. Veterinary Nurses Days, which were due to take place this month, have been postponed to 20 and 21 October, and are being kept under review. Most nurses have so far chosen to transfer their bookings to October rather than have a refund.

28. The elections for VN and RCVS Councils were carried out during March and April, with a record turnout of 17.1% for VN Council. This represents a doubling of the turnout four to five years ago.
29. Upcoming and ongoing activity will include a number of Mind Matters Initiative-related news pieces and resources, including a competition around innovation with regards to practice wellbeing.
30. A major piece of work has been the development of the VN Futures website, which should be launched later in the month, following a final audit and contents check. The edition of *VN Education* planned for the spring has been put on hold, but will reviewed in due course.

VN Futures (VNF)

31. The VN Futures Manager provided an update on activity since the last meeting.
32. A Board meeting took place in February, to review the actions which had been completed, partially completed, no longer relevant or still to carry out.
33. The next phase of the project will begin in July 2021, five years after the project first started. Prior to that there are plans to hold a series of events, depending on the situation with regards to social distancing, including fringe events at the British Veterinary Nursing Association (BVNA) Congress in October 2020 and the British Small Animal Veterinary Association (BSAVA) Congress in 2021, to update on achievements so far and to consult on the future.
34. A report is being compiled to highlight the work of VNF over its initial five-year period. Arrangements are being made for the lectures which were due to be delivered at BSAVA Congress in April to be recorded and delivered online. There have been two webinars so far this year arising from the Career Progression Working Group, and one is planned for June. Topics covered were maximising the potential of the veterinary nurse, and the ethos of why and how VN time should be charged. The third webinar will be in June on the devolution of the Head VN role and the creation of multiple lead VN roles in practice.
35. The One Health Group has focused on community nursing and common themes in education within the human nurse training field.
36. The School Ambassadors pilot is still ongoing, with eight ambassadors in the group. The planned visits to schools have been put on hold, but resources for the pilot to support the ambassadors are still being created, covering three key themes – a day in the life of a VN, a road map of VN careers, and clinical scenarios from practice demonstrating the role and input of VNs. Other careers resources being created include a word cloud on vet nursing and a leaflet for children and parents.

37. The new website is nearly complete, and has used images sourced through a VNF initiative to obtain more diverse imagery in vet nursing. It was hoped that the website would be launched during May to tie in with VN Awareness Month. There is content on the website covering the Edward Jenner Leadership course. A further aim is to develop an e-newsletter for VNF.
38. The VNF manager thanked the Chair for her work on the VN Futures board over the past two years.
39. It was noted that the veterinary Education Committee had been informed of a plan to create a Massive Open Online Course (MOOC) aimed at educating potential veterinary students on what it is like to work in a veterinary practice, as they are likely to have difficulty in gaining work experience in the near future, due to Covid-19. It had been suggested by the Chair of VN Education Committee who attended the meeting that the role of the RVN should be included in the content, and possibly to widen the audience to include potential VN students, who would also be finding it difficult to gain work experience. Details would be passed on to the VN Futures Manager in case some of the VN futures work could be used.

VN Council membership

40. The results of the VN Council elections have now been published and the Chair commented that it was pleasing to note the record turnout and the record number of candidates standing. Matthew Rendle had been re-elected for a further three years.
41. The Chair noted that this will be the last meeting of Council for Sue Proctor, who has been a lay member of VN Council since July 2013 and has represented VN Council as a member of the VN Education Committee since July 2014. This is also the last public meeting for Lucie Goodwin, who has served on VN Council as a veterinary surgeon representative from RCVS Council for two years.
42. The Chair thanked Sue and Lucie for their work and their contribution to VN Council over the past years. A scroll to commemorate their time on Council would be forwarded to them on the re-opening of the RCVS premises.
43. The CEO added that this would also be the last public meeting of Racheal Marshall, who had not been re-elected to VN Council. Racheal had been a member of VN Council since 2016 and Chair since July 2018, and during her time as Chair, VNC had approved the new Certificate in Advanced Veterinary Nursing (CertAVN) framework and the new Standards Framework for Veterinary Nurse Education and Training and the introduction of the 1CPD App. Additionally, Racheal had been one of the two first official veterinary nurse members to sit on RCVS Council since July 2018.
44. Racheal was also currently a member of the Advancement of the Professions Committee, the Finance and Resources Committee, the Operational Board and more recently had spent a huge amount of time supporting the Covid-19 Taskforce and the OSCE Taskforce, ensuring that the voice of veterinary nurses had been heard on all those groups. Racheal

was a member of the VN Futures board, and had carried out much work for the Board, including a number of presentations. The CEO praised Racheal's support for the VN Department and her thoughtful contributions on many levels.

45. Council expressed its thanks to Racheal for her key contributions and hard work.

Date of next meeting

46. **Wednesday 17 June 2020** at 10.30am (closed meeting)
Wednesday 9 September 2020 at 10.30am

Any other business

47. The Director of Veterinary Nursing reminded Council that since being commissioned, the OSCE Taskforce had met twice and was currently working up proposals for consideration by VNC in June. RCVS was also working with Awarding Organisations and universities around the unseen examination element and alternative delivery methods.

Summary	
Meeting	Council
Date	Thursday, 4 June 2020
Title	Preliminary Investigation Committee and Disciplinary Committee Liaison Committee Report
Summary	<p>Minutes of the meeting held on Thursday, 21 May 2020</p> <p>It was discussed the impact which COVID 19 had on the disciplinary process and explained that the College would be holding two virtual appeal hearings. The annual PIC DC figures for 2019 and the annual hearing statistics were presented and discussed. The annual VCMS report was published and an overview of the terms KPI figures were given.</p>
Decisions required	None
Attachments	Classified appendix
Author	Hannah Alderton Secretary, PIC DC LC 020 7856 1033 h.alderton@rcvs.org.uk

Classifications		
Document	Classification¹	Rationales²
Paper	Unclassified	n/a
Classified appendix	Confidential/Private	4, 5

¹Classifications explained

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Minutes of the Preliminary Investigation Committee / Disciplinary Committee Liaison Committee meeting held on Thursday, 21 May 2020

Members:	Mr C T Barker	Member of Council
	Ms A K Boag	Member of Council / Senior Vice-President (Chair)
	Mrs S K Edwards	Chair, RVN PIC
	Mr I Arundale	Chair, DC
	Dr K A Richards	Chair, SC
	Dr N C Smith	Member of Council
	Dr C P Sturgess	Member of Council / Treasurer
	Dr B P Viner	Chair, PIC
	Ms J S M Worthington	Member of Council

In attendance:	Ms E C Ferguson	Registrar / Director of Legal Services
	Ms L Lockett	CEO
	Ms G Crossley	Head of Professional Conduct
	Miss H Alderton	Secretary
	Ms M Kankam	Clerk to DC

*Denotes absent

Apologies for absence

1. No apologies for absence were received.

Declarations of interest

2. It was stated that there were no new declarations of interest.

Minutes of the meeting held on Thursday, 20 February 2020

3. The minutes from the previous meeting were approved.
4. Paragraph 22 of the minutes was highlighted and it was asked whether there was an update on the number of unrepresented respondents. It was explained that more information on what cover indemnity insurance provided for vets, especially locums, had been approved by the Standards Committee with some additions and was now published. Emphasis was put on the fact that the College would much rather a respondent be represented and was trying to ensure that all those who wanted to be represented were not prevented due to lack of information. Unrepresented respondents lengthened the process and also often meant a worse outcome for the individual.
5. It was asked whether there was any clarity on the buddy system and the Open Minds report launch dates. Members of the staff team were intending to hold a training day in Belfast with Vet

Support NI on 30 March but due to COVID 19 this was cancelled, delaying the process. Another meeting – likely to be virtual - was being arranged. It was explained that as it had been agreed that the Open Minds report would not be published until we could launch the buddying system, this had similarly been delayed.

Updates – general

6. The impact of COVID 19 on the different areas of the complaints process was explained. Due to the closure of Belgravia House in mid-March, any hearings which had been listed were adjourned. It was explained that this was in line with other regulators as running fully contested, comprehensive hearings virtually would prove difficult. Before lockdown, representatives for the respondents had been asked their opinion on holding virtual hearings and they had confirmed that they would not be comfortable doing so. It was also highlighted that the College was aware that postponing indefinitely was not an option, due to the impact on both respondents and witnesses, and all possibilities were being looked into if social distancing was to continue. Currently there were four cases which had been referred to DC.
7. The Committee was informed that the College had listed, and would hold virtually, two restoration hearings. It was explained that these hearings were less complicated and lent themselves to virtual hearings much better than would comprehensive hearings. These hearings would be a good opportunity to work through the logistics of holding remote hearings and give the College an idea as to whether holding more complicated hearings in this way would be a possibility.
8. The complaints process was confirmed to still be continuing. The concern calls were being taken from home, with the biggest impact on the department being due to the change in guidance and consequently the flood of advice calls that the College received just after Easter. This meant that the complaints team spent a lot of time helping out the standards and advice team. The PIC was continuing to meet and had three meetings so far via video calls. It was agreed that the team had adapted efficiently and the Committee meetings were running smoothly.
9. It was stated that the DC had chair training on 11 May and it was also used as an opportunity to discuss virtual hearings with those who sat on other regulators. It was felt that the training was highly successful and useful.
10. It was queried whether there was a known reason behind the reduced number of concerns calls in April. It was pointed out that during the beginning of lockdown the amount of veterinary work occurring had been dramatically reduced and only emergency cases were being seen. It was also explained that the majority of calls during that period were requests for clarification on the services that practices could offer to their clients and so were termed as advice calls. Meanwhile, the figures for May were showing an increase back to the norm.
11. The Committee emphasised how impressed it was with the speed that the department had responded and adapted to the new way of working, it was stated that they should all be commended.

12. The question was put whether the virtual hearings were opening the College up to a higher risk of appeal if the respondent did not like the outcome. It was confirmed that there was a risk related and this was recognised but that all steps were being taken to try and reduce it. The respondents and their representatives were agreeing to the whole process upfront. It was also emphasised that if at any stage it became apparent that the process was not working or was not fair, then it would be stopped and reevaluated.
13. The potential security issue of staff and members of the PIC and DC working from home and accessing confidential information was raised. It was confirmed that any papers were sent password protected or via Boardpacks.
14. An update on the Committee members was given. A long standing member of the PIC was stepping down and being replaced, there were two lay members of the DC whose second terms had come to an end and would be replaced, along with two new RVN DC members. All new members would be joining their respective Committees at the beginning of July.

Monitoring/performance/working methods/outcomes/dashboard/KPIs

15. This information can be found in the classified appendix at paragraph 1 - 3

Annual DC hearing statistics from previous year

16. The origin of the paper was explained as being from a question in previous years about whether the percentage of non-UK nationals going to a DC hearing reflected the percentage on the Register at large. It was stated that the College wanted to be as informed as possible about any potential discrimination occurring. This year's report showed that there was a higher percentage of non-UK nationals who went before the DC than were on the Register however, last year's report showed the opposite. It was explained that there was not a trend emerging and the figures were 'consistently inconsistent' but that it would continue to be monitored, and ensured that members of the PIC and DC received regular training on the matter of unconscious bias.
17. The Committee thanked the Registrar for completing the report which had the potential to be missed in the busy time and wished to emphasise the need for continued monitoring.

Annual PIC DC Financial report

18. This information can be found in the classified appendix at paragraphs 4 - 6

VCMS feedback / annual overview

19. An overview was given of the report and the fact that the numbers were rising was acknowledged but stated that they appeared to be steady. The numbers were not so high that they had

reached the threshold for increased payment from the College. It was explained that the VCMS would be putting in an effort to give more information on the website and via a booklet to reduce the amount of cases which were dealt with at stage one with a phone call. Cooperation was also on their radar as an issue and decreasing the number of practices refusing to engage was a point of improvement.

20. It was questioned whether there were any cases where mediation had failed and the complainant had then turned to the College's disciplinary process. It was confirmed that this did happen and that in these cases the VCMS was the correct place for the issue and they are often closed very quickly by the College.

Feedback to Standards Committee v.v. Liaison Committee

21. It was confirmed that there was nothing to report.

Risk Register, equality and diversity

22. It was stated that virtual hearings should be added to the risk register.

Date of next meeting

23. The date of the next meeting was confirmed on Thursday, 17 September 2020 at 10:00 am. The Chair, Amanda Boag, was thanked for all of her hard work for the Committee over the last three years, as this would be her last meeting on the Committee before stepping down from Council in July.

Hannah Alderton
Secretary, PIC / DC Liaison Committee
020 7856 1033
h.alderton@rcvs.org.uk

Summary	
Meeting	Council
Date	4 June 2020
Title	Preliminary Investigation Committee Chair's Report to Council
Summary	This report describes the work of the Preliminary Investigation Committee since RCVS Council's last meeting, including by reference to key stage indicators, and provides information about the nature of concerns being considered by the RCVS.
Decisions required	None
Attachments	None
Authors	<p>Chris Murdoch Senior Case Manager c.murdoch@rcvs.org.uk</p> <p>Gemma Crossley Head of Professional Conduct g.crossley@rcvs.org.uk</p>

Classifications		
Document	Classification¹	Rationales²
Paper	Unclassified	n/a

¹Classifications explained

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Preliminary Investigation Committee

Chair's Report to Council 4 June 2020

Introduction

1. This report provides information about the activities of the Preliminary Investigation Committee from February 2020 to May 2020 (21 May being the date of writing the report).
2. Since the last Report to Council (which gave information to 25 February), there have been six Preliminary Investigation Committee (PIC) meetings: 4 March, 18 March, 8 April, 22 April, 6 May and 20 May.

New cases considered by the PIC

3. The total number of new cases considered by the Committee at the six meetings referred to above is 21. Of the 21 new cases considered:
 - 14 were concluded at first consideration by the Committee. Of these:
 - 6 cases were closed with no further action; and
 - 8 cases were closed with advice issued to the veterinary surgeon.
 - 7 were referred for further investigation, that is, further enquiries, visits and/or preliminary expert reports; and
 - None were referred to DC.
4. No cases have been referred to the RCVS Health or Performance Protocols in the reporting period.

Ongoing Investigations

5. The PI Committee is currently investigating 23 ongoing cases where the Committee has requested statements, visits or preliminary expert reports (for example). This figure does not include cases on the Health and Performance Protocols.

Health Protocol

6. There are 3 veterinary surgeons either under assessment or currently on the RCVS Health Protocol.

Performance Protocol

7. There are no veterinary surgeons currently on the RCVS Performance Protocol.

Professional Conduct Department - Enquiries and concerns

8. Before registering a concern with the RCVS, potential complainants must make an Enquiry (either in writing or by telephone), so that Case Managers can consider with the enquirer whether they

should raise a formal concern or whether the matter would be more appropriately dealt with through the Veterinary Client Mediation Service.

9. In the period 26 February to 21 May:

- the number of matters registered as Enquiries was 550; and
- the number of formal Concerns registered in the same period was 88.

10. The table below shows the categories of matters registered as Concerns between 26 February and 21 May:

Concerns registered between 26 February and 21 May

Description of Category	Number of Cases
- Advertising and publicity	2
- Certification	2
- Client confidentiality	0
- Clinical and client records	0
- Communication and consent	1
- Communication between professional colleagues	0
- Conviction/notifiable occupation notification	6
- Equine pre-purchase examinations	1
- Euthanasia of animals	0
- Giving evidence for court	1
- Health case (<i>potential</i>)	0
- Microchipping	1
- Miscellaneous	1
- Practice information, fees & animal insurance	2
- Referrals and second opinions	0
- Restoration application	0
- Social media and networking forums	1
- Treatment of animals by unqualified persons	1
- Use of samples, images, post-mortems and disposal	0
- Veterinary care	66
- Veterinary medicines	1
- Veterinary teams and leaders	0
- Whistle-blowing	0
- 24-hour emergency first aid and pain relief	1
- Unassigned	1
Total	88

Data source – Profcon computer system concerns data.

Referral to Disciplinary Committee

11. In the period 26 February to 21 May 2020, the Committee has not referred any cases to the Disciplinary Committee.

Veterinary Investigators

12. The Veterinary Investigators have carried out two visits during the reporting period. The first was an unannounced visit to a veterinary surgeon who had failed to respond to numerous communications from the RCVS in relation to the CPD audit. The second was a follow-up visit on a held open case.

Concerns procedure

13. At Stage 1 of the process, the aim is for the Case Examiner Group to decide 90% of cases within 4 months of registration of complaint (the Stage 1 KPI). For each of the months from February to April (the last complete month) the number of cases concluded and achieving the KPI is 75%, 61% and 83% respectively. Compliance dipped disappointingly in March, coinciding with a Case Manager leaving and the upheaval caused by the Covid-19 pandemic and the ensuing shift to remote working. Compliance improved significantly in April and we hope to maintain a more consistent level in the future. As ever, we work hard to try to achieve the 90% target at all times.
14. The Stage 2 KPI is now for the PIC to reach a decision on simple cases before it within 7 months, and on complex cases within 12 months. A case is deemed to be complex where the PIC requests that witness statements and/or expert evidence be obtained.
15. In the period 26 February to 21 May, the PIC reached a decision (to close, hold open or refer to DC) within the relevant KPI:
 - in 13 out of 14 simple cases (93%).
16. Five complex cases were decided, of which two met the 12-month KPI. Of those that did not, one matter involved three respondents and encountered delays at a number of stages, one was delayed, in part, because the complainants were unable to cooperate in the preparing of statements, and one was placed out of sequence because the Respondent had significant health concerns. In accordance with normal practice, those cases have been reported and discussed at the PIC/DC Liaison Committee meeting.

Operational matters

17. The last year has seen changes in the make-up of the Committee, including a new Chair, who started in September. Two new lay members replaced ones who stepped down, and a new veterinary member is due to start at the beginning of July to take over from one who has completed two full terms.
18. The Committee had a training session in November, with topics including the application of the public interest test. Further training had been planned for April, but has been postponed until later in the year in the hope that it can be held face-to-face. This will be kept under review.

19. As ever, the concerns process has been busy, with more than 3000 enquiries addressed and more than 500 formal concerns raised. We have had a number of changes to the team, with Case Managers leaving and new ones coming on board. Unhappily, this has at times led to fluctuations in compliance with the KPIs, as has been reported through the year. Two new Case Managers started at the end of March and have been getting to grips with the process.
20. The Covid-19 pandemic has led to significant changes in the operation of the College, with all staff working from home. So far four Committee meetings have taken place virtually, all of which have run smoothly. While the number of concerns raised dipped in March and April (the start of the lockdown) numbers for May appear to be returning to around normal. This would be consistent with a reduced number of consultations and very few elective procedures. The number of enquiries remains comparatively steady.

Themes and learning for the profession

21. Many of the matters that are considered by the Committee reflect similar themes to those in past years. In many cases, communication lies at the heart of the problems.
22. Informed consent continues to cause issues, in particular in relation to dentistry, and to the provision of overnight care and the arrangements in place. In many cases, clearer and more detailed information would obviate the problems.
23. Clinical record-keeping is frequently the focus of discussions by the Committee, in particular in cases where owners deny having been offered options of treatment or referral. Aside from the Code requirement for such, detailed contemporaneous records will often be useful for determining the matter when such disputes arise.

Summary	
Meeting	Council
Date	4 June 2020
Title	RVN Preliminary Investigation Committee Chair's Report to Council
Summary	This report sets out the work of the Registered Veterinary Nurse (RVN) Preliminary Investigation Committee (PIC)
Decisions required	None
Attachments	None
Authors	<p>Sandra Neary Professional Conduct Officer s.neary@rcvs.org.uk / 020 7202 0730</p> <p>Gemma Crossley Head of Professional Conduct g.crossley@rcvs.org.uk / 020 7202 0740</p>

Classifications		
Document	Classification¹	Rationales²
Paper	Unclassified	N/A

¹Classifications explained

Unclassified	Papers will be published on the internet and recipients may share them and discuss them freely with anyone. This may include papers marked 'Draft'.
Confidential	Temporarily available only to Council Members, non-Council members of the relevant committee, sub-committee, working party or Board and not for dissemination outside that group unless and until the relevant committee or Council has given approval for public discussion, consultation or publication.
Private	The paper includes personal data which should not be disclosed at any time or for any reason, unless the data subject has agreed otherwise. The Chair may, however, indicate after discussion that there are general issues which can be disclosed, for example in reports to committees and Council.

²Classification rationales

Confidential	<ol style="list-style-type: none"> 1. To allow the Committee or Council to come to a view itself, before presenting to and/or consulting with others 2. To maintain the confidence of another organisation 3. To protect commercially sensitive information 4. To maintain public confidence in and/or uphold the reputation of the veterinary professions and/or the RCVS
Private	<ol style="list-style-type: none"> 5. To protect information which may contain personal data, special category data, and/or criminal offence data, as listed under the General Data Protection Regulation

Registered Veterinary Nurses Preliminary Investigation Committee

Chair's Report to Council

Introduction

1. Since the last Report to Council, there has been one meeting of the RVN Preliminary Investigation Committee, which took place on 19 May 2020. The meeting scheduled to take place on 31 March 2020 was cancelled, as no new cases had been referred and no decisions were required on the ongoing cases. The next scheduled meeting is on 30 June 2020.

RVN Concerns received / registered

2. Between 26 February 2020 and 27 May 2020 there were three new Concerns received against RVNs. Of these three new Concerns:
 - All are currently under investigation by the Case Examiner Group (a veterinary nurse and lay member on RVN PIC and a Case Manager);

RVN Preliminary Investigation Committee

3. There have been no new concerns considered by the RVN PIC between 26 February 2020 and 27 May 2020.

Ongoing Investigations

4. Three concerns are currently under investigation and will be returned to the RVN PIC for a decision in due course.

Health Concerns

5. One RVN is currently being managed in the context of the RCVS Health Protocol.

Performance Concerns

6. There are currently no RVNs being managed in the context of the RCVS Performance Protocol.

Referral to Disciplinary Committee

7. The last report stated that one case had been referred to the RVN Disciplinary Committee. The case was listed for a Disciplinary hearing but it has since been postponed due to the outbreak of the Coronavirus (COVID-19) pandemic. The hearing will be re-listed in due course.

Summary	
Meeting	Council
Date	4 June 2020
Title	Disciplinary Committee Report
Summary	Update of Disciplinary Committee since the last Council meeting held on 5 March 2020
Decisions required	None
Attachments	None
Author	Hannah Alderton Clerk to the Disciplinary Committee Tel: 020 7856 1033 Email: h.alderton@rcvs.org.uk

Classifications		
Document	Classification¹	Rationales²
Paper	Unclassified	n/a

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Report of Disciplinary Committee hearings since the Council meeting held on 5 March 2020

Background

1. Since the last update to Council on 5 March 2020, the Disciplinary Committee ('the Committee') has not met on any occasion. The RVN Disciplinary Committee has not met.

Hearings

2. In the previous report it was stated that there were four cases referred to the Disciplinary Committee, one of which had been listed. Due to COVID-19 all hearings were postponed. The new dates for these hearings have not been decided and are still under discussion.
3. Two restoration applications have been made to the DC and these hearings will be held virtually. The first hearing will take place between Wednesday 24 and Friday 26 June 2020 to hear an application to be restored to the Register from Simon Wood. Mr Wood was removed from the Register in 2018. The second hearing will take place on Tuesday 30 June and Wednesday 1 July 2020 to hear an application to be restored to the Register from Warwick Seymour-Hamilton. Mr Seymour-Hamilton was removed from the Register in 1994 and has made previous applications for restoration in 1995, 2010, 2015, 2016, 2017, 2018 and 2019.

Chair's annual update

4. The last year has seen changes in the make-up of the DC, including a new Chair and vice-Chair, who started in October. There has also been the addition of three new Legal Assessors to the pool. Two new lay members are due to start at the beginning of July as well as two new members of the RVN DC.
5. The Legal Assessors, along with the new and old Chairs of the Committee, took part in a discussion day as well as the annual training day for the whole Committee. These continue to be valuable exercises for both the members of the Committee and also the College in getting feedback for the year. Most recently some members took part in a virtual chair training which was highly successful and allowed the chairs to prepare for the virtual appeal hearings occurring in the coming months.
6. This year saw two notable decisions from the Privy Council on appeals. The first was the Schulze Allen case which was referred back to the DC and a second hearing was held. The Privy Councils decision on the Elefterescu case whole heartedly agreed that the DC decision was 'appropriate and proportionate'.