Summary

Meeting	Council
Date	10 June 2021
Title	March 2021 Council minutes
Summary	Minutes of the meeting held on Thursday, 18 March 2021
Decisions required	To approve the unclassified minutes and classified appendix
Attachments	Classified appendix
Author	Dawn Wiggins Secretary, Council d.wiggins@rcvs.org.uk / 020 7202 0737

Classifications

Document	Classification[1]	Rationales[2]
Paper	Unclassified	n/a
Classified appendix	**Private & Confidential**	**1, 2, 3, 4, 5**

[1]Classifications 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.

[2]Classification rationales

Confidential	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	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, 18 March 2021

Members:

Dr M O Greene (President in the Chair)

Dr C J Allen	Mrs C-L McLaughlan
Mrs B S Andrews-Jones	Dr S Paterson
Miss L Belton	Mr M L Peaty
Professor D Bray	Mr M E Rendle
Mr J M Castle	Dr K A Richards
Dr D S Chambers	Dr C L Scudamore
Dr N T Connell	Dr N C Smith
Professor S Dawson	*Dr R S Stephenson
Dr M A Donald	Dr C W Tufnell
Dr J M Dyer	Mr T J Walker
Ms L Ford	Professor J L N Wood
Mr D J Leicester	Ms J S M Worthington

*Absent

In attendance:

Ms E C Ferguson	Registrar
Ms L Lockett	CEO
Ms C McCann	Assistant Registrar / Director of Operations (DoO)
Miss C H Middlemiss	(UK) Chief Veterinary Officer (CVO) (Observer) (open session only)

Guests:

Ms E Butler	Chair, Audit and Risk Committee (ARC)
Ms J Clark	Director of Veterinary Services, Veterinary and Meat Hygiene Policy, Food Standards Agency (FSA) (open session only)
Ms A Findon	Policy Officer, British Veterinary Association (BVA) (open session only)
Mr P Imrie	*Veterinary Times* (open session only)
Mr J Loeb	*Veterinary Record* (open session only)
Mr J Russell	President, BVA (open session only)
Ms J Shardlow	Member, ARC (open session only)
Ms A Waters	Editor, *Veterinary Record* (open session only)
Mr J Westgate	*Veterinary Times* (open session only)

President's introduction

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

Apologies for absence

2. Apologies for absence were received from Dr Stephenson.

Declarations of interest

3. New declarations of interest were received from:

    - Professor Dawson: now a member of Meritorious Contributions to the Professions (MCP) Credential Panel of RCVS Fellowship;

    - Dr Donald: now a Member of the Association of Charity Vets.

Minutes of the meeting held 21 January 2021

4. Council had had the opportunity to comment on the unclassified minutes and classified appendix electronically.

5. A vote was taken to approve the minutes and classified appendix:

For:	23
Against:	0
Abstentions:	0
Did not vote:	1

6. Mr Leicester and Mr Walker submitted email votes as they experienced technical difficulties.

7. The minutes and classified appendix were as accepted as true records of the meeting by a majority vote.

Matters arising

Obituaries

8. No written obituaries had been received. The President encouraged Council members to have a moment of quiet reflection following the meeting for all members of the professions who had passed since the last meeting and, as the anniversary of the first national lockdown approached

on 23 March, to give thanks to all friends and colleagues who had helped individually, and as a profession, during prolonged periods of extreme difficulties experienced by all.

Council correspondence

9. The President reported:

New Year National Honours

10. The report on those involved in animal health and welfare that had received Honours in the Queen's New Year Honours List 2021 had been omitted from the January meeting: Dr Heather Bacon MRCVS had received an OBE for services to animal welfare. Dr Bacon worked at the Jeanne Marchig International Centre for Animal Welfare Education at Edinburgh and the President had written to congratulate her.

Annual General Meeting (AGM) 2021

11. The 2021 AGM would be run as a virtual event scheduled to take place on Friday, 9 July 2021 from 10:00 am to 12:00 noon. The programme was still provisional, and the Communications Team would send out details once it was confirmed.

12. The 2022 AGM had been provisionally booked as a face-to-face event on Friday, 8 July 2022 to be held at One Great George Street, Westminster.

RCVS Council Election 2021

13. Information was on the RCVS website and a press release had been issued to the veterinary press with the names of the candidates standing for election. There were 14 candidates: four women, 10 men, and included one incumbent eligible for re-election. Voting had opened and Civica Election Services (CES) had sent emails to eligible voters with details of how to vote. All votes must be cast by 5:00 pm on Friday, 23 April 2021. The small number of veterinary surgeons for whom the College did not hold an individual email address would receive a letter with instructions on how to vote online, in addition to their security code to allow them access their unique voting website. If any member required further help, there was also the opportunity to call CES who would assist members with casting their votes.

14. Ahead of the start of the election, the College had invited members of the profession to submit one question to the candidates, who were then asked to record a short video of themselves answering two of the questions of their choice. The videos had been published on the RCVS website.

Federation of Veterinarians of Europe (FVE) General Assembly

15. The General Assembly that had originally been scheduled to meet in London in June 2020 was pushed back to June 2021. However, as the pandemic was still affecting travel to the UK, discussions were ongoing to consider how this event could be run in the future.

Foot and Mouth Disease (FMD) 2001

16. The President handed over the Chair to Dr Smith who read a personal statement (not the view of the RCVS nor of any organisation) that marked the 20th anniversary of the FMD outbreak experienced by the UK:

"Twenty years ago, the country was facing a severe challenge. In mid-February 2001 an Official Veterinarian, Craig Kirby, saw a pig with unusual clinical signs in a slaughterhouse in South East England. He suspected a notifiable disease and reported it to the then State Veterinary Service.

"This turned out to be Foot and Mouth Disease, last seen as a significant outbreak more than 30 years earlier. And this outbreak was different as it had already spread through many flocks and herds throughout the UK before his case raised the alarm.

"This FMD outbreak had huge financial and social impacts both at a national and personal level. The veterinary profession rose to the task; state vets came in from all over the world, and UK vets left their practices (and in many cases their families) to join the fight. Other vets came in from overseas and the RCVS expedited the appropriate registrations. The contribution of Final Year Veterinary students and retired members must also be recognised, they deployed all over the country to aid the fight.

"There were over two thousand premises infected, but due to disease controls animals on over 10,000 farms were slaughtered. In the end nearly 6.5 million animals were lost, over 5 million of them were sheep.

"This animal disease outbreak showed the importance of having a well-trained cadre of government vets, the commitment of the general practitioner to serve in times of national need and reinforces the importance of veterinary public health. The vital contribution of the veterinary profession to this country should be acknowledged and not forgotten.

"As well as the financial impacts, many members of the farming and veterinary communities suffered severe distress and sadly some were lost due to accidents or suicide. The socio-economic and psychological impacts were deep. Twenty years on many are still fighting the effects of this outbreak."

17. The President thanked Dr Smith and re-took the Chair.

CEO update

18. The CEO highlighted:

- the results of the sixth survey of the impact of the pandemic on veterinary practices would be published the following week;

- a global roundtable held jointly by the RCVS and American Veterinary Medical Association (AVMA) had taken place on mental health under the banner of Mind Matters International; it had been fascinating to hear the commonalities across multi-cultural spheres. A report of the meeting would be produced;

- Mind Matters campfire chats were ongoing, and there had also been a focus on neurodiversity during Neurodiversity Celebration Week;

- Sarah Brown Mental Health Research Grant was open for applications;

- a new Working Group, jointly with the Veterinary Schools Council (VSC), had been formed, reporting to the Diversity and Inclusion Group, chaired by Dr Connell. This would look at supporting Black, Asian, Minority Ethnic (BAME) students, in particular how to report racial harassment during Extra-Mural Studies (EMS); role models in the profession; training for supporters; and the wearing of religious clothing;

- by 8:00 pm on the eve of Council, over 800 veterinary surgeons, and 400 veterinary nurses had already cast their vote in the RCVS Councils elections;

- six new graduates of the Statutory Examination for Membership (SEM) had been admitted to the College by the President;

- the annual renewal of veterinary surgeons was ongoing; phased payment plans were available again this year and consideration would be given to whether they should continue once the pandemic was over;

- there had been an ongoing programme of communications and outreach for the new Veterinary Graduate Development Programme (VetGDP), which would replace the Professional Development Phase (PDP); over 1,600 vets had signed up for the mentor training;

- the forthcoming British Small Animal Veterinary Association (BSAVA) Congress was virtual this year, and the College would be hosting some sessions;

- the CEO would be speaking at the forthcoming World Small Animal Veterinary Association Congress;

- a session on the Council culture project would take place in June;

- the College was working with the four nations' CVOs on the guidance to the professions on the next step of the government's road map out of lockdown scheduled for 12 April 2021;

- planning was underway for a phased return to Belgravia House in May / June. The space needed in the office; the working from home policy; hot-desking; and ability for video-calling would be reviewed and would depend on bio-security measures – it would be a good time to trial new working practices.

19. There were no questions, and the report was noted.

Matters for decision by Council and for report (unclassified items)

EU-exit – Temporary Registration

Dr Richards declared an interest: Council member of the Association of Government Vets and had undertaken Official Veterinarian (OV) training, but not currently working as an OV.
Dr Smith declared an interest: member of the Government Veterinary Service, though not directly involved in this matter.
Dr Tufnell declared an interest: he was currently undertaking the OV training offered by Improve on behalf of the Animal Plant and Health Agency (APHA).

20. The Registrar introduced the paper. She highlighted the following items:

    - Temporary Registration was intended to be used sparingly after other potential routes of registration had been exhausted and limited to areas of specific expertise where the 'market' had not been able to fill a post;

    - there were currently only nine veterinary surgeons on the Temporary Register; in an employed capacity;

    - by extending its remit there was the danger of 'drifting' and Temporary Registration becoming the 'new normal'; this would devalue its purpose and potentially lead to a two-tier system;

    - it was questioned how the proposal before Council would be time-defined – was it time-limited and what was the exit strategy?

    - Council had agreed previously English language requirements pre-EU-exit at International English Language Testing System (IELTS) Level 7, equivalent to e.g. doctors; the proposal in the paper was for Home Office visa requirements for skilled workers, and IELTS Level 5.

21. The main two areas of concern were:

    - Meat hygiene situation – this was more acute and immediate;

    - Export Health Certificates (EHCs) – having enough people to carry out this work; this was something that *might* arise.

22. The CVO thanked Council for the opportunity to present the proposal; the nature of the roles and tasks to be undertaken were outlined at Annex B to the paper before Council; it related to England and Wales only.

23. In food safety, the majority of vets working in that role were currently from the EU. When the process of registration of those workers was on the basis of Mutual Recognition of Professional Qualifications (MRPQ) it had been an automatic process. Post-EU-transition period, those veterinarians now required a visa and its related requirements; the ability to meet RCVS requirements; a contract; and, if they graduated from a European Association of Establishments

for Veterinary Education (EAEVE) approved school, the OV training they were also expected to undertake and suitably pass.

24. The immediate concern was in abattoir work. The vets in those roles were the lowest paid and there were the problems created by Covid and the time taken to get a visa. It was not about using Temporary Registration for 'business as usual' or plugging gaps; it was an exceptional situation.

25. With the current export scheme of supermarket goods requiring EHCs to Northern Ireland approximately half were delayed by the movement of 'complex' goods that required full certificates – that requirement had been due to take effect from 1 April, but it was likely that current derogations would be extended to October 2021. Import controls into the UK had less impact but still required some certification in relation to certain checks being made. Whilst the actual number of certificates required was unknown, it had levelled out to approximately two-thirds of what was initially thought; but it should be kept in mind that there was still a period of turmoil with adjustments being made.

26. Regarding meat hygiene requirements, Temporary Registration for individuals would be for 12 months with a potential one-off extension period for up to six months during which time they would be expected to pass IELTS Level 7. The overall scheme would last a maximum of 12 months (with the possibility to extend for a further six months) though Defra / Food Standards Agency (FSA) / RCVS would review the situation after only six months to consider whether the underlying market issues remained the same.

27. Furthermore, work was ongoing with the Food Standards Agency (FSA) to promote the role of the OV: free training could be provided along with a number of activities to better understand the role; better marketing and consulting to be done on various aspects, such as splitting the role so it was not full-time but could instead be part-time as part of regular work.

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

-   a small point of clarification: Annex B to the paper, heading 'Proposal' on page 2, first paragraph: it should read EAEVE approved *or accredited* schools;

-   what was being asked for was quite limited and within a strictly controlled area and IELTS level 5 with the commitment to build up to level 7 was a positive move; it should be remembered that Council also had the power to *remove* registration via this route (as opposed to only via the disciplinary process). There were examples of this with past FMD national needs and during the 2012 Olympic games held in London;

-   whilst understanding why this was before Council, what was being done to avoid the issue continuing indefinitely and why was there not more money put forward to encourage vets to work in this field e.g. a reduction in student debt for new graduates? It was understandable why this was being requested now, but what about the future?

- o there were a lot of matters being considered, two key items were part-time contracts and new graduates. The FSA had contracts with their workforce supplier in this area, and a lot of new graduates did not understand what the role was;

- o from a commercial aspect, the main point was to acknowledge that it was not a long-term 'new normal', it was an urgent, immediate need and a contingency plan. Insight and innovative ways of working would be taken on board to deliver the service in the future, but the operational transformation programme was in its early stages and would not happen immediately. Consideration was also being given to the current contract with the service delivery partner to the FSA regarding pay and career structures; support with visa applications; and English language development; it had been advised that part-time OV work could be more attractive to UK vets. This proposal would be reviewed in six months' time;

- when volunteering for OV work in the South West [I] had been told it was not required – what would happen at the end of the maximum of 18 months if there was still a need? With the English language requirements being reduced for a specific need, should that not be considered for other areas that were struggling to recruit such as diagnostic imaging or pathology?

  - o for meat hygiene purposes there was a long-established mechanism (pre-EU-exit) for EU veterinary surgeons where they could work as official auxiliaries in the first instance and work up to OV status once practical training had been undertaken there was an exit route for the employer and the country but what it meant for an individual's visa would require another discussion;

  - o who was on the Temporary Register was at the College's discretion and it would decide what was appropriate under the particular circumstances at that time for the sector; the role; and the individual applications for Temporary Registration. There were nine members in total temporarily registered in the employed category; a few years ago, the Temporary Register had been reviewed and the people who had been extended for a long period were allowed to continue for a set time and given notice of what changes the College was making; each member on the Temporary Register was considered on an individual basis, not as a group;

- experience had shown that working in both red and white meat plants for 25% of the time did work and could be a long-term, more sustainable way, this work could embed, but it was appreciated that there needed to be a mechanism for 'surge capacity' under particular circumstances like there had been for FMD needs. However, it would be concerning if a vet on the Temporary Register for meat hygiene / abattoir work was then 'sucked into' EHC work as there was no parity in pay. Regarding EHCs, it was suggested this could be discussed in greater detail at the College's Certification Sub-Committee to consider intended and unintended consequences and bring it back to Council after looking at it in depth;

  - o the College had looked at the certification issues in broad terms post-EU exit sphere on an on-going basis;

- if the College allowed Temporary Registration of OVs to come in to certify, would the countries receiving the products accept them if they had been certified by a temporary registered OV?

  o each slaughterhouse provided a daily attestation for each species slaughtered that confirmed that the animal health requirements (requisite for certificates further down the chain) had been met. Regarding the certificates e.g. for the sausage factory or lasagne production plant, where some of the requirements in the certificates related back to the abattoir, not just for food safety purposes: from an animal health perspective the attestation would certify requirements had been met; from an export perspective, the temporary registered OVs would not be used to certify for third countries other than the EU primarily because the arrangements for those countries were relatively bespoke and the government was obliged to have conversations when arrangements were changed. For the EU they would meet the definition of an OV able to certify for the EU; relatively few consignments went directly from the abattoir to the EU, most went on for further processing first where the certifying OV picked up those certificates;

- it was pleasing to hear that the key issues of pay and providing a resilient work force was being looked at and improved. However, there had previously been a network of farm animal practices that had provided what was now being aimed for: a network of part-time vets working in local abattoirs, that had provided the resilient workforce the industry and country had needed and had been geographically well-spread. It had been the government's decision to work with a service delivery partner whose business model relied on employing European vets at lower pay and lower working conditions than UK vets were prepared to work for, so the issue was of its own making. In view of that, assurances were needed on how to put the matter right and that any exemption should very much be in the short-term otherwise the problem would continue going forward.

  Further, there were particular concerns about the English language being set at IELTS level 5; the training outlined looked excellent but would be of no use if the communication was not to a required standard. Level 5 was two levels lower than current requirements, and some of what the novice or temporary OVs were being asked to do would require high levels of English language, in particular, they are asked to act as a Witness of Fact and as a professional witness in legal cases including the production of witness statements;

  o it was worth noting that EU vets that had come into the UK were qualified to do the job in hand. With regards to English language, it should not be thought that because the vets accepted lower pay and came from the EU that they were not MsRCVS at that point. The government contract methods had been such because they were spending tax-payers' money and had to be seen to be getting value for money. Official controls and food safety still needed to take place and it was important for people in animal health and welfare, and in the supply chain, to carry out the work at suitable salaries. The market had not adjusted which was what the FSA was taking forward.

  Regarding English language, at IELTS level 5 the Bristol training course was technical so there was confidence that, if the person had passed the Bristol course, they would have a

suitable level of English, and important to note that they would have supervision. It was suggested that issues of communication in slaughterhouses were more around understanding accents and background noise;

- o regarding the pipeline of a resilient workforce, the FSA was embarking on an innovative operational programme, but was not currently able to say what the future model would look like as it still required consultation. The timeline of the initial engagement would assist in reassuring Council that it would be able to feed into a six-month review so it would be possible to see how this would come together and look at in a long-term sustainable way. OV communication skills were vital and needed to be as good as, or better, in an abattoir environment as general practice. The FSA was trying to ensure that the difficult conversations around audit, enforcement and stakeholder management, etc., had very detailed support from the OVs supervisor and the area veterinary manager – it was a robust framework that could be extended into a temporary registered OV role;

- who decided on the pay for the OVs, was it the government or the service delivery partner, as any additional pay would affect profits?

- o the service delivery partner determined levels of pay; the FSA was working with them to see how they could support not just the pay, but the overall package, to make it more attractive for recruitment and retention. A certain level of turnover was expected as people moved into different roles, but the four months to February in 2021 had three times the amount of turnover to the same period in 2020;

- there was discomfort in the creation of a role with a salary with a lower market rate and the concept of contracts needed so that people were tied to a company; that could lead to exploitative practices – what consideration had been given to that and what protection was there for the vets entering the UK on those contracts if the College agreed to it?

- o the salaries and packages were on a par with other similar roles advertised e.g. TB auditors; and Food Standards Scotland (FSS) OVs. FSA was pushing to make it clear what only vets could do to add value and be respected in roles and that this was translated into appropriate remuneration. Regarding contracts, the FSA had received information and insight that tying to long-term contracts was viewed as a disincentive, which would be fed into discussions. For protection, part of the assurance that Temporary Registration would bring, was that once the vet had reached IELTS level 7 and become a full MRCVS they were able to leave the contract by giving notice and move on to other jobs but if they chose to. It was hoped that the package would look much more attractive, but it would not tie them in beyond the normal contractual arrangements and also that they would be under contract for the Temporary Registration position;

- as a member of the Registration Committee, [I] do not believe that Temporary Registration was the mechanism that should be being used as it did not fit the purpose. There was a mechanism for getting vets into the UK which was full registration. There was an English language requirement and maybe the College had got that wrong, as there were other roles that maybe needed a slightly lesser requirement than level 7 that might, in future, approach

the College if this proposal was agreed and it would be difficult not to be sympathetic; the market in private practice would control the language requirements as most practices would want a satisfactory requirement to deal competently with clients.

The issue was certification and a huge failure to plan; one of the first things the College did after the Brexit vote was to have a roundtable meeting with the meat industry, during which all of these circumstances were foreseen, particularly since the end of 2019. The proposed measure would support an outdated business model in which vets were imported in the CVO's words "to be our lowest paid colleagues"; there had been a lot of discussion around market forces, and this measure would remove or lessen market forces that could lead to the adoption of a new business model.

There had also been reassurances about things "in the pipeline", none of which had been committed to the paper and the failure to do so was a huge concern; it was important to explore imaginative solutions: things like debt forgiveness for new graduates, contracts with farm practices, and increased remuneration; what might be necessary was nationalisation of the key provider. Temporary Registration was not the right mechanism, the paper said it was an 'anticipated' rather than current shortage, and there appeared to be time to give reassurances to commit to paper the measures that had been outlined at the meeting; pressure should not be removed from market forces that were driving change in this area;

- re: the government's tender process prevented a lot of contributions from practice; when you looked at the requirements to tender for that work, it ruled out most practices, which could release a lot of capacity – 'cheap' and 'value' were not the same thing, and the College could be seen to be propping up one particular business model by making the change without looking at the contracting process;

- re: IELTS level, it felt it was being set around the immigration visa requirements rather than the requirement of quality service; level 5 was someone likely to make many mistakes and the CVO had spoken about the complexity of some of the situations the OV may find themselves in. Without saying the IELTS level should be pushed up, it should be explicit in the supervision arrangements that this should include language support that was not just about training people to get up to the next level, but for a role on a day-to-day basis of ensuring the quality and accuracy of the work of people with a lower level of English may be undertaking;

  o IELTS level 5 was suggested bearing in mind the Home office skilled worker visa requirements; level 7 was defined by the profession as the professional level; key, however, was that the vet had to pass the required training: the Bristol course for the meat hygiene OVs was technical, so could not be learnt by rote. The issue re: OVs in abattoirs – where the current pressure was – if it remained unresolved, line speeds would have to slow down, that, in turn, would impact down the line at farms already impacted by Covid.

  On the issue being foreseen, it was one of the risks government was aware of; two key unknown issues were: what the agreement on future trading relations with the EU was going to be, which did not happen until December 2020, and mutual recognition of

professional qualifications; and, what the Free Trade Agreement (FTA) requirements were going to be in terms of certifications, which had significant impact on resourcing requirements;

o   important points were made around the tendering process and the opportunities in operational transformation programme, specifically about FSA vets carrying out meat controls, all of which were being considered; there would be an engagement process in the next few months. Tenders were awarded in spring 2020 but they were awarded on the proviso the Cabinet Office and Treasury looked at sustainability of the model and that was what the programme would be doing.

29. The President drew the conversation to a close.

30. Council was asked to consider the Defra proposals and to decide if, in principle, it agreed to the Temporary Registration of suitably qualified and supervised non-UK qualified vets to undertake certain specific functions as Official Veterinarians (OVs) as outlined in the proposal:

For:	11
Against:	10
Abstain:	3
Did not vote:	0

31. Mr Leicester experienced technical difficulties and submitted an email vote.

32. This was agreed by a majority vote.

33. The President apologised for the abrupt break in the meeting and thanked the CVO and Ms Clark for joining Council to discuss the paper.

Ms Clark and Miss Middlemiss left the meeting.

Covid-19 Taskforce

34. The CEO outlined the paper that was in two parts: the continuation of the Taskforce and to approve the gradual return to the Delegation Scheme. The government had outlined a 'road map' out of national lockdown, that allowed the College an opportunity to take stock of the decisions it had made during that time and whether to continue the Taskforce, or take a hybrid approach of returning some items to the 'parent' committees for decisions but leave items such as the flowcharts and Extra-Mural Studies (EMS) under the Taskforce, particularly as the journey out of lockdown may not be a smooth one. The recommendation was to keep the Taskforce until the end of summer (agreed at each Council meeting per the decision on 8 October 2020).

35. Consideration should also be given to how the College ran its meetings in the future. There were a number of things to take into account not least: social distancing requirements as dictated by the government; the positive impact on the College's carbon footprint; and impacts on time commitments and diversity. The 2021 budget agreed in November 2020 had scheduled one Council and one committee meeting (per standing committee) held in person. When considering

in-person or virtual meetings culture and inclusion could be affected so there would need to be other ways of getting together e.g. strategy or workshop days.

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

- it was important to reflect on the most efficient way of working together, but also on how much Council could interact – it would be good to have more of the small group meetings virtually, but as Council was a large group there was a huge advantage to be in the same room, even if it had to use Personal Protective Equipment (PPE);

- the College was lucky that most committees were small groups, but where new members had joined committees it had been difficult to interact in the same way as face-to-face; an important point to consider with PPE was how there was a significant effect on people who had hearing issues as it affected the ability to lip-read;

- could the College consider a different virtual platform in order to see everyone in the meeting?

- the paper suggested a sensible and rational way forward;

- it was good to receive the suggestions to return items to committees before government restrictions change;

- there was only one incumbent re-standing in the forthcoming Council elections so there would be many new faces on Council from July, and it would be difficult to build relationships in virtual meetings.

37. The CEO thanked Council for its comments.

38. Council was asked to agree (as a whole):

a. The direction of travel towards parent committees retaking ownership of relevant decisions;
b. That the Taskforce continued at this point (to be reviewed again in June).

For:	24
Against:	0
Abstain:	0
Did not vote:	0

39. Mr Leicester experienced technical difficulties and submitted an email vote.

40. This was agreed by a unanimous vote.

Professor Bray left the meeting

Veterinary Graduate Development Programme (VetGDP) – changes to Code of Professional Conduct (CoPC)

41. The Chair, Standards Committee, introduced the paper that was the culmination of the discussions at the 21 January 2021 meeting of Council and subsequent work undertaken by Standards Committee, that had agreed the proposed wording of the changes to the CoPC at its recent meeting.

42. There was a definition of a Senior Veterinary Surgeon and it was questioned if it was OK to have an appointed Senior Veterinary Surgeon that had not done the training but who was senior vet to those mentors in the practice that *had* done the training? It was confirmed that the changes were to allow for the corporate situation where concerns had been expressed about the situation where the employer was a company not the mentor – the person acting as mentor would also sign up to the programme, so it was more of a tri-partite arrangement. This followed the wording in the CoPC where the Senior Veterinary Surgeon took responsibility overall within a practice – to ensure appropriate support was in place for the graduate; there was no requirement for the Senior Veterinary Surgeon to undertake training, although it was open for them to do so if they wished.

43. Council was asked to approve the amendments to the Code of Professional Conduct as detailed in paragraphs 4 and 5 of the paper:

For:	23
Against:	0
Abstain:	0
Did not vote:	1

44. This was agreed by a majority vote.

Reports of standing committees – to note

45. The President reported that there was no report from Registration Committee as its meeting in February 2021 had been cancelled due to lack of business to discuss.

Advancement of the Professions Committee (APC)
46. There were no comments or questions, and the report was noted.

Audit and Risk Committee (ARC)
47. There were no comments or questions, and the reports and classified appendices were noted.

Education Committee (EC)
48. The Chair acknowledged the work undertaken by the Education Department in particular on the VetGDP. At the last Council meeting it had been reported that there were three parts of the UK where there had been no mentors singing up to the programme: the Isle of Wight, the Isle of Man, and the Shetland Isles; it was pleasing to report that there were now advisors in those areas, so the whole of the UK was now covered in the programme.

49. There were no comments or questions, and the report and classified appendix were noted.

Finance and Resources Committee (FRC)

50. There were no comments or questions, and the report and classified appendix were noted.

Standards Committee (SC)

51. There were no comments or questions, and the reports and classified appendices were noted.

Veterinary Nurses Council (VNC)

52. There were no comments or questions, and the report and classified appendix were noted.

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

53. There were no comments or questions, the report and classified appendix were noted.

Reports of statutory committees – to note

Preliminary Investigation Committee (PIC)

54. There were no comments or questions, and the report was noted.

Registered Veterinary Nurses Preliminary Investigation Committee (RVN PIC)

55. There were no comments or questions, and the report was noted.

Disciplinary Committee (DC)

56. There were no comments or questions, and the report was noted.

57. On behalf of Council, the President thanked all departments for the work undertaken on behalf of the committees and expressed grateful appreciation.

Notices of Motion

58. There were no notices of motion received.

Questions

59. There were no questions received.

60. Before Council came to vote on the various elections on the agenda, the President clarified the process following the Covid-19 Taskforce decision of holding anonymous electronic voting in place of the secret paper ballot specified in the Meeting Procedure Rules 2019 as the meeting was being held virtually. Further, that following the resignation of Professor Argyle from Council earlier in the week, it meant the College now had a vacancy for the role of Vice-President (Junior)

(VP(J)) election for the current College year (July 2020 – July 2021). It was proposed that an additional VP(J) election be held in April for that vacancy; thereafter to have an additional agenda item at the June 2021 Council meeting when Council would vote on whether that person become President from July 2021. To be successful in any of the (internal) elections a candidate must receive more than 50% of the vote, and there was nothing in the procedures that prevented a candidate standing, and taking up, more than one role if they had the time commitment to do so.

61. The process of holding the two VP(J) votes was questioned, in particular the holding over of the election for the current year to April. It was confirmed that this was so that if anyone else wished to stand for the role, they had the opportunity to submit nominations, and to adhere to the agreed process as closely as possible albeit with a much-shortened timeframe. The views of the candidates standing for VP(J) for 2021 – 2022 had been sought and their preference was to go ahead as explained.

62. Concern was expressed about the dynamics of holding the elections in that order. The CEO responded that the College needed to be careful of unintended consequences; by remaining with the agreed process, it gave others the opportunity to stand whilst allowing as much time as possible for a new JVP to gain experience before becoming President in July.

63. It was also commented that it took time for members standing to 'get their life in order' if they chose to stand and suggested that the (current year) VP(J) vote be taken with the following year's VP(J) at the same time in April. The President confirmed that the vote for the following year was scheduled in accordance with the agreed process and took place at the same meeting annually. Both candidates for the 2021 – 2022 VP(J) role had been consulted prior to the meeting, both of whom preferred the proposal of holding another election at a later date.

Recommendation for the appointment of Officers – President and Vice-President (Senior) respectively, for confirmation at the Annual General Meeting (AGM) on 9 July 2021

64. It was agreed that this item would be held over to the June 2021 Council meeting to take into account the result of the proposed 2020 – 2021 VP(J) election to be held in April.

Election for Vice-President (Junior) – recommendation for confirmation at the AGM on 9 July 2021

65. The President reported that there had been two nominations received:

Candidate:	**Dr M A Donald**	**Dr K A Richards**
Supporters:	Professor S Dawson Mrs C-L McLaughlan Dr S Paterson Dr C L Scudamore	Ms L Ford Dr M O Greene Mr D J Leicester Professor J L N Wood
Date of first joining Council:	July 2016 (Elected)	July 2020 (Elected) (Previous elected: July 2015 – July 2019)
Current term due to end:	July 2024	July 2024

66. The candidates voted and left the meeting in order that Council could have a confidential discussion if it so wished.

67. Council voted anonymously via eBallot.com and the candidates returned to the meeting.

68. The Registrar received the result of the vote. Dr Donald was congratulated on her successful election as Vice-President (Junior) for confirmation at the AGM in July.

Election of Treasurer – recommendation for confirmation at the AGM on 9 July 2021

69. The President reported that there had been one nomination received:

Candidate:	**Dr N T Connell**
Supporters:	Professor D Bray Professor S Dawson Ms L Ford Dr C W Tufnell
Date of first joining Council:	July 2013 (Elected)
Current term due to end:	July 2023

70. The candidate voted and left the meeting in order that Council could have a confidential discussion if it so wished. Council voted anonymously via eBallot.com and the candidate returned to the meeting.

71. The Registrar received the result of the vote. Dr Connell was congratulated on his successful election as Treasurer for confirmation at the AGM in July.

Other elections

Chair, Advancement of the Professions Committee

72. As the President was the candidate in this election, Dr Connell as Vice-President (Senior) took the Chair for this item. He reported that there had been one nomination received:

Candidate:	**Dr M O Greene**
Supporters:	Dr D S Chambers
	Dr M A Donald
	Dr J M Dyer
	Ms J S M Worthington
Date of first joining Council:	July 2014 (Elected)
Current term due to end:	July 2022

73. The candidate voted and left the meeting in order that Council could have a confidential discussion if it so wished. Council voted anonymously via eBallot.com and the candidate returned to the meeting.

74. The Registrar received the result of the vote. Dr Greene was congratulated on her successful election as Chair, Advancement of the Professions Committee.

75. The President re-took the Chair.

Chair, Education Committee

76. The President reported that there had been one nomination received:

Candidate:	**Dr S Paterson**
Supporters:	Professor S Dawson
	Dr M A Donald
	Dr J M Dyer
	Ms L Ford
Date of first joining Council:	July 2014 (Elected)
Current term due to end:	July 2022

77. The candidate voted and left the meeting in order that Council could have a confidential discussion if it so wished. Council voted anonymously via eBallot.com and the candidate returned to the meeting.

78. The Registrar received the result of the vote. Dr Paterson was congratulated on her successful election as Chair, Education Committee.

Chair, Standards Committee

79. The President reported that there had been one nomination received:

Candidate:	**Dr M A Donald**
Supporters:	Dr C J Allen
	Mr D J Leicester
	Mrs C-L McLaughlan
	Dr S Paterson
Date of first joining Council:	July 2016 (Elected)
Current term due to end:	July 2024

80. The candidate voted and left the meeting in order that Council could have a confidential discussion if it so wished. It was questioned if undertaking two roles was possible with the time commitment needed for each. It was confirmed that all candidates were aware of what was involved when standing for two roles; it was a situation that was likely to recur as Council had almost transitioned to its smaller number and it may mean in the future that a Chair of a standing committee may be elected from outside of Council; going forward the processes would need to be re-considered accordingly.

81. Council voted anonymously via eBallot.com and the candidate returned to the meeting.

82. The Registrar received the result of the vote. Dr Donald was congratulated on her successful election as Chair, Standards Committee.

Any other College business (unclassified)

83. There was no other College business identified from the public session of the meeting.

Risk Register, equality and diversity (unclassified)

84. The following risk was identified from the public session of the meeting under agenda item 06a: Temporary Registration of suitably qualified and supervised non-UK qualified vets to undertake certain specific functions as Official Veterinarians (OVs):

- the reputational risk of potential problems arising from the situation, where the College could be blamed instead of the government, which had requested the change.

Date of next meeting

85. There would be a vote on the Vice-President (Junior) 2020 – 2021 held on Thursday, 15 April 2021, that may require a brief discussion dependent on the number of candidates standing. It was proposed that this be held at 12:30 pm for 30 minutes, only if required – this would be confirmed when Council is sent the details of the candidates standing on 12 April 2021.

86. Thereafter the next scheduled meeting is Thursday, 10 June 2021 commencing at 10:00 am (reconvening in the afternoon).

Matters for decision by Council and for report (confidential items)

Veterinary Medicines Directorate (VMD) discussion
87. This information is available in the classified appendix at paragraphs 1 – 15.

Estates Strategy – update
88. This information is available in the classified appendix at paragraphs 16 – 29.

Draft accounts 2020
89. This information is available in the classified appendix at paragraphs 30 – 35.

RCVS Honours and Awards
90. This information is available in the classified appendix at paragraphs 36 – 41.

Any other College business (confidential items)

91. This information is available in the classified appendix at paragraphs 42 – 50.

Risk Register, equality and diversity (confidential items)

92. This information is available in the classified appendix at paragraph 51.

93. The meeting was brought to a close.

Dawn Wiggins
Secretary, Council
020 7202 0737
d.wiggins@rcvs.org.uk

Summary

Meeting	Council
Date	10 June 2021
Title	April 2021 Council minutes
Summary	Minutes of the remote decision made on Thursday, 15 April 2021
Decisions required	To approve the unclassified minutes
Attachments	None
Author	Dawn Wiggins Secretary, Council d.wiggins@rcvs.org.uk / 020 7202 0737

Classifications

Document	Classification[1]	Rationales[2]
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	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	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 remote decision made via eBallot.com on Thursday, 15 April 2021

Members:

Dr M O Greene (President in the Chair)

Dr C J Allen	Mrs C-L McLaughlan
Mrs B S Andrews-Jones	Dr S Paterson
Miss L Belton	Mr M L Peaty
Professor D Bray	Mr M E Rendle
Mr J M Castle	Dr K A Richards
Dr D S Chambers	Dr C L Scudamore
Dr N T Connell	Dr N C Smith
Professor S Dawson	Dr R S Stephenson
Dr M A Donald	Dr C W Tufnell
Dr J M Dyer	Mr T J Walker
Ms L Ford	Professor J L N Wood
Mr D J Leicester	Ms J S M Worthington

*Absent

Election for Vice-President (Junior) – to 9 July 2021

1. It was agreed at the March 2021 Council meeting to hold an election in April for the position of Vice-President (Junior) to 9 July 2021 following the resignation of Professor Argyle. This would ensure that the agreed process was followed as closely as possible and allow the successful candidate as much time as possible to gain experience in the role before potentially becoming President in July, subject to the recommendation being agreed at the June 2021 Council meeting and further agreed at the Council meeting held immediately after the Annual General Meeting (AGM) in July (after retirements and new members had been welcomed).

2. There had been one nomination received:

Candidate:	**Dr K A Richards**
Supporters:	Ms L Ford
	Dr M O Greene
	Mr D J Leicester
	Professor J L N Wood
Date of first joining Council:	July 2020 (Elected)
	(Previous elected:
	July 2015 – July 2019)
Current term due to end:	July 2024

3. Prior to the vote being opened Council had been offered the opportunity to hold a confidential discussion, but this had not been required. Council voted anonymously via eBallot.com.

4. The Registrar received the result of the vote. Council was duly notified by email, and Dr Richards was congratulated on her successful election as Vice-President (Junior) to 9 July 2021.

Dawn Wiggins
Secretary, Council
020 7202 0737
d.wiggins@rcvs.org.uk

Summary

Meeting	Council
Date	10 June 2021
Title	CEO update, including progress against Strategic Plan
Summary	This paper offers a summary of activity against the 2020-2024 Strategic Plan
Decisions required	To note
Attachments	None
Author	Lizzie Lockett CEO l.lockett@rcvs.org.uk

Classifications

Document	Classification	Rationales
Paper	Unclassified	n/a

Background

1. The RCVS Strategic Plan 2020-2024 was approved at the RCVS Council meeting in January 2020 and came into immediate effect. The full report, including all of the narrative, together with case studies from the previous plan's successes, can be found here: https://www.rcvs.org.uk/news-and-views/publications/rcvs-strategic-plan-2020-2024/

2. For each action, progress to date, responsibilities and next steps have been identified in the following table. It is to be noted that this is a five-year plan, so in some areas activity remains to be started. At its meeting in July 2020, the Officer Team felt it appropriate that an update be given to Council three times a year – in September, January and June – but information about a specific action can be made available to any Council member on request in between times.

3. Outside of the Strategic Plan, the following items are for note since the March Council meeting:
   a. Veterinary Nurses Evening took place on 27 May, where new 156 registered veterinary nurses were welcomed to the profession and 12 nurses awarded with their Diplomas in Advanced Veterinary Nursing. The Diamond Jubilee of the VN qualification was celebrated
   b. Elections were held for RCVS Council and Veterinary Nurses Council
   c. Celebrated Neurodiversity Week with webinars, blogs and a panel discussion. as part of Mind Matters
   d. Launched the Adviser training for VetGDP and hosted a series of webinars and meetings to support employers and students in understanding what is required
   e. Hosted a series of interactive CPD webinars
   f. Launched the updated Practice Standards Scheme, including new standards on clinical governance, infection control and keeping medical records
   g. Published the report of the sixth Covid impact survey
   h. The sale of Belgravia House was completed
   i. Closed the consultation on the Legislation Working Party's proposals on 23 April – paper coming to June Council meeting
   j. Held the first meeting of our Black, Asian and Minority Ethnic Veterinary Student Working Group, jointly with the Veterinary Schools Council (VSC)
   k. Announced the winners of our 2021 Honours and Awards (event to take place on 23 September)
   l. Endorsed the World Veterinary Association's pledge on tackling the global climate change emergency
   m. Welcomed signatories from the Federation of Companion Animal Veterinary Associations and the Veterinary Council of New Zealand to our Mind Matters International statement on mental health
   n. Hosted a global mental health roundtable jointly with the American Veterinary Medical Association to discuss the impact of Covid
   o. Published FAQs to assist members of the veterinary team in avoiding common medicines pitfalls
   p. Hosted an online course to introduce overseas vets and VNs to working in the UK
   q. Launched, via independent agency, Rand, a survey as part of the Under Care / Out of Hours review

r.   Worked with the British Veterinary Association (BVA) and Defra to approve new guidance to strengthen the approach to microchip scanning in dogs

s.   Held ViVet sessions on creativity and also to reflect on how the professions have met the challenges of Covid

t.   Marked Mental Health Awareness Week, and the theme of Nature, with a photo competition

4.   Meetings of the Covid Taskforce have been less frequent since the March Council meeting, and decisions are now moving back to the parent committees, as agreed by Council, but the following decisions have been made/ actions taken, and can be found in the relevant minutes:

    a.   Launched new guidance during March inline with the unfolding roadmaps of the four nations' governments

    b.   Commissioned a survey into the impact of Covid on vets and VNs – to take place during June

    c.   Published joint guidance with other veterinary bodies to encourage practices to take students on Extra-mural Studies (EMS)

    d.   Agreed a free-of-charge extended enrolment for a group of student veterinary nurses who had been unable to complete their qualifications due to Covid

    e.   Agreed an extension to a temporary change to the educational standards with respect to ambulatory practice

    f.   Approved the sixth survey on the impact of Covid on veterinary practice and the subsequent report

    g.   Approved the use of e-certificates for all overseas members joining the Register and the 2020 UK cohort

    h.   Agreed that 2021 Statutory Membership Exam candidates can defer their practical exam if they are unable to travel to the UK

    i.   Approved no change to the EMS guidance, but with a further review in July

5.   It is anticipated that a review of the way the College tackled its response to Covid-19 will be carried out in the autumn, pending progress of the pandemic.

A: Clarity

Ambition: to ensure that we have clarity of purpose and that our internal and external stakeholders and service-users understand our role in the world. We will endeavour to become a proactive regulator that remains a step ahead, even in the face of constant change and uncertainty. We will listen widely, consult meaningfully, make confident decisions, then communicate with clarity, appreciating that the final outcome may not suit everyone.

Action (numbering as per full plan)	Who?	Status	Next step/due date
1. Continue, via the work of the Veterinary Legislation Working Party (LWP) and other groups, to review the regulatory landscape to ensure we develop world-leading, robust standards and approaches that are grounded in evidence and risk-based, in order to safeguard animal health and welfare, and public health, and maintain trust in the veterinary professions.	LWP/ Council	• LWP reported to Council in June 2020; Council agreed to consult on proposals, consultation opened 5 November 2020 and closed on 23 April 2021 • A review of the published evidence on effective accreditation methodology has been carried out, and shared with the working party and committees to inform the development of the new approach (available on request) • A new set of veterinary education accreditation standards has been agreed, which accommodate different models of curricula and delivery and enable flexibility whilst driving quality improvement. • A new accreditation methodology has been agreed, which is more outcomes-focused and adopts a risk-based approach	• Responses to consultation to be considered by Council at 10 June 2021 meeting • Following introduction of new VN accreditation standards in January 2020, we are completing a small-scale review to ensure they are outcomes-focused and to remove any duplication • New veterinary education accreditation standards, methodology and rubric to go to Council on 10 June 21 for approval in advance of a professional consultation • Day-One Competences and skills for veterinary nursing being reviewed 2021
2. Ensure that we are addressing what matters to our stakeholders and that we horizon-scan for issues that are beyond the scope of our immediate view. For example, regulation of new technologies, regulation of practices, review of our concerns and disciplinary process, and regulation of the wider veterinary team and the environment in which they work.	APC/ LWP/ PICDCL	• Ongoing work with ViVet, including events around creativity and reflecting on the impact of Covid-19 and the professions' response to it • Regulation of practices falls part of A1 above • Review of concerns/disciplinary processes consultation alongside LWP – see A1 above • A lot of focus on 'what matters to our stakeholders' has been carried out during pandemic work • Stakeholder event took place online on 23 October 2020 to discuss current consultations and impact of Brexit • Updates to PSS published May 2021	• ViVet Innovation Symposium will take place in September 2021 • Regulation of wider vet team ongoing especially ref vet techs (working group reporting to Registration Committee) • Horizon-scanning process to take place for Vet Futures #2 and VN Futures #2– inc impact of Covid-19 • Review of mental health impact of concerns process to be published (retrospectively) shortly, alongside updated action plan • Under care review ongoing, with practitioner survey launched May 2021

Action (numbering as per full plan)	Who?	Status	Next step/due date
3. Review whether we can take a more proactive role around breaches of the Veterinary Surgeons Act involving unqualified individuals, or courses that purport to lead to registration but do not, both through education to end-users of veterinary services, and working more actively to support those wishing to raise concerns with the relevant authorities.		• Some work on this had started pre-Covid and will be revisited once resources allow	• Review resources post-LWP consultation decisions/Under care/out of hours (UCOOH) review
4. Work with our partners overseas to ensure that the UK remains relevant in the veterinary world post-EU exit, including sharing knowledge, marketing our standards and services, and building an engaged diaspora of members of the Royal College of Veterinary Surgeons (MsRCVS) and registered veterinary nurses (RVNs). Ensure there is a global element to all that we do, and that our international members feel engaged and included.	APC/ FVE/ Brexit T/F	• Attending Future Veterinary Capability and Capacity Project meetings • Ongoing work via Advancement of the Professions Committee to consider global offering • Building relationships via MMI International, with first international roundtable on mental health hosted (March 2021), second planned (June 2021) and three new organisations signed up to the joint statement on mental health with the American Veterinary Medical Association (AVMA) • Continuing to play a role in the International Veterinary Regulators Network and hosting a session on mental health as part of the June 2021 series of educational events • Continuing to play a role in the Global Veterinary Innovation Network • Presented on Mind Matters at World Small Animal Veterinary Association Congress (March) • Continuing to work with International Accreditation Working Group (IAWG) to harmonise standards – have agreed protocols for virtual joint accreditations • Signed up to World Veterinary Association statement on global climate crisis	• Develop actions from o/s member research • Work ongoing to develop more permanent solution to loss of mutual recognition of professional qualifications – also engagement with government around the Professional Qualifications Bill and its likely impact • Run third EU graduates survey ref impact of Brexit (delayed til autumn due to UCOOH and Covid impact surveys – to avoid survey fatigue) • Continue to play strong role at the Federation of Veterinarians of Europe (FVE) – reschedule London GA for summer 2022 • Planning a further virtual IAWG for autumn 2021 • Pick up work with OIE on twinning once pandemic resolving

Action (numbering as per full plan)	Who?	Status	Next step/due date
5. Build a closer relationship between the College, the professions and the public by continuing our outreach programme. Review how we gain input from stakeholders at all levels, including the development of an improved process for seeking input from members of the public.	APC/ Comms	• Stakeholder research published January 2020 • Feedback from practices sought as part of regular Covid-19 surveys • Much of our face-to-face public outreach on hold again in 2021 due to Covid • Stakeholder event held in October 2020 • New role established in Communications team to support student and new graduate engagement and planning work underway with Education and VN teams. • New role of Head of Insight and Engagement established to support this work and also A6 below • Scoping meeting held and four broad areas identified for consideration and development: 'customer' service, policy formulation and consultation, two-way communication and evaluation, reputation of and public trust in profession	• Contact other regulators, member associations, Royal Colleges, to discuss challenges and best practice in membership and stakeholder engagement and then set up animal owner engagement group • Plan and produce content for new student-focused area of the website, and review/update *RCVS Guide for New Members*
6. Establish clarity around a data-sharing commitment, and ensure that our views, our data & our insights are shared regularly in an easy-to-search way, for example, easy-to-find FAQ on key issues, insights gained from concerns & complaints data, and self-service facts and figures about the professions. Make available accessible & anonymised versions of the data we hold to all stakeholders to enable them to generate value and insights for the sector.	FRC/ Digital/ Policy	• Prototype of sharing mechanism for core data ready for review • FAQ on Covid have been well received, along with those for CPD, LWP, Practice Standards and VetGDP • Paper on data-sharing went to November 2020 meeting of Finance and Resources Committee (FRC) – policy needs further refining • New role of Head of Insight and Engagement established to support this work • New Research Officer hired to support this work and a broad range of other research across the organisation • FAQ around avoiding medicines pitfalls published spring 2021	• Refine and agree data-sharing policy and return to FRC September 2021 • Review data-sharing prototype and launch • Develop dashboard on key metrics – process of identifying key areas underway • Develop approach for mining concerns and complaints data for content for Academy

Action (numbering as per full plan)	Who?	Status	Next step/due date
7. Plan and implement a cycle of review and improvement for our educational standards and processes, to ensure we continue to take a leadership role with our international partners.	Ed Cttee	• Launched Day-One Competences 2/7/20 • VN Standards reviewed and published and CertAVN developed with four Higher Education Institutions now delivering in a diverse range of areas • Working party, Primary Qualifications Subcommittee (PQSC) and Education Committee have agreed new accreditation standards and methodology – for professional consultation • Advanced Practitioner (AP) and CertAVP surveys completed • Hosted virtual International Accreditors Working Group (IAWG) in June 2020 • The VN Qualifications Team is in regular contact with HEIs and Colleges to provide support and understand Covid-related challenges and changes to provision • Education Team in regular contact with Veterinary Schools Council to mitigate impact of Covid on veterinary undergraduate education – many temporary amends made to policy to support schools and students during this time, being kept under review	• AP and CertAVP survey reports received by Education Committee - focus groups to inform next steps being arranged for summer 2021 • Literature review of accreditation methodology submitted to *Medical Education* for publication • Arranging a further virtual IAWG for autumn 2021 • New Standards and methodology to go to Council in June 2021 for approval in advance of professional consultation; accreditation panel training and further detailed guidance to be developed thereafter
8. Ensure clarity of appeal across all the areas where we make decisions, modernising where appropriate; where appeal is not available, clearly justify why not.	Legal services	• Fellowship Board has reviewed Fellowship appeals process and some changes will be made	• Audit current processes; review best practice – process just starting

B: Compassion

Ambition: to be a compassionate upstream regulator and a supportive Royal College by ensuring that high standards continue to be met while working in an empathetic way that respects all of our stakeholders and service-users as individuals. We will recognise that a compassionate approach involves helping members of the veterinary team build the skills and knowledge they need to meet our standards, which is ultimately in the interests of animal health and welfare.

Action (numbering as per full plan)	Who?	Status	Next step/due date
1. Endeavour to ensure that the College is seen as approachable, helpful, fair and accessible to all.	All	• New Head of Insight and Engagement will help ensure consistency across the organisation in terms of how we communicate with members of the professions and the public • All RCVS websites were compliant with key requirements of new Accessibility Regulations by September 2020 deadline • Review of communications around registration renewal has taken place	• Review data/identify training priorities • Review public- and profession-facing documentation for 'Plain English' • Publish regular data on meeting our KPIs • Develop online version of Regional Question Times to take questions from members • Tie-in with stakeholder mapping (A5, above) • Review of key web content ongoing, including conversion of all PDF documents to web pages where possible, or provision PDF and web versions of key publications, eg *Diversity & Inclusion Strategy*. to ensure improved accessibility • Taking forward work of DIG to review all our process to ensure they are fair and do not discriminate, eg work underway with Fellowship regarding application process • Good positioning of all external vacancies, providing insights into our role and key values
2. Enable our teams to deliver compassionate regulation by providing structures, training and support to ensure they can help vets and nurses meet the standards required in a compassionate way, and take ownership and communicate clearly when things don't go to plan. Recognising that, in order to achieve this, our team members must also		• Data from Survey of Professions • Peakon staff engagement tool gives 'real time' view on how staff are feeling • Launched e-cards to celebrate staff members who meet our values • Created 'Opportunities Group' of mid-career staff to help understand where support may be needed, particularly for new managers	• Launch buddying system for those going through complaints process, with background from Open Minds report • Review data and identify priorities for staff training and review of materials • Reviewing options for online learning system for staff • Review discussions data from Peakon and other staff meetings for training gaps

feel well supported and that they are compassionately treated.		• Have rolled out Diversity & Inclusion training for all staff • MH for Managers training taken place • Support sessions ref virtual working for staff have taken place • Training for staff dealing with people in difficult situations completed • Update for staff taken place on resources available via our Employee Assistance Programme • Staff invited to attend all appropriate Mind Matters sessions for example, campfire chats, resilience training	• Encourage and support managers in acting on findings/comments from Peakon tool • Supervision / support for those taking stressful calls – process under development • Virtual staff away day postponed from 2020 and will take place in autumn in person if possible • Resilience training for staff to take place as we transition back to in-person work
Action (numbering as per full plan)	**Who?**	**Status**	**Next step/due date**
3. Review our concerns process through the eyes of each of our stakeholder and service-user groups to ensure that it is fair, forward-thinking and compassionate, and set out a programme of quality improvement.	ProfCon MMI	• ProfCon Investigation Support Service due to launch early June 2021	• Set up client group – see A5 above • Package of modernising proposals is due for consultation – see A2 above • Review how we gather data, moving to a 'live' feedback model – consult with consumer organisations

4. Help our regulated professionals to meet the standards expected of them by their peers, the public and society at large by launching the RCVS Academy, which will house a range of online educational tools to help veterinary surgeons, veterinary nurses and other potential associates of the College understand what is expected of them in terms of meeting standards, and to support them acquiring relevant knowledge and staying up to date in a creative, accessible and inspiring way.	TBC	• Idea well supported, with many groups asking for content - key will be getting the right structure in place and prioritising
		• Ideas for content have been listed
		• VetGDP Adviser Training now launched on RCVS Knowledge Moodle platform
			• RCVS Academy Manager recruited – to start third week of July, reporting to CEO
			• This is a huge piece of work and needs planning in terms of delivery structure
			• Team to support will include:
			  o IT/digital framework
			  o Overall project management
			  o Content leads
			  o Learning specialists
			  o Communications input
			  o User groups for trial and feedback
			  o Users for ongoing moderation / review
			• Develop initial list of modules
			• Develop an approach for staff training and development – interim learning management system to be launched

Action (numbering as per full plan)	Who?	Status	Next step/due date
5. Continue to support the mental health and wellbeing of members of the veterinary team, and our College staff, through the Mind Matters Initiative under its workstreams of 'prevent, protect and support' (see www.vetmindmatters.org), and also help veterinary professionals to take account of the mental health of those with whom they come into contact.	MMI/ APC	• MMI has been adapting to the Covid world with online tools and Covid-specific advice and guidance • See vetmindmatters.org for specific activities under Mind Matters • Mind Matters International work ongoing and visibility of RCVS leadership role in this area is strong within the global veterinary community	• Link up with Diversity and Inclusion agenda both internally and externally • Student VN mental health survey to be launched summer 2021, roundtable September, results / outputs October 2021 • Sarah Brown Grants currently being reviewed and winner announced shortly • MMI Symposium November 2021 • MMI wellbeing App September 2021
6. Continue to foster a reflective learning culture amongst members of the veterinary team, so that they can continue to grow and develop in a supportive, no-blame environment.	APC/ Ed Cttee	• Launch of 1CPD app January 2020 (with further updates) to enable reflective learning – recent webinars (winter 2020-1) supported this • Support of RCVSK QI work ongoing • Addressed via Edward Jenner Leadership MOOC modules • VetGDP will help promote and develop a learning culture for new graduates, implemented via the VetGDP Advisers and evaluated via our QA process – campaign to recruit advisers launched in November 2020 and currently 1,810 registrations; virtual meetings carried out with students from each vet school and live webinars for the profession and employers delivered • VetGDP Adviser e-learning specifically covers how to develop a positive learning culture, guide reflection and coaching techniques and support for new graduates – over 1,000 vets have already started the e-learning modules • Campaign regarding reflective approach ongoing, running from launch of 1CPD to direct email communications campaigns, including suite of videos, social media campaigns, media coverage and recent well-attended webinars • Speech to World Small Animal Veterinary Association Congress (March 2021) on learning culture and the role of the regulator	• Continue to deliver communications campaign and support members of the profession in completing 1CPD. Next stage involves direct email campaign to target those who have not yet engaged with 1CPD and encourage/support them to do so • Continue to develop further VetGDP e-learning modules • Evaluation data collection for VetGDP to explore impact • New VetGDP Subcommittee being established to oversee programme delivery and monitor quality

C: Courage

Ambition: we will have the courage to take a leadership role within the professions, to ensure that the pervading culture is healthy, sustainable, inclusive, innovative and respectful; through this, will develop confident veterinary professionals.

Action (numbering as per full plan)	Who?	Status	Next step/due date
1. Continue to seek culture change within the wider professions around help-seeking behaviour to support both mental and physical health, learning culture, leadership, innovation, sustainability and diversity.	DIG MMI APC Education	- DIG published strategic plan - See B5 for MMI progress - See B6 for learning culture - Leadership – strategic plan in place but requires review. New Inclusive Leadership Manager currently being recruited - New plan in place for ViVet - Sustainability WG established, working with Fellowship Science Advisory Panel (FSAP) and Practice Standards Group to look at Core / Award goals - EDI to be included in next PSS levels - BAME Student WG ongoing - Staff-level EDI plan underway	- FSAP to define sustainability project (Net Zero Surgery) - Continue development of Edward Jenner – awaiting NHS to restart the programme - BAME Student WG report and recommendations to be finalised over the summer - Develop Innovation Challenge Prize to aid post-Covid / post-Brexit recovery?
2. Celebrate the art as well as the science of veterinary medicine and ensure that wider professional skills are properly and credibly supported.	APC/ RCVSK Education	- Non-clinical skills have been highlighted as part of the Graduate Outcomes review and now reflected in Day One Competences - Professional skills focus within the VetGDP, including training for VetGDP Advisers - MMI developed new webinar programme, celebrated Neurodiversity Week, and delivered other materials to support the impact of Covid - VN Diamond Jubilee celebrations – announced and visual identity created	- Focus on non-clinical skills of general practice (ie human factors) – initial APC-led project is under review in the light of Covid - Develop materials for Academy - Planning underway for (virtual) Honours and Awards event in September to celebrate this year's winners. - Wider cultural project to celebrate history and development of modern veterinary practice – tie in with new building? - VN Diamond Jubilee – planned activities include, a Diamond Jubilee lecture series, a commemorative e-book, webinar/interview series, and, when permissible, a celebratory event

Action (numbering as per full plan)	Who?	Status	Next step/due date
3. Work with other stakeholders to retain skills and talent within the professions, by developing return-to-work options that build confidence in those who have had a career break, for whatever reason.		• Initial conversations started with Defra, British Veterinary Association, Veterinary Management Group and others to better understand recruitment and retention needs but this has been impacted by Covid • Initial conversations with MMI ref a return-to-work network foundered on issue of insurance, needs picking up • VetGDP is available for those returning to the profession, upon request (not mandatory)	• Research regarding workforce and recruitment/retention under development • Re-recruitment fair? • Materials for the Academy • Review our policies to ensure return to work is as accessible as possible • Will be reviewing Period of Supervised Practice for RVNs during 2021
4. Ensure a pathway for career progression for vets and nurses via postgraduate/post-qualification accreditations and qualifications – to meet the needs of vets and nurses at all stages of their careers.		• Review has started ref AP and CertAVP for vets - surveys completed and findings reported to Education Committee. Now organising focus groups with stakeholders to identify best approach and next steps • Advanced qualifications framework for VNs published and we now have four HEIs accredited with a further two accreditations booked. A range of focused qualifications are now available (for example, anaesthesia, oncology, emergency and critical care, dentistry, coaching and mentoring and evidence-based nursing)	• Publish recommendations on vet quals/status • VN career progression linked to LWP proposals • Review development routes for general practitioners • AP / CertAVP focus groups planned for summer 21
5. Develop extra-mural studies (EMS) and work experience opportunities at the College, together with more opportunities for veterinary professionals and members of the public to become engaged with the work of the regulator at first hand and gain an understanding of its complexities.		• Meet the RCVS Days, stakeholder days etc on hold due to Covid • New online EMS programme developed and piloted, jointly with the Veterinary Policy Research Foundation	• Develop modules for Academy eg virtual hearing? Some kind of gamification of this? • Lunch and learns with practices – remotely?
6. Create an innovation funding pot to enable the professions to help solve regulation and professional standards issues that matter to them.		• We have approval of the small bursaries pot – for individuals' personal development that aligns to strategic plan – not yet launched due to Covid	• How do we better understand the questions that are on professionals' minds? • Need to do a risk analysis around this • See C1 ref Challenge Prize • Launch bursary scheme once travel and in-person CPD more feasible

Action (numbering as per full plan)	Who?	Status	Next step/due date
7. Continue to develop the Fellowship into a learned society that reflects the varied achievements of the veterinary profession; encourages the advancement of standards; and, develops public awareness of veterinary medicine and science, for example, via the development of a Fellow on the Public Understanding of Veterinary Science.		• Fellowship communication platform launch (May / June) • Engagement with Sustainability WG underway • Unconscious bias training of Fellowship Board and Credential Panellists (March)	• Fellowship strategy being finalised and published by the Board • Communications and marketing plan to support the work of the Fellowship, including public outreach
8. Review new ways of reaching consensus and driving change within our leadership and governance structure.		• Unconscious bias training took place after September Council meeting • Culture action plan for Council approved at November meeting • Pack for potential Council/VNC members updated • Views gathered from Council members on how induction can be improved	• One-to-one interviews taken place with Council members and independent facilitator – conversation to take place at June Council meeting (in committee) to discuss how we develop a common purpose and approach • Culture action plan work ongoing • Review impact of 2018 LRO on Governance (see also D1) • Review of how we meet – paper going to June 2021 Council meeting
9. Work with the BVA and the BVNA to evaluate the success of the first action plans for Vet Futures and VN Futures respectively, assess whether the ambitions remain relevant, and develop new action plans accordingly. Work with the FVE and our European colleagues to support the delivery of Vet Futures Europe.		• Plan agreed with BVA that we review research and ambitions, then develop second action plan • Evaluation of first action plans started but to be completed – interrupted by Covid	• How do we capture what the professions have learned from Covid, and keep the good stuff? – session to review end of the early/early 2021 • Case studies on successes under development • Interim VNF report to be published Sept 2021 • Aim to include Vet and VN Futures within single future plan?

D: Confidence

Ambition: in order to deliver our Strategic Plan we must not only have the mandate that is secured by the Veterinary Surgeons Act and our Royal Charter, but also the confidence to succeed that will be brought by the right underpinning – the governance, people, finance, communications and IT structures that are crucial to our success.

Action (numbering as per full plan)	Who?	Status	Next step/due date
1. Review the bedding-in of the 2018 Legislative Reform Order to ensure that our Council and committee structure is efficient, effective, and transparent, and provides the right level of strategic oversight coupled with skills-based input to allow the College to function to the best of its abilities.	Officers	• We are not mandated by govt to do a review (unlike for the 2013 LRO) but it is good practice	• Informal review in 2021 and more formal five-year review in 2023 • Need to scope informal review for action second half of 2021
2. Review the structure of all of our groups operating below committee level, to ensure the right mix of skills are available to tackle the tasks at hand and that each group has clear membership, purpose, principles, time-frame and sense of what success will look like.	FRC/ Ops	• Process has started, with more transparency over TofR, membership and composition – all now online • Delegation scheme (to committee level) updated annually • CPD working groups consolidated • Skills matrix updated with new Council members	• Bring together all groups into one document, with ToR, membership, quorum, etc – this is in process and draft being used as part of review of committee roles for 2021-22 • Improve transparency around terms of office • Parent committees to review all groups and sunset where appropriate – action for agendas for November 2021 committee round
3. Develop and embed a meaningful dashboard to help ensure that appetite for risk is clear, risk is managed and any early warning signs are addressed.	ARC/ FRC/ Ops	• Magique risk management tool now in place for all areas, clear ownership, regularly updated • Risk Workshop took place with Council in October 2020 • Departmental risk registers reviewed on a cycle by Senior Team and Audit and Risk Committee • Better signposting to committees of where risk registers can be found on BoardPacks	• Hold risk workshop with Senior Team to reflect on findings of Council workshop • Make 'any items for the risk register' agenda items more meaningful • Business continuity planning meeting to be held over summer to reflect on Covid experience

Action (numbering as per full plan)	Who?	Status	Next step/due date
4. Collate and review our member and service-user feedback on an ongoing basis, against key performance indicators, and work with RCVS Knowledge to employ a quality improvement and innovation methodology to ensure we are providing services that meet the needs of our audiences and society at large.	ALL	• We have gathered a list of sources of current feedback • Data tile on RCVS.me (RCVS intranet) for internal use showing current and historical information on membership, which provides a useful reference tool for trends	• Analysis of data held and future data requirements underway • Develop QI process – Education team developing via Education QI manager and also to link to Head of Insight and Engagement
5. Ensure our financial systems are customer-focused, fraud-resistant and efficient, and improve communication and clarity over where money is spent and its impact.	FRC/ Ops	• We have gathered data ref fraud prevention activities across the organisation • We are reviewing the systems and reporting processes of our accounting systems so deliver more transparency over how money is spent and on a timely basis • No issues raised by 2020 audit • Regular cyber-security training carried out by staff	• Review data available and prioritise areas for improvement • Ensure database upgrades include a flexible customer interface • Strengthening the Finance Team for improved division of duties, speed of response and succession planning – review of all roles taken place, now in recruitment phase
6. Put in place a People Strategy that develops our talent, diversity, leadership and culture, across the staff team, Council and committee members, examiners, assessors and all others who work on behalf of the College.	Exec O/ HR	• Internal Diversity and Inclusion Strategy in place - Black Lives Matters issues took priority in 2020 • Diversity and Inclusion training has taken place for all staff – two-part programme • Diversity and Inclusion Group strategy includes internal and external audiences • Talent & Leadership (T&L) framework conversations taken place regarding competencies • Recruitment policy developed • Agreements with BAME recruitment experts • New 'Where we work' policy designed to support remote working • People systems developed to support new employees into the organisation • Pay policy developed – final sign off by Remuneration Subcommittee required • People Strategy approved by CEO and Officers	• Refreshed internal communications strategy agreed by Senior Team January 2021 – engagement sessions already taken place • Video recorded to communicate plans to all employees • Agree with ST next phase of diversity training by end June • Plan to use McKinseys succession planning model to evaluate internal talent by end June • Provide data to understand current position on gender and other diversity strands by end of Q3 • Agree a learning management system to support employee development • Pilot mentoring scheme • Complete T&L toolkit

Action (numbering as per full plan)	Who?	Status	Next step/due date
7. Develop and implement a technology strategy that puts digital first, is collaborative, and focuses on simplification and convergence.	Exec O Digital/ FRC	• Current strategy is coming to an end, new one needs to be developed • Covid-19 has meant work has been rather short-term of late, but the existing strategy put us in good shape to work remotely	• New strategy in draft and being considered by internal stakeholders before being put before Finance and Resources Committee • Work ongoing to support return to in-person and hybrid meetings
8. Purchase a new property that aims to serve the needs of the College for the next twenty years, while not putting an undue future financial commitment on our members.	Estates/ Ops	• Sale of BH completed • Membership of the Estates Strategy Group has been refreshed and it will continue to work as per strategy and reporting to RCVS Council at each meeting	• Future building needs under review to ensure appropriate for the 'new normal' • Paper to June 2021 Council ref new building priorities
9. Put in place a communications strategy that will focus on clarifying what we are, and what we are not, and be stronger about calling out those who seek to undermine the College; own our shortcomings and be clear about where and how we will change; and be bolder about celebrating our successes and our unique contribution to animal health and welfare, and public health. Empower our wider team to become communications ambassadors for the College.	Comms	• Marcoms Officer and Media & Publications Officer now recruited to support expanding workload of coms team. Further recruitment under review • New system being built to consolidate and guide the use of RCVS brand assets, style and language guidelines and web/print accessibility. • Trial period for additional social media monitoring/commenting role for Committee Chairs and Officers	• Revisit planning meetings with all teams to identify departmental long-term aims and activities • Launch RCVS communications survey of key stakeholders (including professions, public etc) to establish preferences and gain feedback • Use all feedback to devise coms strategy that supports RCVS strategic ambitions, departmental activities and stakeholder requirements • Produce social media guidance to support trial
10. Develop and implement a corporate social responsibility strategy that befits an organisation that works in the public interest.	FRC/ Ops	• New Environment & Sustainability Working Party to consider both profession-facing and internal issues	• Investment policy requires review • Environmental impact of any new building will be key – Chair of ESWG now sits on Estates Strategy Group • Covid has been positive in reducing impact of travel, both overseas and domestic • Recent push to encourage staff to make more use of volunteering days to support social responsibility of the organisation

Summary

Meeting	Council
Date	10 June 2021
Title	Recommendations for how meetings are held in the future
Summary	This paper asks Council to consider broad recommendations for how Council, committee and other meetings might be held in the future, in order to maintain the benefits gained from virtual meetings without losing the positives of in-person interaction.
Decisions required	Council is invited to discuss and approve the recommendations.
Attachments	None
Author	Lizzie Lockett CEO l.lockett@rcvs.org.uk 0207 202 0725

Classifications

Document	Classification[1]	Rationales[2]
Paper	Unclassified	n/a

Recommendations for how meetings are held in the future

Background

1. Belgravia House is going to be accessible to small groups of staff – between five and 25 – Tuesday to Thursday from week-commencing 6 June. As and when government removes social distancing rules the office will re-open more fully – although staff surveys suggest many would like to continue to work at home more than the pre-Covid guide of two days per week (and some cannot wait to come back full time).

2. Now we are coming out of the pandemic, many organisations are changing the way they work, to maintain the home-working benefits of flexibility, improved work-life balance, reduced commuting time and reduced impact on the environment. There is also a positive impact on the pool from which we can recruit if we are more flexible. A new 'Where we work' policy, which allows staff to choose where they work, in consultation with their manager, is now being rolled out, following discussion with the Officer Team. The policy is clear that the needs of the organisation must always come first, and that any personal plans must be considered in the round, taking account of the needs of internal and external stakeholders and other members of the teams. This will be quite an adjustment for the College, but it is important that we take a leadership role on this. All staff who were based at Belgravia House will still formally be based there, so there will be no change to who pays for travel when someone is required to come into the office. The change does not affect statutory flexible working requests.

3. In light of these operational decisions, it is now important to consider similar factors for Council, committee and other meetings.

In-person or virtual?

4. As soon as social distancing rules are lifted, it will be possible to start hosting meetings at Belgravia House again. All meetings have been remote since mid-March 2020 apart from some Disciplinary Hearings, for which venues have been hired in locations local to the respondents.

5. As with team members working from home, there have been some benefits to remote meetings, in terms of efficiency, savings in time, money and carbon footprint of travel, improved inclusivity for those who found coming to London difficult for whatever reason, and no limit to the number of people who could attend. It has also been useful when we have had to mount short-notice meetings to deal with pandemic-related issues.

6. There have also been some clear, although less easy to quantify, disadvantages, especially in terms of not being able to build and maintain relationships or have detailed informal discussions, and not being able to include any social aspects or general 'catch up' opportunities. And although the meetings have been more inclusive in terms of who could attend, it can be harder to ensure everyone contributes, especially if cameras are turned off or the platform does not allow everyone to be visible at once. Workshops / training sessions are also harder to host virtually.

7. Going forward we therefore need a meeting scheme that allows us to maintain the benefits of virtual meetings while reintroducing the positives of in-person meetings.

8. A recommendation for discussion is as follows:
   a. **Council meetings** – the following to be held in person, preceded by a Council supper the night before, the other two (November, June) to be held online:
      i. **September** – the first meeting of the presidential year, so good to help build relationships with new Council members
      ii. **January** – first in the New Year
      iii. **March** – timed to link with President's Reception (if going ahead), also the meeting at which there are many elections (JVP, Treasurer, Chairs), which are much easier done in person.
      iv. **July** – AGM (as part of RCVS Day) to be held in person

   b. **Committee meetings/ VN Council** – it's recommended that two per year are held in person and two online. In order to provide an even spread of meetings across the year it is recommended that the in-person meetings are alternated with Council, so the November and May rounds will be held in person, and the September and February rounds virtually. Committees may choose to add a more strategic discussion session to one of these meetings.

   c. **Subcommittee/working group/working party** – it's recommended that a maximum of one meeting per year is held in person, with others remotely.

   d. **Officer team** – to be held remotely unless people are in the building for some other reason.

9. NB when the budget for 2021 was put in place it was anticipated that one meeting of Council and one meeting of each committee would be held in person during the 2021 calendar year. The above recommendation exceeds that by one Council meeting, but this should be manageable given savings elsewhere due to the pandemic.

10. Catering for meetings will be reviewed via Finance and Resources Committee.

11. How/where the statutory committees (Disciplinary, Preliminary Investigation and VN variants of those) meet is a matter for them.

12. Council may also like to discuss whether it would like to maintain the ability for people to dial-in (phone or video) to a Council meeting. At the moment this is not possible under the rules – and you cannot vote unless you are in the room (this was suspended during the last period of time). If Council would like to extend this on a more permanent basis the rules would have to be changed. The ability for people to dial in has always been allowed for other meetings – non-statutory Committees, working parties etc, although it's less advisable in some situations, for example, appeals.

13. Upgrading our IT solutions will be a key part in the success of such changes, as we will need to accommodate a more hybrid model, although we will also be careful not to invest disproportionately in kit that could not be moved to a new office. Some short-terms solutions will be piloted over the coming weeks.

Decisions required

14. Council is asked to discuss the proposed recommendations and agree a way forward, accepting that there will need to be some flexibility, not least because the progress of the pandemic may not be smooth.

Meeting	Council
Date	10 June 2021
Title	Updated Delegation Scheme
Classification	Unclassified
Summary	This paper recommends 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 – in particular, to answer the question posed at paragraph 9, regarding quorum.
Attachments	None
Author	Lizzie Lockett / CEO l.lockett@rcvs.org.uk / 020 7202 0725

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

Operative date

1. The following delegations shall have effect from xxx 2021.

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 Registration 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. The Chair of the Audit and Risk Committee should be an external member, independent of Council, but elected by Council. Standing committees They will select their own Vice-Chairs, unless otherwise specified.

9. All the standing committees will generally meet four times a year, either in-person or remotely. If there is no, or not enough, business to justify a meeting, the Chair can cancel a meeting. There

may also be occasions when an additional meeting is required if decisions need to be made more quickly. The quorum for standing committees will generally be a simple majority of the total number of members, unless otherwise specified.

> **Commented [LL1]:** This is not aligned with the meeting rules, which says a quorum of three – does Council have a preference?

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 inclusion, sustainability 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 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~~ elect one of the external members serving on the Committee as Chair, based on relevant background and skills. The Committee will elect a Vice-Chair and iIn the

absence of the Chair, the ~~Committee shall elect another of its members~~Vice-Chair will ~~to~~ chair the meeting.

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, where appropriate, 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, where appropriate, 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, where appropriate, 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, where required;

d) review the need for an internal audit strategy, operational plan and work programme;

e) consider the major findings of internal audit work, where carried out, 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~~ CEO 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:

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

- o actions that have been taken or that are planned as a result of discussion by committees;

- o actions that have been taken or that are planned as a result of feedback from stakeholders (visitors/universities); and,

- o 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 (PQSC), 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 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 the Veterinary Schools or ~~their nominees~~other veterinary school staff members. Two students will also sit on the Committee, together with the Chairs of the Education Subcommittees and one observer from the Officer Team.

> **Commented [LL2]:** Change to clarify that they would not be acting as representatives of the veterinary schools in this context – see also MOU with Veterinary Schools Council

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 of Advanced Practitioner and Specialist status, and postgraduate training and qualifications, and in particular shall:

    a) define "Year-One Competences" and monitor the Professional Development Phase /~~(or equivalent~~VetGDP);

    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.

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. It shall comprise the Treasurer (Chair), nominated representatives from Education, Standards, Advancement of the Professions and Preliminary Investigation Committee/Disciplinary Committee Liaison Committees and VN Council, together with two lay members of Council and two veterinary surgeon or veterinary nurse members of Council (ie two in total). The CEO, Registrar and Director of Operations will be non-voting members.

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~~facilitating 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.

Registration Committee

54. The Committee shall comprise the President, Vice-Presidents and Treasurer of the College, together with two veterinary members of Council, a veterinary nurse member to be appointed by Veterinary Nurse Council (VNC), and a lay member of Council or VNC. The Committee shall be chaired by one of the Officers of the College, who will chair for a three-year term. The Chief Executive Officer (CEO), Registrar, and Director of Operations shall attend and participate in the meeting but shall be non-voting members.

55. The Committee shall be responsible for activities relating to the registration of veterinary and veterinary nurse members of the College (and, in due course, other Associate members of the College), and will provide and make recommendations to Council and/or VNC on matters relating to registration as appropriate.

56. Responsibilities will include but are not limited to:
    a) Reviewing and monitoring the implementation of the provisions of the Veterinary Surgeons Act (VSA) 1966 related to the registration of veterinary surgeons; (in conjunction with the Education Committee as appropriate).

    b) Reviewing and monitoring the implementation of the provisions of the Veterinary Nurse Registration Rules related to the registration of veterinary nurses; (in conjunction with VNC).

c)   Reviewing and monitoring the policies and procedures relating to registration and publication of the Register.

d)   Advising in relation to the creation of new categories of Associate members of the RCVS.

e)   Keeping under review data relating to Find-A-Vet.

f)   Monitoring registration activities (including trends in Registration for both veterinary surgeons and veterinary nurses).

g)   Monitoring reports from Appeal panels, ie
i. The Examination Appeals Committee

ii. Registration Appeals Committee (EU)

iii. Considering applications for Temporary Registration in accordance with the VSA 1966.

h)   Reporting to Council on a regular basis summarising the work that comes under its purview (usually via the minutes of its meetings).

Specialist and Advanced Practitioner Appeals Committee

54.57.   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

55.58.   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

56.59.   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.

57.60.   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.

58.61.   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.

59.62.   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.

60.63.   The Chair and up to 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.

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

62.65.   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.

63.66. 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

64.67. 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

65.68. 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

66.69. 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.

67.70. 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. The Chair of the Veterinary Nurses' Council will be invited to attend meetings of the Officer Team.

68.71. The Officer Team will also act as the **Nominations GroupSubcommittee**, together with the Chair of VN Council, CEO and Registrar, and one other veterinary and one veterinary nurse member of Council, proposing who will be awarded College honours and awards (choices will be ratified by Council and, for the VN Golden Jubilee Award, VN Council).

> **Commented [LL3]:** Change suggested now that many of our awards can be won by either vet or VN to ensure a broader voice from the VN profession

69.72. The Officer Team will also act as the **Remuneration Subcommittee**. The Remuneration Subcommittee meets annually to decide a policy on 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, apart from the. The remuneration of the CEO, which is considered by the President in line with the aforementioned policy. The Subcommittee consists of the Officer Team, with the Directors of HR and Operations, and the Registrar and CEO attending in a non-voting capacity.

> **Commented [LL4]:** This is not a change to what has happened in the past, just adding for completeness

Senior Team

70.73. 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.

71.74. 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.

72.75. 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.

73.76. The key responsibilities of the Senior Team are as follows:

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

   b) Ensure delivery of the Strategic Plan and keep Council regularly updated on progress against time, budget and intended impact;

   c) Enable understanding of the RCVS purpose and Strategic Plan throughout the organisation and to ensure continual, coherent and consistent communication;

   d) Create an environment in which our people can deliver, learn and thrive;

   e) 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;

   f) Propose and manage the College budget ensuring the most effective use of resources;

   g) 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;

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

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

j) 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,

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

Approved by Council xxxx June 2021

Summary

Meeting	Council
Date	10 June 2021
Title	Memorandum of Understanding with Veterinary Schools Council
Summary	This paper asks Council to consider a draft Memorandum of Understanding (MoU) with the Veterinary Schools Council (VSC) to help clarify the role of VSC-appointed Council members and to outline a process of engagement with the VSC going forward.
Decisions required	Is Council happy with the draft MoU?
Attachments	Annex one – draft MoU
Author	Lizzie Lockett CEO l.lockett@rcvs.org.uk 0207 202 0725

Classifications

Document	Classification[1]	Rationales[2]
Paper	Unclassified	n/a

Memorandum of Understanding with the Veterinary Schools Council

Background

1. The Legislative Reform Order that was laid in 2018 specifies that RCVS Council shall include 'three persons appointed by the recognised universities acting jointly'. This replaces a situation where each veterinary school with an RCVS-recognised veterinary degree had two appointees on Council. There was a gradual reduction to the current situation, cutting down from two appointees from each school to one, then three across all schools.

2. The current vehicle for 'acting jointly' is the Veterinary Schools Council (VSC), the representative body for veterinary schools in the UK, Ireland and the Netherlands, established in 2014.

3. Both RCVS and VSC have identified the need for this MoU to formalise a commitment to address any confusion that exists about the role of VSC appointees on RCVS Council and committees, and to develop stronger communication channels going forward. There have been no major problems to date. Indeed, during the pandemic, more than ever, the VSC and RCVS have enjoyed a very good working relationship, founded on pragmatism; but both organisations felt it was important to provide clarification.

4. In order to remedy any misunderstandings and provide clarity, the Memorandum of Understanding to be found in Annex one has been drafted. It covers the role of VSC-appointed members, and a commitment to structured communication between both organisations. VSC has approved the proposed text.

Roles

5. There has been some confusion regarding the status of the individuals appointed by the VSC. The short-hand 'VSC representatives' that has been used informally by both parties may have contributed to this. It is therefore recommended that we clarify that those individuals who are appointed by the VSC are not there to represent the views of the VSC, nor should they be expected to be a liaison point with the VSC on issues that specifically affect veterinary education. As with all members of Council, individuals are there on their own merits, with their own experience and opinions, and do not represent a constituency. All Council members must work in the public interest, specifically the interests of animal health and welfare and public health. They are 'representative of', not 'representatives for'.

6. It has sometimes been wrongly assumed that by having a VSC appointee (Council member) on a committee, that that individual speaks with the voice of VSC and/or has been informally consulting with colleagues on topics under discussion. Furthermore, as papers at committee level or below may not yet be in the public domain, there has been a lack of clarity about what can be shared. In future, there will be greater clarity about which documents can be shared with the VSC more widely.

7. Although RCVS Council members do not represent organisations or groups, RCVS Working Groups may include other individuals who are there to represent an organisation. The RCVS will

commit to greater clarity where this is the case, and also to ensure individuals know what documentation they can share with the parent organisation.

Communication

8. As with any stakeholder organisation, is appropriate that we communicate with the VSC on relevant matters, for example, the setting and amending of accreditation standards and their assessment. In some cases this will be for reference, in other cases for consultation. Although the VSC appointees on RCVS Council may be engaged in this process, they will not be expected to instigate any consultation.

9. Similarly, VSC has agreed to open dialogue and consultation with RCVS on relevant matters, such as developments in curricular evolution and delivery.

10. Both organisations will continue to work closely on areas of shared interest, for example, student diversity and inclusion and mental health, with shared working groups where appropriate.

Decision required

11. Council is asked to review the draft MoU at annex one and either approve it or suggest amendments.

12. It is recommended that the MoU be revisited periodically – perhaps every five years – to ensure it remains fit for purpose. It can be reviewed sooner if there is a significant change on either side.

Annex one – draft MoU with the VSC

1. The Veterinary Surgeons Act 1966 (as amended by the Legislative Reform Order 2018) states that RCVS Council shall include 'three persons appointed by the recognised universities acting jointly'.

2. The body that currently appoints these individuals is the Veterinary Schools Council (VSC).

3. The expertise brought to Council by these individuals is valued by RCVS Council, and it is noted that they are not representatives of the VSC – ie they do not speak with the voice of the VSC, nor are they expected to consult with the VSC on behalf of the College, although they may discuss any relevant issues that arise that are in the public domain.

4. The individuals will normally sit for four-year terms and can sit for a maximum of three four-year terms.

5. The Officers of the VSC and the RCVS will have Joint Officers meetings, as appropriate, to discuss issues of relevance to both organisations.

6. The College commits to consult with the VSC on appropriate matters, such as the setting and altering of accreditation standards and their assessment, and other appropriate RCVS business.

7. VSC commits to open dialogue and consultation with RCVS on appropriate matters, such as developments in curricular evolution and delivery.

8. In addition to the three formal appointees, other individuals with educational expertise may be co-opted onto relevant RCVS committees, subcommittees and working groups. Guidance may be given by VSC in terms of suitable individuals, but they will not be VSC appointees. Clarity will be ensured about the role of those individuals and the classification of papers for those meetings.

9. There may be situations where a VSC representative is required on a working group – where they are required to consult and be a voice for VSC. Where this is the case, the RCVS commits to make expectations clear and ensure clarity around classification of papers.

10. This MoU was agreed by both parties on XXX and will be reviewed on or before XXX.

Summary

Meeting	Council
Date	10 June 2021
Title	New RCVS accreditation standards and methodology
Summary	In September 2019, a comprehensive review of the RCVS accreditation standards and processes for veterinary degree programmes began. The aim of this review was to ensure that the RCVS' approach to accreditation was fit for purpose, robust across different models of veterinary curricula / programme delivery, and in line with international best practice in both the veterinary and other healthcare related fields. Following consideration through multiple working groups and RCVS committees, a final set of standards and a new outcomes-focused and risk-based methodology for the accreditation of professional veterinary programmes has been completed. It has been suggested at Education Committee that once approved by Council, the new standards and methodology should go out for public consultation. RCVS Council is now invited to approve the work completed to this point and consider a consultation.
Decisions required	To approve the new RCVS accreditation standards and methodology for consultation.
Attachments	Annex A – New RCVS accreditation standards Annex B – New RCVS accreditation methodology Annex C – Clinical Education definition glossary Annex D - Systematic Review of the Professional Accreditation Literature (ACER Literature Review) Annex E – New RCVS accreditation rubric Annex F – New RCVS EMS Policy and Guidance Annex G – Contributors and committees with input into this project
Author	Dr Linda Prescott-Clements Director of Education l.prescott-clements@rcvs.org.uk / 020 7202 0732

Classifications

Document	Classification[1]	Rationales[2]
Paper	Unclassified	n/a
Annex A	Unclassified	n/a
Annex B	Unclassified	n/a
Annex C	Unclassified	n/a
Annex D	Unclassified	n/a
Annex E	Unclassified	n/a
Annex F	Unclassified	n/a
Annex G	Unclassified	n/a

[1]Classifications 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.

[2]Classification rationales

Confidential	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	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

Background

In September 2019, a comprehensive review of the RCVS accreditation standards and processes for veterinary degree programmes began. The aim of this review was to ensure that the RCVS' approach to accreditation was fit for purpose, robust across different models of veterinary curricula and programme delivery, and in line with international best practice in both the veterinary and other healthcare related fields.

The review of (i) accreditation standards and (ii) accreditation process (methods) was taken forward in parallel, as follows:

(i)   Standards

     a. A comprehensive mapping exercise of current RCVS Accreditation Standards against those of other international accreditors of veterinary degree programmes
     b. A review of the accreditation standards of other UK professional regulators, including those in medicine, dentistry, nursing and pharmacy
     c. Feedback from stakeholders

(ii)   Processes / methodology

     a. A literature review of the published evidence on different accreditation processes (methods) and their impact in terms of quality assurance and quality improvement
     b. Semi-structured interviews with other UK accreditors of professional degree programmes, to understand the processes they use, what works well and any challenges encountered
     c. Semi-structured interviews with a selection of vet schools, including representation of different models of curricula and programme delivery ('traditional', community-based and fully distributed), to gather feedback on current RCVS processes, and what works well / the challenges
     d. Observation at accreditation visits hosted by other international accreditors of veterinary degree programmes

All information was primarily considered by the Accreditation Review Working Party (ARWP), chaired by Professor Nigel Gibbens, which comprised representation from the Veterinary Schools Council (VSC), representatives from veterinary schools covering a range of different curricula models, practitioners, student and new graduate representation, as well as independent involvement from the Quality Assurance Agency (QAA) and the General Medical Council (GMC). Both the new standards and methodology were also considered by both the Primary Qualifications Sub-Committee (PQSC) and Education Committee. Standards relating to clinical education and extra-mural studies (EMS) were also considered by the Graduate Outcomes EMS and Clinical Education working group (GO EMS CE) tasked with taking forward suggestions from these areas of the Graduate Outcomes consultation.

This paper presents the new RCVS standards and methodology for the accreditation of professional veterinary degree programmes, which can be found in Annex A and Annex B respectively.

RCVS Accreditation Standards

The RCVS Standards for Accreditation set out the requirements of university veterinary schools and veterinary degree programmes for them to be recognised by the RCVS, and consequently their graduates becoming MsRCVS. The current Standards (https://www.rcvs.org.uk/setting-standards/accrediting-primary-qualifications/accrediting-veterinary-degrees/accreditation-standards/) were developed in 2014 (implemented in 2015), and it is was agreed in 2019 that a further comprehensive review was required to ensure they remain fit for purpose and sufficiently flexible to consider an increasing number of different models of curricula and approaches to programme delivery.

In order to carry out this review, the ARWP was established to consider both the Standards and methodology used in the accreditation of veterinary programmes.

The current RCVS Standards for accreditation of veterinary degrees requires schools to meet 111 individual standards covering 12 subject areas. Following an exercise of comparing these against both other international veterinary accreditors and other professions, the ARWP agreed on a list of further standards, which were felt would add value to the RCVS' current set of requirements.

However, these additions would have resulted in there being over 180 standards, even after taking into account duplication of themes. The reason for this was, in part, that individual standards had become highly specific, with multiple standards contributing to a single quality indicator. It was decided that a new approach was needed and following review against international best practice in other healthcare related sectors, a new set of standards comprising 75 individual standards across 6 subject areas was devised.

Mapping against the 2015 standards was completed, and it was confirmed that all areas within the previous standards are covered within the new standards and there are no 'gaps'. In many cases, some of the 2015 standards were felt to be better placed within the guidance for the standards rather than the standard itself. The language has also been adapted to reflect the need for demonstrable evidence for each standard. A further exercise was carried out to demonstrate how each standard relates to the quality of a programme to ensure that each standard was meaningful and not a 'tick-box exercise', and potential sources of evidence (inputs, processes and outputs) which an institution could provide to demonstrate compliance have also been identified. It is important to note that these are examples only for guidance purposes, and the School may well have other types of evidence which are equally suitable in demonstrating that a standard has been met.

The new standards are presented in Annex A.

For standards relating to clinical education, which were developed by the GO EMS CE working group following the results of the 2017 Graduate Outcomes consultation, it was felt important that a glossary of terms needed to be created to clearly define the meaning of some of the terms used. This can be found in Annex C and will be published alongside the standards.

Accreditation Methodology

A systematic review of the professional accreditation literature, completed by the Australian Council for Educational Research (ACER) on our behalf, was presented to the ARWP and can be found at Annex D. This provides the evidence-base for the decision to move towards a more outcomes-focused and risk-based approach to accreditation.

Following consideration of this evidence, a number of principles for a future RCVS accreditation process were agreed by the working party.

Principles

- RCVS should take a 'hybrid' approach to the accreditation of veterinary programmes, which ensures the evidence base upon which decisions are made, against each of the standards, is clear and transparent.

- The 'hybrid' approach should consider 'inputs' (design / implementation features of the veterinary programme) and 'outcomes' data (impact of the programme on students and the profession), and take a risk-based view to ensure school visitations remain proportionate.

- Effective measures of programme outcomes will be identified and developed if necessary, to provide the evidence required to support the hybrid approach.

- A visitation will always take place, but the focus and duration of the visit will be determined through consideration of the evidence provided by the school in advance and through annual monitoring.

- Quality improvement (QI) will become an explicit component of the accreditation process.

- Expertise within the RCVS Education Department should be used to support the accreditation review panel, through an initial review of submitted evidence and reporting to the chair of the panel.

- Evidence considered in support of accreditation standards should be direct, from multiple sources and triangulated where possible.

These principals were used by the ARWP in drafting a new methodology for RCVS accreditation of veterinary programmes, which can be seen in Annex B, and includes a process flowchart summarising how the accreditation cycle will work. The new approach to accreditation will focus less on 'inputs', which do not always necessarily provide strong assurance of quality, to focus increasingly on 'outcomes' or 'process' evidence, which more clearly demonstrate a positive impact or outcome. Our new approach will also be risk-based, meaning that where an established school is able to collate strong outcomes evidence on a longitudinal basis, this can be considered in advance and result in a 'lighter touch' visitation by the accreditation panel, which focuses only on the areas where there are gaps in evidence, or triangulation is needed, or physical resources need to be seen.

Accreditation panels typically work with a 'rubric' which lists the standards and evidence gathered to support each of them, and this translates into the recommendations in the report. In efforts to maintain objectivity, this rubric has become increasingly prescriptive, detailing the exact evidence which is needed to meet the standard. However, this often leads to problems when trying to apply it across increasingly varied models of curriculum and programme delivery – evidence suitable from a traditional programme model may be different to that from a distributed model, but both appropriate to demonstrate quality in a specific area. It can also lead to 'double jeopardy' where a lack of evidence

can result in deficiencies being reported across more than one standard, which may give an unnecessarily negative impression.

Our new approach will also include an accreditation rubric, which will be a 'living document' used by the accreditation panel to monitor evidence gathered (both in advance in a repository and subsequently at the visitation). This will also support the 'risk-based' dynamic of the process – where substantial outcomes-based and triangulated evidence is available to the accreditation panel in the repository at the start of an accreditation event, the panel may consider this to be sufficient to have met the standard without the need to gather further information in this area at the visitation. A worked example of this rubric is included in Annex E. It is important to consider this alongside the standards and guidance, including the examples of potential evidence'.

EMS Policy and Guidance

In parallel to the work undertaken on revising the accreditation standards relating to EMS, the GO EMS CE working group also created an updated EMS Policy and supporting guidance to complement the individual standards and provide more clarification for schools when interpreting the requirements. This document, approved through the ARWP, PQSC and Education Committee (where it was finalised with a majority vote), can be found in Annex F.

Concerns have been expressed by vet school stakeholders that the number of weeks of EMS has not been reduced. The rationale for this is that there is a significant risk that, without additional measures in place to improve the consistent quality across EMS placements, there could be unintended consequences and a negative impact on students many of which report a lack of confidence following graduation. This could further impact the already high attrition rates within the profession. However, to establish whether a reduced number of weeks EMS could provide similar levels of experience if an outcomes-based approach with increased quality assurance was adopted, we are keen to pilot this approach in future.

Annual monitoring and visitor training

The last two areas of work outstanding with this project are the format of annual monitoring, and the visitor training programme. Since any changes to accreditation will have a 12+ months lead-in period, these will become the focus for the ARWP, PQSC and Education Committee once the standards and methodology have been agreed upon.

Outcomes Data

To further support the accreditation process, RCVS will also gather outcomes data in the form of graduate and employer surveys, which will be implemented at the onset and completion of VetGDP. It is proposed that this data is analysed and the data relevant to each school shared with them in their repository of evidence.

Involvement

This work has been undertaken, considered, and approved by the committees and associated members outlined in Annex G. Since the project has spanned multiple Presidential terms, previous membership is also indicated.

<u>Decision</u>

RCVS Council is asked to consider the proposals for approval for consultation with stakeholders within the profession.

Std No.	Standard	How this relates to programme quality	Evidence (inputs)	Evidence (process)	Evidence (Outputs)	Guidance / Notes	D1C
1.1	The spaces, infrastructure, physical and digital resources across the programme must provide an effective learning and teaching environment, support student welfare, and meet the needs of educators and support staff.	If the environment and resources are not safe and effective, the student experience and learning outcomes will be compromised.	(1) Infrastructure - physical and digital resources (2) Strategy for maintaining infrastructure, resources & equipment (3) evaluation policy for infrastructure & resources effectiveness	(1) infrastructure & resources updated / improved in line with strategy and evaluation data on effectiveness (2) Student and staff feedback / satisfaction data on learning environment	(1) Students achieve LO's (no themes emerging in one area relating to infrastructure) (2) Student H&S incident log	Lecture theatres, teaching laboratories, tutorial rooms, clinical facilities and other teaching spaces must be adequate in number and size, and equipped for the instructional purposes and must be well maintained. Student welfare needs to be addressed so that there is ready access to adequate study, recreation, locker and food services facilities. Core teaching sites to have dedicated learning spaces and internet access. Medical records must be comprehensive and maintained in an effective retrieval system.	
1.2	The learning environments across the programme must ensure the health and safety of students, staff and animals and comply with all relevant jurisdictional legislation including health, safety, biosecurity and UK animal welfare and care standards.	Maintaining these standards protects students, staff and animals and ensures students understand what is good practice, and understand why these regulations are important	(1) Health & Safety Policy (2) Biosecurity policy (3) Staff and student inductions	(1) Review of the risk register or equivalent	(1) Certificates from audits etc. incident logs, comments	Operational policies and procedures should be visible. Details and frequency of audits, how the school responds to incidents. Learning environments encompass all areas (including off-site) where students are present. There must be appropriate reporting mechanisms for staff or students to report safety concerns, including when undertaking EMS placements.	2, 16, 41, 43
1.3	All learning environments (within the School and off-site) should be quality assured to ensure they are conducive to learning and teaching, and support the achievement of learning objectives.	Ensures the physical environment is conducive to learning	(1) Description of different learning environments and how each ensures student learning is facilitated and any barriers to learning mitigated (2) QA policy	(1) QA data (2) Student feedback relating to environment	(1) Students achieve LO's (no themes emerging in one area relating to infrastructure)	All learning and teaching environments (both on campus and off-site) relates to the infrastructure and the physical resources within it.	

1.4	The learning environments across all aspects of the programme must demonstrate good practice standards and promote high standards of animal husbandry and care at all times.	Maintaining standards ensures students understand what is good practice	(1) PSS certification or equivalence of all sites where clinical education takes place	(1) Regular Internal QA audit	(1) Student feedback following placements in all areas where learning takes place.	The school must ensure any hospitals and practices involved with core teaching must meet the relevant RCVS Practice Standards and (for UK schools). Practices should be accredited under the RCVS Practice Standards Scheme to (Core level as a minimum requirement, although practices should aspire to achieving the higher levels) or to the relevant standard for the teaching undertaken at the establishment. Systems in place for students to raise welfare concerns through placement evaluations of other means. The livestock facilities and animal housing in all learning environments must: ☐ be sufficient in capacity ☐ be of a high standard and well maintained ☐ be fit for purpose ☐ promote best husbandry, welfare and management practices	2
1.5	Normal and diseased animals of the principal domestic and exotic species must be available for instructional purposes, either as clinical patients or provided by the School. The School must provide access to sufficient numbers and range of animals and animal material to provide the necessary quantity and quality of animal husbandry and clinical instruction to meet the programme learning outcomes and achieve the RCVS Day One Competences.	To ensure students have access to sufficient range animal resources in terms of species (and different diseases) to be able to learn and practise skills as needed.	(1) Information regarding numbers of each animal type (healthy & diseased) in relation to student cohort numbers, and rationale for how this is sufficient to support students in achieving day one competences. (2) Information regarding necropsy numbers and student engagement in relation to cohort numbers, and rationale for how this sufficient to support students in achieving day one competences.	(1) School programme validation / periodic review information on animal resources available	(1) Graduate / employer feedback on preparedness for practice (2) Student placement feedback.	Principal domestic and exotic species should reflect those commonly encountered in the UK, in both general and specialist practice. Normal and diseased animals, as well as cadavers for post-mortem purposes, must be provided for hands on clinical instruction. Diseases should reflect those regularly encountered in the UK. "Provided" by the school can relate to live animals presented as patients or 'resident' animals used for teaching, or preserved specimens. However every attempt should be made for common diseases to be presented in live clinical cases rather than preserved materials. A judgment will be made against the rationale for how animal numbers are sufficient for students to meet the D1Cs	28, 29,30, 31, 36
1.6	There must be sufficient up-to-date and well-maintained learning and teaching equipment to support the programme effectively, readily accessible by students	Ensures students are prepared for the workplace and able to learn effectively.	(1) Equipment itinerary & maintenance log.	(1) Student feedback on access to resources	(1) Graduate / employer feedback on ability to use equipment	Equipment should be sufficient in number for the student cohorts and a reflection of the equipment used in general practice, including simulations and models.	
1.7	The School must ensure students have access to a broad range of diagnostic and therapeutic facilities, of sufficient standard and in number to enable learning outcomes to be met and achievement of the RCVS Day One Competences.	Ensures students are prepared for the workplace and able to learn effectively	(1) Description of facilities available to student cohort.	(1) Programme validation / periodic review information on facilities available	(1) Student feedback following placements	Facilities available must be sufficient for the number in the student cohort, including but not limited to: pharmacy, diagnostic imaging, anaesthesia, clinical pathology, intensive/critical care, surgeries and treatment facilities, ambulatory services and necropsy facilities.	32

1.8	A supervised field service and/or ambulatory programme must be available as part of the programme, in which students are offered multiple opportunities to obtain clinical experience under field conditions	Ensuring students have sufficient breadth and depth of experience to meet the day one competences	(1) Curriculum map and details of placements	(1) programme review data relating to these placements (2) Student feedback on placements	(1) Graduate and employer feedback on preparedness to practice		
1.9	Appropriate isolation facilities must be available at the sites where clinical education is delivered, or be able to be supplied when needed, to meet the need for the isolation and containment of animals with communicable diseases. Students must receive instruction within this environment on how to provide for animal care in accordance with accepted best practice for prevention of spread of infectious agents.	Ensure students understand how to limit the spread of infectious diseases through the implementation of isolation facilities.	(1) description of facilities (photos, video)	(1) programme review information (2) Student feedback	(1) Graduate and employer feedback (2) School audit data	Size and type of isolation facility should be appropriate to species being treated. Where permanent isolation facility is not present, the ability to provide such facilities in an emergency must be demonstrated.	25, 38, 39, 40
1.10	Clinical education in veterinary public health must be complimented by direct exposure in commercially run, approved abattoirs.	Ensures that students understand their role in safeguarding both public health and the welfare of animals under their care within food production, and practical exposure to real working conditions and practices.	(1) Details of placement and facility description (2) Contractual agreements (3) Review of facility - can be Video footage or direct observation	(1) Student feedback of abattoir experience	(1) FSA/FSS Certificate of competence.	Clinical teaching in entirety can be a combination of virtual teaching and live exposure, but must include direct exposure to a working, commercially approved red and white meat abattoir. Review of facilities during an accreditation visit can either be through video or direct observation.	25, 41, 42
1.11	Medical records within all sites used for clinical teaching, must be comprehensive and maintained in an effective retrieval system to efficiently support the teaching, research, and service programmes of the school.	Ensures students are able to practice the retrieval of casework, to inform practise.	(1) Description of system(s)	(1) Student feedback	(1) Demonstration of system	Systems should be fully accessible for all students within the cohort as required for their learning, and a reflection of those used in general practice.	20
1.12	Students and educators must have timely access to literature and information resources relevant to the programme. An appropriately qualified individual should be available to support students and educators in the effective retrieval of information.	Ensures information and learning materials readily accessible to students and educators when they need them	(1) staff details / accessibility (2) description of resources available online and in different learning environments	(1) Programme validation and review data on information resources (2) student feedback	but	Learning resources to include scientific and other relevant literature, and internal study resources. Students must be able to access the internet in order to retrieve the information resources at all sites where clinical education takes place. There must be a mechanism for students to convey their requests for additional resources relevant to the programme. Information resources can be provided through print, electronic media or other means.	3, 11

| 1.13 | Veterinary schools must establish post-graduate programmes such as internships, residencies and advanced degrees (e.g. MSc, PhD), that enrich, complement and strengthen the professional programme | Ensures educators are diverse and engaged in current research | (1) Description, numbers and rationale of postgraduate programmes | (1) Evidence of contribution of those in postgraduate programmes to veterinary teaching / programme delivery | (1) Programme completion data | Programmes should compliment and strengthen areas across the curriculum and schools are required to demonstrate how this is achieved. If the post-graduate programmes are not currently running, they should be planned to commence within an appropriate timeframe. | |

Std No.	Standard	How this relates to programme quality	Evidence (inputs)	Evidence (process)	Evidence (Outputs)	Guidance / Notes	D1C
2.1	The School demonstrates effective strategic & operational planning, including evidence that goals are being achieved in a timely manner.	Ensures the plans for the programme are focused appropriately, and progress is being made towards achieving the strategy	(1) Strategic plans (2) Operational plans	(1) Committee minutes reviewing strategic goals (2) programme review information including changes made as a result of evidence & review	(1) Review of actions plans and work completed	Strategic plans should include short, mid & long term goals.	
2.2	The school must have a system in place to identify, actively monitor and address risks to any aspect of the vet programme.	Ensures sustainability and ongoing effective delivery of the veterinary programme.	(1) Risk register or equivalent	(1) evidence of regular risk reviews and action plans, (2) response to major risks/incidents	(1) Relevant programmes and periodic reviews. (2) Audit trail of actions taken in response to risk to quality, and feedback into the Strategic Plan	Evidence supporting this standard will be dependant on the nature of the risks and/or issues identified.	
2.3	The School can demonstrate a culture which is inclusive, actively seeking and responding to feedback from stakeholders, and involving them in decisions relating to programme development, delivery and enhancement	Ensures a healthy organisational culture, rich and diverse feedback to inform programme quality improvement	(1) QA and QI strategy documents	(1) Collated feedback data from students and educators, and minutes from internal programme reviews / enhancement committees how this has informed development	(1) Review of complaints/ compliments	Ensure that any review committees have a balanced representation from all stakeholders and have a diverse membership, including but not limited to educators, students and employer representation.	18

2.4	The School must actively promote and maintain a culture that does not discriminate and enhances diversity, consistent with applicable law. Diversity may include, but is not limited to, race, religion, ethnicity, age, gender, gender identity, sexual orientation, cultural and socioeconomic background, national origin, and disability. There must be reporting mechanisms in place for any individual to raise concerns about discrimination and harassment.	Demonstrates a commitment to inclusivity, fairness and enhancing the diversity of the profession	(1) Diversity & Inclusion strategy and policy, action plan. (2) diversity data across all groups (3) actions promoting diversity (4) details of safe spaces for students to discuss issues relating to discrimination.	(1) Staff and student feedback (2) complaints and compliments (3) actions resulting from negative feedback / complaints	(1) Progression & completion data for different diversity groups and graduate demographic data (2) Longitudinal data around diversity, such as student and staff numbers, retention.	The school and associated sites where learning takes place must demonstrate commitment to an inclusive and diverse culture. Where active monitoring is not possible, e.g. EMS placements, the minimum requirement would be that there is clear guidance for the provider and an effective reporting mechanism for issues relating to diversity, equality, inclusion and harassment.	18
2.5	The School must demonstrate a no-blame culture that investigates, reflects and learns from mistakes and adopts effective reporting mechanisms and sharing of best practice. Students and staff should feel safe in raising and reporting concerns, and these should be dealt with effectively.	a no-blame learning culture enhances programme quality and the experience of educators and students	(1) policy and procedures for identifying and addressing mistakes and/or concerns about programme quality and learning experience	(1) log of issues raised, (2) evaluation data and action plans	(1) Student and staff feedback	The culture must be demonstrated for students and all individuals involved in the delivery of clinical teaching and research within the school.	8
2.6	The school must demonstate a commitment to sustainability, including consideration of the impact of delivering the programme on the environment.	Through their experience in a more sustainable environment, graduates may have increased awareness of how their actions within practice may impact the environment	(1) Sustainability polic	(1) Mechanisms to minimise environmental impact	(1) Evaluation reports referencing environmental impact and sustainability	Sustainability could relate to a variety of initiatives. Having an awareness of the importance of sustainability, whilst not necessarily important in terms of clinical skills and knowledge, should still form part of a veterinary surgeon's best practice.	2, 7, 44

Std No.	Standard	How this relates to programme quality	Evidence (inputs)	Evidence (process)	Evidence (Outputs)	Guidance / Notes	D1C
3.1	The school must be part of an accredited institution of Higher Education, and be recognised and autonomous within that institution with accountability for the quality of the veterinary programme (including the RCVS standards being met).	Accredited HEI indicates other (general) educational standards have been attained. Autonomy ensures the school can prioritise the needs of the programme.	(1) HEI accreditation status and confirmation of autonomy			The school must have the autonomy to be able to prioritise the needs of the programme.	
3.2	The school demonstrates a commitment to continuous quality improvement across all accreditation standards and aspects of the programme, informed where possible by measurable outcomes and stakeholder engagement.	Demonstrates evidence-based programme improvement	(1) Strategic plan and operating plan (2) QA/QI policy	(1) Internal quality review data (2) Committee minutes from QI meetings	(1) Details of programme development and / or enhancement over time (2) Measurable quality assurance/improvement data, e.g. student satisfaction, staff satisfaction, programme effectiveness, graduate / employer evaluations. (3) Staff and stakeholder	This standard is to demonstrate a commitment to and engagement with effective QI. Quality improvement activity should be robust, systematic, and relevant to veterinary professionals' work.	
3.3	The head of school must have appropriate knowledge and expertise of the veterinary profession, academic affairs and leadership, and have control over the budget for the veterinary programme.	Provision of effective leadership	(1) School head / principal CV and experience				
3.4	Finances must be reviewed regularly in line with strategic plans, and be sufficient to sustain and enhance all aspects of the veterinary programme(s) for the duration of all current cohorts, including teaching and learning, infrastructure, teaching resources and students / staff support.	Ensures there are sufficient funds to implement the programme	(1) Finance policy / processes for review (2) Financial data for review including projections	(1) Evidence of sustainability and action plan	(1) Longitudinal financial data review	Finances for other veterinary-related, non-professional programmes must be reported separately	

3.5	The managerial, academic and support staff should have the necessary skills and expertise for their role, and must be sufficient in number to support the effective design, delivery and quality assurance of all aspects of the programme.	The appropriate staff resources and breadth and depth of expertise is important to ensure the programme can be designed, implemented and quality assured effectively	(1) numbers and experience/qualifications of staff in supporting each aspect of the curriculum (role/level) compared to student numbers, (2) Staff plan (numbers, roles) against programme delivery requirements	(1) Internal programme validations / periodic reviews where staff resources considered	(1) Details of changes to staffing in key areas of the curriculum, with rationale. (2) Staff and student feedback.	Look for rationale that all areas are being covered effectively. Where significant changes take place, looking for evaluation of impact on programme / students Looking for roles/levels/qualifications Numbers and roles of staff in each major area of the programme should be provided along with changes to staffing and rationale. Contractual arrangements with partner practices involved with the delivery of teaching.	
3.6	Schools must demonstrate that the recruitment and selection processes, and appointment of educators and staff are open, fair, transparent, and free from bias.	To ensure that the recruitment processes are fair which results in the right people being recruited to the roles.	(1) staff recruitment policy (2) diversity and inclusion strategy and policy		(1) Review of diversity data	A diversity and inclusion strategy and policy needs to be in place and data relating to this should also be reviewed.	
3.7	The school must have effective and transparent educational governance systems, with formal committee structures, which develop and continually monitor, assure and enhance the quality of veterinary education and the student experience across all aspects of the programme	Effective governance ensures the programme is implemented as it should be, and quality is maintained	(1) Educational governance policies and procedures (2) committee structures to implement governance (3) QA / QI policies	(1) Committee minutes, actions (2) evaluation data of educational outcomes and process (3) student feedback, (4) internal programme reviews and action plans	(1) Details of programme enhancements over time	The committee structures need to include student representation; the terms of reference and membership for each committee need to be clear and regularly reviewed.	
3.8	The school must have robust mechanisms for quality assurance and improvement, embedded into policy and processes, which routinely gather data to demonstrate that organisational and educational objectives are being met and opportunities for improvement are identified and responded to.	Effective QA and QI ensures the programme is fit for purpose, and current, meeting the needs of stakeholders and the profession	(1) QA and QI strategy, policy and processes	(1) QA and QI evaluation data and action plans, (2) Internal programme review data	(1) Logs of programme enhancements	Quality data should be collected on both educational processes and outcomes.	
3.9	Mechanisms for quality assurance and improvement must encompass both internal and external review, and data collection and analysis.	Effective QA and QI ensures the programme is fit for purpose, and current, meeting the needs of stakeholders and the profession.	(1) QA and QI strategy, policy and processes	(1) internal and external quality data review and analysis	(1) Action plan based on quality review	Quality data should be at module and programme level.	

3.10	Schools must evaluate students performance, progression and outcomes with respect to information on equality and diversity, and provide support for groups where disparencies are identified.	Ensures fairness and enhances diversity. Enables areas where support is needed most, to be targeted.	(1) Policy and processes for student data collection and analysis	(1) Reports of longitudinal student data on performance, progression and outcomes, (2) Thematic analysis of data across groups	(1) action plans for support mechanisms, and impact data	The focus and data should be in line with the schools strategic aims on diversity and inclusion. Both quantitative and qualitative data may be used to demonstrate that this standard has been met, particularly when low numbers are involved.	
3.11	Schools must regularly review curricula, using available quality assurance data and feedback from students, educators and stakeholders, to ensure standards are being met and maintained.	Programme reviews ensure all quality data are considered within the context of the whole programme, and improvements can be made accordingly.	(1) Internal programme validation and review strategy, including scope / type of data considered and process for analysis	(1) Programme review outcomes	(1) action plan for enhancement (2) graduate and employer feedback on effectiveness of the curriculum including assessment strategies	On-going reviews to curriculum should take place within the cycle of a single cohort. It is anticipated that curriculm review will take place at different levels at different times, and that a large scale review will not be necessary every year. However, regular and ongoing review is expected in order to keep the programme current. Curriculum review should include learning outcomes, syllabus and assessment frameworks. Ensure that the review committee has a balanced representation from all stakeholders and have a diverse membership, including but not limited to educators, students and employer representation. Large-scale reviews should be conducted on a cycle that is at least every 6-8 years in frequency so that all aspects (including employer and outcomes assessment) can be considered in that review.	
3.12	The school must have effective processes in place to monitor attrition and progression rates in relation to admissions and selection criteria, and be able to respond and amend the selection criteria and student support if required.	To make sure there is an effective process in place whereby the admissions selection criteria can be monitored and adjusted to ensure that students are able to meet the requirements of the programme.	(1) Policy and processes for monitoring attrition and progression	(1) Data analysis from data on attrition and progression, including thematic analysis and root cause analysis (2) Any research data around admissions.	(1) Amendments to admissions and selection criteria, and rationale.	If data analysis indicates significant changes in attrition and progression rates, these should be acknowledged and actions in place to address these changes.	
3.13	Schools must have effective processes in place to ensure that all locations where clinical teaching takes place must demonstrate a continual commitment to student learning and teaching.	To ensure that learning and teaching is a priority and that the quality of teaching and student experience is ensured in all locations.	(1) Policy and training for clinical teaching (2) Contractual arrangements with partner practices involved with the delivery of teaching.	(1) Student activity data / monitoring, (2) Audit data	(1) Staff and student feedback	Contractual arrangements with partner practices must explicitly reference the commitment to student learning and teaching.	17, 20, 21, 22, 23, 24, 25, 26

3.14	The school must demonstrate that only students who are fully Day One Competent are able to graduate.	Maintains standards and ensures those entering the workplace have the appropriate knowledge, skills and attributes to begin their role as a vet	(1) Student assessment strategy, including policy and processes for evaluating effectiveness of assessment	(1) Evaluation data of assessment methods, addressing validity, reliability etc.	(1) Graduate and employer feedback, (2) VetGDP data	In the case of a school that has yet to produce graduates, evidence must be presented that provides RCVS with reasonable assurance that the school's programme outcomes will be achieved	

Std No.	Standard	How this relates to programme quality	Evidence (inputs)	Evidence (process)	Evidence (Outputs)	Guidance / Notes	D1C
4.1	The school must have a strategy for widening participation which considers all aspects of diversity, and engages students from different ethnic and social backgrounds. The school must be proactive in their marketing to attract a diverse cohort of applicants and regularly review, and provide evidence of, their progress towards targets.	The courses must be available to all those who have the potential to complete the programme of study. The school needs to set their own ambitious targets for widening participation and then match recruitment activities in order to meet these targets. This contributes to making the profession more diverse.	(1) Admissions policy / strategy that includes engaging with a diverse range of the community. (2) Targets set for widening participation (3) Marketing publications/ activities	(1) Internal review and adjustments of admissions policy and strategy for WP based on outcomes.	(1) Longitudinal data for different diversity groups at each stage of the admissions process. (2) Graduate demographic data against set targets for inclusion.	Admissions data should include initial applications, screened applications and successful applications data. Marketing activities should be wide ranging and regularly reviewed for impact. Where widening participation targets can be set, these should be sufficiently ambitious to address any national challenges around diversity within the profession.	
4.2	The school must provide accurate and current information regarding the educational programme easily available for prospective students. The information must include the accreditation status of the degree course (whether by RCVS or other relevant accrediting bodies), selection and progression criteria, the demands of the course and the requirements for eventual registration/licence, including fitness to practise.	Prospective students need to be able to make informed decisions about the course for which they apply, and to understand how the course will meet their future career aims	(1) Admissions materials and procedures		(1) Random samples of current student grades matched to the advertised selection criteria. (2) Thematic analysis of attrition data.	In this context FtP relates to meeting the physical, mental and legal demands of the role. Suppporting guidance in this area is being updated by RCVS	
4.3	Selection and progression criteria must be clearly defined, fair, defensible, consistent and free from discrimination or bias. The criteria should also include relevant factors other than academic performance. The academic requirements for entering the programme should be sufficient for the student to cope with the demands of the programme upon entry.	This ensures that students who are most likely to complete the programme and become successful veterinary professionals in the future are selected and can progress through the course.	(1) Selection and progression policy/strategy, details of the criteria, and rationale (2) Published criteria for entry matches the criteria used for selection		(1) Selection, progression & completion data (2) Student feedback of their selection process experience	There must be a clear rationale in place for the criteria set, to demonstrate how they ensure students are sufficiently prepared for the demands of the programme. Criteria for progression must reliably identify students with the capability to continue through the course. If there are any exceptional admissions, there must be clear justifications documented. Suppporting guidance in this area is being updated by RCVS	

4.4	The school must demonstrate their selection and progression criteria and processes are effective in identifying students with the potential to achieve the RCVS Day One Competences. This must be achieved through regular and effective training for staff involved and the routine collection and analysis of selection and progression data, to enable them to evaluate, reflect and adjust the selection and progression criteria where necessary	The demonstrates that the criteria and processes are implemented robustly and strive for continual improvement around selection and progression.	(1) evaluation policy for student selection and progression (2) staff training programme for interview and selection procedures	(1) register and evaluation of staff training (2) Evaluation reports following review of criteria and processes (3) Details of adjustments to criteria and rationale.	(1) Student feedback of their selection process experience (2) Attrition data and analysis	There must be a clear commitment to continual evaluation and review to achieve the best possible outcomes.	
4.5	There must be clear policies and procedures as to how applicants with disabilities or illness will be considered and, if appropriate, accommodated on the programme, taking into account the requirement that all students must be capable of meeting the RCVS Day One Competences by the time they graduate.	The courses should be available to all those who have the potential to complete the programme of study and achieve the Day One Competences, irrespective of disability or illness.	(1) Policy for admitting and supporting students with disabilities or illness	(1) Details of those students with a disability and how they are accommodated on the programme in order to meet Day One Competences.	(1) Achievement rates of students with disabilities	See RCVS disability guidance document when finalised.\n\nDetails should also cover those students who may become disabled during the course.	
4.6	Students must be actively supported to develop resilience, self-reflection and professional values in line with the RCVS code of professional conduct. Students should not be subject to behaviour which undermines their professional confidence, performance or self-esteem at any sites where teaching and/or learning takes place.	The development of these professional skills through proactive teaching and support, will help to ensure graduates are prepared for their role as a vet upon graduation. Positive role modelling will enhance resilience and other professional skills.	(1) staff training / CPD records (2) Curriculum plans (3) Reporting mechanisms for inappropriate behaviour.	(1) Appraisal data on students' professional skills development	(1) Graduate & Employer feedback re employability skills and preparedness for work (2) Thematic analysis of attrition rates	The 2020 D1C now have increased focus on resilience and professional skills - insert reference when known.	9

4.7	Students must receive continuous and effective educational support to enable them to achieve the learning outcomes of the programme and the RCVS Day One Competences, including the provision of regular, constructive and meaningful feedback on their performance and progress in a timely manner.	Through regular, meaningful and timely academic feedback and target setting, students are able to adjust their learning techniques and acquisition of knowledge in order to meet their performance milestones.	(1) School guidelines on providing feedback (2) Personal/academic tutor arrangements (3) details of how and when feedback is given throughout the programme (4) Regular progress reviews and guidance to students based on the reviews.	(1) sampling of feedback methodologies, which may include verbal as well as written (2) evidence of regular individual target setting (3) Evidence of feedback available to students both written and verbal (4) Evidence of individual and group target setting	(1) Different sources of student feedback, including NSS and module feedback, and quality improvement action plan	Whilst there may not be a specific feedback policy, we would expect there to be some level of guidance to ensure consistency of approach throughout the programme. Evidence on how feedback is made meaningful, recognising different approached made be used in different areas of the programme.	10, 12
4.8	Effective processes must be in place to support the physical, emotional and welfare needs of students.	Well supported students are more likely to succeed in the programme.	(1) Student welfare policy	(1) Details of the student support and welfare services. (2) Data on service usage.	(1) Student feedback on availability and effectiveness of services. (2) Attrition data and thematic review related to support and welfare services.	This includes, but is not limited to, learning support and counselling services, careers advice, fair and transparent mechanisms for dealing with student illness, impairment and disability, provision of reasonable accommodations/adjustments for disabled students, consistent with all relevant equality and/or human rights legislation.	9
4.9	Effective processes must be in place by which students can convey their needs and wants to the school. The school should demonstrate how student feedback is considered and acted upon.	Through feedback from the major stakeholder group (the student body) the school can identify any issues and seek to address these in order that the students can focus on their academic achievement. Quality improvement Feedback from students is necessary in order to inform quality improvement of the programme.	(1) Membership and ToR of committees and student involvement.	(1) Mechanisms for how students can provide feedback at the module and programme level.	(1) Feedback data from multiple sources and corresponding action plans.	There should be a variety of methodologies which are inclusive by design, available to the students to convey their needs and wants in order to meet their different support needs.	

4.10	The school must provide students with a mechanism, anonymously if they wish, to offer suggestions, comments, complaints and compliments regarding compliance of the school with the RCVS standards for accreditation and that Day One Competences are being met. All such feedback from students must be reported to the RCVS as part of the annual report.	Through feedback from students the school can address any concerns around the RCVS standards for accreditation are being addressed.	(1) Regular student surveys to include details of the RCVS standards for accreditation and Day One Competences.	(1) Survey response data, and any suggestions, comments complaints and compliments	(1) Graduate and employer survey response data.	The methodologies available to students to communicate feedback needs to be able to meet their individual needs to ensure the mechanism is available to all. Students must have mechanisms to raise concerns about any aspect of the programme, anonymously if they wish.	16
4.11	The basis for decisions on progression (including academic progression and professional fitness to practise) must be explicit and readily available to the students. The school must provide evidence that it has effective processes in place to identify and provide remediation and appropriate support (including termination) for students who are not performing adequately in any area of the programme.	Students need to fully understand the requirements for progression and how their progress matches the requirements in order for them to be independent learners and to take control of their learning. Early intervention with an individual who is not performing as expected, may enable them to make the appropriate decisions to support their future.	(1) Regular progress reviews and guidance to students based on the reviews. (2) Progression and performance criteria available to every student	(1) Sample of reviews with students and remediation plans, and the outcomes. (2) Progression and performance data for the programme.	(1) Student surveys. (2) Audit trail of non completing students demonstrating when and what interventions took place	Decisions on progression must remain consistent and any temporary amendments made to accommodate changes in local or global conditions must be clearly communicated to the student body.	
4.12	Schools must ensure that students are competent and sufficiently experienced in animal handling before they begin pre-clinical or clinical placements and / or workplace learning, and that they are fully briefed regarding all relevant Health and Safety matters.	With appropriate animal handling knowledge and experience, it will be possible for a student to gain the maximum benefit from their clinical placement or workplace learning. Combined with this, a good understanding of Health and Safety whilst working within the relevant animal environments will help to minimise the risks associated within this type of placement.	(1) Curriculum plan/map to include animal handling before clinical placements. (2) Curriculum plan including Health and Safety briefing.	(1) Assessment data around animal handling.	(1) Student survey to establish levels of animal handling confidence (2) Graduate and employer surveys	Methodology in place to check students can demonstrate they have the relevant skills necessary to progress to a clinical placement. Health and safety briefing to be included before any animal handling and before students attendance at a work based environment. Animal handling experience to include the majority of common UK species across the domains of companion animal, farm animal and equine.	27

4.13	Mechanisms for dealing with student misconduct and/or the exclusion of students from the programme, either for academic reasons, misconduct or under fitness to practise procedures, must be explicit	Students need to have a working knowledge of the code of conduct to which they must comply as a member of the vet school. This needs to introduced at the beginning of the programme, with regular reminders throughout. This also supports the behaviour expectations when progressing into a professional career.	(1) Exclusion policy for students. (2) Student Code of Conduct		(1) Exclusion data (numbers/reason) (2) Appeals data	Policies and procedures must be clearly communicated to the student body.	
4.14	The school must have in place effective processes for the resolution of student grievances	To provide a process for an impartial review of student-initiated concerns and to ensure that the rights of students are properly recognised and protected.	(1) A student grievance policy and procedure	(1) Evidence of policy being fit for purpose, along with regular review points	(1) Audit trail of grievances that have been raised (2) student feedback	Student grievances may include interpersonal conflict or harassment	
4.15	School policies for managing appeals against decisions, including admissions, academic and progression decisions, must be transparent and publicly available	There needs to be a full understanding of the appeals procedure and the decision making process in order that relevant stakeholders can have recourse to the decision making process. They should have an opportunity to have their concerns heard and for an independent decision making process	(1) Appeals Policy and Procedures	(1) Data on appeals		Types of data may include successful/ unsuccessful reviews, how many made it through to panel review.	

Std No.	Standard	How this relates to programme quality	Evidence (inputs)	Evidence (process)	Evidence (Outputs)	Guidance / Notes	D1C
5.1	The School must ensure that all educators who are involved with student teaching have successfully completed a quality assured programme of teacher training, which effectively prepares educators for their roles.	It is essential that educators who have the appropriate level of technical knowledge are then able to pass this on to students in an effective, active and meaningful way	(1) Details of internal/ external training programmes.	(1) Record of educators teaching qualifications and/or training attended.	(1) student and educator feedback (2) training evaluation and review of internal training programmes. (3) training completion records	Academic staff must have protected time for completion of teacher training studies, and be provided with feedback. The programme should include learning and teaching theory/ practice and pedagogy at an appropriate level. This would only apply to permanent members of staff who were regularly involved with student teaching, rather than "one-off" lectures and / or guest speakers etc.	
5.2	All educators involved in teaching and / or supporting students learning within the programme must demonstrate their continued competence and effectiveness.	The delivery of the programme requires staff to be up to date and competent in order to teach and inspire the vets of the future.		(1) Record of CPD completed by each member of staff (2) Peer review of teaching data	(1) Student feedback (2) Peer review feedback	To include, but not restricted to, full and part time staff, residents, interns or postgraduate students, adjuncts or off-campus contracted educators. To include regular evaluation and feedback on performance from students and peers.	
5.3	An appraisal system for all staff must be in place. The school must provide evidence that it has a comprehensive, effective and publicised programme for the professional development of staff. Promotion criteria must be appropriate, clear and explicit.	Ensures that all staff have the opportunity to further develop themselves professionally and are fully aware of their career path. This contributes to staff motivation and engagement and reduced staff turn over.	(1) Appraisal policy (2) Promotion criteria and guidance	(1) Programme of professional development (2) Appraisal tracking document	(1) Staff survey (2) Staff turn over data (3) Promotions data	Staff at all levels will be expected to engage with an appraisal process.	
5.4	Schools must support educators by dealing effectively with concerns or difficulties they face as part of their educational responsibilities. Effective processes must be in place to support the physical, emotional and welfare needs of staff	Staff must have the opportunity to feedback their concerns and to have their concerns heard fairly and without bias. By addressing staff physical, emotional and welfare needs, the staff body is likely to remain more stable, which in turn, will support student achievement.	(1) Staff Welfare policy (2) Staff equality policy	(1) Process for raising concerns (2) Action plans following raised concerns (3) Staff support services available.	(1) Staff feedback (2) Attrition data and thematic review.		

5.5	Academic positions must offer the security and benefits necessary to maintain stability, morale, continuity, and competence of the academic staff. Academic staff should have a balanced workload of teaching, research and service depending on their role; and should have reasonable opportunity and resources for participation in scholarly activities.	It is essential to have a stable staff group in order to provide a consistent level of teaching to students. This is established through supporting staff by providing an achievable work/life balance and opportunities for self development and team building. The same opportunities should be available to all staff in order to maintain stability.	(1) Relevant HR policies including details of staff benefits	(1) Record of staff teaching hours compared to role; teaching, research, service hours data, and other scholarly activities	(1) staff feedback (2) staff attrition rates	In the event of significant changes in staff stability then evidence would be required to demonstrate that actions are in place to address the issues.	

Std No.	Standard	How this relates to programme quality	Evidence (inputs)	Evidence (process)	Evidence (Outputs)	Guidance / Notes	D1C
6.1	Veterinary programmes must be designed and delivered to ensure that students, upon graduation, have achieved the programme learning outcomes (targeted at FHEQ level 7 or equivalent) and the RCVS Day One Competences.	The expectation of employers is that a new graduate will be ready to start work following graduation. Therefore, the course must be designed to ensure this is the case.	(1) Curriculum map highlighting coverage of D1C and learning outcomes at different levels.	(1) Programme validation and periodic review data	(1) Graduate and employer survey		
6.2	The curriculum shall extend over a period equivalent to a minimum of five academic years, and must include a sufficient quantity and quality of hands-on clinical education to ensure students are prepared to meet the requirements of the veterinary role upon graduation.	To ensure the necessary skills and experiences are developed to enable a graduate to be day one competent	(1) Curriculum plan	(1) Internal programme reviews and stakeholder feedback	(1) Graduate and employer survey	4 year graduate entry programmes are also applicable. Entry to a 4 year course (Accelerated Graduate Entry) must include a Bachelors Level degree in a relevant science subject. A "sufficient amount" would normally equate to a minimum of the equivalent to one year of workplace based learning (not including EMS) across the programme, but will depend on the type, duration and intensity of training, and any shorter duration must be rigorously evidenced as being able to achieve the desired outcomes.	
6.3.	Veterinary programmes should be underpinned by pedagogical theory or based on best educational practice, involving input from educators, students, employers and other relevant stakeholders, and subject to regular evaluation and review	Effective teaching and learning needs to be delivered by those who not only have expert knowledge in their field, but who can also share this knowledge in a way that learners can understand. Therefore the curriculum needs to be designed with this in mind taking advice from relevant stakeholders.	(1) Programme information including syllabus	(1) Programme review data including stakeholder input	(1) Amendments made to the programme	It would be good practice for schools to engage with their own pedagogy research as well as drawing upon evidence based upon theory and practice during the design and delivery of their programme.	

6.4	The majority of clinical education delivered by the university should focus upon casework in the 'general practice' context, reflecting the reality of veterinary practice in society.	Ensures the focus of student learning is appropriately balanced to make sure they are prepared for the workplace	(1) Clinical teaching logs and placement details		(1) Student feedback on clinical placements (2) Sample of student case logs (3) Employer feedback on graduate confidence in first opinion practice	•Anything >50% constitutes a 'majority' •See separate definition of 'Clinical Education', 'general practice' and 'casework' . Clinical Education delivered by the University includes all clinical teaching and training within the programme delivered by academic staff (not EMS). •The proportions of clinical education in different contexts (general practice, referral / specialist casework) must also be provided in Annual Monitoring data •Longitudinal outcomes data on employment and career progression should be collected and included in evidence to support accreditation A holistic approach of the implementation of the majority would be expected, with schools being willing and able to adapt and make any changes that could improve the competence and confidence of new graduates, should any data collected suggest that it is needed	22, 23, 24, 25, 37
6.5	The curriculum must include appropriate learning outcomes which represent and effectively align the required knowledge, skills and behaviours of a veterinary surgeon with teaching, learning and assessment activities within a cohesive framework	The curriculum needs to be made up of appropriate and relevant learning outcomes that will ensure students have the necessary knowledge and skills on graduation to be confident in their first role, and meet Day One Competences	(1) Curriculum map and syllabus	(1) Minutes from meetings of the curriculum review committee	(1) Programme review data including stakeholder feedback	The syllabus should encompass all of the knowledge, skills and behaviours to enable a graduate to meet the D1C. Guidelines for an appropriate list of core subjects is included in annex XXXX, but is not intended to be prescriptive and should be regularly reviewed for currency.	all
6.6	Under all teaching situations students must be actively engaged in the case. In the majority of cases, students must be actively involved in the investigation and management of the patient (including practical aspects of diagnosis and treatment, as well as clinical reasoning and decision-making)	Research has demonstrated that in the majority of cases, the most effective learning is through active participation and engagement. Therefore, the teaching of the clinical element needs to reflect this process	(1) Teaching policy and guidance	(1) Student case log and reflective notes	(1) Student feedback regarding their engagement with clinical teaching		17, 20, 21, 22, 23, 24, 25, 26
6.7	The programme must give students the opportunity to learn and practice alongside other members of the veterinary team in an holistic manner that reflects the reality of veterinary practice in society.	Students have the opportunity to develop their skills in working as part of a team, and knowledge of the different roles within veterinary practice.	(1) Details of aspects within the programme where clinical education is delivered alongside other members of the veterinary team.		(1) Feedback from students and members of the veterinary team involved in teaching. (2) Graduate and employer feedback	To include provision of nursing care and instruction in nursing procedures. The team may include veterinary nurses, practice managers, technicians, farriers, nutritionists, physiotherapists, veterinary specialists, meat hygiene inspectors, animal handlers and others.	19, 15

6.8	Students must be supported to gain experience which consolidates their learning throughout the programme through the completion of Extra Mural Studies (EMS). This must be delivered in line with RCVS EMS Policy.	EMS is a vital tool for students to gain experience in "real life" situations. EMS augments the clinical education delivered to students, and helps them practise and develop their professional and clinical skills.	1) Curriculum map highlighting time for EMS opportunities for each year of the programme	1) Details of support measures in place for students in accessing EMS opportunities	1) EMS completion data 2) Student and provider feedback	Students must complete 38 weeks of EMS spread across all years prior to graduation, made up of 12 weeks pre-clinical EMS, and 26 weeks of clinical EMS. Please see the RCVS EMS Policy for the full policy and related guidance.	
6.9	There must be an appropriate structure and resources in place to ensure the oversight, coordination and quality assurance of EMS. There must also be sufficient administrative support in place to assist the students.	Coordinated oversight ensures that students are accessing and completing the EMS requirements, and gives support to students regarding all issues related to EMS.	1) Staff lists and role descriptions, including any administrative support personnel	1) Quality assurance data	1) Student feedback relating to EMS coordination	There should be at least one member of academic staff that holds overall responsibility for EMS. This does not necessarily need to a be veterinary surgeon, however a level of understanding of how veterinary practices and other veterinary fields within and related to the profession operate, would be recommended.	
6.10	The school must have processes in place to ensure students identify relevant learning outcomes on EMS, and record and reflect on their achievement.	EMS is integral to the programme to allow students to gain further experience to support their development as a training veterinary surgeon. Therefore, students' EMS experience will be framed around their own individual learning objectives.	1) School's internal EMS policy		1) Student reflection records 2) Student feedback	Students should be supported and given flexibility to tailor EMS to their own specific educational needs. This must include but not be limited to; students setting their own learning objectives, either in consultation with tutors or independently; and maintaining a reflective record of their EMS placements.	
6.11	The EMS experience should be individual to the student, and they should be able to tailor their experience based on their own learning needs.	The aim of EMS is to complement an individual's learning, so it is important that each student has the ability to identify EMS opportunities that support their own learning needs and priorities. There should be no "one size fits all" approach.	1) School's internal processes for student/tutor planning on EMS		1) Student feedback 2)Tutor feedback	Students should be provided with guidance from their tutors, both before and after placements to plan and review their learning needs before planning future placements. Students should also be able to frame their clinical EMS based on their own career aspirations.	

6.12	There must be a system in place which allows for feedback from EMS providers on students' performance during EMS placement to be communicated with relevant academic staff.	Tutors will not be present on placements, and feedback can be used help to evaluate the placement and also consider further experience and learning needs going forward.	1) Placement provider feedback forms 2) Details of reporting mechanisms		1) Student and tutor feedback 2) Audit of action plans resulting from provider feedback	Feedback can be on technique and clinical skills, as well as attitude and professional skills.
6.13	Schools must demonstrate that EMS placements consolidate skills which have previously been taught during the programme.	This ensures that students have the opportunity to practise what they have already learned in a holistic context within a workplace setting.	1) Curriculum map/syllabus		1) Student reflective records 2) Placement provider feedback	EMS must compliment IMR and not as an extension of it. Personal learning objectives should be agreed based on prior learning, rather than any teaching requirements.
6.14	The school must develop and implement a comprehensive and robust assessment strategy, at the programme and modular level, which provides evidence that students meet the requirements for progression across the programme and the D1Cs upon completion.	The assessment process must be fair and transparent and provide assurance that the student has the necessary knowledge and skills to progress through the programme and graduate as a vet.	(1) Assessment strategy	(1) Assessment data within periodic reviews	(1) Distribution of grades, progression and performance data (2) Graduate and employer feedback	Assessment needs to be built into key points within the curriculum, and upon completion of the programme. Assessments methods should reflect the holistic nature of practice within the workplace, and provide assurance that graduates can translate individual competencies into holistic working practices.
6.15	The validity, reliability and educational impact of assessments should be appropriate to their purpose (high/low stakes) and evidenced through relevant evaluation data.	The assessment methodology needs to match the skills being tested (theory or practical) and provide assurance that the candidate has reached the appropriate level of competence.	(1) Assessment plan and methodology	(1) Evaluation of assessment methods and any amendments made as a result.	(1) Validity, reliability and educational impact data for assessment methods.	Validity data should include both construct and content validity as a minimum. Levels of reliability should be in line with accepted benchmarks for the nature and purpose of the assessment (e.g. High stakes assessments would normally be expected to have reliability with a coefficient of 0.7 or more). The assessment content, timings and outcomes should be reviewed regularly to ensure they remain fit for purpose. Direct assessment of clinical skills and holistic clinical practice must form a significant component of the overall process of assessment in the clinical disciplines. High stakes assessments refer to those which lead to progression or completion of any component of the programme, or the programme as a whole.

6.16	The assessment tasks and grading criteria for each unit of study in the programme must be clearly identified, and available to students in a timely manner well in advance of the assessment. Requirements to pass including the effect of barrier assessments must be explicit.	For fairness and transparency, students must be aware of the nature of assessment tasks, the outcome requirement for progression and the timing of the assessment. This is ensure students are appropriately prepared in order to perform at their optimum.	(1) student assessment guidance including grading criteria	(1) Review of outcome of appeals relating to student assessment guidance		Any changes to assessment strategy or grading criteria must be communicated effectively in a timely manner.	
6.17	Assessments must be designed and carried out by individuals with appropriate expertise in the area being assessed, who have been trained in their role as an assessor and understand what is required to make the process robust, including honesty, fairness, consistency and judgements free from bias.	In order to ensure assessments have appropriate rigor and are relevant to the curriculum, the assessor needs to have undergone appropriate training.	(1) Details of assessment methods and design. (2) Training programme details.	(1) Training and ongoing CPD available to those developing assessment content and those involved in assessment delivery.	(1) Evaluation data on training programme effectiveness	In all areas where assessment (either formative or summative) takes place, the assessor should have appropriate training, which can take place within and/or external to the vet school.	
6.18	Assessment load should be sufficient to provide feedback to support student's progress, and to evidence achievement, remaining cognisant of workloads for staff and students.	In order to support student progress, the amount of assessment needs to be carefully balanced to ensure it is regular enough to provide an accurate indication of progress, without becoming unnecessarily burdensome on both staff and students.	(1) Assessment schedule for each academic year	(1) staff workload data in relation to assessment	(1) student and staff feedback		
6.19	Schools must have appropriate moderation processes in place to ensure parity within and between individual units of study, across the programme, with other institutions; and to ensure that each student is treated without bias.	Moderation supports the quality process by ensuring standards are consistent.	(1) Moderation procedure	(1) Moderation data across the programme including details of consistencies and discrepancies, and subsequent action plans	(1) External examiner reports	Moderation processes to include internal and external verification.	

6.20	There must a system for students to keep a record of the quantity and quality of their clinical experience, and reflect on their development over the duration of programme. These records must be regularly reviewed by an educator to inform an individualised development plan. Consolidated data should contribute to the quality improvement of the programme.	A reflective record of clinical experience enables both the student and educators to monitor individual progress and to ensure all the Day One Competences are achieved at the appropriate standard.	(1) policy/procedures for recording students clinical experience and achievement.	(1) report on the analysed data from student clinical experience.	(1) RCVS selected sample of student records.	Reflective records can be in any relevant format, but would assist the students if they mirrored the systems currently used for CPD and VetGDP.	12, 20
6.21	The school must demonstrate a commitment to research led teaching throughout the veterinary programme.	By being part of a research led community, students will benefit from gaining insight into up to date practices and innovation.			(1) Evidence of latest research informing the curriculum	Curriculum content must be evidenced based and informed by research, although not every member of staff needs to be actively involved in research projects.	
6.22	All students must be trained in scientific method and research techniques. All students must have opportunities to participate in research programmes.	Gaining an understanding of research methodology will support students once employed within the sector as this will form a part of their work routine.	(1) Curriculum and learning outcomes	(1) Details of current and completed undergraduate research projects	(1) Student feedback relating to research teaching and opportunities	Student must have the opportunity to participate in research, but not every student needs to be actively engaged in research. All students must be trained in the principles and practice of evidence-based veterinary medicine, including being able to acquire, appraise and apply appropriate evidence from a range of sources in their professional practice	11

RCVS Accreditation Methodology

April 2021

1. Introduction: RCVS Accreditation methodology

The Royal College of Veterinary Surgeons (RCVS) has a statutory responsibility under the Veterinary Surgeons Act 1966, for regulating the professional education of veterinary surgeons and veterinary practitioners (to include vet nurses). In order to safeguard the interests of the public and animals, the RCVS sets the standards for veterinary education, and ensures only those who have completed a recognised qualification are eligible to practice in the UK.

RCVS accreditation of professional degree programmes provides assurance that standards are being met and drives the quality improvement of veterinary education. The accreditation of qualifications is an evidence-based, peer reviewed process that ensures that not only are the published standards met and maintained by each educational establishment, but also that educational innovation and good practice is recognised and shared with stakeholders. RCVS accreditation activities have been developed to be consistent, transparent, valid, and reliable and the qualifications are subject to a rigorous quality assurance cycle that is flexible enough to respond to the changing demands made of the profession as well as to allow for a variety of delivery models.

The accreditation process recognises the ways in which veterinary care and professional education have evolved over recent years and continues to develop, and draws upon advances in quality assurance methodology.   To provide the best possible focus on quality, RCVS accreditation is moving from a process previously based primarily on the consideration of 'inputs' (e.g. policies and procedures) to a hybrid approach which also considers outcome-focused evidence on how standards are being met. This approach provides the flexibility to assure educational standards are achieved across different models of programme delivery, including 'traditional', community-based, local partnerships and work-based approaches.

Furthermore, the increased assurance provided through evidence demonstrating positive or effective outcomes, enables a more risk-based approach to accreditation to be adopted. Through a combination of annual data monitoring and risk-based accreditation events including bespoke visitations, the accreditation cycle enhances the opportunity to recognise emerging issues early so that attention can be focused on potentially higher risk areas of the education programme and the appropriate support can be delivered in a timely fashion.

1.1 Glossary of Terms

Accreditation Cycle	This is the whole cycle including the accreditation event every 7 years and the annual monitoring process
Annual Monitoring Process	The annual process of data collection from the Vet School
Accreditation Event	This encompasses everything outside of the annual monitoring process – the school updating the repository for the accreditation review, the consideration of evidence and the bespoke visitation
Accreditation Review	This is the initial review of the school's evidence against the accreditation standards which will ultimately shape the scope of the visitation
Accreditation Panel	The panel that reviews the school's evidence against each standard during the accreditation event; membership is agreed by Education Committee in advance of the school being due to begin the accreditation event after 7 years
Accreditation Visit	The visitation that is carried out; this will be bespoke and the scope decided on by the Accreditation Panel following the initial review of evidence in the repository (i.e. focusing upon standards where more evidence or triangulation of evidence is required)
Accreditation Visit Team	The team that carries out the visit, formed from the relevant members of the Accreditation Panel

2. The Accreditation Cycle

Accreditation Event Process (normally every 7 years)

Annual Monitoring Process

VS updates RCVS repository database with evidence against all standards.

Accreditation panel review evidence in repository database and requests additional evidence if necessary

Visit carried out and additional information aquired. Recomendation of accreditation goes through RCVS Committee Process.

Scope of visit given to VS

Completion of annual monitoring data

RCVS collated outcomes data added to evidence, such as graduate surveys, employer surveys and student surveys

Standards are suffiently evidenced and triangulated. No further action required until Accreditation Event is due

Evidence against standards reviewed by PQSC

Additional information required to evidence standards: Start Accreditation Event Process

5

3. Accreditation Event

The accreditation event encompasses a review of evidence submitted by the vet school against all the accreditation standards (the accreditation review) and, using a risk-based approach, a bespoke visitation to focus on the standards where further evidence is required to demonstrate they have been met (or to triangulate existing evidence).

An accreditation event will take place for each veterinary programme no less than every 7 years as standard to fit in with the approved period of accreditation, unless triggered earlier as a result of the annual monitoring process or notification of substantial changes to the programme, or as recommended by the education committee at the last accreditation event.

Approximately six months before the accreditation of an established veterinary programme is due to lapse, the RCVS will contact the veterinary school to begin the Accreditation Event.

3.1: Accreditation Panel

The appointment of members of each accreditation panel is ratified by RCVS Education Committee, following recommendation from its Primary Qualifications Sub-Committee (PQSC). This will be done in advance of the accreditation event.

The members of any accreditation panel will be chosen from a list of people that are on the RCVS list of accreditation experts, and who have undertaken the required training.

The accreditation panel will comprise up to six members, plus a student representative, with the necessary combination of educational and subject expertise, clinical and academic experience. Between them, panel members will have a mix of expertise to cover the basic sciences, paraclinical, and clinical sciences to cover all aspects of the curriculum. At least one panel member must a practitioner with a background in clinical practice outside of academia, and at least one panel member must be an educationalist (either from a veterinary or healthcare-related profession, i.e. someone with further expertise on higher education curricula, assessment standards and educational models).

There must be someone who holds, or who has recently held, a senior academic position and who understands the organisation and funding of universities and the complex requirements for veterinary education on the panel.

A panel chair must have already had experience of being an accreditation panel member on a previous occasion and have recent experience as a committee chair.

The accreditation panel may also include multiple observers in either a quality assurance role, or in a training role, attending with a view to participating as a panel member at a future date.

3.2. Stage 1: School is invited to prepare evidence in support of accreditation standards

Evidence against the accreditation standards should be submitted into the secure online repository database, where all accumulated data and evidence against each of the accreditation standards will be stored (including any annual monitoring data) for each programme. This will be hosted on RCVS servers and access will be restricted to those involved in the review of evidence as part of accreditation.

Suggested evidence for each standard is provided in the guidance, however the list is not exhaustive, and the school should submit any data or documentation which it feels demonstrates compliance. All

evidence should be entered directly into the repository and any additional information forwarded through an alternative medium will not be accepted, unless through prior and exceptional arrangement.

Documentation should be itemised by accreditation standard and indexed carefully to ensure ease of retrieval by those reviewing the evidence during the accreditation process. Each item provided in the repository should include a 20-30 word description, to capture what is contained within.

The RCVS will support and supplement the data submitted by schools, with outcomes data gathered through independent surveys of graduates, students, and employers.

Once the school has been through the initial process of supplying evidence, at the point of the next accreditation event they will only need to supply further evidence if any significant changes in relation to any standards has taken place, i.e. facilities upgrades, curricula updates etc.

3.3. Stage 2: Review of evidence in the repository

The RCVS Education department will begin the initial review of the evidence submitted to the repository (stage 1), in addition to the consideration of relevant annual monitoring data and any outcomes data collected by RCVS e.g. employer surveys. A summary of this evidence will be given to the accreditation panel, noting any standards which appear to have strong evidence supporting them, as well as standards lacking evidence or where additional triangulation is required.

Once the school confirms that all documentary evidence has been uploaded to the repository, by the published date, the accreditation panel will begin their consideration of the data against each of the accreditation standards. This will be done using an Accreditation Standards Rubric, using the summary of evidence as a template to check against the information in the repository.   Each member will be asked to consider evidence submitted for all the standards, in order to provide a reliable assessment and a balanced approach.

Each panel member will carry out their initial review independently, adding to the rubric showing where evidence to support compliance is present, or where gaps in evidence are apparent and further evidence needs to be obtained during the visitation. Each rubric entry will be linked to specific sources of evidence considered to support each standard, and the evidence that triangulated this to ensure that the rationale and transparency of the panel's decisions can be demonstrated. In the majority of cases, for already established programmes, the panel will be looking for triangulation of any input data with evidence on processes and / or outcomes. Against each standard there will be the option to mark as compliant, exemplary, minor concern, or major concern (at this stage).

Any additional evidence may be requested in documentary format, or it may be more relevant to gather this through the visit to the Vet School.

On completion of the independent reviews, RCVS Education Department will summarise the findings of the panel in a report. The panel will then agree on which standards have already been met and triangulated, and begin to consider the priorities for the accreditation visit.

3.4. Stage 3: The Accreditation Visit

A bespoke accreditation visit follows the accreditation review. The accreditation review will determine the scope, focus and duration of the visit.

The accreditation panel will have considered the summarised findings and the evidence within the repository and have completed the rubric independently. The panel Chair will then notify the Education Department on the standards to be prioritised during the accreditation visit, along with the membership of the accreditation visit team. The Accreditation Visit Team will be consist of the relevant members of the Accreditation Panel, initially determined by the scope and areas of priority of the visitation. However, other panel members could also form part of the Accreditation Visit Team. The Chair of the Accreditation Panel will Chair the Accreditation Visit Team and will always be present on the visit. Normally, the Accreditation Visit Team would be compromised of at least four members of the Accreditation Panel (the Chair, the student representative plus two other members), as well as at least one member of the RCVS Education Department.

Once the scope and focus of the visit has been identified, a date for the accreditation visit will be agreed by RCVS in consultation with the veterinary school, on the understanding that the exact duration and focus of the visit has been established following the accreditation review.

For established veterinary programmes, it may not be necessary to revisit areas where they have been able to submit sufficient and relevant evidence to demonstrate continual compliance, resulting in a shorter visitation which focusses on areas needing triangulation, or where there have been recent changes or new risks. For newer programmes, where outcomes data will be limited and facilities will not be so familiar to the RCVS, a longer and more in-depth accreditation visit would be necessary.

The length and focus of an accreditation visit will be risk-based, depending on the outcome of the Accreditation Review.

A visitation will always include meetings with students from each cohort year, meetings with managerial, academic and support staff, tours of facilities as required, plus a representative sample of any off-campus sites responsible for the delivery of core teaching (determined by RCVS). Video evidence of the facilities in distributed sites may also be invited so that in person visits are not necessary. Locations to be visited or that require video evidence will be selected by the RCVS.

Wherever possible, to ensure reliability and coherence, the visiting team will work as a group for the visit, to enable all of them to see the relationship between the various parts of the curriculum and the degree. Circumstances may arise, however, which justify the chair delegating specific tasks to a subgroup of the team.

The visitation team expects to meet groups of staff who represent a broad range of disciplines and levels of experience, extra-mural and any adjunct staff, students, and external stakeholders. The membership of each team will be determined by the evidence required to triangulate the evidenced standards. Wherever possible, to promote an open and honest dialogue between staff members and the visitation team, senior staff members of the school should not be present at meetings on each standard, unless directly involved in that area. Visitation teams will wish to speak to as wide a range of individuals as possible, so repetition of staff members across multiple meetings should be discouraged.

Opportunities will be offered for all students, educators and support staff, to meet with the visitation team confidentially to discuss any aspect of the programme's achievement of the accreditation standards. These confidential sessions must be advertised by the school to staff and students beforehand, and the RCVS staff member's contact details provided so that individuals can communicate privately with the visiting panel if they wish. These could be arranged to take place

virtually over a two week window prior to the visit if needed, however physical meetings would be the preference. There will also be the opportunity for all students, managerial, academic and support staff to provide feedback on the standards anonymously through an online tool.

Visitation schedules will be structured so that the visit can be an iterative process, allowing for on-site changes if required, and including additional time to allow further consultation with key individuals and groups if necessary.

3.5. Accreditation Visit Rubric

The Accreditation Standards Rubric completed during the Accreditation Review, will be used as a starting point for the visitor team to assess achievement of the accreditation standards being reviewed on the visit.

During the visitation, the rubric should be considered by the whole panel at the end of each day, so that areas which need further exploration with the school can be identified, as well as agreeing on areas of compliance.

Any area of deficiency must be supported by commentary. 'Recommendations' are actions which the school *must* address in order to retain accreditation, whereas 'Suggestions' are given to aid with programme improvement and not mandatory for accreditation purposes. Any suggestion or recommendation must be linked to a specific deficiency, and cross referenced with specific evidence. Areas of excellence or innovation referred to must also be cross referenced to specific evidence. The standards have been drafted with the aim that each standard is completely individual to avoid a situation whereby a deficiency and / or recommendation would be applicable across multiple standards. Therefore, a deficiency or recommendation made against one standard would not also need to be repeated against another standard.

The visitors will then agree their decision on areas of compliance and recommendation. These will then go back to the whole accreditation panel (if all not present on the visit) to agree on the final recommendations.

The completed accreditation standards rubric will be published on the RCVS website once finalised.

3.6. Verbal feedback to school

After the visitation has taken place, the visitation team will meet the Vice Chancellor of the university (or equivalent), and the head and senior staff of the school, to provide a factual summary of the strengths and opportunities for improvement of the programme in relation to the RCVS standards. Any areas of excellence, suggestions, and recommendations from the panel will be communicated, and the next steps of the process outlined. The chair will confirm that the panel are not the decision makers, and that the completed rubric showing their findings will be considered by the full panel (if different to the visitation team) and then through the formal RCVS committee process, before the decision on accreditation is taken and the accreditation event formally ends.

3.7. RCVS committee process

Following the visitation, the rubric and panel commentary will be shared with the full accreditation panel (if different from the visitation team) and each member will consider whether compliance has been demonstrated against each of the standards independently, based on the evidence highlighted

in the rubric. Where there is any disagreement, the panel will discuss the standard and evidence provided and a consensus reached.

The finalised rubric will then be returned to the school for a check of factual accuracy, usually within one month. Once the school has confirmed factual accuracy, the rubric will be considered by the RCVS's PQSC, which will confirm or amend any recommendations. A copy of the final rubric is sent to all members of the accreditation panel.

The rubric is then sent to the Vice Chancellor of the university for formal comment. The Veterinary Surgeons Act 1966 specifies that, for UK schools, the university may, within the period of two months from the receipt of the report, "make observations on or objections to the report" to RCVS. (Please note, the report in this instance refers to the rubric as detailed in section 3.) The university is invited to comment to RCVS on its responses to any recommendations in the report.

On receipt of any formal comments from the university, these are considered again by RCVS's PQSC, which will then make a recommendation on accreditation status to RCVS's Education Committee, having taken the university's response into account.

Following a decision by RCVS Education Committee, the school will be notified of the result and both the outcome and rubric will be published on the RCVS website. Areas of excellence and innovation will be recognised and highlighted on these pages, as well as at quality improvement events hosted by the RCVS, where vet schools will be invited to present their innovative practices to a wider audience.

3.8: Dashboard

Hosted on the RCVS website will be a dashboard of accreditation data collected through its accreditation activities. Alongside reports from accreditation visits to veterinary schools, detailing the programmes achievement of the RCVS accreditation standards, there will be the results of thematic analysis reviews.

4. Annual monitoring

The RCVS asks for annual reports each autumn as standard from the schools in order to monitor registerable veterinary degree courses. This is done in accordance with Section 5(5) of the Veterinary Surgeons Act 1966. A secure, online repository will be hosted by RCVS where schools will be required to upload documentation relating to the accreditation standards, to allow for ongoing collection of evidence and data which can also be used to inform that accreditation process.

Please refer to the annual monitoring guidance for further detail on this process.

Annual monitoring data will be reviewed, alongside any RCVS collated outcomes data e.g. employer surveys, and then considered by PQSC. If PQSC considers that further action is required as a result, this will be recommended to RCVS Education Committee, which will decide whether further evidence needs to be requested or an accreditation event needs to take place earlier in the cycle for an accredited programme.

Data collected through the annual monitoring will not be published, other than limited data around student numbers, which forms part of the annual RCVS report, "RCVS Facts". The full dataset will however be available internally to other RCVS committees for consideration if required, or requested.

4.1. Accreditation Event triggered by Annual monitoring process

In the result of further action being required as a result of the annual monitoring process, an Accreditation Event will commence, regardless of when the next event would have been scheduled to take place. The process would follow in the same way as laid out in section 3.

5: Classification of accreditation <mark>– *Classification titles and descriptions to be formally reviewed by PQSC*</mark>

Options for decisions on accreditation of veterinary degrees are as follows:

a) **Accreditation for seven years** subject to the annual monitoring of evidence/data. If annual monitoring remains satisfactory, re-accreditation will be subject to a full accreditation event in the seventh year,.

b) **Accreditation for a shorter period** if significant deficiencies are identified: accreditation will be subject to the deficiencies being addressed within a specified time period and subject to satisfactory annual monitoring evidence/data. The RCVS will normally undertake a reconsideration of evidence against the accreditation standards where deficiency has been highlighted before the accreditation period expires to monitor progress in addressing any identified concerns. Following review, RCVS may elect to hold a further accreditation event for the programme. The accreditation event may cover all the standards or a more focussed event that concentrates on progress with addressing specific deficiencies. Consideration of a shorter period of accreditation subject to conditions will apply where there are either a) one or more major deficiencies, or b) a series of lesser deficiencies which, taken together, could have a significant impact on students' education, but which are deemed to be rectifiable within a given period of time.

c) **Accreditation may be denied.** This category applies where the RCVS considers that the deficiencies are so serious that they are unlikely to be rectifiable within a reasonable period of time. It is, in effect, a final warning to a school that if urgent action is not taken RCVS will move to terminal accreditation.

d) **Terminal accreditation** may apply if the school is unable to meet RCVS's standards, and/or if a school voluntarily closes. The procedures for terminal accreditation must be followed by the veterinary school (see below). For previously accredited UK veterinary schools where accreditation is denied by RCVS, the final decision to revoke or suspend their Recognition Order would be made by the Privy Council (see below). For non-UK schools, if accreditation is denied for a programme that was previously accredited, the school may be placed on "terminal accreditation" and it will be the responsibility of the school to present an immediate plan to RCVS for approval showing how the deficiencies will be addressed to allow adequate progress of the existing students to meet RCVS Day One Competences.

e) **Accreditation is denied.** This option would be relevant where neither 'Accreditation may be denied' nor 'Terminal accreditation' would be applicable. It applies when RCVS considers that the deficiencies are sufficiently serious that the school should not receive accreditation. The RCVS will inform the veterinary school of its concerns and the grounds on which they are based. The veterinary school would be able to request a re-accreditation event once it had addressed the deficiencies identified.

5.1: Procedures for schools with the classification of Terminal Accreditation

The classification of terminal accreditation is intended to protect the interests of students who enrolled before accreditation was withdrawn. Terminal accreditation may continue no longer than necessary to

protect the educational interests of such students. Provided the school complies with the conditions for terminal accreditation, students enrolled on the programme before terminal accreditation was assigned will be able to graduate with an accredited degree that will entitle them to register as Members of RCVS. If the school recruits students after terminal accreditation is assigned, those students will graduate with a non-recognised degree and may not be able to practise in the UK unless they sit the RCVS examination.

The head of the school and the Vice-Chancellor of the university are notified in writing of the classification of terminal status and the reasons for this.

During the first six months after the assignment of terminal accreditation, the school must submit a detailed plan describing how it will ensure that the educational interests of currently enrolled students will be met.

Each year that the school holds terminal accreditation status, the school will provide a detailed report to the RCVS describing how the plan is being followed and how it has been altered with respect to students who entered before terminal accreditation was assigned.

To maintain terminal accreditation status, the school must:

a) immediately cease enrolment of additional students;

b) commit resources adequate to complete the education of currently enrolled students;

c) ensure that deficiencies cited do not worsen.

During a period of terminal accreditation, representatives from RCVS may visit the school and report on whether the school is meeting the conditions for terminal accreditation. The reported information and that furnished in writing by the school will be considered by RCVS to determine if terminal accreditation should continue.

If a veterinary school on terminal accreditation fails to abide by this procedure, RCVS may terminate its accreditation immediately, such that no further graduates will be eligible to register with RCVS.

6: Consultative Accreditation Event

The purpose of a consultative accreditation event is to assess the overall compliance of a veterinary school based outside of the UK with RCVS standards and to provide feedback to the school. A school may request a consultative accreditation event in preparation for applying for accreditation from RCVS.

Consultative events are advisory and the results are not published or made public. The consultative accreditation event and processes are linked and consultative events follow a similar process to that in place for accreditation events.

6.1: Requesting a Consultative Accreditation event

The Head of the Veterinary School must write to the RCVS with a formal request for a Consultative accreditation event. RCVS will discuss the request for the consultative event through its Primary Qualifications Sub-Committee (PQSC) and will provide a formal response to the request, together with suggested dates.

6.2 The Consultative Accreditation Event Panel

PQSC will recommend the appointment of an accreditation panel, to include a Chair and two additional members. PQSC's recommendations will be ratified by Education Committee. Names of panel members will be shared with the Head of the Veterinary School, who may ask for reconsideration of an appointment where a nominated panel member has a conflict of interest that cannot be managed during the event process. Education Committee has the final authority on the appointment of panel members.

6.3: Consultative Accreditation event Timetable

The duration and scope of a consultative event will be agreed between RCVS and the school in advance.

6.4: Consultative Visit Report

The report of the consultative visit will include comments against the RCVS standards and highlight any areas which are considered exemplary. It will also be explained that any outcome of the consultative visit may not reflect the outcome of a full formal visit. The report is not published.

The report is signed off by the Chair of the visiting team and passed back to the veterinary school for a factual accuracy check. The report is then considered by PQSC, which provides feedback to the school and to Education Committee.

6.5: Fees for Consultative Events

RCVS will charge a fee for a consultative accreditation event. The fee is reviewed annually. This covers the full event (review of evidence and any visitation to the school), together with up to 5 days for visit preparation. In addition, the RCVS will charge Loss of Earnings plus travel, subsistence and accommodation costs for the visiting team. This fee must be paid prior to the event.

7: Mock Accreditation Event

A mock accreditation event can be requested by existing RCVS accredited UK schools. A mock accreditation event would follow a similar process to that in place for actual accreditation events. A school may request a mock accreditation event in preparation for an upcoming accreditation event. There would be no formal findings from a mock event and for that reason there would be no formal visit report or recommendations made.

Mock events can only take place once a school has been through the full cycle at least once.

7.1: Requesting a Mock Accreditation event

The Head of the Veterinary School must write to the RCVS with a formal request for a mock accreditation event. RCVS will discuss the request for the mock event through its Primary Qualifications Sub-Committee (PQSC) where the reasons for the request will be considered. A formal response to the request would then be provided to the school by PQSC, together with suggested dates if the mock event is agreed to.

7.2 The Mock Accreditation Event Panel

PQSC will recommend the appointment of a accreditation panel, to include a Chair and two additional members. PQSC's recommendations will be ratified by Education Committee. Names of panel members will be shared with the Head of the Veterinary School, who may ask for reconsideration of an appointment where a nominated panel member has a conflict of interest that cannot be managed during the event process. Education Committee has the final authority on the appointment of panel members.

7.3: Mock Accreditation event Timetable

The duration and scope of a mock event will be agreed between RCVS and the school in advance.

7.4: Fees for Mock Events

RCVS will charge a fee for a mock accreditation event. The fee is reviewed annually. This covers the full event (review of evidence and any visitation to the school), together with up to 5 days for visit preparation. In addition, the RCVS will charge Loss of Earnings plus travel, subsistence and accommodation costs for the visiting team. This fee must be paid prior to the event.

8: Accreditation of overseas veterinary programmes

To be considered for accreditation by RCVS, an overseas veterinary degree must satisfy the following:

- The level of clinical instruction must be comparable to that required of veterinary schools in the United Kingdom. Overseas veterinary degrees must meet the same accreditation criteria as UK schools; including the requirement for students to meet the RCVS Day One Competences by the time they graduate.
- The degree of the overseas veterinary school must be recognised as a professional veterinary qualification by the relevant authorities (government and/or veterinary licensing body) in its own region/country.
- The overseas veterinary school must normally have been producing graduates for at least five years or a sufficient number of its graduates must have submitted themselves for the RCVS statutory membership examination to allow a judgement of the standard of the overseas school to be reached.
- RCVS will appoint an accreditation panel to undertake a formal accreditation event for the overseas veterinary school. As part of the accreditation event, the visitation will be at the expense of the overseas school. Before the visitation, the university must pay the RCVS accreditation fee applicable at the time of the application, as well as paying for full travel, accommodation and loss of earnings allowance for all the RCVS visitors, including business class air fares for flights of seven hours or more. Accreditation cannot be granted until RCVS's fees and costs have been reimbursed in full.
- The first accreditation event of an overseas veterinary school not previously recognised by RCVS should normally be undertaken wholly by RCVS, although some joint working with another accrediting body may be considered, depending on the circumstances, at the discretion of RCVS's Education Committee.
- An overseas university whose veterinary degree is accredited by RCVS will be required to submit annual monitoring reports to RCVS. RCVS reserves the right to undertake further accreditation events during the period of accreditation to ensure that any recommendations made are being implemented, and also to exchange quality assurance and monitoring information about the degree programme with the university's national accrediting body where applicable. Costs for any such events will be charged to the university.
- The possibility of accreditation will only be considered following a formal application from the overseas veterinary school, on the basis of its acceptance of these criteria.

9: Accreditation for new veterinary programmes

The Veterinary Surgeons Act 1966, Section 4, includes provision for veterinary graduates of UK universities that do not have a Privy Council Recognition Order (i.e., new veterinary degrees or existing veterinary degrees that have lost their recognised status). The Privy Council may:

a) *After consultation with the Council of the College; and*
b) *If it is of the opinion that the training provided to students of veterinary surgery attending at that university satisfies the requirements of Article 38 of the directive… direct the College to hold examinations in veterinary surgery for the students… attending at that university; and any such student passing any such examination shall be entitled to be registered in the register and shall on being so registered become a member of the College.*

Any UK university that is considering offering a professional veterinary degree and applying to the Privy Council for a Recognition Order must liaise with RCVS concerning its plans for the programme at an early stage. Draft curriculum and assessment plans must be submitted together with a timeline for implementation, plans for facilities, staffing and an indication of the intended student numbers. Once the formal decision has been made by the university to offer a veterinary programme, a series of six-monthly meetings will be arranged with the RCVS to consider the development of the degree, leading up to the initial visitation in year three of the first cohort of students.

RCVS will provide feedback to the university on the draft programme, in terms of whether it appears to meet the current RCVS standards and policies. Any obvious gaps will be identified, but it will be for the university to determine how such gaps might be rectified. RCVS can provide advice on its standards and accreditation methodology, but does not offer any form of provisional approval as this stage, as it is not within its power to do so. Recognition, if granted, comes from the UK's Privy Council, on advice from the RCVS.

RCVS will make arrangements for one or more accreditation events encompassing full or short visitations to evaluate the programme and will discuss options for examinations with the university. Depending on its evaluation of the curriculum and assessment arrangements, RCVS may decide to either set a separate qualifying examination for final year students or, alternatively, may make arrangements for the joint examination of students with the university through the appointment of RCVS External Examiners.

If it is agreed to appoint RCVS External Examiners and run a joint qualifying examination, the university will need to agree that the RCVS appointed External Examiners will have the final decision-making power over the eventual pass list, so that the examination may count as the RCVS qualifying examination for registration purposes.

Having consulted on the draft curriculum and delivery plans before the first student intake has started the programme, RCVS will aim to undertake its first accreditation event and full site visit when the programme has reached its third year in order to make an assessment of how the plans are working, and to evaluate the progress of the new school towards achieving the RCVS standards. A further accreditation event and full site visitation will be undertaken during the programme's fifth year of operation, in order to make a recommendation to the Privy Council on recognition. Additional accreditation reviews and visitations may be undertaken in the meantime by one or more RCVS visitors to observe examinations and other assessments. As part of each accreditation event, before

each site visit, the school will need to provide RCVS with documentation relating to each standard, recognising that some of this evidence will allude to future plans rather than outcomes assessments.

Graduates of UK veterinary schools are not automatically entitled to RCVS membership until the degree has received the Recognition Order from the Privy Council, and this may take a number of months even after a positive recommendation from RCVS. In the absence of a Recognition Order, graduates will be able to register and practise in the UK only if they pass the RCVS qualifying examination (or joint examination overseen by RCVS External Examiners as described above). The university must ensure that students applying to join the programme understand the status of the degree and that, whilst there is a route to registration for them, there is no automatic entitlement.

10. RCVS accreditation appeal procedure

Scope of Appeals

1. This appeals procedure applies where an institution questions the formal outcomes of the accreditation process, where it can:

    - demonstrate that the outcome is not based on sound evidence, **and/or**

    - that published standards have not been correctly applied **and/or**

    - that published processes have not been consistently implemented.

2. No appeal will be entertained in respect of the individual comment(s) made by the visiting team and contained within the visitation report.

Definition of terms

3. In these rules:

    - "appeals panel" means a panel of the Committee constituted to hear an appeal;

    - "College" means the Royal College of Veterinary Surgeons;

    - "Committee" means the Examination Appeals Committee;

    - "lay person" means a person who is not a veterinary surgeon or a registered veterinary nurse and has never been entitled to be registered as such;

    - "registrar" means the registrar of the College;

    - "the Council" means the Council of the College;

    - "formal outcome of the accreditation process" means the category of accreditation into which the institution has been placed **and/or** the period of accreditation that has been granted

    - "published standards" means the standards contained within the version of the "RCVS standards and procedures for the accreditation of veterinary degrees" that applies to the visit in question

    - "published processes" means the processes contained within the version of the "RCVS standards and procedures for the accreditation of veterinary degrees" that applies to the visit in question

Lodging of an appeal

4. An institution must inform the registrar of its intention to appeal not later than two weeks from receipt of the letter confirming the formal outcome of the accreditation event. The appeal must then be made in writing by the Dean or Head of School no later than six weeks from receipt of the letter confirming the formal outcome of the accreditation event.

Initial consideration of appeals

5. The first stage of the appeal process will involve a review of the process that had been followed by RCVS in reaching its accreditation decision, together with the argued basis for the appeal, by both PQSC and Education Committee at their next scheduled meetings. The Chair of the relevant accreditation panel may be asked to participate in the review process. The outcome of this review will be to either accept or dismiss the appeal. If accepted, Education Committee will review its original decision and may decide to amend it. It should be noted that acceptance of the appeal may not necessarily result in a change to the original decision.

6. An appeal will only be dismissed on one or more of the following grounds:

    - It relates to the individual comments made by the accreditation panel

    - It gives insufficient information to enable any judgement to be made

    - It is frivolous, vexatious or relates to a minor irregularity in the conduct of the accreditation process

    - It is unnecessary because deficiencies in the accreditation process have already been acknowledged and appropriate action taken

7. If the appeal is dismissed on any of the grounds mentioned, the institution may nevertheless elect to have the appeal considered by the Accreditation Appeals Panel. The institution must pay a fee of £5000, but this will be refunded if the appeal is upheld.

Composition of the Committee

8. The Committee will be appointed by or on behalf of the Council. It will include veterinary surgeons, registered veterinary nurses and lay persons. Two members of the Committee will be designated by or on behalf of the Council as its Chairman and Vice-Chairman.

Accreditation Appeals Panel

9. The Committee will act through panels when dealing with appeals. An appeals panel will consist of between three and five members of the Examination Appeals Committee chosen by the Chairman of the Committee and will include one person who is not a member of Council.

10. The panel will select its own Chair. All members must sign a declaration confirming that they have no conflict of interest with the appellant institution and a statement to indicate that they will strictly adhere to the "*RCVS standards and procedures for the accreditation of veterinary*

degrees" as well as the "*Policy on managing potential conflicts of interest for visitation team members"*.

11. The appellant institution will be provided with copies of any information, apart from legal advice, which is made available to the appeals panel and will be given a reasonable opportunity to comment and make any further representations before the panel considers the appeal.

12. The appellant institution has the right to nominate an observer to attend the meeting of the panel. An observer may respond to questions from the panel; however they will not have voting rights when it comes to decision making. The Chair of the accreditation panel may also be requested to attend the meeting as an observer to assist with any points of clarification.

13. An appeals panel will not include a person who has been involved in the initial assessment of the appeal, had any involvement in the visitation to the appellant institution or has any personal connection with the appellant institution which might bring that person's independence or impartiality into question.

14. The proceedings of an appeals panel will take place in camera and will remain confidential after the conclusion of the appeal.

15. The appeals panel may:

    a. uphold the appeal and direct Education Committee to reconsider its decision

    b. uphold the appeal, but confirm that the decision should remain unchanged

    c. dismiss the appeal

16. Once the panel has reached a decision, by majority vote, its Chair will inform the registrar of its decision by submitting an adjudicating statement, including its reasoning. The registrar will arrange for the outcomes of the appeal to be communicated to the appellant institution, PQSC and Education Committee.

17. The decision of the panel shall be conclusive for all purposes.

18. Until the end of the appeal process, the visitation report will not be published, and the appellant institution holds its current accreditation status.

11. Training for Accreditation Panel Members

To be drafted

12. Quality Assurance of the Accreditation Process

Feedback

RCVS seeks feedback from the veterinary school staff and student, as well as the accreditation panel members immediately after the visit. Feedback surveys are sent to the Vet School through the liaison staff member for distribution to all staff, students, alumni and stakeholders who took part in the accreditation visit, and to the accreditation panel members. These are followed up with a selection of verbal feedback opportunities. All feedback (verbal and written) will be collected up to a month after the end of the accreditation visit.

Thematic Report

Feedback is collated by the RCVS Quality Improvement Manager and summarised in a thematic report which is presented to the Audit and Risk Committee (ARC), and noted by PQSC. The findings are considered, and any appropriate recommendations are made to Education Committee, should any changes in the RCVS accreditation methodology be necessary. The ARC monitors the quality assurance of RCVS' accreditation activities and a further review of quality assurance is carried out by the European Association for Quality Assurance in Higher Education (ENQA) every 5 years.

All feedback remains confidential and will not be shared with vet school staff or students but is used to develop the RCVS accreditation procedures.

Clinical Education Definition and Glossary

"Clinical Education" is the teaching and training that students receive during their veterinary degree to prepare them for a career as a veterinary surgeon. Students will receive clinical education in all areas for each relevant career path; clinical; research; industry; government etc; but with a particular emphasis on clinical "general practice", which is the most common career destination.

Clinical education involves both basic and clinical theory, modes of reasoning learned in the classroom and clinic, practical techniques developed in laboratories and the workplace, and competences in communication and team working and shared decision-making relevant to the provision of high-quality veterinary services.

The clinical teaching as part of clinical education is delivered by the universities during all parts of the curriculum. The clinical training delivered by the universities is through Intra Mural Rotations (IMR). However, students also receive a degree of clinical training via Extra Mural Studies (EMS), although the focus of this is variable as students are encouraged to set their own learning objectives and choose their own placements for EMS.

The majority of clinical education delivered by universities should focus on casework relevant to a "general practice" setting. The delivery therefore may take place in a range of working environments, including veterinary hospitals or referral centres as well as general practice environments and first opinion practices, but a majority of the Clinical Education must focus upon casework typically carried out in general practice (i.e. primary care, not casework referred for specialist veterinary attention). Under such circumstances, students can gain an understanding about the level of advanced techniques that can occur in general practice, as well as learn to recognise techniques relevant to primary care that may occur in specialist centres.

Intra Mural Rotations (IMR)

Clinical Education in IMR placements is the Clinical Workplace Learning component of the educational programme. IMR is structured and mapped against formal learning outcomes and objectives and is the basis of the students' knowledge of clinical skills and techniques, taught by university staff and appointed teachers. All clinical education within IMR must be driven by learning outcomes set against relevant areas of the curriculum. Students are assessed on all IMR rotations, both formative assessments as they take place and summative, which is likely to be sequential during rotations, as well as at their conclusion.

Although clinical education within IMR may take place in different working environments as indicated above, it is important that students are educated within a range of different practice settings so that they gain a comprehensive understanding of the full breadth of the primary care caseload, and the facilities and equipment that are readily available in general practice settings, in addition to those typically in veterinary hospitals or referral centres.

IMRs should also take place as far as possible directly within client-facing settings to aid the development of professional skills as well as clinical / procedural skills.

Extra Mural Studies

Extra Mural Studies (EMS) is also a part of students' overall clinical education, and placements are a vital part of the veterinary degree as they provide a unique opportunity for students to gain valuable experience and practice skills acquired during the veterinary programme, in a further range of 'real workplace learning' contexts. Students are encouraged to identify their own intended learning outcomes for EMS, and take up EMS placements which they feel will benefit them most.

Unlike IMR, there is no formal teaching or training delivered on EMS placements, but these are still valuable learning opportunities for students as they are able to augment the training they have already received with real life, hands-on experience that cannot necessarily be captured as part of the curriculum, to help them develop into capable and confident veterinary surgeons. It is also an opportunity to give students experience in decision making, team working and communication, as well as offer an insight into how finances work in practices away from an IMR setting.

EMS placements offer an important insight and introduction into the professional career of a veterinary surgeon, and give vital experience to undergraduates before they graduate. EMS also represents the beginning of a life-long cycle of continuing their own professional development outside of a traditional teaching context, which continues after graduation and throughout their career.

Students may inevitably acquire further knowledge and skills whilst on EMS placements. However, all Day One Competences must be covered by the Clinical Education delivered by the University, and EMS placements should not be used to address gaps within core Clinical Education.

Glossary of terms

Clinical workplace learning: clinical workplace learning is that part of clinical education that allows the learner to further develop and apply the knowledge and skills introduced in earlier parts of the degree programme. It allows the highest level of Miller's pyramid to be observed and assessed, providing authenticity for both learning and assessment (G. E. Miller, 1990).

Casework: Casework is the name for all professional activity related to addressing client enquires and managing clinical cases. It is holistic in nature and covers all aspects of delivering a clinical service. Components include: the morbidity (or morbidities) affecting the animal; communication, working within the practice team, patient-focused care delivered in partnership with the owner and reflecting the context in which the case exists, and practice economics. Clinical cases are managed in the context of how clinical environment, vet and the owner-animal (patient) interact.

General practice: General practice is the term used for practices that receive a full range of cases for initial assessment, and depending on their facilities, further detailed investigation and treatment (May, 2015). The culture of these businesses embraces "generalism" (Royal College of General Practitioners, 2011) regarding all client problems as relevant for attention. All general practices receive "day one" cases; in addition, they will variably provide more specialised care depending on facilities and the expertise and experience of individual members of staff.

Generalism: "Generalist knowledge is characterised by a perspective on the whole rather than the parts, on relationships and processes rather than components and facts; and on judicious, context-

specific decisions on how and at what level (individual, family, system) to consider a problem" (Greenhalgh, 2007). The generalist approach allows "joining up" of all aspects of healthcare that become fragmented in the specialist arena. "Whole person individually tailored clinical decision-making is the expertise of the medical generalist" (Reeve, 2018). Generalism can thus be regarded as "specialisation-in-breadth" (van Weel, Carelli, & Gerada, 2012).

Primary care: primary care is care given by the first clinical professional encountered by the client with their animal (May, 2015). Cases will span the full range in terms of the period for which the client complaint has existed. Some will be "day one" cases, at an early stage in development of disease, and many of these will be self-resolving. Other cases will have established disease that it is now clear to the client is not self-resolving.

Specialism: Specialism is the increasingly narrow domain in healthcare of the specialist clinician. The individual specialist tends to focus primarily on clinical problems that fall within their domain of specialist expertise. As an annex to generalism, specialism can provide supportive depth (van Weel et al., 2012). The risk around healthcare systems built entirely with specialists is that of fragmentation, and the potential to fail to recognise the patient as a whole. Where Clinical Workplace Learning takes place in a Teaching Hospital, preparation for generalist practice may be hampered by the training structures, such as rotation through specialties, rather than following whole cases, and a culture that belittles generalism (Roder & May, 2017) similar to that which exists in human medicine (Royal College of General Practitioners, 2012).

Referral/Advanced care: Many specialists work by receiving referrals involving cases of established disease, on which generalists have chosen not to proceed, or emergency cases where specialised facilities have equipment that it does not make economic sense for general practices to own.

Learning outcomes: Learning outcomes are the educators' (and funders', and Society's) expectations regarding the achievement of a student at the end of a period of learning (Gibbs, 2010; Harden, Crosby, & Davis, 1999). Learning outcomes can be defined at various levels: overall programme outcomes, end of year outcomes, end of module outcomes, and outcomes for individual classes (R. Miller & Leskes, 2005). In an outcomes-based curriculum these will form a nested hierarchy that starts with the overall capability expected of the graduate and works backwards to look at the sequential development of the knowledge and skills, and milestones associated with their assessment.

Learning objectives: Some have defined learning (instructional) objectives as synonymous with learning outcomes. More helpfully learning objectives relate to what is taught and intended learning; learning outcomes are what we actually expect the students to achieve (Harden, 2002).

References

Gibbs, G. (2010). Dimensions of quality. York: Higher Education Academy. Retrieved from http://www.heacademy.ac.uk/assets/York/documents/ourwork/evidence_informed_practice/Dimensions_of_Quality.pdf

Greenhalgh, T. (2007). *Primary Health Care: Theory and Practice*. Oxford: Blackwell.

Harden, R. M. (2002). Learning outcomes and instructional objectives: is there a difference? *Medical Teacher*, *24*(2), 151–155. https://doi.org/10.1080/0142159022020687

Harden, R. M., Crosby, J. R., & Davis, M. H. (1999). AMEE Guide No . 14: Outcome-based education: Part 1 - An introduction to outcome-based education. *Medical Teacher*, *21*(1), 7–14. https://doi.org/10.1080/01421599979969

May, S. (2015). Towards a scholarship of primary health care. *Veterinary Record*, *176*(26), 677–682.

Miller, G. E. (1990). The Assessment of Clinical Skills / Competence / Performance. *Academic Medicine*, *65*(9), S63–S67.

Miller, R., & Leskes, A. (2005). *Levels of Assessment: From the student to the institution*. Washington.

Reeve, J. (2018). Scholarship-based medicine. *British Journal of General Practice*, *68*(August), 390–391.

Roder, C. A., & May, S. A. (2017). The Hidden Curriculum of Veterinary Education: Mediators and Moderators of Its Effects. *Journal of Veterinary Medical Education*, *44*(3), 542–551. https://doi.org/10.3138/jvme.0416-082

Royal College of General Practitioners. (2011). *Guiding patients through complexity: modern medical generalism*. London.

Royal College of General Practitioners. (2012). Medical generalism, (June), 1–63. Retrieved from http://www.rcgp.org.uk/policy/rcgp-policy-areas/~/media/Files/Policy/A-Z policy/Medical-Generalism-Why_expertise_in_whole_person_medicine_matters.ashx

van Weel, C., Carelli, F., & Gerada, C. (2012). Reforming primary care: innovation or destruction? *The British Journal of General Practice : The Journal of the Royal College of General Practitioners*, *62*(594), 43–44. https://doi.org/10.3399/bjgp12X616463

Systematic Review of the Literature on Professional Education Accreditation

For the Royal College of Veterinary Surgeons

Australian Council *for* Educational Research

March 2020

Neville Chiavaroli, Kate Reid, Pru Mitchell, Jenny Trevitt

TABLE OF CONTENTS

ACKNOWLEDGEMENTS

INTRODUCTION

OVERVIEW

The Australian Council *for* Educational Research (ACER) was formally engaged by the Royal College of Veterinary Surgeons (RCVS) to conduct a critical and systematic review of the literature on professional education accreditation models, associated methods, and the effectiveness and impact of each model. The review was motivated by the need to review and update the current RCVS standards of accreditation for veterinary degrees, by recent curricular changes (including distributed, multi-site programmes and community-based models of curriculum), and by concerns that the accreditation process may be regarded as a compliance exercise rather than an improvement process. The purpose of a systematic review of the professional accreditation literature was to provide evidence for accreditation standards and processes and to guide enhancement of the quality of veterinary education, promote programme improvement, and produce competent practitioners who provide high quality care.

OBJECTIVES AND SCOPE

This project is a critical and systematic review of the literature on accreditation for professional education programmes. The review explores the effectiveness of different accreditation methods and processes, the impact of accreditation on education programmes, and the implications for current accreditation practice.

The review addressed five 'high level' key themes:

a. an understanding of different models of accreditation of professional qualifications (including input, outcome and risk-based models);

b. the advantages and challenges of each model in terms of impact, outcomes and feasibility;

c. the impact of implementation of each model for stakeholders (broadly understood);

d. the resource implications of each of the models, including mitigating factors for the cost of site visits; and

e. an analysis of the relative effectiveness of the risk-based versus non-risk-based models.

The project timeframe was three to four months (due February 2020), including allowance for review and feedback by the Accreditation Review Working Group.

ACER's project proposal outlined that although the aim was to adopt a systematic review methodology, the aims, timeframe and available resources for the project suggested that the 'rapid' or 'restricted review' form of systematic reviewing was most appropriate for this project. This required placing certain restrictions on the initial search strategy (such as timeframe and focus) and the inclusion and exclusion criteria for the screening and the data abstraction phases. These compromises are discussed further under methodology below.

METHODOLOGY

GENERAL COMMENTS

Given the context for this project, we adopted a 'restricted systematic review' approach, otherwise known as a 'rapid review', as outlined in the relevant systematic review literature (e.g. Grant & Booth, 2009; Plüddemann, Aronson, Onakpoya, Heneghan, & Mahtani, 2018; Tricco et al., 2015). Such restricted reviews involve compromises in scope and methodology in order to remain systematic while conforming with the restricted practical requirements, especially in relation to screening criteria, data extraction process and quality assessment of papers. Nevertheless, the emerging evidence (e.g. Plüddemann et al., 2018; Schünemann & Moja, 2015) suggest that these modifications may not result in significantly different results (in terms of identified sources) compared to more comprehensive systematic reviews, which conventionally require over a year to conduct and complete. A major difference lies in the methodological processes for the control and minimisation of potential bias; where a full systematic review ensures multiple reviewers at each stage of the review process, a restricted review protocol accepts a single reviewer, with sample cross-checking by a second reviewer (Plüddemann et al., 2018). The scope of the topic also requires careful delineation and focus to ensure that relevant literature is not only identified in a broad search of relevant databases, but also so that there is sufficient time and attention for the close reading and extraction of the core literature. Finally, restricted reviews typically outline findings in the form of a narrative synthesis, as opposed to the meta-analysis of outcomes more typical of complete systematic reviews.

STAGES AND CONDUCT OF THE REVIEW

As outlined in the progress report, our methodology was based on the following four phases:

1. Scoping and planning – determining the scope and focus of the review, including guiding research question(s) and themes; development of relevant search terms and inclusion/exclusion criteria

2. Searching the literature – performing the search of relevant electronic databases according to agreed search terms, including cross-checking with known literature, and manual searches of the grey literature

3. Screening and data extraction – assessment of identified studies according to the review inclusion/exclusion criteria, including quality or methodological dependability; key data extracted from each included paper

4. Synthesis and reporting – qualitative narrative synthesis of extracted data and reporting in accordance with the overall research questions and high level themes.

These results and process are summarised as a PRISMA Flow Chart in Box 1 below.

Phase 1 (scoping) was completed during October and November 2019. This phase included consulting with RCVS to specify and refine the research question and themes, and the search strategy and terms for the primary database search. The framework adopted to guide the initial search was the qualitative PICO framework, namely, **P**opulation, Phenomenon of **I**nterest, and **Co**ntext (Boland, Cherry & Dickson, 2017).

The academic literature on accreditation in general is vast, and much of it is not directly relevant to the specific research question and themes outlined above. The most important distinctions

made for the purposes of this review, given the focus on accreditation of professional education programmes, was to exclude literature focussed on accreditation in healthcare and clinical practice contexts, and on *individual* professional credentialing or licencing. Accreditation (or quality assurance) in higher education at the whole institution level (generally referred to in the literature as *institutional accreditation*) was ultimately excluded for eligibility for this study, except where the focus overlapped with the programme-level context. School-focussed (i.e. pre-tertiary) accreditation literature was wholly excluded from the search strategy.

During this phase we also checked the PROSPERO website (Centre for Reviews and Dissemination, University of York) to determine whether similar accreditation reviews had been conducted recently, or were nearing completion. We found two registered reviews commenced within the last five years, one on accreditation for primary health care centres and the other on professionals' views of the impact of accreditation on quality and safety of hospital-based care, neither of which have been completed or published at this stage.

Phase 2 (search strategies and implementation) commenced in late November 2019. Further discussions with RCVS assisted in determining the most relevant and likely productive search terms (initially using thesaurus terms specific to the ERIC database). Notably, under the Population category, terms such as 'credentialing', 'licencing', 'certification' and 'qualifications' (plus variations on these terms) were confirmed as excluded terms, as they refer to individual credentials rather than programme-level regulation and quality assurance. All professional education course contexts were included and broadly searched using a wide range of terms (such as, 'course', 'program*' and 'curricul*', with possible variations). For the phenomenon of interest, we identified all descriptors relating to accreditation approaches and models, and broadened this by including all descriptors relevant to quality assurance of courses and programmes. For context, the broad phrase 'higher education' was applied to the whole search strategy, in order to include professional education but exclude studies specific to pre-tertiary or hospital contexts.

The search parameters were initially limited to papers in English and a timeframe of post-1990; however, it was agreed with RCVS to modify the date range to post-2000, in order to be more inclusive in terms of key search terms (specifically, to include the key terms 'quality assurance' and 'course/program* review). Six key educational research databases were identified and searched, using a search protocol adapted for each database, with keywords and indexing terms as specified in each database. An example of the search protocol for the ERIC database is shown below in Box 2.[1] Grey literature was searched via two relevant databases (OECD Library and Hedbib/IAU), with additional searching of the grey literature conducted manually, utilising the ACER library EBSCOHost search engine, book indices and relevant agency websites. Numbers of citations found via these methods is shown in the PRISMA diagram in Box 1.

---

[1] The following further details of databases searching protocol has been provided by ACER librarian Jenny Trevitt; Search strategies are designed specifically for each individual database and adapted to the other databases or which thesaurus terms will vary. In ERIC, for example, an exact search term, taken from the ERIC thesaurus, is described as a descriptor and represented in search statements as DE. An exact term from a database thesaurus does not require consideration of alternative spellings as the exact term should be assigned to any document that includes the term, whatever the spelling, where the term topic is a focus of the research. In ERIC it is also possible to search on words or phrases within the descriptors assigned to a document. These search terms are identified in an ERIC search statement as SU, that is a subject descriptor. A search on 'program*' in ERIC, as a subject descriptor, will find various descriptor terms such as 'programs' and 'program evaluation'. A broader search may consist of searching keywords across the document record. The keyword search will match terms in the title, author and abstract field, as well as in the keyword list assigned by authors and in the assigned terms from a database thesaurus. While a keyword search ensures a comprehensive match for records containing the keyword or phrase, the results will be less focused or precise because the term may not be a focused research topic in the document. For example a statement in an abstract declaring that the study evaluated curricula but *not* programs, would still be picked up in a keyword search for 'program*'.

Phase 3 (Screening and Data extraction) commenced in mid-December. All identified citations were initially uploaded to Endnote 9 for checking and duplicate removal, then to the Covidence Systematic Review Management programme for screening. The inclusion/exclusion criteria for this phase were further refined with RCVS. We retained literature that focussed on accreditation (or quality assurance) in higher education contexts for full text review if it included a programme-level focus. Single institution accreditation studies were also retained to determine whether they included any evidence for the impact of different accreditation models. A single reviewer (the ACER project lead) screened references by title and abstract, with sample cross-checking by the co-researcher, using the agreed criteria shown below in Box 3. Applying these criteria resulted in 1526 excluded records, leaving 320 for full text review.

Both reviewers conducted the final full-text review stage, assessing all 320 studies deemed eligible via the title and abstract screening phase. During this phase, we examined more closely (through reading the full texts) the eligibility of studies against the original criteria, and excluded those which did not actually meet the inclusion criteria. These excluded texts fell into two main categories. The first category of study considered accreditation only as an unspecified general process and did not analyse or distinguish specific accreditation models (109 studies). Many of these studies involved education contexts where accreditation was implemented, or under consideration, as an optional process, so that the main focus of the papers was *whether* to accredit (or be accredited), not *how*. Many studies also focussed on curriculum design, often in response to accreditation requirements, but did not focus on the accreditation process per se. The second category represented those papers (69) focussed on higher education in general rather than accreditation at the programme level. This category also included papers on accreditation in healthcare contexts whose focus was unclear from screening based on title and abstract.

Postgraduate medical or residency-focussed accreditation proved to be a difficult category. Given that the training occurs outside the higher education context, in clinical sites, we initially thought these papers should be excluded during the full-text phase. However, as it became apparent that much of the explicit exploration of models of accreditation occurred in this context (especially in relation to the ACGME outcomes-based accreditation process), we re-reviewed these studies and included those that demonstrated a professional education focus with reference to a particular accreditation model. Those that were primarily focussed on the impact of accreditation on healthcare practice (such as the effect of the ACGME's duty hours requirement, on which numerous papers have been published) were excluded. Several other papers were excluded due to non-availability (either conference papers or theses).

The final criterion we applied during this phase, consistent with systematic literature review theory and the project aim of forming an evidence base for selecting between different models of accreditation, was a critical appraisal of study methodology. Drawing on several published schema for levels of evidence of empirical research (Daly et al., 2007; Joanna Briggs Institute, 2013; Noyes et al., 2019) we categorised the level of evidence relating to the research question as follows:

1. Empirical: data-based, explicit methods of collection and analysis, and conclusions based on that analysis, published in a peer-reviewed journal (following Garside's 'technical quality tool', 2006); for the purposes of this review, we included case studies which met the above criteria as empirical

2. Conceptual: analytical, conceptual or review papers of accreditation, drawing on published theories or data about accreditation models in professional contexts

3. Commentary or anecdotal: based on personal or programme-level experience with an accreditation system, without explicit outline of methodology; most case studies fell into this category

4. Descriptive: wholly descriptive account of an accreditation system, including outlines from accreditors and/or 'tips' from programme faculty

For the purposes of this restricted systematic review, we only included papers classed as empirical or conceptual for formal data extraction, on the basis that these forms of research are generally regarded by the academic community as sufficiently robust to allow generalisation of findings or to form a basis as 'evidence' (Daly et al., 2007; Garside, 2014). They are also the most appropriate studies for addressing research questions focussed on effectiveness and impact (Petticrew & Roberts, 2003). In formulating and applying the above appraisal framework, we took into account both the complex and interpretive nature of qualitative research (Dixon-Woods et al., 2006), and a more 'typological than hierarchical' approach as recommended by many evidence-based researchers (Petticrew & Roberts, 2003). In this way, we evaluated studies on the basis of the clarity and explicitness of the conduct and reporting of data collection and analysis, rather than on prima facie expectations of levels of evidence. This enabled case studies to be considered on their merits, rather than automatically classified as anecdotal, as in typical evidence-based hierarchies. Those papers that did not meet the criteria for empirical or conceptual were classed as either commentary or descriptive.

To minimise the risk of bias, both reviewers classified the studies according to the above schema, and discussions continued until consensus was reached. If doubt remained; we erred on the side of inclusion. Papers identified as commentary and descriptive papers proved the most numerous during eligibility screening, resulting in 106 further exclusions at this stage. Although we excluded commentary and descriptive papers from the data extraction phase, we utilised relevant papers from these categories as part of the critical synthesis of the literature on accreditation models, as background to any findings from the empirical and conceptual literatures.

Phase 4 was undertaken from mid-January to early February 2020, and consisted of data extraction from the 32 final included studies, appraised as empirical and/or conceptual papers focussed on the characteristics, impact and implications of accreditation models. As shown in the PRISMA diagram in Box 1, this included 28 studies from the full-text eligibility review, and four further papers identified outside the original database and grey literature search process, during the full text and data extraction stages. The framework for data extraction was guided by the high level themes of the project, and we therefore adopted a (critical) thematic analysis (Bearman & Dawson, 2013). This data is condensed into three main categories, namely Accreditation Model, Impact and Challenges, and is included in the tables in Appendix 1 of this report. These data informed the critical discussion which follows, although structured and contextualised by findings from the overall body of literature reviewed during the full text review.

Box 1: RCVS PRISMA Flow Diagram
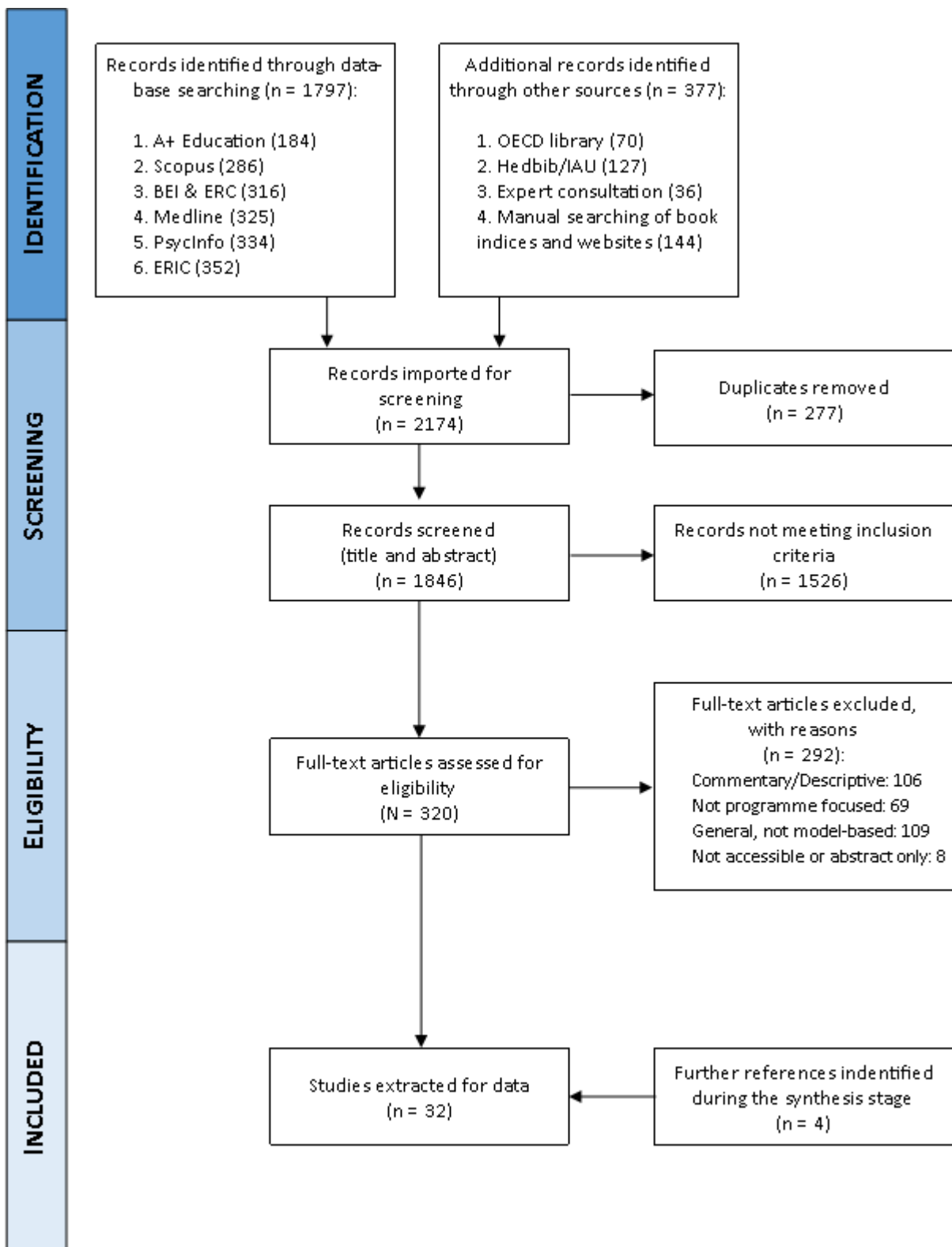
Box 2: Sample Search Protocol *(adapted for each subsequent databases search according to relevant indexing terms)*

POPULATION

DE "Professional education" AND (SU "accrediting agencies" OR accreditation OR "quality assurance")

OR

(("Veterinary Education" OR "interprofessional education") OR DE("Veterinary Medical Education" OR "Medical Education" OR "Dental education" OR "Pharmaceutical Education" OR "nursing education" OR "business education" OR "business administration education" OR "agricultural Education" OR "teacher education" OR "Legal Education Professions" OR "economics education" OR "aerospace education" OR "Health education" OR "library education" OR "engineering education" OR "environment education" OR "Allied Health Occupations Education" OR "science education" OR "Architectural Education" OR "social work" OR "psychology")) AND SU (accreditation OR "accrediting agencies") AND SU (course* OR program* OR curricul*)

OR

("Professional accreditation" OR ((DE ("Professional Recognition" OR "professional occupations") OR "professional practice") AND SU (accreditation OR "accrediting agencies")) AND SU (course* OR program* OR curricul*)

AND

PHENOMENON OF INTEREST

DE "course evaluation" OR "course review" OR "curriculum evaluation" OR "program* evaluation" OR "program* improvement" OR "program* development" OR "program* design" OR "program* effectiveness" OR "program* review" OR "quality assurance" OR "educational improvement" OR "educational quality" OR "educational change" OR "academic quality" OR "best practices" OR innovation OR "outcome based education" OR "academic standards" OR audit) OR "risk based model" OR "risk based models" OR ("accreditation model*") OR ("accreditation standard*") OR ("accreditation challenge*") OR ("accreditation process*") OR ("program* accreditation") OR (input* AND output*) OR regulation* OR regulator* OR (curricul* N2 (review OR mapping)) OR DE(standards OR courses OR programs))

AND

CONTEXT

DE "higher education"; English language; From 2000 –

Box 3: Inclusion/Exclusion Criteria for Screening Phase (Title and Abstract)

INCLUSION criteria:

- accreditation policies and practices by accrediting agencies

- experiences of accreditation by professional schools (including single case studies)

- specific accreditation methods – in particular in reference to audits, outcome-based approaches, inputs/outputs, risk-based models, site visits, regulatory practise and accreditation standards

- impact of accreditation on tertiary courses/programs/curricula, either positive, negative or unintended (and including curricular innovations, online, flipped, etc)

- include use of student assessment data if specifically associated with accreditation practise

- quality assurance and associated terms (including evaluation, improvement, design, development, change, best practice, innovation, challenges, mapping, and review), in association with professional accreditation practices and/or contexts

- all professional contexts (except alternative medicine and non-tertiary)

EXCLUSION criteria:

Utilised in initial search strategy:

- pre-2000 publication, non-English language

- pre-tertiary and hospital contexts

- terms associated with and limited to individual qualifications (such as credentialing, licensing, certification, CPD)

Further exclusions for screening phase:

- primary focus on curriculum design outside of accreditation purposes/contexts

- focus on non-professional higher education accreditation

- course evaluations including student perceptions not specifically tied to accreditation practices

- commentaries and descriptions from non-Anglophone contexts (exceptions made for empirical papers)

- non-mainstream or non-tertiary pathway professions

- accreditation of exclusively online/digital programs

- book publications (relevant publications noted and screened as grey literature)

- conference presentations or proceedings and theses (relevant papers noted and reviewed as grey literature, if full text available)

THE NATURE OF THE ACCREDITATION LITERATURE

TERMINOLOGY

For the purposes of this review, we operationalised the concept of *professional education accreditation* as a form of regulation by an external authority of a tertiary programme of study in a professional field, leading to a recognised qualification or licence to practice in the profession.

The term accreditation may also be used in other contexts outside of professional education, most notably as a form of quality assurance in the tertiary and healthcare sectors. As outlined in the Methodology section, we excluded such contexts from our study, as belonging to *institutional accreditation*.

The term *quality assurance* is also commonly used in association with the term 'accreditation', but for the purposes of this study, was only included in our search if it was overseen by an external regulating authority (in the context of professional education).

We also distinguished between programme-level accreditation and practitioner-level *credentialing, licencing or certification*, and did not investigate the latter in this study.

BODY OF LITERATURE

The literature on programmatic accreditation across all professional programmes is voluminous, and there is evidence that this body of literature has been significantly increasing over the past 10 years (Tackett, Zhang, Nassery, Caufield-Noll, & van Zanten, 2019). However, from an initial identification of approximately 2000 citations from our search (including grey literature), only 320 were sufficiently relevant to the RCVS research questions to warrant full-text review. The criteria for eligibility during this full-text review were substance (or relevance to the research question) and level of evidence, in accordance with systematic review methodology. Many papers that appeared highly relevant based on title or abstract were subsequently excluded because they offered only anecdotal viewpoints about the accreditation process, or uncritical descriptions of that process. These viewpoints, while presenting interesting insights and experiences of accreditation, were not empirical, and are therefore unsuitable to inform the evidence base for accreditation. Other papers, while adopting empirical methods, applied these to the issue of accreditation as a whole, its desirability, impacts or challenges, but in an undifferentiated way that was not related to specific models or methods. Such papers appeared to originate from fields outside of the health professions, where the desirability of accreditation was either a matter of ongoing debate, or implemented on a voluntary basis. Even then, the vast majority of papers were non-empirical.

We discussed throughout the review process whether the focus of the review was too restrictive, or our appraisal of quality was too demanding. However, we soon realised that the lack of evidence emerges as a common theme itself in the body of literature. Volkwein and colleagues (Volkwein, Lattuca, Harper, & Domingo, 2007) express this dilemma well, noting that:

> *Surprisingly, despite the centrality of the process in higher education, there is little systematic research on the influence of accreditation on programs or learning. Anecdotal accounts of institutional and program responses to new accreditation standards are abundant… but there are only a handful of studies that examine the impact of accreditation across institutions or programs* (p. 253).

Even more surprisingly, the situation in 2020 appears not to have greatly changed, despite an obvious proliferation of publications. Even in the most recent studies we found, including a

systematic review of the evidence base for accreditation in undergraduate medical education internationally, similar conclusions about the paucity of empirical research in accreditation are drawn:

> *Limited evidence exists to support current UME (undergraduate medical education) accreditation practices or guide accreditation system creation or enhancement* (Tackett et al., 2019, p. 1995).

and

> *As more UME programs worldwide seek accreditation, there is increasing interest in providing evidence of the effectiveness of accreditation at influencing UME quality. The challenge is to establish this evidence* (Blouin, 2020, p. 5).

Therefore, we have drawn on both the empirical and non-empirical literature in this report, in order to provide as complete a picture of current understanding of accreditation models as possible; the empirical and conceptual literature for formal 'data extraction', and the non-empirical (including secondary sources or grey literature) to frame the evidence and identify key issues. The former is strictly the province of the systematic review, and commonly results in relatively few eligible studies depending on the strictness of the criteria. Non-empirical literature such as descriptions of accreditation practices, commentaries, discussion papers or commissioned reports, may not qualify as evidence but can provide important insights into trends in accreditation practice and the issues of interest, concern and debate for stakeholders. Overall, the accreditation literature we drew on is quite heterogeneous, both methodologically and in terms of a wide range of professional fields. In our view, this warranted a critical and thematic analysis of the main issues identified through our search and review of the academic and grey literature on accreditation models.

FINDINGS FROM THE ACCREDITATION LITERATURE

MODELS OF ACCREDITATION

Different 'models' or 'methods' of accreditation describe different approaches, or 'systems', using methods which may also be common across other evaluative processes such as QA, auditing, licencing or even course assessment.

The available methods for implementing accreditation are relatively limited. Regardless of model, the literature tends to focus on the following components for accreditation (Fishbain, Danon, & Nissanholz-Gannot, 2019; Nelson, Belar, Grus & Zlotlow, 2008):

1. Standards or criteria for programmes to meet

2. Self-evaluation by the programme (or 'self-study')

3. Site visit by external reviewers (consisting of a mix of regulator representatives and academic and/or professional peers)

4. Additional information collected for review by the accrediting body, including programme curricular documents, stakeholder surveys and outcomes data

These approaches and the resultant data result in an accreditation report which provides an overall evaluation of the programme by an external body. Increasingly, accreditation findings may be presented as 'formative' and improvement-focussed, but most accreditation decisions carry 'summative' weight; that is, the result of an accreditation process is formal approval (or otherwise, including conditional approval) of the programme's authority to provide the relevant professional qualification.

The way these methods are combined and implemented determines the 'system' or 'model' of accreditation, although importantly, each model has an underlying philosophy or rationale which determines which data is necessary, and how it should be collected. While the focus of our review is at this system level, much of the empirical evidence is centred on the individual methods.

The accreditation literature distinguishes between five or six approaches, models or systems of accreditation, depending on how the various approaches are grouped:

1. Input-based and process-based

2. Outcomes-based

3. Improvement-focussed

4. Risk-based

5. Shared

6. Thematic

For each model we identified key issues from the broader literature, then summarised the available empirical evidence.

1. TRADITIONAL ACCREDITATION MODEL (INPUT AND PROCESS BASED MODELS)

Much of the literature discusses accreditation without specific reference to the underlying model. However, in most cases, it is clear that the implied or 'default' model is one based on the inputs

and/or processes that characterise a curriculum. We will consider each model separately here to allow finer discussion, but the distinction is not always apparent in the literature.

Input-based model

A key feature of the 'traditional' model of accreditation is based on an evaluation of the 'inputs' of a programme: the course structures, curriculum, faculty, resources and facilities available to students. These expectations are codified in the accrediting bodies' standards for accreditation. Examples of input-focussed standards include:

- The curriculum includes the scientific foundations of medicine to equip graduates for evidence-based practice and the scholarly development of medical knowledge (Australian Medical Council, 3.2.1).

- The medical school through its curriculum addresses demands due to changing demographic and cultural contexts and the health needs of society (Health Professions Council of South Africa, in Bezuindenbout, 2007).

- The School must ensure students have access to a broad range of diagnostic and therapeutic facilities, including but not limited to: pharmacy, diagnostic imaging, anaesthesia, clinical pathology, primary care settings, intensive/critical care, surgeries and treatment facilities, ambulatory services and necropsy facilities (Royal College of Veterinary Surgeons, 3.9).

A widely-acknowledged advantage of the input-based model includes the explicit articulation of the accrediting body's expectations, the promotion of common elements in professional education across programmes, and a relatively direct process of evaluation of whether those standards are met. Nelson et al (2008) describes the input-based model as involving:

> *… accreditation standards [which are] primarily targeted to such aspects of quality as the scholarly achievements of faculty; the qualifications of students; the institution's or program's library, laboratory, or other physical facilities; and a documented curriculum related to the institution's or program's mission and goals* (p. 32)

Such input-focussed standards are then assessed through a combination of the methods noted above, conventionally the self-study, site visit and the accreditation report. Programmes are judged according to how well they reflect the necessary 'ingredients' which the accreditor has determined as necessary to the quality of education for a particular profession. As one accrediting body has described it: '*The input-based approach is grounded in a philosophy that the presence of appropriate structures, processes, facilities, curriculum, staff and other resources is sufficient to assure compliance, and that compliance is the purpose of the accreditation process*' *(APC, 2017, p.5).* A clear picture emerges from the literature of a pattern whereby the standards of accrediting agencies begin as input-focussed documents. This is understandable, in that delineation of curriculum content and structures is associated with greater control and influence of professional training (White, Paslawski, & Kearney, 2013).

However, the disadvantages of an input-based approach are now also widely recognised by both accrediting bodies and programmes. These disadvantages include inadvertently promoting a minimalist approach to education; perceived encroachment on the expertise of academics and tertiary institutions; and a risk of creating excessive uniformity in course design and stifling curricular innovation (Harvey, 2004). Ultimately, input-based models tend to give little attention to whether the course produces a competent graduate, assuming that the implementation of appropriate course design and institutional infrastructure will necessarily succeed in this

endeavour. Frank, Kurth, & Mironowicz (2002) provide one of the few occasions where this view of programme quality is explicitly stated: 'input-driven measures assume that good facilities and well-qualified personnel guarantee good service' (p. 78).

Clearly, if an accreditation system prioritises inputs and processes, then this is what the programme is likely to focus on, with ramifications for other necessary quality considerations. But some evidence suggests that it may also reflect on the quality of the wider accreditation process itself. One report on professional accreditation practices noted, as examples of poor practice, that many accrediting bodies that took a rigid approach to course inputs rather than outcomes (including the content of feeder undergraduate programs) were marked by other poor practices, such as 'poorly defined standards, short timelines for reporting, administrative complexity, changing expectations, poorly prepared teams, lack of consistency and lack of an appeals process' (Phillips KPA 2017, p. 78).

Process-based

Often described in tandem with an input-based approach, a process-based model differs by shifting the emphasis from content and structure to a programme's processes of teaching, assessment and governance. Curriculum design is allowed more scope and autonomy, as long as the programme can demonstrate appropriate education processes, as specified in the Standards. A key element of this approach is a focus on internal QA processes, even though these are usually governed by the institutional authority. The assumption (or philosophy) is that if the proper educational and governance processes are in place, course inputs (or even outputs for that matter) can be left largely to internal programme QA.

Examples of processes that tend to be specified in the Standard and may therefore come under scrutiny include: how the curriculum is designed and implemented; assessment methods and review processes; and formal programme evaluations including soliciting student views of the course:

- Assessments of student learning are fair, valid and reliable (Health Professions Council of South Africa, in Bezuindenbout, 2007)

- The medical education provider employs a range of learning and teaching methods to meet the outcomes of the medical program. (Australian Medical Council, 4.1)

- The learning outcomes for the programme must be explicitly articulated to form a cohesive framework. (Royal College of Veterinary Surgeons, 9.2)

- Organisations must make sure there are enough staff members who are suitably qualified, so that learners have appropriate clinical supervision, working patterns and workload, for patients to receive care that is safe and of a good standard, while creating the required learning opportunities. (General Medical Council, R1.7)

An important advantage of a process-focussed approach, in addition to related advantages of the input focus, is that it enables an accrediting body to set expectations and requirements for internal quality control, while allowing (theoretically at least) a certain amount of flexibility in the way programmes design and implement their course. This allows for some diversity between programmes, while holding them to similar expectations of quality. For example, Nasca, Philibert, Brigham, & Flynn (2012) note how in the US postgraduate medical education context of variability in the quality of resident education, the ACGME 'emphasized programme structure, increased the amount and quality of formal teaching, fostered a balance between service and education,

promoted resident evaluation and feedback, and required financial and benefit support for trainees' (p. 1051).

Again, however, the process-based accreditation model has been largely associated with curricular inflexibility, despite the theoretical scope for content and implementation diversity within a process focus. An additional burden has been financial and resource-based (Nasca et al., 2012). Another concern is that a process-based model may lead to uncertainty about the actual practices that would be seen as legitimately reflecting appropriate process, thereby increasing the stress and summative focus of the accreditation process.

Current evidence about input and process-based approaches

Input and process-based accreditation models have been the 'default' approach to accreditation across countries, professional contexts and over time, thus empirical evidence for their impact is not readily found under their respective names. Rather, evidence relating to their impact tends to focus on stakeholder perspectives of different components of these models, particularly the self-study, the site visit and resulting accreditation reports. For example, allied health deans and programme directors supported an inputs-based accreditation model as an effective approach to assure and improve the quality of their programs (Baker, Morrone, & Gable, 2004). However, there was a significant focus from both deans and programme directors in preparing for the site visit, rather than orienting towards an ongoing evaluation of the education programme (Baker et al., 2004). In other respects, the perspectives of personnel involved in accreditation may differ. The deans in Baker et al.'s (2004) study demonstrated greater concern about pragmatic issues associated with accreditation such as its cost and the duplication of effort and coordination. In contrast, programme directors were more focused on the purpose, process and effectiveness of accreditation.

The composition of site visit teams can vary substantially between accreditation systems. In postgraduate medical education, these can include paid teams of specialists, trainees or members of the public or unpaid volunteer physicians (Fishbain et al., 2019). In some cases, the site visit is perceived as highly subjective, with a lack of guidance or training for both reviewers and programme staff to enhance the consistency of judgements (Bezuidenhout, 2007). Such uncertainty can led to significant stress during the site visit and reporting process (Davis, 2018).

Accreditation standards which focus heavily on programme inputs (such as leadership and governance, programme content and design) may lead to a de-emphasis on teaching, learning and assessment (de Paor, 2016). The pharmacy education programmes in de Paor's (2016) study were subject to the competing demands of institutional and professional quality assurance; for many programmes, this was seen as a needless and frustrating duplication of effort. This duplication of accreditation requirements was also a major finding of a recent commissioned report on professional accreditation (Phillips KPA, 2017). One recent empirical study (Bowker, 2017) shows how deliberately aligning such dual systems can considerably reduce the workload for faculty, associated costs, and improve the efficiency of the process. Facilitators for such alignment included early discussions with representatives of both institutional and professional accreditation representatives, nominating a liaison person, sharing documents openly, and tailoring the composition of the review panel to meets the needs of both groups. Other recent forums on accreditation have also explicitly acknowledged the problem of duplication of requirements as a major and avoidable burden on programmes and institutions, and documented the accrediting bodies' intention to work collaboratively to 'streamline' accreditation processes (AHMAC, 2017; TEQSA, 2019).

Considered together as a traditional approach to accreditation, input and process-focussed approaches have generally come to be seen (as represented largely through the commentary literature in academic journals) as overly restrictive, burdensome and outdated. This view is summarised well in a recent report on professional accreditation (where once more the generic 'accreditation' represents the inputs/process focussed model):

> *The strongest critics have argued that accreditation seeks to achieve quality through conformance and shifts control over content and delivery methods away from academics to administrators and external evaluators who focus on consistency in student experiences and the achievement of standard outcomes... There have even been questions raised about whether the traditional model of professional accreditation is sustainable in the increasingly complex and competitive higher education environment* (Phillips KPA, 2017, p. 29).

Such views have led to an increased emphasis on and acceptance of outcomes-based approaches to accreditation.

2. OUTCOMES-BASED

A significantly different approach to programme evaluation and accreditation shifts focus to the specific outcomes (i.e. knowledge, skills, and competencies) expected of graduates from a professional education programme, rather than the course inputs or processes. An outcomes-based accreditation approach particularly aligns with recent shifts to outcomes-based or competency-based education approaches in medical and health professional education over the past two decades (see Frank, Snell, Ten Cate, 2010). Yet, the corresponding implementation of an outcomes-focussed accreditation system often lags behind considerably (Fishbain et al., 2019). Essentially, an outcomes-focussed approach shifts the emphasis on accreditation to what students learn and how competent they are on graduation, as an indicator of the quality of the programme; this approach is less concerned with 'standardising' the student experience (APC, 2017). Accompanying this change of emphasis is also the expectation of improvement in programme quality; as one commentator notes, the expectation is that an outcomes-based approach to accreditation offers programmes the 'opportunity to transform the accreditation process into one that encourages excellence in outcomes, thereby stimulating innovation, and that fosters collaboration across programs' (Nasca, Weiss, Bagian, & Brigham, 2012). As Volkwein et al. (2007) noted for the Engineering context,

> *Acknowledging the growing consensus that student learning outcomes are the ultimate test of the quality of academic programs, accreditors have also refocused their criteria, reducing the emphasis on quantitative measures of inputs and resources and requiring judgments of educational effectiveness from measurable outcomes* (p. 252).

Key examples of an outcomes-based approach to accreditation can be seen in the standards developed by the ACGME (The Outcomes Project), the CanMEDS framework of the RCPS Canada, and the GMC's Good Medical Practice guide (Fishbain et al., 2019). It is also observable in the requirement that in order to be accredited by RCVS, 'a veterinary degree must ensure that students meet the RCVS Day One Competences by the time they graduate (RCVS Standards 2017). For many accrediting bodies and other stakeholders, the ACGME 'Next Accreditation System' for postgraduate medical education with its basis on Reporting Milestones for each of the six competencies, represented an exemplary model of outcomes-based assessment (Fishbain et al., 2019; Nasca et al., 2012). The outcomes-based approach is well-represented in the veterinary

education literature, with several papers appearing in the *Journal of Veterinary Medical Education* in the 2000s, outlining the nature of the approach, its major benefits, and key identifying challenges (e.g. Barzansky, 2004; Black, Turnwald, & Meldrum, 2002; Edmondson, 2004; Kochevar, 2004). Chief among the benefits were suggested: the availability of objective data to complement other more subjective elements of the programme self-evaluation; a curriculum focus on practical applicable skills on graduation; and the generation and ongoing monitoring outcome data for programs to review their strengths and weaknesses, and document improvements. Challenges included the difficulty of measuring certain desired outcomes, the risk that available or easily-produced measures would dominate the assessment of outcomes, and, unsurprisingly, concern over anticipated increased demands on faculty time; although the latter may have been more associated with initial training and processes of moving to new outcome-focused curricula in general (Kochevar, 2004). In theory, an outcomes-based approach should lead to reduced costs for programmes, although this conclusion seems to depend on the prior implementation of an outcomes-focussed curriculum beforehand (in an undergraduate context; Muhtadi, 2013).

More significantly, an outcomes-based approach generally reflects a less prescriptive approach to accreditation. It allows programme providers more flexibility and scope to develop and deliver their curriculum, with the regulatory focus shifting to the programme product, their graduate capabilities, along with broader programme level indicators such as attrition, student satisfaction and graduate employment. A good example of data relating to broader outcomes is the ACEN system, which encourages programmes to measure both graduate outcomes and programme-level outcomes such as licensure exam pass rates, programme completion rate and graduate job success (Nunn-Ellison, Ard, Beasley, & Farmer, 2018). For the LCME accreditation context, one commentator has described the use of assessments and evaluations to measure educational, clinical career and environmental programme outcomes (Blumberg, 2003). However, others question the premise of using such outcomes as indicators of the quality of a programme:

> *The linkage between medical schools' processes and the desired outcome of accreditation, a quality education for medical students, is difficult to assess when quality medical education is evaluated primarily by students' performance in national exams. Students may perform well in examinations independent of the quality of their programmes* (Blouin, Tekian, Kamim, & Harris, 2018, p. 189).

This scepticism is likely as much about the limitation of using an exit written exam as it is about the nature of the outcomes-based model. The challenge of identifying appropriate assessment tools or evaluation measures that can reliably and validly provide evidence for outcome-based standards is a common theme in the accreditation literature. Professions that employ a national exit exam (such as NAVLE in the veterinary education field) have a clear metric with which to measure and benchmark programme graduates; but such assessments are limited to assessing professional knowledge, only one competency among many expected of professional graduates. Other assessments would need to be fit-for-purpose for the assessment of clinical skills and competencies, both through direct observation and judgment and indirectly, through survey instruments which collect other perspectives of those skills (e.g. self, peer, supervisor), or practice-based indicators of competence.

The secondary literature clearly reports that an outcomes-based accreditation model presents significant challenges, including which outcomes need to be assessed; uncertainty in terms of what counts as evidence in outcomes-based assessment (e.g. direct versus indirect assessments); variability in the types of data that may be collected by programmes to address particular outcomes; and the risk (once again) of overly standardising expected outcomes and/or ways of measuring these in the interests (and push from stakeholders) of comparability (Blouin &

Tekian, 2018; Nelson et al, 2008; Phillips KPA, 2017). Even the generally highly regarded ACGME Milestones approach has faced criticism, with several commentators voicing strong concerns about 'whether rating the residents on the six competencies using a nine-point Likert-type scale truly generates an accurate reflection of their performance and abilities' (Lowry, Vansaghi, Rigler, & Stites 2013, p. 1666). Another commentator noted a 'perverse incentive' for programme directors to rate residents as competent using such evaluation scales, along with their 'substantial burden' (Witteles & Verghese, 2016). Indeed, a systematic review of this topic for the ACGME general competencies project 10 years ago found limited evidence of reliable or valid assessment for any competency (e.g. interpersonal and communication skills, professionalism, patient care) besides 'medical knowledge' (Lurie, Mooney, & Lyness, 2009).

Nevertheless, this issue of the assessment of competencies remains an area of strong interest and focus across the professions (e.g. Blumberg, 2003; Nunn-Ellison et al, 2018; Yamayee & Albright, 2008). The dilemma of the outcomes-based approach seems well summed up by one commentator representing an accrediting body: 'While there is agreement that outcomes must be measured, the measures themselves are up for debate' (Knopf, 2015, p. 36).

Current evidence about outcomes-based approaches

The greatest body of evidence in the accreditation literature has an outcomes-based focus (or a focus on programme outcomes in the context of other accreditation models). Two studies assessed whether a single outcome (performance on the United States Medical Licensing Examination [USMLE]) varied for graduates of accredited and unaccredited medical programmes (van Zanten & Boulet, 2013; van Zanten, McKinley, Durante Montiel, & Pijano, 2012). International medical graduates in the US had higher first attempt pass rates for the USMLE clinical examination if they had attended an accredited medical school (van Zanten & Boulet, 2013). Medical graduates from Mexico and the Philippines also recorded higher first attempt pass rates if they had trained at an accredited medical school (van Zanten et al., 2012). These data suggest a positive effect of accreditation on outcomes more generally; however, they are limited by the lack of information about the profile of trainees from these medical programmes or whether accredited programmes had a greater emphasis on training candidates to perform well on the USMLE.

Four studies focused on the process of implementing an outcomes-based accreditation system (two in postgraduate medical education, one for an engineering programme, and one in teacher education). Feist, Campbell, LaBare & Gilbert (2017) explored the impact on residency programme coordinators in Child Neurology of the implementation of an outcomes-based accreditation process. A number of challenging factors were identified as part of the implementation including a lack of faculty knowledge about the changes and difficulties in gaining their involvement to meet the requirements of the new accreditation system. Programme coordinators reported having other roles in addition to coordinating accreditation requirements. They also often reported being uncomfortable with their role and not understanding the requirements of the self-study or site visit. Other factors that challenged the implementation of the outcomes-based accreditation included high turnover, unpaid overtime, inconsistent job titles, limited career paths, inadequate training, and non-academic supervision. In contrast, a successful implementation of the new accreditation system was supported by coordinators with more experience in Graduate Medical Education and supervision by an academic or educational supervisor within the Graduate Medical Education context.

Swing's (2007) case study reported on the implementation of the Outcome Project by the Accreditation Council for Graduate Medical Education (ACGME). The focus of training shifted

towards programmes gathering evidence to describe the degree to which graduates met specific competencies. The study suggested that there were substantial changes implemented in programmes to focus on teaching and assessment graduate competencies. Some programmes reported an increase in interprofessional engagement and more engagement from residents in quality improvement projects. At the same time, as noted above, programmes were challenged by the need to develop measures that appropriately assess outcomes, and, has been noted previously (see for instance Davis & Ringstead, 2006) the accreditation system was slower to develop an outcomes-based approach than the programme itself. Outcomes-based accreditation is challenged significantly by the need to develop data collection and monitoring systems to assess graduate outcomes in a competency-based education system (Swing, 2007).

Meanwhile, Volkwein et al. (2007) found no difference in the outcomes of engineering graduates from programmes that adopted outcomes-based accreditation early, on time, or after a delay. The authors suggested that by delaying the implementation of the outcomes-based accreditation process, that underperforming programmes may have had sufficient time to implement curricular change to meet the new accreditation requirements. There were generally positive responses to the new accreditation system. Graduates of programmes undertaking outcomes-based accreditation experienced more opportunities for collaboration, active learning and feedback, and more interactions with their teachers. Students who graduated from an outcomes-based programme reported higher self-reported skills than those who graduated prior to the implementation of outcomes-based accreditation (Volkwein et al., 2007). Programme chairs and faculty members also reported many changes in their programmes in response to new outcomes-based accreditation criteria. These included a greater focus on group work designed to promote skills and knowledge, greater engagement in further developing expertise in teaching and assessment, and a focus on implementing assessments to measure programme outcomes and inform continuous quality improvement. Bell and Youngs (2011) also determined that teacher education programmes made many changes in response to outcomes-based accreditation requirements. These changes included reviewing their conceptual framework, and developing and implementing new assessment methods and data collection systems to focus on student progress and outcomes. Some programmes were very challenged by these requirements, describing these activities as time-consuming and needing significant discussion and facilitation. The response to the new accreditation was also highly contextual: larger institutions could better absorb the financial burden of accreditation and had many staff that were not involved in accreditation activities, whereas in smaller institutions all staff generally took on the additional accreditation workload.

Other studies included in this review are more peripherally focused on outcomes-based accreditation. For instance, Eiff et al. (2014) suggested that programmes that are in the process of major curriculum change may experience greater difficulties in the accreditation process during a redesign. However, the authors found that residency programmes in Family Medicine undertaking a training innovation were not more likely to receive accreditation citations or to experience a shorter accreditation cycle length from an outcomes-based accreditation process. Chandran, Fleit, & Shroyer (2013) found that a successful site visit at one US medical school as part of an outcomes-based accreditation was supported by choosing an experienced team with leadership experience, allowing enough time to plan for the visit, communicating clearly about the visit to stakeholders, establishing deadlines for deliverables, and undertaking practice for the visit. Planning for a successful site visit was also resource-intensive, requiring staff time, infrastructure and project management. Often problems were identified during the planning process and could be immediately addressed, thus reducing difficulties during the accreditation process.

3. IMPROVEMENT-FOCUSSED (CQI OR 'QUALITY ENHANCEMENT')

An improvement-focussed approach (commonly referred to as 'continuous quality improvement', or CQI, in the North American context, and 'enhancement' in the British) explicitly declares that improving the quality of the educational programme (striving for excellence) is the ultimate purpose of accreditation, rather than compliance with standards (a minimalist approach). Accordingly, all accreditation components are designed, implemented and reported from the perspective of improving the programme, rather than 'policing' it. At first sight, this improvement-focussed approach simply re-balances the dual purpose of accreditation which most commentators recognise, namely accountability vs improvement (Harvey, 2004; Nelson et al., 2008). It could therefore be argued that CQI does not really represent a different model of accreditation, but just a different emphasis, which sits 'above' the actual methods (Carroll, Thomas & DeWolff, 2006).

In contrast, two key proponents of this model argue that the CQI approach actually represents the ultimate purpose of accreditation:

> The real power of accreditation could lie in its ability to foster a culture of quality improvement, where all components of learners' educational experiences, beyond just curricular content and including services provided to them, are assessed (Blouin & Tekian, 2018, p. 377).

The appeal of this approach for many commentators is that such a model may not actually require substantial change in terms of accreditation processes, but rather the way the processes are communicated, supported, and for some, judged (Stratton, 2019). For example, Nelson et al. (2008) argue that the self-study component in this model could be seen as 'continuous' and 'widely engaging', rather than the episodic ('every 7 to 10 years') and limited model used for Psychology (at the time). They suggest that a reflective and ongoing self-evaluation component should become a 'natural extension' of the education, and presumably accreditation, process.

Others however see the shift of focus as implying more substantial changes. The most significant change is the necessary cultural shift, which distinguishes the approach from internal approaches to curriculum monitoring or institutional QA:

> Although often used interchangeably, key differences exist between quality assurance (QA) and CQI: The former is a focused, management-driven method to reactively identify problems and gauge performance relative to an established benchmark… CQI, in contrast, is a proactive methodology which, while using sophisticated statistical methods and technological platforms, entails (ideally) a corresponding culture change. Ongoing improvement, rather than attainment of a static benchmark, is the guiding impetus of CQI (Stratton, 2019, p. 759).

The implications of this cultural change can be seen as an expectation for programmes to be 'in constant conformity with accreditation standards', rather than 'resorting to episodic episodes of compliance' (Wilson 2007), or regarding accreditation as an 'exam to be passed' (Alrebish, Jolly, & Molloy, 2017). This notion of a necessary cultural shift is fundamental to successful implementation of a CQI model of accreditation, as discussed below in relation to the evidence base.

Current evidence about a CQI approach

Research evidence for the efficacy of a CQI approach to accreditation is, at this stage, limited. Much of the research in this area had been conducted in a single context (Canadian undergraduate medical education programmes) by Blouin and colleagues, who have argued that the degree to which medical programs adopt a CQI approach might be used as an index of the effectiveness of accreditation and also as a measure of the quality of graduates (Blouin, 2020; Blouin & Tekian, 2018). Ongoing self-evaluation as part of CQI means that information related to the accreditation standards is gathered regularly and may inform accreditation requirements without leading to duplication (Barzansky et al., 2015). Yet, ongoing quality improvement activities can sometimes be regarded by programme staff as burdensome and a distraction from (rather than a contributor to) quality teaching (Blouin & Tekian, 2018). Moreover, ongoing quality improvement activities required for accreditation are not always recognised as quality improvement and may not always be undertaken (Blouin, 2019). There are important contextual features of organisations that may promote a culture focused on CQI. Barzansky et al. (2015) identify the importance of institutional leadership in supporting a CQI approach, but noted that this support is variable across organisations. These authors also note that a CQI approach is effective in medical schools that undertake regular review of their compliance with accreditation standards and act on these findings without waiting for a scheduled accreditation (Barzansky et al., 2015). Blouin and Tekian (2018) also argue for the importance of leadership support and an organisational structure that supports CQI, sufficient resourcing for CQI activities, and engaging programme staff to use data to improve their programs. Yet most medical schools in Blouin, Tekian, & Harris' (2019) study did not 'naturally' exhibit organisational characteristics that were necessary to support a CQI approach.

We did not encounter explicit discussions about a CQI approach to accreditation in the veterinary education literature, although the promotion of a programme improvement focus as part of other accreditation approaches was frequently mentioned and endorsed (e.g. Barzansky, 2004; Craven 2009; Kochevar, 2004).

4. RISK-BASED MODELS

Like the CQI model, the main point of distinction for risk-based approaches to accreditation is not the component methods, but rather the way they are applied. With a longer history of use in institutional accreditation, a risk-based approach draws on the concepts of regulatory risk and proportionality, distributing regulator attention and resources to programmes most in need of such activities. As described by one regulator: '*Areas of concern identified through scanning activities are analysed and evaluated against a range of 'likelihood' and 'impact' measures to produce a list of systemic risks prioritised for [intervention]*' (ASQA, Regulatory Risk Framework, 2016, p. 5). This approach avoids a mandatory accreditation cycle; instead, it utilises lower-burden approaches such as regular but brief reports and longer accreditation cycles, only escalating to more demanding and explicit QA when or if the programme, or areas within it, appear to be at risk of not meeting the standards. 'Scanning activities' usually translate into other QA data available through other means (i.e. not supplied by the programme), or smaller and more regular reports from the programme, in the context of a longer accreditation cycle and site visit.

Arguably the highest profile accrediting body which has adopted a risk-based approach is the GMC, who describe this approach in the following manner:

The GMC accepts and endorses the principle of risk-based regulation. [Other quality assurance activities]… provided a wealth of data and a useful, recent picture of the state of undergraduate medical education and foundation training. The GMC is using the outcomes of these programmes to set a baseline for risk assessment. Risk assessment against such a baseline allows us to direct regulatory resources where they can have the most impact (GMC, 2010, p. 12)

Many benefits are proposed for a risk-based approach to accreditation, with efficiency being a major one, for both accreditors and programmes. Proponents claim that this approach will allow accreditors to channel resources into programmes that may be underperforming, identifying and ideally supporting them in a timelier manner than fixed-cycle accreditation (Griffin et al., 2018; Colin Wright Associates, 2012). The approach also aligns with a general shift towards minimising the 'regularity burden', both financially and substantively (Lloyd-Bostock & Hutter, 2008). In other regulatory environments this approach is often referred to as 'right touch' regulation, as in the following example:

Right touch regulation is based on a proper evaluation of risk, is proportionate and outcome focussed; it creates a framework in which professionalism can flourish and organisations can be excellent (Professional Standards Authority, 2018).

Although the risk-based approach appears relatively new within the accreditation research literature (with very few empirically-based studies at this point), elements of the approach can be seen in the practise of other accrediting bodies, without being specifically identified as a risk-based approach. For example, in the ACGME context a similar approach is described in the outline of the outcomes-based NAS model:

The NAS moves the ACGME from an episodic "biopsy" model (in which compliance is assessed every 4 to 5 years for most programs) to annual data collection. Each review committee will perform an annual evaluation of trends in key performance measurements and will extend the period between scheduled accreditation visits to 10 years… Programs that demonstrate high-quality outcomes will be freed to innovate by relaxing detailed process standards that specify elements of residents' formal learning experiences (e.g., hours of lectures and bedside teaching), leaving them free to innovate in these areas while continuing to offer guidance to new programs and those that do not achieve good educational outcomes (Nasca et al., 2012, p. 1052).

In the Australian medical context, elements of a risk-based model are represented by a 'major change' clause:

The possible outcomes of a major change assessment are different from those following a re-accreditation of an established medical school. In the latter case, the maximum outcome is 10 years' accreditation, administered as an initial six year period with the potential for a four-year extension following the submission of a satisfactory comprehensive report in year five. In the case of a major change assessment, accreditation of the new or revised course may be granted for a period up to two years after the full course has been implemented, subject to any conditions being addressed within a specific period of time (Field, 2011, p. 2).

The risk-based model of accreditation is currently more commonly seen in higher education and healthcare contexts than in professional accreditation, although there are clear signs that programme-level accreditors are interested in the potential of this approach. For example, a recent forum in Australia between the national Tertiary Education Quality and Standards Agency and a

number of professional accreditation bodies actively explored this approach as a major theme (along with reducing duplication in accreditation) (TEQSA, 2018). Nevertheless, commentators have identified a number of important limitations and disadvantages, which are not easily mitigated. The main ones include: the reliance on and challenge of obtaining 'good data'; the challenge of accurately weighing or gauging risk, without oversimplification; and the often hidden element of risk assessments being value-laden, as captured by the term 'acceptable risk' (Lloyd-Bostok & Hutter, 2008). Other commentators also argue that it can be difficult for some programmes not to feel targeted by this approach, relative to other programmes. They may regard a full accreditation visit as 'punitive', with all the negative consequences which such a connotation would produce, such as undermining an improvement focus or more collaborative approaches to QA (Griffin et al., 2018). On the other hand, it could be argued that professional education settings (as opposed to healthcare) are likely to constitute a lower public risk (or at least a less proximal one), and that these issues around the nature of risk may be less problematic.

The availability and collection of dependable data is paramount for the risk-based approach. As one accrediting body has argued:

> *'Effective accreditation processes rely on collection of accurate data and information to bring objectivity and rigour to processes… A key trend in accreditation in Australia and internationally is the strengthening of collection and analysis of data on which accreditation related-decisions are based. This entails reviewing of accreditation data collections as accreditation standards are reviewed, negotiating access to relevant data held in other systems…, and advocating for or commissioning new data collections. (Australian Medical Council, in AHMAC, 2017, p.60).*

In some contexts, risk-based accreditation is supported by a 'shared evidence' approach to data collection, that is, relevant data about a programme is obtained from other stakeholder organisations, and/or collaborative site visits, in order to improve the available information for a risk assessment. As articulated by the GMC (2010), the purpose of shared evidence is primarily to identify areas of risk that need further investigation, 'triangulate' or verify the evidence provided by programmes, and identify trends or patterns which may lead to more targeted checks. While one of the purported benefits of shared evidence is to minimise the assessment burden on programmes, some have noted problems with this approach, in particular the possible use of 'stale' data or using data collected for a different purpose (Lloyd-Bostok & Hutter, 2008).

In sum, a risk-based approach offers the potential to allocate accreditation costs and resources to programmes (or parts of programmes) that require greater monitoring, as well as to 'streamline the reporting requirements associated with the annual monitoring and periodic comprehensive reviews' (AHMAC, 2017, p.62). What seems to define this particular model is not a unique methodological approach, but a variable combination of common methods guided by, or implemented within, a particular (risk-focussed) philosophy.

Current evidence about risk-based models

We found one review (Edwards, 2012) of the evidence for a risk-based approach to quality assurance (in the higher education context), based on analysis of available case studies and secondary sources (i.e. non-empirical literature), which concluded that, despite great enthusiasm for the approach, empirical evidence proving the benefits of risk management was 'quite scarce'. Further, the author noted that there was at best only 'scant' evidence for a relationship between a risk-based approach and enhancement of quality in education.

There are two empirical papers and one commentary that provide empirical level of evidence for risk-based approaches to accreditation. These papers focused on specific elements of the accreditation approach common to other accreditation models, but used in a risk-based framework which differentiated in the requirements for different programme providers. Crampton, Mehdizadeh, Page, Knight, & Griffin (2019) explored stakeholder perceptions of the GMC Quality Assurance Framework as part of a realist evaluation, and identified both intended and unintended consequences of the framework. The framework improved the transparency of reporting quality improvement outcomes, encouraged a partnership approach and an exchange of feedback between programmes and accrediting bodies, and improved role clarity in conducting interventions proportionate to risk. Stakeholders identified the GMC Standards as an effective means to promote programme change, although there was occasional confusion resulting from unclear or inapplicable standards. There was also a perception through risk-based visits that the accreditor prioritised QA above programme enhancement. The process of institutional self-assessment for accreditation purposes was seen as encouraging reflection and change to processes; however, the written assessment was also seen by some as too formal, onerous to prepare and unlikely to encourage open disclosure. The authors proposed a conceptual model for understanding how the GMC accreditation process may lead to positive or negative outcomes dependent on characteristics of the context. Positive outcomes were suggested to be more likely in contexts that adhered to the framework and exhibited openness, trust, effective communication (internally and with the regulator) and where a QA approach was prioritised. In contrast, negative outcomes were more likely when there was institutional or faculty resistance to external accreditation and where communication and stakeholder relationships were poor, where there were unclear boundaries and responsibilities, and where there was a lack of feedback on QA.

Risk-based approaches to accreditation also appear to significantly reduce the burden of reporting for accreditation purposes. For instance, in the US postgraduate medicine context, Philibert, Lieh-Lai, Miller, Brigham, & Nasca (2013) describe the implementation of a new system for reporting annually on scholarly activity for residents implemented in the context of a risk-based accreditation system. Reporting was streamlined and simplified and the overall burden of data collection was reduced. Moreover, the system allowed for timelier follow-up for programs that were experiencing difficulties, whereas high-performing programs had less oversight and more time between accreditation visits. In a separate pilot version of the risk-based approach (Sweet et al., 2014), many participants in the Education Innovations Project (a 10-year pilot of a risk-based approach to accreditation of postgraduate medical programs in the Unites States) perceived the annual reporting required as part of the project as challenging; however, this perception was largely confined to the initial years of the pilot. Overall, programme directors in the pilot believed that there were significant benefits to the new model, especially the requirement to collaborate and share ideas with other programme directors for the purposes of accreditation, and the encouragement to foster culture change within their programs. There were, however, increases in costs reported through participating in the pilot, which included additional staff time and/or the need to hire new staff, including a dedicated coordinator and QI specialists, additional travel expenses (especially in relation to the collaboration component), and information technology support expenses.

We did not encounter any papers which reported on the use of an explicit risk-based approach to accreditation in the veterinary education context, although, as we discuss below under 'Hybrid approaches', elements of a risk-based approach may well be embedded in the implementation of other approaches to accreditation.

5. THEMATIC QA

Another emerging approach to accreditation, closely associated with a risk-based approach, is termed 'thematic QA'. This involves a targeted review on a particular area of professional education programmes, across programmes. The resultant process has been described as 'bespoke and proportionate to the themes or risks identified' (Griffin et al., 2018, p. 58).

This approach is used by the GMC (in conjunction with risk-based QA) to consider specific aspects of medical education across undergraduate and postgraduate education, resulting in wide-ranging judgements on the quality of delivery of that aspect. The results, and examples of best practice, are then shared with programmes with a view to quality improvement across the sector. Themes are often determined by issues raised by stakeholders or identified through data collected through accreditation of particular programmes, including the outcomes of visit reports, surveys, and targeted analysis of programme reports (GMC 2010; Colin Wright Associates, 2012). The concept of 'conditional accreditation' may also align with thematic QA, since certain areas (themes) may be identified for further reporting even though the programme as a whole is accredited, pending further evaluation.

A thematic approach is also identifiable from the abovementioned review of Australian health professional accreditation systems (AHMAC, 2017). One submission to the review notes:

> *Monitoring outcomes and notifications data could be used to identify specific risks requiring more specific engagement with the provider and other key stakeholders. For example, clusters of notifications that relate to specific programs of study or providers could inform specific monitoring or themes in notifications that identify aspects of practice [which] could be highlighted to education providers (p.60).*

Here, the identified risks are used to identify areas which may need particular monitoring by the accreditation bodies across the professional education sector.

A key advantage of thematic QA would appear to be the opportunity to identify issues that may not be identified through sequential and individual programme reviews, especially when these are conducted by different site teams. It is reported that themed inspections are viewed favourably by education providers as they are not perceived as 'singling out' particular programmes, but are rather sector-wide and improvement focussed (Colin Wright Associates, 2012). It has also been suggested as a useful way of keeping 'high performing' programmes engaged in the accreditation process in a proportionate QA environment, in which they may be subjected to less direct observation.

Current evidence for thematic QA

We found no empirical literature that explicitly discussed the use of thematic approaches for professional accreditation. However, we did identify several papers which appeared to consider the potential of this approach without explicitly naming it as such, by exploring the potential impact of accreditation on particular curricular elements, such as clinical supervision (Romig, O'Sullivan Maillet, Chute, & McLaughlin, 2013; Hutchins 2016), interprofessionalism (National Academies of Sciences, Engineering and Medicine, 2016), evidence-based practice (McEvoy, Crilly, Young, Farrelly, & Lewis, 2016), and indigenous education/cultural safety (in the Australian/New Zealand context; Field, 2011). The most common theme we found was social accountability and the accreditation process, with several commentators arguing for explicit direction in accreditation standards to programmes on the necessity to include this topic in the curriculum (Abdalla, 2014; Australian Pharmacy Council, 2018; Boelen & Woollard, 2009; Cooper, Parkes, & Blewitt, 2014;

Lindgren, Karle, Stefan, & Hans, 2011). However, the studies we found stopped at this point – effectively an inputs-based approach to accreditation – without attempting explicitly to address the issues through a thematic QA approach.

6. HYBRID APPROACHES

Although we have considered each accreditation model separately, it is important to remember that the models actually overlap, and that many implementations of accreditation contain elements, or rationales, characteristic of different models. The risk-based approach, in particular, draws on methods of collecting data common to other approaches, as outlined in the following description:

> [R]isk-based visiting was reported to position the regulator as quality assurer rather than an organisation supporting quality enhancement and this could have further negative impact upon relationships. Enhancement-led approaches prompting organisational autonomy may negate the need for more labour-intensive activities. Therefore, collectively considering a hybrid model of cyclical plus risk-based visiting may help to build provider relationships and drive improvement while also ensuring minimum standards (Griffin et al., 2018, p. 43).

The practical consequence of this can be seen in the way that a programme's risk is evaluated. For example, the Australian Tertiary Education Quality and Standards Agency (TEQSA) utilises a risk-based approach to institutional accreditation, and determines such risk by focussing on four key areas: regulatory history and standing; student load, experience and outcomes; academic staff profile; and financial viability and sustainability (TEQSA, 2019), demonstrating a clear mix of input and outcomes approaches within an overall risk-based system. Similarly, as one commentator on the ACGME Next Accreditation System notes: 'the accreditation system after the Next Accreditation System is likely to continue to require compliance with certain structural and resource-based standards' (Nasca et al., 2014, p. 29).

Similarly, although we have identified from the literature the view that CQI constitutes an identifiable model of accreditation, it is clear that it can co-exist with any of the other models of accreditation, in terms of the articulation of its standards, or the frequency or focus of its site visits. This nuanced and hybrid approach to accreditation suggests a contextualised and responsive process, and can be seen in the practice of various accrediting bodies. For example, the AMC declares that:

> an outcome-based approach to health professional education compared to a process/content orientation is not an 'either or' proposition: a complete separation of process/structure and outcome in education program design would be artificial and may not provide for indepth integrated programme development nor be readily measurable by accreditors in their quality assurance processes (Phillips KPA, 2017, p. 62).

These examples are an important reminder of how the shift from an input-approach to more recent outcomes, QI and risk-based approaches is not strictly 'evolutionary', as described or implied by many commentators. Rather, it is often more circumstantial, and triggered as much by pedagogical developments and contextual changes as by the evidence base. As one stakeholder writes of their institution's move to a risk-based quality assurance process:

> (We) pursued this course of action for pragmatic reasons, based on sound quality principles, with a staged approach, informed by regular meetings with stakeholders, and

genuine attempts to respond to their feedback through an ongoing series of improvements (Towers, Alderman, Nielsen, & McLean, 2010, p. 122).

The example of social accreditation discussed above under thematic QA offers another example of how different models can co-exist in accreditation. An accrediting body may become aware that social accountability may be under-emphasised in a programme, conduct a (sector-wide) thematic analysis, identify good practice to share with all programmes, and consider embedding the social accountability requirement explicitly (and proactively) in its standards, as either course inputs or outcomes to demonstrate, or a combination of both.

In terms of empirical evidence, several of the studies included and extracted for this review incorporate a hybrid approach to accreditation, rather than a 'pure' single model approach. For instance, the residency programs in Philibert et al.'s (2013) study reported against scholarly outcomes on an annual basis in the context of a risk-based accreditation system. Meanwhile, Crampton et al. (2019) reported on the implementation of a risk-based accreditation system that required regular reporting against specific programme outcomes. Information gathered to demonstrate compliance with accreditation standards commonly incorporate a mix of inputs, processes and outcomes (van Zanten & Boulet, 2013). As we have seen, CQI accreditation approaches also require programmes to regularly gather information that may be oriented towards measuring the outcomes of the programme (Barzansky et al., 2015). Finally, one more example of such hybrid approaches comes from a recent report for the higher education sector (CHEA, 2018). This report identified ten emerging or potential approaches to QA, yet each one relies heavily on outcomes, both graduate and programme-based, as the prime basis for judgements about course quality. Such heterogeneity and overlap in accreditation practice adds to the challenge of extracting definitive evidence for a particular approach from the relatively small number of empirical studies of in the accreditation literature.

SUMMARY AND CONCLUSIONS

Our review of the literature of professional accreditation models has highlighted a clear shift in the focus of the literature from input- and process-based models (pre- and early 2000s), through outcomes-based models (dominating much of the literature of the 2000s and early 2010s), to more recent literature focussing on CQI and risk-based models (with emerging models such as 'hybrid' and 'thematic QA' reflected in recent grey literature). This narrative applies especially to the accreditation literature of the medical and health professions. The view that these approaches reflect an 'evolutionary' development i.e. as successive approaches or stages of accreditations in response to changes in education practice and/or programme evaluation theory, is not only implied by the pattern of references we identified, but also explicitly reported by several commentators, particularly Fishbain et al. (2019).

This is essentially a 'paradigm shift' (after Kuhn) view of accreditation practice; a model is proposed, accepted and adopted; issues arise which raise questions about the efficacy or validity of the model; alternative models are considered and gradually replace the previous model; and the process continues. This interpretation helps make sense of the changes we have noted in the accreditation literature; however, it may be misleading if it is taken to mean that previous models, and their associated methods, are no longer applicable or valid. As we have seen, especially in relation to CQI, risk-based accreditation, thematic QA and hybrid approaches, subsequent approaches still rely on the methods of previous approaches to convey expectations (standards), to promote programme responsibility and autonomy (self-study), to collect and/or verify data (site visits), or to determine the ultimate quality of a programme (through student outcomes) . It is the configuration, purpose and underlying philosophy that ultimately distinguishes one model from another. For this reason, we believe the different accreditation models are best viewed as changes of emphasis dependent on context, professional requirements, or specific issues in professional practice, rather than as easily distinguishable models or definitive 'advances' in practice.

Nevertheless, it is clear from our review that the studies we identified as empirical, and thus providing the strongest evidence base for accreditation practices, tend to be clustered within the last five or so years, published in high-ranking (usually medical education) professional journals, and are focussed on outcomes, CQI and/or risk-based approaches to accreditation. We refer specifically to the extracted papers by: Alrebish et al. (2017), Barzansky et al. (2015), Bell & Youngs (2011), Blouin as sole author (2019; 2020) and lead author (Blouin & Tekian, 2018; Blouin et al., 2018; Blouin et al., 2019), Crampton et al. (2019), Fishbain et al. (2019); Philibert et al. (2013); Sweet et al. (2014); Tackett et al. (2019); and Volkwein et al. (2007). Clearly the number of empirical studies of accreditation models is exceedingly small, and many commentators and researchers have expressed a similar sentiment.

One commentator (Edwards, 2012) has identified an inevitable lag between implementation and research in her review of evidence for a risk-based approach, noting that: 'it seems inconceivable that the literature is still to catch up more than fifteen years later' (p. 305). Our review of the accreditation literature also found minimal empirical evidence for accreditation models or practice. Accreditation has been a topic of great interest in academic journals, but the nature of the literature continues to be largely non-empirical, comprising commentaries, descriptions and/or anecdotal reports of programme experiences, despite the many appeals for further research on the topic. Certainly the wider accreditation literature does appear to need to 'catch up', as the bulk of the literature is focussed on the traditional inputs/process model and outcomes-based approaches,

which places it to some extent at odds with more recent accreditation practices, especially as reflected in the medical education field.

There are other challenges when drawing on the accreditation literature to guide choices around accreditation models. Much of the literature about the impact of models of accreditation is often contradictory. Apparently similar accreditation approaches can result in very different experiences of the process. Another challenge is the heterogeneity of the evidence base. The literature we reviewed reported accreditation models which presumably differed not only in their implementation, but also across programme, institution, profession, accreditation regime, country or continent. An important example we identified was accreditation that took place in the context of voluntary accreditation (e.g. Volkwein et al., 2007). Such contextual differences pose significant difficulties for drawing strong conclusions about apparent benefits or the impact of accreditation across different settings.

These findings suggest that a focus on *principles* of accreditation practice may provide more appropriate benchmarking and guidance to accrediting bodies than the empirical literature. Importantly, such an approach provides scope for some of the hybrid approaches identified in the literature, which guide and influence the selection and arrangement of accreditation activities and methods. An example can be seen in the GMC's Principles of Better Regulation, which identifies Proportionality, Accountability, Consistency, Transparency and Targeting as the five underlying principles of its risk-based accreditation model. Similar principles underlie the increasing popularity of the "right-touch" approach to accreditation, which is normally associated with a risk-based approach, but can be used to cover methods and principles generally associated with other non risk-based models. An example of the latter is the high level accreditation principles of the Australian Health Professions Accreditation Councils' Forum (as reported by Phillips KPA, p. 49), which contain elements of risk, CQI and outcomes-based approaches:

- We will use a "right-touch" approach to accreditation.

- We will develop accreditation standards that give priority to outcomes and results, and encourage improvement and innovation in education programs.

- Where possible, we will build common approaches to accreditation standards and processes, while maintaining our own profession-specific requirements.

- We consult our education providers on accreditation processes and procedures.

A principles-driven approach may supplement the practical and theoretical limitations of the empirical evidence base through critical analysis, reflective practice and transparency as important supports for the validity of accreditation processes. Importantly, this approach allows accrediting bodies to choose from a number of available models, or combination of models, to best suit the particular professional context, and/or help justify different approaches that might be warranted for different programmes. Several recent reports and forums on programmatic accreditation appear to document a growing sense of collaboration, flexibility and transparency among the major stakeholders (e.g. AHMAC, 2017, Colin Wright Associates, 2012; Griffin et al, 2018; Phillips KPA, 2017; TEQSA, 2018).

Overall, we find that the current evidence surrounding accreditation models offers small but significant support for an accreditation model that remains focussed on outcomes, incorporates a strong orientation towards programme improvement as part of the accreditation requirements, and adopts a principle of risk-based accreditation in recognition of the quality of established programmes, and the potential lower resource demands on programmes. However, it must be

noted that this conclusion is essentially based on the Anglophone literature, predominantly in medical and health professions contexts, which dominated papers classified as empirical.

In relation to the main themes required to be addressed as part of the study, we draw the following conclusions from the review of the accreditation literature:

1. We identified several broad models in the accreditation literature, generally recognised as representing different but relevant approaches to professional accreditation: input and process-based; outcomes-based; continuous quality improvement; risk-based, theme-based, and hybrid approaches.

2. Each model utilises similar methods, namely explicit standards, self-study, site visits, and data collected by other means. To a large extent, differences between models resulted from a different focus or emphasis in the design and/or implementation of the component methods. For example, a risk-based approach still uses the site visit, but in a non-cyclical or fixed pattern.

3. Each model is recognised in the literature as having certain advantages and disadvantages, whose impact appears to be strongly context and implementation-dependent. However, there is a clear shift towards greater endorsement of outcomes-based and risk-based approaches in more recent literature.

4. There is a tendency in the literature to see an 'evolutionary' process of development of these accreditation models i.e. as successive approaches or stages of accreditations in response to changes in education practice and/or programme evaluation theory. This is explicitly suggested by several commentators, particularly in the field of medical education accreditation. However, actual accreditation practice and models are more complex and nuanced than this might suggest.

5. The empirical evidence base for accreditation practice across all professional education programmes is very limited; the literature is dominated by commentaries, uncritical descriptions of accreditation process, and anecdotal approaches to reporting a programme's experience with accreditation. The small empirical base, despite frequent calls for further research, may further suggest that the implementation of accreditation is highly context-dependent, which lends itself more readily to descriptions and commentaries.

6. Reports of the impact of a particular accreditation model on a programme are often contradictory, which may be due to variations in implementation. The details to distinguish differing features of implementation are rarely provided in the empirical literature, contrasting with much of the non-empirical literature which is strongly focused on detail, but not empirical analysis.

7. The dominance of the field of medical education in the empirical literature may be due to the greater resources generally available for medical education than other professional education areas, supported by formal departments of medical education and related academic activities. It may also reflect the longer history of regulation and registration in medicine, and the high demand for global mobility of graduates.

8. Much of the literature from other professions (e.g. business, teaching, engineering) focuses on accreditation as a homogeneous concept without differentiating between models. This is partly because early implementation of accreditation within a professional sector tends to be input or process-based almost by default, and partly because the prominent concern is the decision about being accredited in an environment where

accreditation is optional. Hence, this literature focuses on the benefits of accreditation in general and as a whole, rather than on different models.

9. Recent literature increasingly endorses risk-based models of accreditation, particularly in association with a QI focus and institutional contexts, although the grey literature also documents a recent growing interest in the approach from professional accreditation bodies. Reception to risk-based models is generally positive from programme stakeholders, citing reduced burden of reporting and analysis. However, there is some contradictory evidence, and a realist evaluation of one application of this model noted that either positive or negative outcomes were possible under the model, depending on the implementation and context.

10. A related development alongside the adoption of CQI and risk-based models has been the release of explicit principles of accreditation, which not only justify the approach adopted, but also allow a certain flexibility of the actual implementation and methods of the accreditation process, consistent with those principles.

11. Taken as a whole, the literature reflects a situation in which accreditation models overlap and draw on common methods of data collection, although with an increasing emphasis on outcomes, quality improvement, and risk-based approaches or proportionate requirements. Nevertheless, even other recently emerging models of accreditation/QA in the institutional context (see CHEA, 2018) still rely heavily on outcomes as the prime basis for judgements about course quality, once again highlighting the hybrid nature of current accreditation practices.

APPENDIX 1: DATA EXTRACTED FROM INCLUDED STUDIES

Table 1: Main characteristics of each empirical study

	Population			Context		
Author (year)	Perspective	Country	Professional context	Accreditation model	Research method	Aim
Alrebish et al. (2017)	Multiple stakeholders (students, program staff, deans, vice deans)	Saudi Arabia	Undergraduate medical programs	Not specified (appears input-based)	Document analysis of self-study and site visit reports, stakeholder interviews and focus groups	To assess the impact of accreditation visits using document analysis, stakeholder perspectives and examination results as indicators of school performance.
Baker et al. (2004)	Allied health deans and program directors	United States	Undergraduate allied health	Input-based	Quantitative survey	To assess participant perspectives on accreditation related to purpose, effectiveness, process, and critique and reform.
Barzansky et al. (2015)	Accreditation processes (from improvement-focus perspective)	International	Undergraduate medical programs	Continuous Quality Improvement	Case studies	To identify factors that influence the implementation of a CQI process and approach to accreditation.
Bell & Youngs (2011)	University faculty and administrators	United States	Teacher preparation programs	Outcomes-based	Document analysis of accreditation reports and policy documents, stakeholder interviews	To investigate responses to accreditation policy in one US state through interviews with participants and document analysis.
Bezuidenhout 2007	Experts in medical education involved in accreditation processes	South Africa	Undergraduate medical program	Input-based	Stakeholder interviews and focus groups	Investigation of the perceived value of a measurement tool to guide accreditation panel judgements of medical

	Population			Context		
Author (year)	Perspective	Country	Professional context	Accreditation model	Research method	Aim
						education programmes
Blouin (2020) (Canadian medical schools)	Program leaders and teachers	Canada	Undergraduate medical programs	Continuous Quality Improvement	Questionnaire	Sought to identify markers for accreditation effectiveness through interviews with program staff from undergraduate medical programs.
Blouin (2019) (vision meets culture)	Program leaders and teaching faculty	Canada	Undergraduate medical programs	Continuous Quality Improvement	Questionnaire	A survey research study exploring respondents' views on quality improvement practices at their medical schools.
Blouin & Tekian (2018) (From Outcomes to CQI)	Accreditation models	Canada	Undergraduate medical programs	Continuous Quality Improvement	Conceptual	Argues for a model of accreditation which emphasises continuous quality improvement (CQI) culture. As such, indices of CQI orientation at accreditation could act as a marker of the quality of graduates.
Blouin et al. (2018) (impact of accreditation)	Program faculty	Canada	Undergraduate medical programs	Program processes influenced by accreditation	Interviews and focus group discussions	Explored the impact of accreditation through participants' perceptions of the impact on organisational processes.
Blouin et al. (2019) (promoting quality culture)	Program faculty	Canada	Undergraduate medical programs	Continuous Quality Improvement	Questionnaire (organisational culture instrument)	Investigated whether the culture of Canadian medical schools supported the implementation of CQI systems.
Bowker (2017)	Multiple stakeholders (program coordinators,	Canada	Occupation Therapy and Social Work	Not specified (appears input-based)	Case Study	Reports on two case studies of efforts by

	Population		Context			
Author (year)	Perspective	Country	Professional context	Accreditation model	Research method	Aim
	external reviewers, committee members)					educational programs in Canada to align institutional quality assurance processes with the requirements of external accreditation.
Chandran et al. (2013)	Program staff	United States	Undergraduate medical program	Outcomes-based	Case Study	Describes a process of planning for, undertaking and following up after an accreditation visit at one undergraduate US medical program.
Crampton et al. (2019)	Multiple stakeholders familiar with the GMC Quality Assurance Framework	UK	Medical Education – undergraduate and postgraduate	Outcomes- and risk-based	Interviews / Realist evaluation	Conducted interviews with stakeholders in medical school accreditation about the GMC Quality Assurance Framework, to identify which components of the framework work, for whom, under what conditions and how.
Davis (2018)	Accreditation process	United States	Nursing education	Input and outcomes-based	Conceptual	Argues that programmatic accreditation is a stressful process and employs Neumann's Systems Model to propose primary, secondary and tertiary interventions to buffer against the stress of accreditation.
Davis & Ringstead (2006)	Accreditation model	North America	Medical education	Outcomes-based	Review	Reviews the evidence for the links between accreditation and accreditation standards

Author (year)	Population		Context			
	Perspective	Country	Professional context	Accreditation model	Research method	Aim
						and program outcomes, including graduate performance and program quality in the context of medical education increasingly adopting outcomes-based educational approaches.
de Paor (2016)	Accreditation reports	Ireland	Undergraduate Pharmacy programs	Input-based	Case Study	Investigates whether external accreditation can complement institutional quality assurance activities through an analysis of professional accreditation reports for pharmacy programs to identify the priorities of the regulator for the quality assurance standard.
Eiff et al. (2014)	Accreditation decisions	United States	Residency training programs in Family Medicine	Outcomes-based	Document analysis (accreditation decisions)	To determine whether the length of accreditation cycles or the number of citations changed for programs undertaking an innovation in the training of family physicians.
Feist et al (2017)	Program coordinators	United States	Child Neurology residency programs	Outcomes-based	Survey	Explored the impact of implementation of the accreditation system on program coordinators and sought to identify success factors in implementation.
Fishbain et al. (2019)	Accreditation systems	International (Canada, Germany, Israel, United	Postgraduate medical education	Multiple (input, process and outcomes)	Case studies/Review	Cross-country comparison of accreditation systems

	Population			Context		
Author (year)	Perspective	Country	Professional context	Accreditation model	Research method	Aim
		Kingdom, United States)				of five countries, based on three information sources: literature review, accreditation documentation from accreditors (online), and direct approach for information from ABs
Fox Garrity & Finney (2007)	Accreditation standards	United States	Physician assistant and business management programs	Input/Process vs Outcomes-based	Document analysis (standards)	Explored whether the accreditation standards for specialised accreditation of a licensed profession (physician assistant) were more outcomes based than for a non-licensed profession (business management)
Frank et al. (2012)	Accreditation systems	UK, Poland and Germany	Urban, regional and spatial planning	Multiple (input, process and outcomes)	Conceptual and Case Study	Describes institutional and programmatic accreditation requirements in three countries for urban, regional and spatial planning programs.
Lurie et al (2009)	Assessment modalities in the context of ACGME competencies	US	Postgraduate medical programs	Outcomes-based	Systematic review	To evaluate published evidence that the ACGME's six general competencies can each be measured in a valid and reliable way
Ostwald, Williams & Fuller (2009)	Academics	Australia, New Zealand and Papua New Guinea	Architecture	Input and process-based	Survey/Interviews/Focus groups	Mixed methods study focused on gathering the perspectives of architecture academics on program accreditation

	Population			Context		
Author (year)	Perspective	Country	Professional context	Accreditation model	Research method	Aim
						and its impact on the curriculum.
Philibert et al. (2013)	Scholarly activity under different accreditation models	United States	Postgraduate medical programs	Hybrid (outcomes and risk-based)	Document analysis	Describes the process of moving towards annual reporting of scholarly activity for residents in a new accreditation system, rather than only reporting in preparation for accreditation site visits.
Sellars & Clouder (2011)	Clinical educators	UK	Physiotherapy	Not specified	Focus groups/Questionnaires at two intervals	Describes the perspectives of clinical educators of the impact of preparing for an accreditation process, which could be undertaken through a teaching program or through a portfolio experience.
Sweet et al (2014)	Program directors	United States	Postgraduate medical programs	Risk-based	Telephone interviews	Described the experiences of program directors who were participating in a 10-year pilot project to test a risk-based approach to accreditation of internal medicine training programs.
Swing (2007)	Accreditation model	USA	Postgraduate medical programs	Outcomes based	Conceptual	Analyses impact of implementation of the Outcome Project by the ACGME, which focuses on programs demonstrating graduate competencies and gathering outcomes

	Population		Context			
Author (year)	Perspective	Country	Professional context	Accreditation model	Research method	Aim
						data to report on the achievement of these competencies.
Tackett 2019	Accreditation literature	International	Undergraduate medical programs	Not specified or limited	Systematic review	To investigate and summarise the state of evidence for UME accreditation practices.
Van Zanten & Boulet (2013)	Accredited programmes outcomes	USA	Undergraduate and postgraduate medical programs	Unspecified (but investigated in relation to outcomes)	Quantitative analysis	Quantitative, comparative study of USMLE clinical skills pass rates for IMGs in the USA by medical school accreditation status
Van Zanten et al. (2012)	Accredited programmes outcome	Mexico and the Philippines	Undergraduate and postgraduate medical programs	Unspecified (but investigated in relation to outcomes)	Systematic review	Quantitative, comparative study of USMLE pass rates and medical school accreditation status
Volkwein et al. (2007)	Multiple stakeholders (students, graduates, faculty members and program chairs).	USA	Engineering programs	Outcomes-based	Quantitative analysis	Comparative study of pilot/early, on-time and deferred adoption of accreditation criteria using survey research methodology
White et al. (2013)	Multiple stakeholders (senior leadership, course directors, administrators)	Canada	Undergraduate medical programs	Input/Process-based	Interviews	Describes the process of implementing a major, rapid change in a medical curriculum in response to an adverse accreditation report.

Table 2: Data relating to impact on programmes and stakeholders

Author (year)	Focus of study	THEME: impact on programmes and stakeholders
Alrebish et al (2017)	Self-evaluation /Site visit / Report	Many faculty approached the self-study with a 'passing the exam' approach, rather than view it as part of ongoing quality improvement. Generic accreditation standards were felt to be considerably less relevant and useful than programme-specific standards. The ongoing improvement element of accreditation appeared to be downplayed by school leadership during training for the site visit.
Baker et al. (2004)	Self-evaluation / Site visit	Both allied health deans and program directors agreed that accreditation provided a system for assuring quality and a process for improving the quality of their programs. All supported the process of peer evaluation as a strength of specialised evaluation. However, Deans expressed greater concern on items related to the costs of accreditation, duplication of effort and coordination, whereas program directors were more concerned about the purpose, process and effectiveness of accreditation.
Barzansky et al. (2015)	Continuous Quality Improvement culture	Comprehensive information related to the accreditation standards can be gathered regularly and can inform both a formal accreditation response and continuous improvement of individual programs. As a result, there is no duplication of effort required to meet accreditation requirements.
Bell & Youngs (2011)	Outcomes-based processes	Many teachers responded to accreditation requirements by revising and re-aligning their programmes, including greater emphasis on assessment approaches and implementation of data collection systems, in order to better measure candidates' progress. Some programs created new assessments, while others adapted those that already existed to meet accreditation requirements. Some teachers described less meaningful or symbolic responses to accreditation, where accreditation requirements were complied with without substantial change to the program itself. Authors note the potentially highly contextual nature of these teachers' response to accreditation policy and practice.
Bezuidenhout 2007	Site visit (guidelines for panel)	Participants reported that the current process of the site visit was perceived to be highly subjective and inconsistent, due to the absence of any guiding criteria and training. This led to an element of fear and uncertainty when conducting the site visit or producing the report. The proposed guide was perceived to offer greater objectivity and structure and was expected to help ensure consistency and defensibility of panel judgements about the quality of a programme.
Blouin (2019) (vision meets culture)	Continuous Quality Improvement culture	Accreditation standards explicitly embed the requirement for Quality Improvement practices to monitor and improve medical programs in Canada. However, program staff do not always recognise such externally mandated processes as Quality Improvement activities. Quality Improvement activities independent of accreditation are largely not undertaken or are not recognised as Quality Improvement. Quality Improvement approaches were not well disseminated and were not identified as Quality Improvement activities. The greatest recognition of the implementation of Quality Improvement were in those medical programs that had organisational cultures that supported quality initiatives.
Blouin (2020) (Canadian medical schools)	Factors determining effectiveness of accreditation	Eight areas were identified as potential factors in determining the effectiveness of accreditation. Three are identified as directly affected by accreditation: These included program processes, program quality, and a culture of continuous quality improvement; five other areas are indirectly affected by accreditation (via better quality of medical education): research outcomes, stakeholder expectations, student and graduate performance, stakeholder satisfaction, and levels of engagement of

Author (year)	Focus of study	THEME: impact on programmes and stakeholders
		students and faculty.
Blouin & Tekian (2017) (outcomes to CQI)	Benefits of CQI over outcomes-based	There is a lack of evidence of the impact of accreditation on student outcomes, educational quality or patient outcomes, and the evidence in support of student outcomes can often be problematic (e.g. rigour of measures). Program staff may also regard quality assurance processes as burdensome and time consuming and a distraction from teaching and learning.
Blouin et al. (2018) (Impact of accreditation)	Impacts on a programme	Nine areas of potential impact on program processes resulting from accreditation were identified: governance, data collection and analysis, monitoring systems, documentation, creation and revision of policies and procedures, continuous quality assurance and improvement, faculty members' engagement, academic accountability and curriculum reforms. The impact on processes related to governance and data collection and analysis were most frequently mentioned by respondents. The authors argue that the presence and emphasis of systems for a programme's own evaluation and improvement, on an iterative basis, in anticipation of and in response to accreditation, contributes to maintaining and enhancing the quality of medical education.
Blouin et al. (2019) (promoting quality culture)	Continuous Quality Improvement culture	Most medical schools in the study did not naturally exhibit a culture more likely to be associated with supporting continuous quality improvement activities that are supported by accreditation; however, other strategies such as structure and management processes could compensate for an organizational culture not typically oriented toward CQI.
Bowker (2017)	Aligning QA processes	Program coordinators felt that aligning institutional quality assurance with accreditation requirements reduced their workload (e.g. in producing a single self-study document and conducting a single site visit) and reduced the associated costs. Review teams understood their respective roles and were content to receive the same self-study report. Members of the Graduate Program Evaluation Committee believed that the process worked well but believed that aligned reviews may be appropriate for some programs but not for others (e.g. for programs with conditional approvals).
Chandran et al. (2013)	Site visit	Strategies for a successful accreditation visit included establishing a strong internal accreditation leadership team, proactively setting deadlines for all phases of the accreditation process, assessing and communicating vulnerabilities and action plans, building multidisciplinary working groups (including non-overlapping areas of expertise), leveraging information technology, educating key stakeholders through meetings, retreats, and conducting a mock site visit. The urgency associated with an impending high-stakes LCME site visit can facilitate positive, local, educational program quality improvement.
Crampton et al. (2019)	Self-evaluation and site visit (in risk-based model)	The study found intended and unintended consequences of the GMC Quality Assurance framework. Positive features of the QAF included: transparent reporting in relation to QI; dialogic feedback; a partnership approach between programmes and regulators; and role clarity in conducting interventions proportionate to risk. The GMC standards were found to provide an important lever to push for desired program change. Unintended consequences included confusion over roles and boundaries, unclear (or inapplicable) standards causing confusion, and the perception of risk-based visiting as positioning the regulator as promoting QA rather than enhancement (particularly in the postgraduate context).
Davis 2018	Self-evaluation and site visit	Reports experience that accreditation self-study and site visit are often stressful experiences for the nursing program administrators, faculty, and students involved in these processes. Proposes the Neuman Systems Model to develop protective buffers for the stressors associated with programmatic accreditation.

Author (year)	Focus of study	THEME: impact on programmes and stakeholders
Davis & Ringstead (2006)	Curriculum impact of outcomes-based approach	Argues that as medical education programs move towards more outcomes-based educational models that traditional accreditation, with a focus on more quantitative judgements of educational processes rather than outcomes, may also need to shift in order to more clearly reflect the contribution of programs to producing quality practitioners.
De Paor (2016)	Accreditation recommendations (input-based)	The accreditation reports identified a range of commendations and recommendations related to quality assurance, with the majority focused on program leadership and management, and program content and design, with least emphasis on teaching, learning and assessment. There was also an emphasis in the accreditation reports on recognising the work of staff members and their professional responsibility to the discipline. There was evidence that the accreditors recognised the need to balance the demands of accountability with fostering the role of staff as pharmacy professionals. The results also showed that the work of the assessment panels was geared primarily towards the programme inputs and overarching issues related to governance and leadership.
Eiff et al. (2014)	Impact of curriculum changes on accreditation outcomes	The findings suggest that innovation and redesign of a residency training program did not negatively affect the results (in terms of average cycle length or the average number of citations) of an outcomes-based accreditation process.
Feist et al (2017)	Impact of accreditation on program directors	Residency program coordinators in Child Neurology reported working overtime and having other responsibilities in addition to those related to accreditation requirements. Program coordinators also reported having a lack of understanding about the self-study and the site visit and were not comfortable with their role.
Fishbain et al. (2019)	Site visits, self-study, shift from input focus to outcomes	There were similarities in general principles of the different implementations of accreditation. Site visits were used in all accreditation systems reviewed; however, there were variations evident in aspects such as the frequency of visits, the composition of site visit teams and how a site visit was triggered. Self-evaluation was used by three of the five countries as part of the accreditation process, while all countries relied on a range of data sources to inform the accreditation process. The study also established a progressive change in accreditation processes from more input-based models to an outcome-based model. Such changes were preceded by changes in the education system for residents to competency-based training programs, although the concomitant changes in the accreditation system took longer to occur. Multiple sources for real-time data collection can serve as a means for a risk-based approach and for lengthening the accreditation cycle.
Fox Garrity & Finney (2007)	Accreditation standards	Accreditation standards for both business management and physician assistant programs placed the most emphasis on inputs (curriculum, faculty and educational planning) and less emphasis on students and outcomes. Accreditation standards for physician assistants places great weight on program administration and governance, whereas there is minimal emphasis of this standard for any accreditors of business management.
Frank et al. (2012)	National accreditation systems	Programme accreditation differs significantly across countries, which may impede mobility for graduates internationally. Substantial differences in approaches to quality assurance and accreditation between countries may include the stakeholders who manage quality assurance and accreditation, the stakeholders who set subject-specific learning outcomes and the implications of evaluation results. These differences reflect a combination of different national philosophies toward higher education in society, the different status of planning as a profession and how access to the profession is regulated. Closer alignment of curricula with professional standards seems to increase practice-relevance of programmes.

Author (year)	Focus of study	THEME: impact on programmes and stakeholders
Lurie et al 2009	Assessment approaches for outcomes	The peer-reviewed literature shows limited evidence in support of the capacity of medical programs to validly asses the ACGME six general competencies, except for 'medical knowledge'.
Ostwald, Williams & Fuller (2009)	Input-based standards and processes	Architecture academics strongly agreed that preparing for an accreditation visit resulted in an increased workload, and disagreed that the accreditation process encouraged diversity in architecture schools. Overall, negative perspectives about accreditation were common, particularly in relation to high cost, the time commitment and impact on teaching. Some regarded accreditation as having little meaning in the context of the university (which was already quality assured), so added little value for the program in terms of identifying their strengths and weaknesses. Accreditation documentation was often regarded as confusing and unhelpful and the usefulness of the accreditation process highly dependent on the personnel appointed to conduct the accreditation visit. Accreditation was also regarded as an impediment to diversity, with all architecture schools expected to teach and assess against the same broad set of competencies. This process was regarded as ignoring variation between schools or allowing them to develop unique approaches. Accreditation was often regarded as a pragmatic necessity by some academics, while others valued the opportunity for an external review and encouraged those in the program to consider how they might respond to accreditation feedback positively.
Philibert et al. (2013)	Programme reporting requirements (risk-based model)	Describes a positive impact on residency programs through reducing the burden of data collection for reporting scholarly outputs for accreditation purposes. Scholarly activities were more clearly defined, and data entry was simplified. Annual review allowed for timely follow-up for programs considered problematic, while the time between accreditation visits was significantly lengthened for high-performing programs.
Sellars & Clouder (2011)	Clinical educators perceptions of accreditation process	Clinical educators preparing for an accreditation process often found the process challenging and were concerned that they were not correctly responding to accreditation requirements in their self-evaluations. Participants generally regarded the accreditation process as positive, as changing their teaching practices, and providing legitimacy to their role. Many educators felt that accreditation had resulted in significantly improved practice and therefore better-quality outcomes for their students.
Sweet et al (2014)	Benefit of collaboration for accreditation process	Program directors described significant benefits to participating in the pilot of the ACGME Education Innovations Project (a risk-based approach to accreditation) which included the opportunities for collaboration and sharing ideas with other program directors (required by the project) and the opportunities provided by the project to foster culture change. Many innovations shared during collaboration were incorporated by other programs. Most participants reported benefits in improved teaching and opportunities for faculty to undertake professional learning, while many reported an increase in scholarly activity. All participants regarded the pilot as a success and agreed they would participate again.
Swing (2007)	Programme responses to the shift to outcomes-based accreditation	The ACGME Outcome Project aimed to create changes in residency programs to focus education on the competency domains, enhance assessment of resident performance and increase utilization of educational outcomes for improving residents' education. Increased emphasis on educational outcome measures in accreditation was another important goal. A considerable amount of development, dissemination and educational activity was required to support project implementation. Observed effects included changes to accreditation information collection and enhancements of the educational environments and curriculum of residency education programs, though not a significant increase in the use of outcome data to that point.
Tackett et al 2019	Evidence base for accreditation in UME	The evidence base for accreditation practices internationally is limited. The majority of published papers are described as 'non-scholarship'; only 36 papers (from 1379 identified citations) were classified as scholarship; only 13 reported empirical data

Author (year)	Focus of study	THEME: impact on programmes and stakeholders
	internationally (models unspecified)	collection to address a specific research question. Methods used by papers classified as scholarship (in order of frequency) included: document analysis, surveys, secondary data analysis, and interviews or focus groups. All studies were retrospective in design. Multiple papers addressed standards and self-studies, with the evidence suggesting that the content of UME standards is appropriate for most contexts, that self-studies are a beneficial aspect of accreditation.
Van Zanten & Boulet (2013)	Comparative outcomes of accredited medical programmes	Higher first attempt pass rates for the USMLE clinical skills examination were generally recorded by IMGs who attended an accredited medical school. Experts also agreed unanimously on the importance of 14 standards that might be considered as core concepts for all accreditation systems.
Van Zanten et al. (2012)	Comparative outcomes of accredited medical programmes	Higher first attempt pass rates for the USMLE were generally recorded by registrants who attended an accredited medical school. Registrants from the Philippines who attended accredited medical schools had greater success in achieving Educational Commission for Foreign Medical Graduates (ECFMG) certification.
Volkwein et al. (2007)	Impact of an outcomes-based accreditation model on program quality	Study provides evidence of accreditation as an important influence in programme quality. Program chairs and faculty members reported increased emphasis on skills and knowledge embodied in the new engineering program accreditation criteria (based on an outcomes-based model), and an increased focus on teaching methods designed to enhance these skills (e.g. group work). Program chairs also reported faculty support to institute assessment methods to measure program outcomes and use this for continuous improvement. Faculty also reported high levels of engagement in learning more about teaching and assessment. Graduates who had undertaken an engineering program under the new accreditation criteria reported that they engaged in more collaborative and active learning, had greater interactions with instructors and opportunities for feedback, and had higher self-reported skills than those who graduated prior to the implementation of this accreditation model. The authors acknowledge that other external and internal influences may also have
White et al. (2013)	Curriculum change in response to an adverse accreditation report (input-based)	An adverse accreditation report can prompt the rapid and successful implementation of a new curriculum (based on 'Discovery Learning') to address accreditation concerns.

Table 3: Data relating to accreditation model challenges, facilitators/barriers, and feasibility

Author (year)	Focus of study	Challenges, Facilitators/Barriers, Feasibility
Alrebish et al 201)	Self-evaluation /Site visit / Report	Many faculty perceive the accreditation process as a 'threat' and as an 'exam' to be passed (similar to students' approach to the curriculum and assessment). A more sustainable and effective accreditation approach requires a balance between the summative evaluation element and the ongoing formative element of accreditation. This requires actively fostering a culture of continuous quality improvement. Stakeholders identified the importance of leadership, dedicated positions in T&L quality and a cultural shift towards ongoing improvement as being significant in supporting the long-term impact of accreditation.
Baker et al 2004	Self-evaluation / Site visit	Both Deans and PDs tended to focus on preparation for the site visit rather than ongoing evaluation of educational activities. Deans were also more focussed on costs, coordination and critique of accreditation processes. Accrediting bodies were perceived to need to involve stakeholders more in developing/revising standards, and to better communicate the benefits of accreditation.
Barzansky et al 2015	Continuous Quality Improvement culture	The collection and interpretation of data on a regular basis is labour-intensive and requires appropriate instruments. Many standards require qualitative data which is more difficult to obtain. Institutional leadership, especially the support of Deans, is necessary for a CQI approach but is variable. Annual reports can facilitate data collection but expectations regarding content and format are no always clear. A core set of standards included in a CQI process across all medical schools in a country, would facilitate accreditation processes. A CQI approach is supported in schools which engage in interim review of compliance with accreditation standards, and act on the results, without waiting for the stimulus of an upcoming accreditation site visit. Accrediting bodies recommended to be resourced to provide necessary support for facilitating a culture of continuous quality improvement in medical schools (e.g. creating common evaluation tools, annual report formats, and provision of training), as well as supporting necessary review work by accrediting staff.
Bell & Youngs (2011)	Outcomes-based processes	Programs were challenged by the need to review their conceptual framework and institute new methods of assessment in response to accreditation requirements. These activities were often regarded as time-consuming and required substantial ongoing discussion and sometimes facilitation. Institutions with access to more financial resources tended to be less burdened by the requirements of accreditation (consistent with previous research). Larger institutions also tended to have personnel that were not involved in accreditation activities, whereas the workload at smaller institutions tended to be shared by most personnel. Framing the accreditation process as consistent with internal accountability and professional responsibility may prove particularly effective for some institutions or programmes (especially those with limited engagement with accreditation).
Bezuidenhout 2007	Site visit (guidelines for panel)	The current process of the site visit was perceived to be highly subjective and inconsistent, due to the absence of any guiding criteria and training. The guide was seen as an important support along with training. There was some questions regarding whether the guide was too detailed and/or too generic.
Blouin (2019) vision	Continuous Quality	The CQI activities that should be undertaken independent of accreditation are not always undertaken or are not always

Author (year)	Focus of study	Challenges, Facilitators/Barriers, Feasibility
	Improvement culture	recognised as quality activities. Organisational culture in individual institutions can affect receptivity towards and implementation of, CQI initiatives.
Blouin 2020	Factors determining effectiveness of accreditation	Decreasing costs of accreditation from continuous monitoring of UME programs and continuous awareness of accreditation standards by faculty members would likely result from a culture of CQI.
Blouin & Tekian 2018	Benefits of CQI over outcomes-based	Implementation of CQI is facilitated by organisational structures that support these processes, requires leadership support, appropriate resourcing and the engagement of program staff to use data to undertake incremental program improvements. Accreditation processes that promote CQI do so in the belief that a continuous focus on program improvement will lead to improved educational quality, the standards of graduates and patient care. Thus, the extent to which programs adopt a CQI approach might be seen as one index of the effectiveness of accreditation.
Blouin et al. (2018) Impact	Impacts on a programme	Implementation of accreditation can influence institutional processes towards improving quality in ways that may not have been undertaken without an accreditation system. Ongoing evaluation would help lower the cost of accreditation as timely identification of issues and their correction would continuously take place, rather than being addressed in the months preceding an accreditation visit, curbing the surge of activities and the associated cost typically observed. Participants expressed concerns about negative aspects of accreditation, including the demands on financial and human resources, lost opportunities as a result of the redirection of financial resources to accreditation, and the potential negative impact on the morale of faculty members and staff of certain requirements.
Blouin et al. (2019) Quality culture	Continuous Quality Improvement culture	The organisational culture at individual institutions delivering medical programs is frequently not oriented towards supporting CQI initiatives. An assessment of the degree of implementation of CQI at each program, correlated with its organizational culture, would better inform the association between organizational culture and the presence of a culture of quality.
Bowker (2017)	Aligning QA processes	Many programmes require both institutional and professional accreditation reviews, which can result in faculty being in a near constant state of preparing for QA and/or accreditation reviews or fulfilling a reporting requirement. There is evidence that faculty and staff members often view these preparations and reporting processes as labour-intensive and time-consuming, and as a distraction to T&L activities. There is great interest in finding ways to maximize efficiency in the program review process in Canada as well. Aligning institutional and accreditation reviews may be appropriate under certain circumstances and may assist to reduce the resource requirements (in terms of time, costs and participant fatigue). However, aligning these reviews may be inappropriate for programs with difficulties. Aligned reviews are facilitated by considerations such as discussing the idea early and regularly with both institutional and accreditation representatives, nominating a liaison person, sharing documents openly, ensuring that the composition of the review panel meets the needs of both groups and allocating sufficient time for the site visit.
Chandran et al. (2013)	Site visit	Factors that may be associated with successful planning for an accreditation visit include choosing carefully the team to lead accreditation planning who have leadership experience and complementary expertise, allowing sufficient time for planning, and establishing firm deadlines for deliverables. Establishing successful working groups and an accreditation task force also worked well to facilitate a successful visit, as did communicating clearly about the visit to stakeholders and undertaking practice for the visit.

Author (year)	Focus of study	Challenges, Facilitators/Barriers, Feasibility
		Planning for an accreditation visit requires a significant investment of resources in terms of staff time, infrastructure and project management capabilities to lead planning for the accreditation, communicate effectively with staff and gather appropriate evidence to support their claim for accreditation.
Crampton et al. (2019)	Self-evaluation and site visit (in risk-based model)	Self-assessment required as part of accreditation can encourage reflection and lead to revision of processes. In contrast, the formality of the written assessment was sometimes seen as onerous and unlikely to result in open disclosure. Based on the findings of the study, the authors modified their conceptual model for understanding the way in which GMC quality assurance may result in positive or negative outcomes based on features of the context. Contexts in which there is adherence to the regulator's Quality Assurance Framework facilitated by features such as openness and trust, effective communication, communication with the regulator and a focus on quality improvement are likely to lead to positive outcomes. In contrast, in contexts where there is resistance to external accreditation, factors such as poor communication and relationships, unclear boundaries and responsibilities and a lack of feedback on QA can lead to negative outcomes.
Davis (2018)	Self-evaluation and site visit	The accreditation process is understood and presented as intrinsically stressful. Presents model for mitigating stress of accreditation process: primary interventions such as engaging with the accreditation process, and routinely linking programs to accreditation standards; secondary interventions (such as gathering additional resources, developing a work plan for responding to accreditation requirements, and ensuring team members were familiar with the standards and their tasks; and tertiary interventions such as responding effectively to accreditation concerns).
Davis & Ringstead (2006)	Curriculum impact of outcomes-based approach	Acknowledges concerns about validity of the traditional (input-based) accreditation process, especially in the context of the shift to outcome-based graduate medical education. However, while objectives of the desired broad aspects of competence can be written, judging the quality of education in each of these aspects is not yet well described or validated. Argue that the ultimate outcome measure of a quality medical education is reflected in excellence in patient outcomes. More research and development in outcome-based education is needed to identify effective and valid methods. This is a challenge but may find parallel in recent developments in assessment validity.
De Paor (2016)	Accreditation recommendations (input-based)	Professional programs may be challenged by the responsibilities of institutional and professional quality assurance processes that may align, but may also come into conflict.
Eiff et al. (2014)	Impact of curriculum changes on accreditation outcomes	Programs that are in the process of major curriculum change may temporarily experience difficulties with regulatory compliance, resulting in shorter accreditation cycles during the redesign process. Programs that are already in good standing with the regulator may be better-placed to balance the competing demands of curriculum change with accreditation requirements.
Feist et al. (2017)	Impact of accreditation on program directors	Many program coordinators reported that they had little experience in their accreditation role and that programs were underprepared for the implementation of the accreditation system. There was difficulty in gaining faculty involvement in the requirements of the new (outcomes-based) accreditation system and a lack of faculty knowledge about the changes. Other challenging workforce features included: high turnover, unpaid overtime, inconsistent job titles, limited career paths, inadequate training, and nonacademic supervision. Successful implementation of the new accreditation system was linked to increased coordinator experience, supervision within Graduate Medical Education, and greater administrative support for the coordinator role.

Author (year)	Focus of study	Challenges, Facilitators/Barriers, Feasibility
Fishbain et al. (2019)	Site visits, self-study, shift from input focus to outcomes	Despite a clear shift internationally from input to outcomes and risk-based models, local contexts and culture remain important considerations before adopting a particular model as implemented elsewhere. Risk-based models still require considerations of feasibility and costs.
Fox Garrity & Finney (2007)	Accreditation standards (input vs output)	In some contexts there remains a tension between outcomes-based standards and a widespread belief that it is an inherent responsibility of faculty to determine course and program content. Furthermore, it was also found to be difficult to define and quantify outcomes assessment standards. In practice, accreditors may place a heavier emphasis on outcomes assessment in their accreditation decisions than in their written standards.
Frank et al. (2012)	National accreditation systems	Different international approaches to professional accreditation between countries reduce the mobility of graduates. One approach to reducing this impact may be to develop international systems of accreditation (for the example of planning programs) to assess international programs against comparable standards.
Lurie et al 2009	Assessment approaches for outcomes	The ACGME Outcomes Project was based on the assumption that the general competencies, once defined, would reveal themselves in a straightforward way through available measurement approaches. This aspect remains a considerable challenge to develop objective measures which correspond directly and specifically to the desired outcomes.
Ostwald, Williams & Fuller (2009)	Input-based standards and processes	Stakeholders' perceptions of the impact of the accreditation process in terms of cost and resourcing may have a significant impact on the effectiveness of accreditation. Architecture academics frequently mentioned high cost as a negative aspect of accreditation that directly impacted on the budget for teaching. Overly prescriptive accreditation and accreditation documentation that was difficult to understand and did not adequately distinguish between the responsibilities of programs and practices was a further challenge associated with accreditation. The accreditation experience was also seen as overly reliant on the composition of the panel, with some panel members regarded as having preconceived ideas about the schools or a punitive view of their role as an accreditor.
Philibert et al. (2013)	Programme reporting requirements (risk-based model)	Reporting of scholarly outputs as part of the implementation of a risk-based approach to accreditation was more streamlined, simplified and standardised, allowed for regular review of outputs and ensured accurate recoding of outputs.
Sellars & Clouder (2011)	Clinical educators perceptions of accreditation process	*N/A*
Sweet et al (2014)	Benefit of collaboration for accreditation process	Requirements for the EIP risk-based accreditation model included annual reporting, which many regarded as challenging, although this perception was greatest for the early years of participation and became less onerous over time. Others did not perceive the annual reporting as onerous and believed it was necessary independent of the pilot. Costs associated with participating in the pilot also increased for many participants due to new staff, more staff time, more travel, and more resources (e.g. IT). The EIP accreditation model was regarded as a good model, particularly for programs with no significant problems as it allowed them to undertake their own planning and modifications rather than responding reactively to regular site visits.
Swing (2007)	Programme responses to the shift to outcomes-based	Developing appropriate measures to assess resident outcomes can be challenging. In the context of the Outcome Project, the accreditation process had not shifted substantially to include outcomes data as part of accreditation. Shifting to an outcomes-

Author (year)	Focus of study	Challenges, Facilitators/Barriers, Feasibility
	accreditation	based accreditation system requires substantial investment in developing, implementing and maintaining data collection systems to assess the impact on resident performance of a competency-based medical education. Further development and implementation of assessment tools and electronic data collection systems will be needed before this change can occur and before effects of competency-based education on resident performance can be evaluated.
Tackett et al 2019	Evidence base for accreditation in UME internationally (models unspecified)	Despite the fact that new accreditation systems are being developed and refined, there is limited evidence to support existing UME accreditation practices or to guide the creation or improvement of accreditation systems. Many studies treated accreditation as a single, overall intervention, resulting in inconsistent relationships between UME accreditation and programme outcomes (due to the limited ability to control for confounding variables). The multifaceted nature of and the wide variation in accreditation practices across different settings limits conclusions that can be drawn about its usefulness from existing evidence. More research is required to optimise the value of (UME) accreditation for students, programmes and society.
Van Zanten & Boulet (2013)	Comparative outcomes of accredited medical programmes	Prior ability of graduates in the study population was not known, and therefore could not be accounted for in the study. The study was cross-sectional and therefore does not provide support for causation.
Van Zanten (2012)	Comparative outcomes of accredited medical programmes	N/A
Volkwein et al. (2007)	Impact of an outcomes-based accreditation model on program quality	The voluntary accreditation context makes generalisability to other context difficult. For example, the phased adoption of an outcomes-based accreditation process for engineering programs may have allowed underperforming programs to delay accreditation under the new system in order to implement substantial curricular changes to ensure they met the new requirements.
White et al. (2013)	Curriculum change in response to an adverse accreditation report (input-based)	Successful implementation of the curriculum reform was attributed to: a clear mandate and agenda for change by the Dean; rapid decisions and course of action; faculty provided with support to change teaching practices; resistance being acknowledged and addressed; an enhanced recognition of the role of education as a contributing discipline and source of expertise.

APPENDIX 2: EXTRACTED REFERENCES

This list contains references included in the data extraction phase. References cited in the general body of the report are listed separately in Appendix 4.

Alrebish, S. A., Jolly, B. C., & Molloy, E. K. (2017). Accreditation of medical schools in Saudi Arabia: A qualitative study. *Medical Teacher*, 39(sup1), S1–S7.

Baker, S. S., Morrone, A. S., & Gable, K. E. (2004). Allied health deans' and program directors' perspectives of specialized accreditation effectiveness and reform. *Journal of Allied Health*, 33(4), 247–254.

Barzansky, B., Hunt, D., Moineau, G., Ahn, D., Lai, C.-W., Humphrey, H., & Peterson, L. (2015). Continuous quality improvement in an accreditation system for undergraduate medical education: Benefits and challenges. *Medical Teacher*, 37(11), 1032–1038.

Bell, C. A., & Youngs, P. (2011). Substance and show: understanding responses to teacher education programme accreditation processes. *Teaching and Teacher Education: An International Journal of Research and Studies*, 27(2), 298–307.

Bezuidenhout, M. J. (2007). Quality assurance in undergraduate medical education: a guide for accreditation reviews. *South African Journal of Higher Education*, 21(5), 427–440.

Blouin, D. (2019). Quality improvement in medical schools: vision meets culture. *Medical Education*, 53(11), 1100–1110.

Blouin, D. (2020). Accreditation of Canadian undergraduate medical education programs: a study of measures of effectiveness. *Academic Medicine*: *Publish Ahead of Print.*

Blouin, D., & Tekian, A. (2018). Accreditation of medical education programs: moving from student outcomes to continuous quality improvement measures. *Academic Medicine*, 93(3), 377–383.

Blouin, D., Tekian, A., Kamin, C., & Harris, I. B. (2018). The impact of accreditation on medical schools' processes. *Medical Education*, 52(2), 182–191.

Blouin, D., Tekian, A., & Harris, I. B. (2019). Do organizational cultures of Canadian medical schools promote a quality culture? *Medical Teacher*, 41(6), 662–667.

Bowker, L. (2017). Aligning accreditation and academic program reviews: a Canadian case study. *Quality Assurance in Education: An International Perspective*, 25(3), 287–302.

Chandran, L., Fleit, H. B., & Shroyer, A. L. (2013). Academic medicine change management: The power of the Liaison Committee on Medical Education Accreditation Process. *Academic Medicine*, 88(9), 1225–1231.

Crampton, P., Mehdizadeh, L., Page, M., Knight, L., & Griffin, A. (2019). Realist evaluation of UK medical education quality assurance. *BMJ Open*, 9(12), e033614–e033614.

Davis, J. H. (2018). Buffering the stress of programmatic accreditation. *Teaching and Learning in Nursing*, 13(1), 14–17.

Davis, D. J., & Ringsted, C. (2006). Accreditation of undergraduate and graduate medical education: how do the standards contribute to quality? *Advances in Health Sciences Education: Theory and Practice*, 11(3), 305–313.

de Paor, C. (2016). The contribution of professional accreditation to quality assurance in higher education. *Quality in Higher Education*, 22(3), 228–241.

Eiff, M. P., Garvin, R., Green, L., Pugno, P., Kozakowski, S., Dostal, J., Waller, E. & Carney, P.A. (2014). Innovating within the ACGME regulatory environment is not an oxymoron. *Family Medicine*, 46(4), 282–287.

Feist, T. B., Campbell, J. L., LaBare, J. A., & Gilbert, D. L. (2017). Challenges in implementation of the New Accreditation System. *Journal of Child Neurology*, 32(4), 397–402.

Fishbain, D., Danon, Y. L., & Nissanholz-Gannot, R. (2019). Accreditation systems for postgraduate medical education: a comparison of five countries. *Advances in Health Sciences Education*, 24(3), 503–524.

Fox Garrity, B. K., & Finney, M. F. (2007). An analysis of specialized accreditation standards and outcomes in a licensed profession versus a nonlicensed profession. *Assessment Update*, 19(3), 9–11.

Frank, A., Kurth, D., & Mironowicz, I. (2012). Accreditation and quality assurance for professional degree programmes: comparing approaches in three European countries. *Quality in Higher Education*, 18(1), 75–95

Knopf, A. (2015). New models influence accreditation: embrace changes in accreditation and find value in continuous quality improvement. *Behavioral Healthcare, 35*(4), 34–38.

Lurie, S. J., Mooney, C. J., & Lyness, J. M. (2009). Measurement of the general competencies of the accreditation council for graduate medical education: a systematic review. *Academic Medicine*, 84(3), 301–309.

Ostwald, M. J., Williams, A., & Fuller, S. (2009). The professional accreditation of architecture programs : academics' perceptions. In Gu, N., Ostwald, M. & Williams, A. (Eds) *Computing, Cognition and Education: recent research in the architectural sciences* (pp. 127–141), Sydney:ANZAScA.

Philibert, I., Lieh-Lai, M., Miller, R., III, J. R. P., Brigham, T., & Nasca, T. J. (2013). Scholarly activity in the next accreditation system: moving from structure and process to outcomes. *Journal of Graduate Medical Education*, 5(4), 714–717.

Sellars, J., & Clouder, L. (2011). Impact of the accreditation of clinical educators scheme: reflections from one higher education institution. *Physiotherapy*, 97(4), 339–344.

Sweet, D. B., Vasilias, J., Clough, L., Davis, F., McDonald, F.S., Reynolds, E.E., O'Malley, C.W., Hinchey, K.T., Kirk, L.M., Gersoff, A.S. & Clyburn, E.B. (2014). The power of collaboration: experiences from the educational innovations project and implications for the next accreditation system. *Journal of Graduate Medical Education*, 6(3), 597–602.

Swing, S. R. (2007). The ACGME outcome project: retrospective and prospective. *Medical Teacher* 29(7): 648–654.

Tackett, S., Zhang, C., Nassery, N., Caufield-Noll, C., & van Zanten, M. (2019). Describing the evidence base for accreditation in undergraduate medical education internationally: a scoping review. *Academic Medicine*, 94(12), 1995–2008.

van Zanten, M., & Boulet, J. R. (2013). The association between medical education accreditation and examination performance of internationally educated physicians seeking certification in the united states. *Quality in Higher Education*, 19(3), 283–299.

van Zanten, M., McKinley, D., Durante Montiel, I., & Pijano, C. V. (2012). Medical education accreditation in Mexico and the Philippines: Impact on student outcomes. *Medical Education*, 46(6), 586–592.

Volkwein, J., Lattuca, L., Harper, B., & Domingo, R. (2007). Measuring the impact of professional accreditation on student experiences and learning outcomes. *Research in Higher Education*, 48(2), 251–282.

White, J., Paslawski, T., Kearney, R. (2013). 'Discovery learning': an account of rapid curriculum change in response to accreditation. *Medical Teacher,* 35(7): e1319–e1326.

APPENDIX 3: GENERAL REFERENCES

Abdalla, M. E. (2014). Social accountability of medical schools: do accreditation standards help promote the concept? *Journal of Case Studies in Accreditation and Assessment,* vol.3.

Australian Health Ministers' Advisory Council (AHMAC). (2017). Australia's Health Workforce: strengthening the education foundation. Independent Review of Accreditation Systems within the National Registration and Accreditation Scheme for Health Professions. Final Report. November 2017. Accessed 28 February 2020 from: http://hpacf.org.au/wp-content/uploads/2018/10/ASReview-FINAL-Report.pdf

Australian Pharmacy Council (APC). (2017). APC Response to the Independent Review of Accreditation Systems within the National Registration and Accreditation Scheme for Health Professions. Accessed 28 February 2020 from: https://www.pharmacycouncil.org.au/news-publications/news/nras_response.pdf

Australian Pharmacy Council (APC). (2018). Health Profession Accreditation Practices International Literature Review. August 2018. Accessed 28 February 2020 from: https://www.pharmacycouncil.org.au/standards/standards-review/health-profession-accreditation-practices-international-literature-review-final.pdf

ASQA (Australian Skills Quality Authority). (2016). *Regulatory Risk Framework*, 2016. Retrieved from: https://www.asqa.gov.au/sites/default/files/ASQA_Regulatory_Risk_Framework.pdf

Bearman, M., & Dawson, P. (2013). Qualitative synthesis and systematic review in health professions education. *Medical Education, 47*(3), 252–260.

Barzansky, B. (2004). Comparison of accreditation practices and standards of US schools of medicine and veterinary medicine. *Journal of Veterinary Medical Education, 31*(2), 120–125.

Black, L. S., Turnwald, G. H., & Meldrum, J. B. (2002). Outcomes assessment in veterinary medical education. *Journal of Veterinary Medical Education, 29*(1), 28–31.

Blumberg, P. (2003). Multidimensional outcome considerations in assessing the efficacy of medical educational programs. *Teaching and Learning in Medicine, 15*(3), 210–214.

Boelen, C., & Woollard, B. (2009). Social accountability and accreditation: A new frontier for educational institutions. *Medical Education, 43*(9), 887–894.

Boland, A., Cherry, M. G., & Dickson, R. (2017). *Doing a systematic review: a student's guide* (2nd edition. ed.): SAGE Publications.

Carroll, V. S., Thomas, G., & DeWolff, D. (2006). Academic quality improvement program: Using quality improvement as tool for the accreditation of nursing education. *Quality Management in Health Care*, 15(4), 291–295.

Colin Wright Associates. (2012). *Developing an evidence base for effective quality assurance of education and training.* (Report for General Medical Council.) Retrieved from: https://www.gmc-uk.org/-/media/documents/Developing_and_evidence_base_for_effective_quality_assurance_of_education_and_training_May_2012.pdf_48643906.pdf

Cooper, S., Parkes, C., & Blewitt, J. (2014). Can accreditation help a leopard change its spots? Social accountability and stakeholder engagement in business schools. *Accounting, Auditing & Accountability Journal, 27*(2), 234–258.

Council for Higher Education Accreditation (CHEA). (2018). *New Approaches to Judging Quality in Higher Education. Profiles of Emerging Methods Apart from Traditional Accreditation.* CHEA/CIQG Publication Series.

Craven, J. A. (2009). Matching veterinary school accreditation to the global needs of the profession and global society. *Revue Scientifique et Technique, 28*(2), 847-854.

Daly, J., Willis, K., Small, R., Green, J., Welch, N., Kealy, M., & Hughes, E. (2007). A hierarchy of evidence for assessing qualitative health research. *Journal of Clinical Epidemiology*. 60(1), 43–49.

Dixon-Woods, M., Bonas, S., Booth, A., Jones, D. R., Miller, T., Sutton, A. J., … Young, B. (2006). How can systematic reviews incorporate qualitative research? A critical perspective. *Qualitative Research, 6*(1), 27-44

Edmondson, K. M. (2004). Outcomes assessment as a component of good educational practice. *Journal of Veterinary Medical Education, 31*(2), 126–127.

Edwards, F. (2012). The evidence for a risk-based approach to Australian higher education regulation and quality assurance. *Journal of Higher Education Policy and Management, 34*(3), 295–307.

Field, M. J. (2011). Medical school accreditation in Australia: Issues involved in assessing major changes and new programs. *Journal of Educational Evaluation for Health Professions. 8*(6). doi:10.3352/jeehp.2011.8.6.

Frank, J. R., Snell, L. S., Ten Cate, O. (2010). Competency-based medical education: theory to practice. *Medical Teacher*, 32(8), 638–645.

Garside, R. (2014). Should we appraise the quality of qualitative research reports for systematic reviews, and if so, how? *Innovation: The European Journal of Social Science Research, 27*(1), 67–79.

General Medical Council (GMC). (2010) *Quality Improvement Framework for Undergraduate and Postgraduate Medical Education and Training in the UK.* Retrieved from: http://www.wessexdeanery.nhs.uk/pdf/quality%20improvement%20framework%20final%20gmc%20feb%2011.pdf

Grant, M. J., & Booth, A. (2009). A typology of reviews: an analysis of 14 review types and associated methodologies. *Health Information and Libraries Journal.* 26:91–108.

Griffin, A., Crampton, P., Mehdizadeh, L., Page, M, Knight, L., Rich, A., & Viney, R. (2018) Understanding stakeholder perspectives on the GMC's quality assurance of medical education and training. (Report prepared for the General Medical Council). UCL Medical School. Retrieved from: https://www.gmc-uk.org/-/media/documents/understanding-stakeholder-perspectives-on-the-gmcs-quality-assurance-of-medical-education-and-traini.pdf?la=en&hash=14529235D9E6C99AF9B5EDA82F6848CB34D33396).

Harvey, L. (2004). The Power of Accreditation: Views of Academics. In: Di Nauta, P., Omar, P., Schade, A., & Scheele, J. (2004). *Accreditation models in higher education: experiences and perspectives*; *(pp. 5-19)*. ENQA Workshop Report 3. European Network for Quality Assurance in Higher Education, Helsinki.

Hutchins, A. K. D. (2016). *Challenges of accrediting distance education allied health programs with clinical components*. Graduate Theses and Dissertations. 15007. https://lib.dr.iastate.edu/etd/15007.

Joanna Briggs Institute, *JBI Levels of Evidence*, Accessed at https://joannabriggs.org/sites/default/files/2019-05/JBI-Levels-of-evidence_2014_0.pdf

Kochevar, D. T. (2004). The critical role of outcomes assessment in veterinary medical accreditation. *Journal of Veterinary Medical Education, 31*(2), 116–119.

Lindgren, S., Karle, H., Stefan, L., & Hans, K. (2011). Social accountability of medical education: aspects on global accreditation. *Medical Teacher.* 33(8): 667–672.

Lloyd-Bostock, S. M., & Hutter, B. M. (2008). Reforming regulation of the medical profession: The risks of risk-based approaches. *Health, Risk and Society, 10*(1), 69–83.

Lowry, B. N., Vansaghi, L. M., Rigler, S. K., & Stites, S. W. (2013). Applying the milestones in an internal medicine residency program curriculum: A foundation for outcomes-based learner assessment under the next accreditation system. *Academic Medicine, 88*(11), 1665–1669.

McEvoy, M. P., Crilly, M., Young, T., Farrelly, J., & Lewis, L. K. (2016). How comprehensively is evidence-based practice represented in Australian health professional accreditation documents? a systematic audit. *Teaching and Learning in Medicine, 28*(1), 26–34.

Muhtadi, D. J. (2013). The benefits and costs of accreditation of undergraduate medical education programs leading to the MD degree in the United States and Its Territories. Retrieved from https://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,sso&db=eric&AN=ED561669&site=ehost-live&authtype=sso&custid=s4842115

Nasca, T. J., Philibert, I., Brigham, T., & Flynn, T. C. (2012). The Next GME Accreditation System - rationale and benefits. *The New England Journal of Medicine, 11*: 1051–1056.

Nasca, T. J., Weiss, K. B., Bagian, J. P., & Brigham, T. P. (2014). The accreditation system after the "next accreditation system". *Academic Medicine*, *89*(1), 27–29.

National Academies of Sciences, Engineering and Medicine. (2016). *Exploring the Role of Accreditation in Enhancing Quality and Innovation in Health Professions Education: Proceedings of a Workshop*: National Academies Press (US).

Nelson, P. D., Belar, C. D., Grus, C. L., & Zlotlow, S. (2008). Quality assessment in higher education through accreditation. In J. E. Hall & E. M. Altmaier (Eds.), *Global promise: Quality assurance and accountability in professional psychology.* (pp. 16–37). New York, NY: Oxford University Press.

Noyes, J., Booth, A., Moore, G., Flemming, K., Tunçalp, Ö., & Shakibazadeh, E. (2019). Synthesising quantitative and qualitative evidence to inform guidelines on complex interventions: clarifying the purposes, designs and outlining some methods. *BMJ Global Health*, 4(Suppl 1), e000893.

Nunn-Ellison, K., Ard, N., Beasley, S. F., & Farmer, S. (2018). Systematic Plan of Evaluation Part II: Assessment of Program Outcomes. *Teaching and Learning in Nursing, 13*(2), 113–118.

Petticrew, M., & Roberts, H. (2003). Evidence, hierarchies, and typologies: horses for courses. *Journal of Epidemiology and Community Health* (1979), 57(7), 527–529.

Phillips KPA (2017). *Professional accreditation: mapping the territory: final report.* Retrieved from:
https://docs.education.gov.au/system/files/doc/other/professional_accreditation_mapping_final_report.pdf

Professional Standards Authority. (2018). *Right-touch regulation in practice: international perspectives.* Retrieved from: https://www.professionalstandards.org.uk/docs/default-source/publications/thought-paper/right-touch-regulation-in-practice---international-perspectives.pdf?sfvrsn=a5b97520_8

Plüddemann, A., Aronson, J. K., Onakpoya, I., Heneghan, C., & Mahtani (2018). Redefining rapid reviews: a flexible framework for restricted systematic reviews. *BMJ Evidence-Based Medicine*, 23(6), 201–203.

Romig, B. D., O'Sullivan Maillet, J. O., Chute, P. M., & McLaughlin, R. J. (2013). Clinical education from a specialized accreditation viewpoint: a report of the ASAHP clinical education task force. *Journal of Allied Health, 42*(3), 151–156.

Schünemann, H. J., & Moja, L. (2015). Reviews: Rapid! Rapid! Rapid! …and systematic. *Systematic Reviews*, 4(4).

Stratton, T. D. (2019). Legitimizing continuous quality improvement (CQI): navigating rationality in undergraduate medical education. *Journal of General Internal Medicine*, 34(5): 758–761.

Tertiary Education Quality and Standards Agency (TEQSA). (2018). TEQSA and Professional Accreditation Bodies Forum (Melbourne, 14 December 2018). Accessed 28 February 2020 from: https://www.teqsa.gov.au/sites/default/files/professional-accreditation-bodies-forum-report-december-2018-feb2019.pdf?v=1550457173

Tertiary Education Quality and Standards Agency (TEQSA). (2019). TEQSA's Risk Assessment Framework (Version 2.3 March 2019). Accessed on 28 February 2020 from: https://www.teqsa.gov.au/sites/default/files/teqsa-risk-assessment-framework-v2-3-4-horizontal-layout-web.pdf?v=1564542617

Towers, S. J., Alderman, L., Nielsen, S. & McLean, S.V. (2010.) A risk-based approach to course quality assurance. In: *Proceedings of AuQF 2010: Quality in Uncertain Times*,30 June - 2 July 2010,Gold Coast, Australia.

Tricco, A. C., Antony, J., Zarin, W., Strifler, L., Ghassemi, M., Ivory, J., Perrier, L., Hutton, B., Moher, D., & Straus, S. (2015). A scoping review of rapid review methods. *BMC Medicine*, 13, 224–224.

Wilson, E. A. (2007). Formative Accreditation: Complying with Liaison Committee on Medical Education (LCME) Standards. *Planning for Higher Education, 36*(1), 23–27.

Witteles, R. M., & Verghese, A. (2016). Accreditation Council for Graduate Medical Education (ACGME) Milestones-Time for a Revolt? *JAMA Internal Medicine, 176*(11), 1599–1600.

Yamayee, Z. A & Albright, R. J. (2008). Direct and indirect assessment methods: key ingredients for continuous quality improvement and ABET accreditation. *International Journal of Engineering Education*, 24(5), 877–883.

Standard		Repository Evidence						Further evidence needed on visitation?	Visitation Evidence						Recommended Outcome		
		Type = Input, Process or Outcomes							Type - Input, Process or Outcomes									
		Supporting evidence # 1	Type	Supporting evidence # 2	Type	Supporting evidence # 3	Type		Supporting evidence # 1	Type	Supporting evidence # 2	Type	Supporting evidence # 3	Type	Standard Met	Partially Met	Not Met
4.1	The school must have a strategy for widening participation which considers all aspects of diversity, and engages students from different ethnic and social backgrounds. The school must be proactive in their marketing to attract a diverse cohort of applicants and regularly review, and provide evidence of, their progress towards targets.	*Detailed admissions policy and strategy documents, the contents of which detail appropriate and ambitious targets for widening participation across relevant groups*	Input	*Demographic data across recent years on admissions, progression and raduation demonstrates targets on increasing diversity are being met*	Outcome	*Committee minutes record consistent reviews whether targets being met, and identifies action plans to improve outcomes where progress is limited*	Process	*No*							✓		
4.2	The school must provide accurate and current information regarding the educational programme easily available for prospective students. The information must include the accreditation status of the degree course (whether by RCVS or other relevant accrediting bodies), selection and progression criteria, the demands of the course and the requirements for eventual registration/licence, including fitness to practise	*Marketing and other information available and readily accessible, with all the necessary information included. All informtion is current and reviewed regularly (updated versions evident in repository)*	Input					*Yes (need process / outcomes evidence for triangulation)*	*Review of attrition data (inc. associated reasons for leaving the programme)*	Outcome					✓		
4.3	Selection and progression criteria must be clearly defined, fair, defensible, consistent and free from discrimination or bias. The criteria should also include relevant factors other than academic performance. The academic requirements for entering the programme should be sufficient for the student to cope with the demands of the programme upon entry	*Selection and progression policy and strategy documents, including rationale*	Input	*Data analysis on admissions, progression and attrition rates, with a focus on any trends associated with different grades / criteria at the point of selection*	Outcome			*No*							✓		

4.4	The school must demonstrate their selection and progression criteria and processes are effective in identifying students with the potential to achieve the RCVS Day One Competences. This must be achieved through regular and effective training for staff involved and the routine collection and analysis of selection and progression data, to enable them to evaluate, reflect and adjust the selection and progression	*Training programme content for staff, including selection data analysis, selection methods (if appropriate) and standardisation*	*Input*					*Yes (need process / outcomes evidence for triangulation)*	*Longitudinal data on trends / correlations between selection criteria and progression rates*	*Outcome*	*Verbal accounts / answers from relevant staff describing process for (and example of) when criteria have been adjusted as a result of data analysis / reflection*	*Process & outcome*			✓		

Guidance

The template will be a living document, populated at each stage of the accreditation event

Additional boxes can be added if required at each stage, where multiple forms of evidence are submitted

Generally, there would need to be multiple sources of evidence including process / outcomes evidence as appropriate in order for a standard to not be explored further in the visitation (risk-based approach)

The repository will be indexed against each standard, and schools will be able to upload new evidence each year (e.g. annual reports) in order to build a comprehensive longitudinal picture. This would add strength to the evidence which would be a factor in the risk-analysis

RCVS collected data such as graduate / employer surveys will also be shared with schools ,to add to their own repository

Extra Mural Studies Policy

Extra Mural Studies (EMS) is a part of students' overall clinical education, and placements are a vital component of the veterinary degree as they provide a unique opportunity for students to gain valuable hands-on experience and practice skills acquired during the veterinary programme, in a further range of 'real workplace learning' contexts. Students are encouraged to identify their own intended learning outcomes for EMS, and undertake EMS placements in areas which complement and enhance their learning and which they feel will benefit them most.

Unlike Intra Mural Rotations (IMR), during which the core teaching of the veterinary programme is delivered formally, the learning which takes place on EMS placements is experiential, focused on the students understanding and applying knowledge and skills from core teaching into a range of workplace contexts. This experiential learning is highly valuable for students as they are able to augment the training they have already received with real-life, hands-on experience that cannot necessarily be captured as part of the curriculum, to help them develop into capable and confident veterinary surgeons. It is also an opportunity to give students further experience in decision making, team working and communication, as well as offer an insight into how finances work in practices away from an academic setting.

EMS placements offer an important insight and introduction into the professional career of a veterinary surgeon, and give vital experience to students before they graduate. EMS also represents the beginning of a life-long cycle of continuing their own professional development outside of a traditional teaching context, which continues after graduation and throughout their career.

Students will, of course, acquire further knowledge and skills whilst on EMS placements. However, all Day One Competences must be covered by the Clinical Education delivered by the University, and EMS placements should not be used to address gaps within core Clinical Education.

Policy

1. A total of **38 weeks** of EMS must be completed over the course of the veterinary degree programme before students are able to graduate.

2. Of these, **12 weeks** must be devoted to **pre-clinical/animal husbandry EMS,** to be completed throughout the pre-clinical years of the programme (usually 1st and 2nd years, however this could be up to the 3rd year in extended or intercalated programmes). Where appropriate for the curriculum model, some clinical EMS may be completed before the third year. However, in these cases, all PCEMS for the species relevant to the placement being undertaken must have been completed to ensure the safety of the student.

3. The remaining **26 weeks** must be undertaken as **clinical EMS**, to be completed regularly over the final 3 years of the course (or clinical years) before graduation, with normally a recommended minimum of 6 weeks to be completed per year.

Pre-clinical/Animal handling (AH) EMS – 12 weeks

Pre-clinical, or animal husbandry EMS takes place during the earlier years of the veterinary degree course to allow students to gain further experience in animal husbandry and handling of animals in all common domestic species, in authentic, working environments where animals may be less used to being handled than in academic settings. Students can also begin to develop their professional skills with clients and animal owners.

4. 12 weeks is the minimum amount of pre-clinical/AHEMS required, and students are permitted to carry out further weeks should they wish and be able to, separate to the 26 weeks of clinical EMS.

5. Of the 12 weeks required, RCVS stipulates that **at least 1 week** of pre-clinical/AHEMS must take place in each of the main three disciplines: equine, farm animal, and small animal. The students intended learning outcomes should be agreed between tutor, student and placement provider before the placement commences, and reflected upon afterwards.

6. It is important for students to be thoroughly briefed on the health and safety aspects of handling animals; therefore students must only undertake pre-clinical/AHEMS in areas where they have already received sufficient teaching and training.

7. The placements can take place in any order, and more than 1 week can take place in a certain area or species domain.

8. Universities are able to consider granting exemptions on a very exceptional basis (for example for students who have considerable animal handling experience gained on a previous course at tertiary level, or through extensive and relevant work experience). However, any time saved by allowing exemption in one particular area should be spent on developing skills in other areas, or with other species.

9. The remaining weeks of pre-clinical/AHEMS placements can be undertaken in any areas where a student has a particular interest, or where they feel it would be of benefit to them.

10. All pre-clinical/AHEMS placements must take place in person with the student attending on-site. This is to ensure that the student will be directly involved with handling animals and observing animal behaviours during the placement.

11. All pre-clinical/AHEMS placements must directly involve the student in a way that helps to broaden their experience based on the knowledge and skills they have already acquired during core teaching.

12. It is suggested that placements should usually take place within an environment that is outside of the usual teaching environment of the veterinary school.

13. Any placements where a student is not directly involved in handling animals and / or observing animal behaviours for a significant majority of the time spent there, would not be considered appropriate pre-clinical EMS.

Clinical EMS – 26 weeks

Clinical EMS placements are where students are able to further develop their clinical, technical and professional skills that they have been taught in IMR, through experiential learning in real workplace contexts. Clinical EMS placements will take place regularly during the clinical years of the veterinary programme, prior to graduation, with a minimum of six weeks completed per year.

14. Unlike pre-clinical/AHEMS, there is no stipulation as to how many weeks are required for each species or placement type, and students are encouraged to undertake clinical EMS in the areas they feel would interest them and benefit them most. The students intended learning aims and objectives should be agreed with their tutor and placement provider prior to the placement taking place.

15. 26 weeks is the minimum amount of clinical EMS required, and students are free to carry out further weeks should they wish and be able to.

16. Students should only be gaining further experience on clinical EMS placements in clinical skills that they have already been taught through IMR. It is acknowledged that students may learn new techniques and acquire further knowledge whilst on clinical EMS placements, however the responsibility of formally teaching students must still remain with the veterinary school. Clinical EMS must complement what students have learned on IMR, and not act as an extension of it.

17. Clinical EMS must take place in person, with the student attending on-site getting "hands-on", direct clinical experience with animals. This is to ensure that the student will have the opportunity to further develop the skills they have learned through core teaching, during the EMS placement.

18. Normally clinical EMS placements would be expected to last at least two weeks, however it is recognised that some placements of a certain nature may not require more than one week.

19. Long term research placements can count towards the clinical EMS requirement at the discretion of the school, if a student has an interest in entering the research field, for example.

20. It is suggested that clinical EMS placements should usually take place within an environment that is outside of the usual teaching environment of the veterinary school and its partners.

21. All clinical EMS placements must directly involve the student in a way that helps to broaden their experience based on the knowledge and skills they have already acquired during core teaching.

Professional EMS

22. As part of clinical EMS, up to 2 weeks of "professional EMS" can be allowed for, which could be work placements that may not necessarily be clinically based or be directly involving animals. For example, the following types of placement can be permitted for "professional EMS":

>	Administrative placements with veterinary bodies and/or government;
>	Veterinary business placements;
>	Veterinary diagnostic laboratory placements;

Veterinary Public Health placements;
Named Veterinary Surgeon placements.

(This list is not exhaustive)

23. More than 2 weeks of professional EMS is encouraged at the school's discretion if a student has a specific and genuine interest in gaining further experience in a non-clinical setting.

24. Professional EMS is not a mandatory requirement as part of clinical EMS.

Guidance on RCVS EMS Policy

This document should be read in conjunction with the RCVS EMS Policy

Sign-off

1. The RCVS EMS Policy must be implemented by the veterinary school, and the school will have the final sign off on all EMS placements. Where flexibility is allowed for within the policy, it is up to the veterinary school to make the final decision on what is and is not accepted for EMS placements.

Number of weeks

2. As stated in the policy, the requirement for completion of EMS is 38 weeks: 12 weeks pre-clinical, or animal handling (AHEMS), EMS; and 26 weeks clinical EMS. This is the minimum requirement – students can obtain further weeks if they are able to.

3. The length of a week should primarily be based on the providers' working week. For example, if a placement provider has asked the student to be present from Monday to Saturday, then that would constitute one week. The vet school will always have the final sign off on what constitutes a "week" of EMS, and it is advised that common sense and discretion is applied.

4. It is accepted that some weeks' placements may be longer than others. The minimum amount of time for a working week would be expected to be 5 days. Exceptions can be made for bank holidays.

5. Placements may not necessarily have to take place over consecutive days. For example, a student could attend a placement over consecutive weekends which could count towards the requirement. Again, in this instance the school would need to make the final judgement over how many "weeks" the placement would count for based on the amount of days attended.

6. Schools are encouraged to make allowances for students' absence if a placement may fall outside the time of a usual university week. For example, if a placement finishes on a Sunday night and a student may be unable to travel back in time for a Monday lecture, they should be excused.

International EMS placements

7. The RCVS EMS does not have any stipulations about international EMS policies. Both pre-clinical and clinical EMS placements can take place overseas at the discretion of the individual schools. Schools should ensure that the correct insurance arrangements are in place before any internal placements take place.

Pre-Clinical EMS

Species requirement

8. The RCVS EMS Policy states that at least 1 week of pre-clinical/AHEMS must take place in each of the three main disciplines: equine; farm animal; and small animal. This is to ensure that students gain some further exposure to animals across each of the main areas.

9. Within each species area, there is no specific stipulation as to which species the placement should be centred around centred around.

10. Students can spend more than 1 week in any of the stipulated disciplines if they wish.

11. Schools may implement their own species requirements in addition or further to the RCVS Policy to make up for any of the remaining 9 weeks, but in doing so it should be made clear to the students that this is a specific requirement of the school itself.

12. RCVS does not stipulate any specific order of discipline or species that placements need to be completed in. However, schools may implement their own timetables based on the curriculum.

Types of pre-clinical/AHEMS placement

13. RCVS does not stipulate which placements would be "accepted" for pre-clinical/AHEMS. As stated above, it is up to the individual veterinary school to give the final sign-off on which placements will be accepted for pre-clinical/AHEMS.

14. RCVS would not expect schools to be allowing any e-learning type placement for pre-clinical/AHEMS.

15. RCVS would not expect schools to be allowing any type of placement where the student is not directly involved in animal handling.

16. RCVS would encourage the majority of pre-clinical/AHEMS placements to take place off-campus and away from university farms or hospitals, or any locations were IMR is delivered, to allow students to gain further experience outside of the veterinary school environment. However, on-campus placements are allowed for within the policy.

Clinical EMS

Species requirement

17. There is no stipulation on species requirement from RCVS for clinical EMS. This is to encourage more freedom for the individual student and tutor to be able to identify both areas in which further development may be needed, but also to give individual students the ability to hone down a particular area of interest themselves.

18. Vet schools are free to interpret the policy by implementing their own species requirements, however in doing so, it should be made clear to the students that this is a specific requirement of the school itself.

Length of placement

19. The policy states that clinical placements would be expected to last at least 2 weeks. This is to allow time for students to get a better feel of the environment and cases seen whilst on placement, as well as being able to give the provider more time to be able to offer more effective mentorship and guidance. However, this is not a strict requirement, and placements of 1 week can be allowed for, and this should be down to the school's discretion.

20. There is no maximum limit to a placement length. However, it is recognised that the length of any particular placement would likely be influenced by a combination of any, or all, of the schools' timetables and curricula; availability of the provider; and the student's own time and availability.

Types of placement

21. Similarly to pre-clinical/AHEMS, RCVS does not stipulate which placements would be "accepted" for clinical EMS. This again is down to the individual school to sign-off.

22. RCVS would not expect schools to be allowing any e-learning type placements for clinical EMS.

23. RCVS would encourage the majority of clinical EMS placements to take place off-campus and away from university farms or hospitals, or any locations were IMR is delivered, to allow students to gain further experience outside of the veterinary school environment. However, on-campus placements are allowed for within the policy.

24. RCVS would not usually expect schools to be allowing any type of placement where the student is not gaining direct clinical experience with animals. However, as laid out in the policy, longer term research placements can be allowed as part of the clinical EMS requirement. This is not a standard requirement, and allowing such a placement would be at the discretion of the school.

Professional EMS

25. The basis for the 2 weeks allowance of "professional EMS", i.e. non clinical placements, or those placements that do not directly involve animals, is that the majority of graduates will end up in clinical practice, and therefore RCVS would expect students to gain as much experience in clinical areas as possible before graduation. However, it is recognised that not all graduates will move into clinical practice, or may still be unsure whilst studying. Therefore, more than 2 weeks of professional EMS can be allowed for at the school's discretion if a student has a genuine interest in a particular area of non-clinical work. Multiple professional EMS placements can also be allowed for in this instance.

26. Professional EMS placements that are not necessarily clinically based, but are clinically related can also be allowed for above the standard 2 week allowance. For example leadership, management or veterinary business focussed placements.

27. Professional EMS is not mandatory, however schools are free to implement their own policies which may include it. In doing so, it must be a standardised maximum of 2 weeks (with more to be allowed for in genuine cases of student interest as detailed in point 25) and it should be made clear to the students that this is a specific requirement of the school itself.

Contributors and committees with input into this project

Accreditation Review Working Party (AWRP)

Professor David Church (representing a traditional curriculum model (RVC))

Professor Kate Cobb (representing a community-based curriculum (Nottingham))

Professor Susan Dawson (representing the Veterinary Schools Council (VSC) and a traditional curriculum model (Liverpool))

Professor Nigel Gibbens (Chair)

Ms Joanna Green (QAA)

Professor Mike Herrtage (representing a traditional curriculum model (Cambridge))

Mrs Lynne Hill (practitioner)

Dr Kamalan Jeevaratnam (representing a distributed curriculum model (Surrey))

Ms Jessica Lichtenstein (GMC)

Dr Christina Paish (new graduate)

Mr James Statton (final year veterinary student (Nottingham))

Mrs Clare Tapsfield-Wright (practitioner)

Graduate Outcomes - EMS & Clinical Education Sub-Group (GO EMS CE)

Tasked with creation of the standards relating to EMS, and standards relating to what constitutes a majority of hands-on, clinical education. This group also created the accompanying EMS policy and guidance which sits alongside the EMS standards.

Dr David Charles (student rep/recent graduate)

Mrs Liz Cox (Vet Nurse representation)

Professor Susan Dawson (RCVS Council)

Dr Richard Hammond (RCVS Council)

Professor Stephen May (Chair)

Mrs Brin McNeill (Employer - private practice)

Dr Chris Tufnell (RCVS Council)

Mr Peter Robinson (RCVS Council)

Dr Rob Williams (Employer – corporate practice)

Primary Qualifications Sub-Committee (PQSC)

Dr Alex Berry (Student representative – Cambridge)

Dr Kate Cobb (Nottingham)

Dr Jo Dyer (Chair[1] – RCVS Council)

Professor Jim Anderson (Glasgow)

Mrs Jo Oultram (Liverpool)

Mr Martin Peaty (Statutory Membership Examination Board Chair)

Professor Susan Rhind (Edinburgh)

Dr Kate Richards (RCVS Council)

Dr Cheryl Scudamore (RCVS Council)

Professor Ken Smith (RCVS Council/RVC)

Mr James Statton (Student representative – Nottingham)

Dr Clare Tapsfield-Wright (practitioner)

Professor Sheena Warman (Bristol)

Education Committee

Ms Anna Bradbury (Student representative[2])

Professor Ewan Cameron (RCVS Council VSC representative)

Mr Danny Chambers (RCVS Council)

Ms Kate Dakin (Student representative[3])

Ms Linda Ford (RCVS Council)

Mrs Susan Howarth (RCVS Council)

Professor Tim Parkin (RCVS Council VSC representative[4])

Mrs Susan (Sue) Paterson (Chair)

Dr Kate Richards[5] (RCVS Council)

Dr Cheryl Scudamore (RCVS Council)

Professor James Wood (RCVS Council VSC representative)

Ops Board member as observer: Dr Niall Connell[6]

Chairs of Education Subcommittees[7]:

Dr Melissa Donald[8], CertAVP

Dr Joanne Dyer, PQSC

Mr John Fishwick, Specialist Recognition Subcommittee

Professor Nigel Gibbens, Accreditation Review Group

---

[1] Position previously held by Professor Susan Dawson (RCVS Council) during early stages of the project.
[2] Position previously held by Mr Tobias Fox (Student representative)
[3] Position previously held by Ms Katy Fox (Student representative)
[4] Position previously held by Dr Richard Hammond (RCVS Council VSC representative)
[5] Position previously held by Professor Ken Smith
[6] Position previously held by Ms Amanda Boag
[7] Previously included Graduate Outcomes subcommittee, chaired by Professor Stephen May
[8] Position previously held by Professor Jill Maddison

Summary

Meeting	Council
Date	10 June 2021
Title	The RCVS Legislation Review – consultation report and adoption of the recommendations
Summary	This paper introduces the Report of the Royal College of Veterinary Surgeons (RCVS) Legislation Reform Consultation. It highlights some key themes found in the report, suggests areas where future communications could be focused, and invites Council to decide whether to adopt the LWP's recommendations and related interim recommendations.
Decisions required	To decide whether to adopt some or all of the LWP recommendations. To decide whether to implement some or all of the 'interim recommendations'.
Attachments	Report of the Royal College of Veterinary Surgeons (RCVS) Legislation Reform Consultation
Author	**Ben Myring** **Policy & Public Affairs Manager** b.myring@rcvs.org.uk

Classifications

Document	Classification[1]	Rationales[2]
Paper	Unclassified	n/a
Annex A	Unclassified	n/a

The RCVS Legislation Review – consultation report and adoption of the recommendations

Introduction

1. This paper considers the recommendations set out in the RCVS Legislation Working Party (LWP) report and related interim recommendations in light of the RCVS Legislation Reform Consultation, which was conducted between 4 November 2020 and 23 April 2021. It is informed by consideration given to the consultation report by the Legislation Working Party on 19 May 2021. It draws attention to some of the key themes emerging in the consultation, and makes recommendations to Council regarding adoption of the LWP's recommendations and related communication. The full report of the consultation is annexed to this paper.

2. Should Council decide to adopt the LWP's recommendations they would become the basis for future discussions with the Department for Environment, Food and Rural Affairs (Defra), with the aim that a new Act of Parliament be introduced to implement the recommendations. Should Council decide to adopt the interim recommendations then these could be implemented without recourse to primary legislation.

3. While many of the recommendations garnered broad support, some did not. It should be noted that the aim of the consultation was to seek additional arguments and evidence that the LWP may not have considered; it was not putting the recommendations to a vote.

4. The LWP's recommendations were primarily 'in principle', arguing for the RCVS to be given powers and mechanisms in line with regulatory best practice. However, a large number of submissions contained considered suggestions on how any recommendations should be implemented in practice. The RCVS will retain the consultation responses for future consideration, should new legislation allow the recommendations to be implemented.

5. The consultation revealed numerous areas in which there were misunderstandings about the recommendations, minor and major, both in terms of the motivations behind them and their impact. This paper highlights some of these, and recommends that the RCVS seeks to address these in its communications.

Part 1: Embracing the vet-led team

6. In general, respondents were supportive of the recommendations proposed in this section of the consultation.

1.1 Statutory regulation of the vet-led team

7. It may be helpful to reiterate assurances that paraprofessionals would only be considered for regulation by the RCVS if they met the criteria previously approved by Council, for instance that their

work would have to be underpinned by evidence, would not be a reputational risk to the RCVS, and that they would need to be self-funding.

8. Assurances could also be given in regard to the governance of paraprofessionals by the RCVS, for instance that they would be represented on the relevant decision-making bodies similarly to veterinary nurses, and that standards of qualifications and conduct would also be similarly assured.

9. A number of respondents stressed that the term 'paraprofessionals' was inappropriate, and that 'allied professions' should be used instead. As a rule of thumb the RCVS has reserved the term 'allied professions' for those regulated by the RCVS, i.e. veterinary nurses and any future regulated paraprofession, but a broader use of this expression could be appropriate.

10. Similarly, some argued that the term 'veterinary team' was more appropriate than 'vet-led team', due to the expertise of paraprofessionals and because "*vets are not and cannot be omni-competent*". This perhaps clashes with the centrality of the veterinary surgeon and the reservation of acts of veterinary surgery except by exception, but Council may wish to consider which of the terms 'vet-led team' and 'veterinary team' is the most appropriate.

1.2 Flexible delegation powers

11. Some respondents stressed the importance of ensuring that any decisions on which procedures could be delegated should be made with sufficient expert input, with appropriate consultation, and with robust evidence, and the RCVS may wish to give assurances here, along with the continued centrality of veterinary diagnosis.

1.3 Separating employment and delegation

12. A number of submissions stressed the importance of communication and chains of responsibility between the veterinary surgeon and the paraprofessional being delegated to, and that these would need to be robust outside of an employment relationship. The RCVS may wish to communicate how this could be addressed via the Code of Professional Conduct and Supporting Guidance, alongside other measures.

1.4: Statutory protection for professional titles

13. Nothing to add to the report.

Part 2. Enhancing the role of the veterinary nurse

2.1: Extending the VN role in anaesthesia

14. A significant number of submissions requested clarity as to the level of supervision required for this delegation. As agreed by Council in 2015, the current proposals would require a vet to be on the premises, but would not necessarily require the highest level of 'direct, continuous and personal' supervision. How this was implemented in practice would be a decision for the Standards Committee and Council, should legislation allow.

15. Others stressed that this should be only available to veterinary nurses with an advanced qualification; again, this would be a matter for future consideration by the College, and the RCVS may wish to note this in its communications.

2.2: Allowing VNs to undertake cat castrations

16. A common question here, along with extending the role of VNs in anaesthesia, was why this recommendation had been singled out, and given the earlier recommendation on flexible delegation this is understandable. The RCVS may wish to stress that the specific VN recommendations were included because they have historically been the focus of attention within the profession, and that cat castrations were an activity that veterinary nurses previously could carry out prior to changes in legislation. Further, both recommendations were highlighted by the Veterinary Nurse Schedule 3 Working Party, whose survey found majority support from both veterinary nurses and veterinary surgeons for these changes. These specific recommendations should not detract from the principle-based, strategic approach taken in Recommendation 1.2.

17. Similar suggestions in regard to further training and supervision were made as with Recommendation 2.1, and similar assurances could be given here.

Part 3. Assuring practice standards

3.1: Mandatory practice regulation

18. The recommendation received many submissions asking about the specifics of how a system of mandatory regulation would be implemented; as this would be a matter for consideration at a later stage it may be difficult to give assurances now. Many useful suggestions were made, including on the potential to preserve the Practice Standards Scheme (PSS) alongside a mandatory regime, which can be referred to when developing any future policy. As a mandatory scheme would only cover legal 'musts' – similar to the existing PSS Core Standards – it is very likely that PSS would continue to accredit and award at higher level.

3.2: Powers of entry for the RCVS

19. This proposal divided opinion. Notably, different views were taken by the British Veterinary and Veterinary Nursing Associations on one hand and the British Small Animal and Cattle Veterinary

Associations on the other. The former, along with the Veterinary Defence Society, argued that removal of a premises' licence as part of mandatory regulation would be a more fitting ultimate response to refusal of entry. Council may counter that removal of such a licence would be a disproportionately heavy-handed response relative to powers of entry given the consequences for a business and the professionals employed there, and that any mandatory practice regulation scheme would be dependent on rights for inspectors to enter a practice as part of an inspection regime, given appropriate notice.

20. There also appeared to be a misconception that the RCVS would immediately default to exercising powers of entry. The College should give assurances that this would not be the case, and powers of entry would only be used following if there was a failure to comply with reasonable requests giving suitable notice.

3.3: Ability to issue improvement notices

21. Some respondents asked for assurances that improvement notices would be subject to a robust appeals process, and the College can give assurances here in line with the Strategic Plan, which commit to greater clarity on appeals.

Part 4. Introducing a modern 'fitness to practise' regime

22. While there were a great range of responses to the fitness to practise (FTP) recommendations, there appeared to be some common misunderstandings about the nature of FTP and its grounding in the underlying purpose of professional regulation.

23. According to recent case law in the healthcare sector, the purpose of regulation is threefold:

    a.   to protect patients

    b.   to maintain public confidence in the profession, and

    c.   to uphold proper standards of conduct and behaviour.

24. In relation to the RCVS, these objectives should be interpreted in line with the objects set out in the RCVS Supplemental Charter 2015, namely:

    "…*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*"

25. In light of this, the purpose of regulation from the RCVS perspective can be interpreted as follows:

    a. to protect animals, their owners and the wider public

    b. to maintain public confidence in the veterinary and veterinary nursing professions, and

    c. to uphold proper standards of conduct and behaviour.

26. The fitness to practise model presumes that every veterinary surgeon and nurse entered in the relevant register is fit to practise and remains so unless it is proven that their fitness to practise is impaired. The grounds for impairment are typically misconduct, health and performance. In the case of health, it must be shown that the health condition impairs the individual's fitness to practise; the fact of the health condition alone is not reason enough. In the case of performance, the Committee must be satisfied that there has been a course of conduct or pattern of behaviour (i.e. not one or two mistakes) that shows the individual's fitness to practise is impaired by reason of their competence. At the heart of the fitness to practise model is protection of the public and the public interest, and in the case of the RCVS, animal health and welfare.

27. The consultation stressed that a 'fitness to practise' regime was a package that needed to be taken together. However, as elsewhere. respondents were given the opportunity to express their views on individual recommendations.

4.1: Introducing the concept of 'current impairment'

28. Although the majority of respondents were supportive of this proposal, there was concern that it may lead to serious wrongdoing going 'unpunished'. The RCVS may wish to stress the purpose of sanctions is to protect the public rather than to punish the individual (although it is accepted that sanctions may have a punitive effect). In addition, one of the considerations for finding current impairment is whether a finding of no impairment would damage the reputation of the profession. As such, the most serious of cases would almost always proceed to the sanction stage.

4.2: Widening the grounds for investigation

29. Based on the responses received, there appears to have been some misunderstandings as to how this might work in practice. The RCVS may wish to reassure respondents that all grounds for investigation would be subject to the same, robust process, based on breaches of the Code and supporting guidance and subject to the same burden and standard of proof. In case of health, evidence that the health condition affected a veterinary surgeon's fitness to practise would be necessary; the health condition alone would not be enough. Further, members of the Health and Performance Committees would be selected in the same, independent way as the current Disciplinary Committee. The RCVS may also wish to emphasise that protection of the public and the public interest are at the heart of this proposal.

4.3: Introducing powers to impose interim orders

30. Many respondents wanted clarity on when an interim order might be imposed. The RCVS may want to stress that use would be very rare and only when there is a serious and imminent risk to animal health and welfare or public health. Interim orders would only be imposed following a hearing before

an independent panel. Further, even where an interim order is necessary, suspension is not inevitable as conditions of practice may be imposed as an alternative where appropriate. Any interim orders imposed would be subject to regular review by the panel.

31. Concerns were also raised about the need for financial support for an individual who was subject to an interim order, and whether this would be covered by the regulator. The College may wish to clarify that financial support may primarily be a matter for employment contracts and that this would need to be considered as and when the RCVS was in a position to develop and implement interim orders.

4.4: Introduce reviews of suspension orders

32. Although the response to this proposal was largely positive, the RCVS may wish to clarify the purpose of the review is to ensure the individual is no longer impaired, and therefore fit to practise, before they are restored to the Register which is essential for protecting the public and ensuring the reputation of the profession is upheld.

4.5: Introduce a wider range of sanctions

33. Although the majority of respondents were in favour of this proposal, the RCVS may wish to clarify that the proposal is to broaden range of sanctions available when a person's fitness to practise is found to be impaired. This proposal would not result in a larger number of hearings as the threshold for referral to the Disciplinary Committee would remain the same.

4.6: Introduce the power to require disclosure of information

34. The concerns raised about the proposal centred on the type of information the RCVS might gain access to as a result of this power. The RCVS may wish to reassure the profession that this power is sought primarily to assist with obtaining information from organisations, such as the police, which can be reluctant to disclose information without a statutory obligation. At present, the RCVS has no way to compel these organisations to disclose this information and RCVS investigations can be stymied as a result. It is not the intention that this would be used to obtain information from individuals veterinary surgeons or nurses in relation to concerns raised as there is already a provision within the Code requiring compliance with reasonable requests from the RCVS.

4.7: Formalise role of Case Examiners and allow them to conclude cases

35. Nothing to add to the report.

Standard of Proof

36. The civil standard of proof is an inherent part of any fitness to practise model. However, the LWP did not make a specific recommendation as discussions regarding changing the standard were already underway at RCVS Council. The consultation did address the question of changing the standard of proof as part of the College's 'interim recommendations', and discussion of this topic is postponed to that point in this paper (see par.45 below).

Part 5. Modernising RCVS registration processes

5.1: Introduce provisions to allow limited/restricted licensure in principle

37. Here again many comments were focused on how specific forms of limited/restricted licensure could be problematic, though some were opposed in principle, arguing that any change could be perceived as creating 'two tiers' of veterinary surgeon. The RCVS could here stress that a veterinary surgeon with a restricted/limited licence could still be a vet in every meaningful sense, and with the same 'status', and note that veterinary surgeons already tend not to practise in every area of veterinary medicine; the distinction would be that by necessity they were formally restricted from practising in one or more areas so as to be able to join the Register and hold the title 'veterinary surgeon'.

38. There appears to be a common misconception that there were other options available under existing legislation if the RCVS wanted to create new routes to registration for individuals who could not currently register due to disability. At present, the veterinary degree is designed to meet the Day-One Competencies which are designed to underpin full registration. If a disability prevents an individual from meeting the Day-One Competencies they cannot register, and so they would not be accepted onto a veterinary degree course. The only way to remedy this would be to introduce limited/restricted licensure, with the Day-One Competencies tailored to recognise those restrictions; the veterinary schools could then allow an undergraduate to undertake a tailored course (the complexities of how to do this should not be underestimated, as noted by Veterinary Schools Council in their submission, but this is a question of implementation rather than principle and would be considered in due course after consultation to determine whether a practicable policy could be introduced).

39. This issue is distinct from how a veterinary surgeon might continue to hold full registration if they develop a disability after qualification and initial registration, as they can choose to restrict their own practice as required without pursuing formal limited/restricted licensure. The RCVS will need to clearly explain this in its communications.

40. A number of respondents particularly disliked the term 'limited licensure', especially as applied to individuals with disabilities; Council may express a preference for using 'restricted licensure', or consulting on use of a more appropriate term, such as 'focused licensure'.

5.2: Empower the RCVS to introduce revalidation

41. Many respondents suggested that revalidation was unnecessary, or overly burdensome, while some paraprofessional groups noted that they already had such provisions. A particularly useful submission came from BVA and BVNA, who suggested that "*The dental profession approach of enhanced outcomes-based CPD could be a useful model, and RCVS should use the results of its outcomes-based CPD project to inform the development of proposals.*" This is indeed one example of how a revalidation model could build on existing CPD requirements, bolstered by any future mandatory requirements (see Recommendation 5.3) rather than a more complex system as seen in human healthcare. The LWP's recommendation was only that the RCVS should have the power to implement revalidation *in principle*, and the RCVS could stress that any specific system of revalidation would be tailored for the veterinary professions and only be implemented after due consultation.

5.3: Underpin mandatory continuing professional development (CPD)

42. While most submissions supported mandatory CPD, a common suggestion put forward by respondents was that CPD must continue to be fair and flexible, with recognition of extenuating circumstances. The RCVS could commit to continuing this approach this when communicating with the professions.

Additional LWP recommendations

8.4: Retaining a Royal College that regulates

43. Reassuringly, only a minority of respondents argued that the RCVS's Royal College and Regulator roles should be split, and there was broad recognition of the advantages of a holistic role for the College. However, strong views were expressed as to how the College could improve, particularly in communicating the nature of its role to the profession.

Recommendations not highlighted in the consultation

44. A number of 'housekeeping;' recommendations were not highlighted in the LWP report or consultation but were present in the report annexe, and respondents were invited to comment on these. Responses are summarised in the consultation report annexe. Notably, a number of responses concurred with the LWP's view that further work should be undertaken on the definition of 'animal' to include fish and/or invertebrates.

Interim proposals not requiring primary legislation

Standard of proof

45. It is clear from many of the responses received that the College needs to do more to explain the rationale for changing the standard of proof, and to make it clear that the recommendation was not merely a matter of 'doing as others do'. The underlying rationale for the civil standard's 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 for regulators is the civil standard. It is for this reason that almost every other regulator, including almost every comparable veterinary regulator overseas, has adopted the civil standard. It is a fundamental matter of principle that, where such a conflict could be perceived, regulators must be seen to prioritise protection of the public interest over protection of the profession that it regulates.

46. Some submissions argued that the role of the vet was different to professions in human healthcare, where professionals could be 'a danger to the public'. However, this does not take account of the key role of the veterinary profession in public health, for instance in assurance of the safety of the food chain and in guarding against the spread of zoonotic disease. Nor does it take account of the fact that the civil standard of proof has been judged to be appropriate for most professions, regardless of their direct impact on human health.

47. Others suggested that changing the standard would lead to a large increase in the number of cases being taken forward by the Disciplinary Committee. However, such an increase was not predicted in the review of past cases previously considered by RCVS Council, nor was it the experience of previous regulators such as the General Medical Council (as noted in the BVA and BVNA's response).

48. Many of those who supported the change did so with the caveat that this should be introduced as part of, or after, the wider suite of changes proposed in the LWP report, rather than as an interim measure. BVA and BVNA noted that the GMC only introduced the change after all other Fitness to Practise measures had been implemented. However, the GMC was one of the first regulators to change its standard of proof, and it can be argued that the RCVS need not take such a cautious approach when full fitness to practise regimes – including the civil standard – have subsequently been successfully implemented in full elsewhere without such a staged approach.

Alternative means for concluding Disciplinary Committee (DC) cases (the Charter Case Protocol)

49. Nothing to add to the report.

Structural changes to the concerns process ('mini-PICs')

50. Nothing to add to the report.

Decisions

51. The Legislation Working Party considered the draft consultation report on 19 May. They recommended that RCVS Council adopt the LWP recommendations in full, noting the need for communication as outlined above. The LWP considered but did not pass judgement on the interim proposals as these were not made by the LWP.

52. Council is invited to consider the LWP's recommendations in light of the consultation report, and decide whether to adopt some or all of the recommendations, either as they stand or in amended form. If adopted, they will become the College's formal policy position on new legislation in future discussions with Defra.

53. Council is further invited to decide whether to implement some or all of the 'interim recommendations'; changing the standard of proof would require a statutory instrument, the other two measures could be implemented immediately.

54. Council is asked to comment on the suggestions outlined in this paper of areas where the College should focus its communications to better explain the recommendations and their implications.

LEGISLATIVE REFORM CONSULTATION

Report of the Royal College of Veterinary Surgeons (RCVS) Legislative Reform Consultation

RCVS | SETTING VETERINARY STANDARDS

LEGISLATIVE REFORM CONSULTATION

Contents

Introduction

Background

1. This report presents the findings from the RCVS Legislative Reform Consultation, conducted between 4 November 2020 and 23 April 2021.

2. The consultation covered the recommendations set out in the Report of the RCVS Legislation Working Party (LWP), which was approved for consultation by RCVS Council at its June 2020 meeting, plus proposed interim reforms to the disciplinary system that would bring the RCVS closer to regulatory best practice without the need for primary legislation.

3. 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 could be a modern and efficient regulator. The LWP consisted 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. The LWP recommendations fell into five key areas:
    •   Part 1: Embracing the vet-led team.
    •   Part 2: Enhancing the VN role.
    •   Part 3: Assuring practice regulation.
    •   Part 4: Introduce a modern 'Fitness to practise' regime.
    •   Part 5: Modernising RCVS registration.

5. Also included in this consultation were several additional interim recommendations.

Consultation process

6. The consultation was initially open for 12 weeks, however RCVS extended this to allow 24 weeks for people to

respond as the consultation period fell during a time of national lockdown in the UK in early 2021.

7. Consultation survey responses were completed online via SurveyMonkey and were also accepted by email. This consultation was available for anyone to complete, and members of the following groups particularly encouraged to respond: members of the general public, veterinary surgeons and veterinary nurses, vet & VN students, members of the wider practice team, and representatives of veterinary and wider industry organisations.

8. The consultation was widely publicised – both before and after its deadline was extended - in order to reach out to both veterinary and animal owner audiences. Methods of communication included sending regular consultation reminder emails to all registered veterinary surgeons and veterinary nurses, a series of articles in the Veterinary Record which were then reproduced on the RCVS website and highlighted via social media, and press releases sent to news outlets, including specialist veterinary and animal owner publications. The use of all available sources of information and platforms meant that key stakeholders were notified about, and regularly reminded of, the consultation, including veterinary surgeons, veterinary nurses, veterinary organisations and animal owner groups.

9. Qualitative analysis was conducted on all responses to the consultation. Each response was carefully assessed, and the key themes have been identified and summarised in the following section of this report. Responses were reviewed in relation to arguments supporting and opposing the recommendations, queries or requests for further information, and suggestions for how the recommendations should work in practice.

10. In setting out the analysis in the report below, quotations have sometimes been included where these succinctly

Table 1: Consultation responses, by respondent type

Respondent type	Number of respondents	% of respondents
Veterinary surgeon	714	54
Registered veterinary nurse	335	25
Paraprofessional	93	7
Veterinary nurse student	73	5
Member of the public	58	4
Organisation	40	3
Veterinary student	10	1
Practice manager	7	1
Total	**1,330**	**100**

illustrate common themes. Where these are taken from submissions from individuals they remain anonymous, whereas organisations are named. Additional quotations from organisations have been highlighted throughout.

Summary of responses

11. There were 1,330 responses to the consultation.[1] Table 1 lists the number of consultation respondents by respondent type.

12. Table 2 shows the number of respondents to each of the sections of the consultation. Analysis of the type of respondents at each consultation section shows that veterinary surgeons responded across all sections, veterinary nurses were also represented across all sections, but many responded only to Parts 1 and 2 of the consultation. Most veterinary nurse students responded only the Part 2 of the consultation, and paraprofessional responses were concentrated in Part 1 of the consultation. Members of the public responded to all sections but were most likely to give comments on Parts 1, 3 and 4 of the consultation.

13. As stated in Table 1, there were 40 responses from organisations.[2] Listed below are the responding organisations:

- Animal Behaviour and Training Council (ABTC)
- Animal Health Professions' Register (AHPR)
- Association of Chartered Physiotherapists in Animal Therapy (ACPAT)
- Association of Government Veterinarians (AGV)
- Association of Pet Behaviour Counsellors (APBC)
- British Association of Equine Dental Technicians (BAEDT)
- British Cattle Veterinary Association (BCVA)
- British College of Veterinary Specialists (BCVSp)
- British Equine Veterinary Association (BEVA)
- British Small Animal Veterinary Association (BSAVA)
- British Veterinary Association (BVA) and British Veterinary Nursing Association (BVNA)
- The British Veterinary Union, in Unite the Union (BVU)
- CAM4animals
- Canine Hydrotherapy Association (CHA)
- Canine Massage Guild (CMG)
- Cattle Hoofcare Standards Board and National

Table 2: Number of consultation responses, by consultation section

Consultation section	Number of respondents	% of respondents
Part 1: Embracing the vet-led team	691	52
Part 2: Enhancing the role of the veterinary nurse	786	59
Part 3: Assuring practice standards	527	40
Part 4: Introducing a modern 'Fitness to practise' regime	546	41
Part 5: Modernising the RCVS registration processes	483	36
Additional and interim recommendations	445	33
All sections	**1,330**	**100**

- Association of Cattle Foot Trimmers (CHSB & NACFT)
- Chartered Society of Physiotherapy (CSP)
- CVS Group plc
- European College of Veterinary Diagnostic Imaging (ECVDI)
- Fellowship of Animal Behaviour Clinicians (FABC)
- Fish Veterinary Society (FVS)
- Food Standards Agency (FSA)
- Fortesium Ltd
- Harper Adams University
- IVC Evidensia
- Justo Development Ltd
- Linnaeus Group
- Lynwood vets
- The National Association of Veterinary Physiotherapists (NAVP)
- Nockolds Resolution, providers of Veterinary Client Mediation Service
- People's Dispensary for Sick Animals (PDSA)
- The Pets at Home Vet Group (Vets4Pets & Companion Care)
- Register of Animal Musculoskeletal Practitioners (RAMP)

- The Veterinary Defence Society Limited (VDS)
- Veterinary Public Health Association (VPHA)
- Veterinary Schools Council (VSC)
- VetLife
- VetPartners
- Vets Now
- Working Communities Ltd: VetSurgeon.org and VetNurse.co.uk

Next steps

14. The Legislation Working Party will consider the results of the consultation, and pass any comments to RCVS Council. Council will also consider the consultation results in light of these comments, before deciding whether to adopt some or all of the recommendations in their original or amended form.

15. The RCVS will retain the consultation responses, which include a great deal of suggestions on how any recommendations should be implemented in practice, for future consideration.

Consultation responses
Part 1. Embracing the vet-led team

16. The LWP proposed four recommendations to enhance and embrace the vet-led team approach across the veterinary profession. These were statutory regulation of the vet-led team (regulating additional paraprofessionals), flexible delegation powers, separating employment and delegation, and statutory protection for professional titles for veterinary nurses and regulated paraprofessionals.

17. In general, respondents were supportive of the recommendations proposed in this section of the consultation. Key themes that emerged were that these recommendations would support higher standards of care, particularly through ensuring that professionals were suitably qualified, improving working relationships and workflow within the vet-led team, providing clarity on delegation in practice, and enhancing the status of veterinary nurse and paraprofessional roles, as well as making better use of their skills and expertise.

18. Those who were opposed to the recommendations cited a number of reasons, including a negative impact on the quality of care, and increased risks due to more autonomy and delegation for VNs and paraprofessionals, diminishing the role of the veterinary surgeon, and increased costs associated with widening the regulatory umbrella to include additional professions.

Recommendation 1.1
Statutory regulation of the vet-led team

19. The RCVS is the statutory regulator of veterinary surgeons, and also regulates veterinary nurses via the RCVS Royal Charter. The LWP proposed that the RCVS should also be able to regulate additional paraprofessions, with their agreement, in order to protect animal health and welfare and public health via the assurance of standards, and provide clarity for the public and the professions. Having a single statutory regulator for the vet-led team would create a coherent system of regulation, similar to the one implemented by the General Dental Council, with clear rules around delegation.

20. A majority of respondents to the consultation was supportive of this recommendation, and this was true across different groups of respondents including veterinary surgeons, veterinary nurses and paraprofessionals. However, a proportion of respondents made arguments against the proposal, and a number raised questions about how it would work in practice.

21. Respondents in favour of the recommendation gave the following reasons:

    a) **Higher standards of care.** Many respondents said they felt RCVS regulation of paraprofessionals would improve and maintain consistent standards of care, ensure practitioners have an acceptable level of training, and prevent underqualified paraprofessionals from practicing. This would ultimately support better standards of animal welfare and reduce risk of harm.

    BVA & BVNA: **"We strongly support moves to improve standards of animal health and welfare through the regulation of allied professions and see this as being an appropriate primary driver for progressing the regulation of some groups."**

    b) **Clarity in accessing qualified practitioners.** Another common response was that this change would help veterinary surgeons and the public in making an informed decision when selecting a suitably qualified practitioner and give veterinary surgeons more confidence when referring patients and working with paraprofessionals. One member of the public said "It can be very confusing to the public to distinguish who is competent and trained and this would add weight to the credentials of those who have invested in their skills, are properly and currently trained and insured."

Linnaeus: "Regulation of paraprofessionals could offer a step forward for animal welfare in addition to providing reassurance to animal owners and confidence for veterinary surgeons delegating certain procedures to these individuals or referring cases to them."

NAVP: "Regulation by the RCVS will provide recognition of appropriately qualified individuals and provide reassurance to vets and the public. It will continue to enhance animal health and welfare by utilising specialists to carry out required treatments to animals as is also the case in veterinary referrals. Regulation will also bring these professionals fully into the vet-led team for the mutual benefit of animals and clients."

c) **Improved working relationships.** Some respondents said they felt a single regulatory framework would result in improvements in trust, communication and coordination between veterinary surgeons and paraprofessionals. This was viewed as a positive step towards better working relationships and improved outcomes for patients: "Perhaps it may also lead to improved trust and communication between those providing paraprofessional type services and the veterinary profession which may result in more coordinated care plans."

IVC Evidensia: "We believe it is particularly important that any change would be implemented sensitively so as not to disrupt current existing positive relationships between the veterinary community and those working in these areas."

Vets Now: "This would be likely to have an impact on the recruitment and retention challenges the professions currently face, and to improve role satisfaction and collaboration within the team."

d) **Paraprofessional status.** Some responses, particularly those from paraprofessionals, mentioned that regulation would boost the status and public recognition of these professions, while providing reassurance and instilling confidence in those that use their services.

AHPR: "The Animal Health Professions' Register welcomes the recommendation that the RCVS regulates other allied animal health professions and recognises that the majority of these paraprofessionals are professional in their own right having completed accredited and validated study."

e) **Prevent illegal activity.** Some respondents mentioned concern around some paraprofessionals currently acting outside of the limits of existing legislation, and that this change would give the RCVS greater control. In a related point, others noted that regulation of cattle foot trimmers, musculoskeletal therapists, and equine dental technicians (EDTs) would be beneficial as these are currently operating in a legal 'grey area' that crosses into veterinary surgery. Regulation would therefore resolve the legal ambiguity and ensure procedures are carried out by suitably qualified practitioners.

CHSB & NACFT: "We welcome this proposal. The current situation involving potentially untrained, unqualified cattle hoof trimmers practicing without any sort of regulation is unacceptable."

22. Respondents who disagreed with or had concerns about Recommendation 1.1 gave the following reasons:

a) **Resources and cost.** One important issue for those opposing RCVS regulation of paraprofessionals was the cost of this expansion and pressure on RCVS resources. There was concern that this would necessitate an increase in fees for current members of the RCVS or take away resources from other areas. Some also mentioned that paraprofessionals may object to their own increased costs caused by membership fees.

CVS Group Plc: "We believe that the regulation of allied professions must not incur a cost to the existing veterinary professions and that new groups joining the umbrella regulation of the RCVS, and the benefits of trust and reputation that this would bring, must be prepared to pay for this in a full and transparent manner."

b) **Paraprofessionals should regulate themselves.** Another view was that paraprofessionals should be regulated by experts in their own field. Two reasons were mentioned in relation to this view; first, that the RCVS would lack the sufficient subject-specific knowledge necessary to hold this role, and second, that including other professions under the RCVS umbrella would 'dilute' or 'degrade' the RCVS and the veterinary profession.

RAMP: "There is a very serious concern that the RCVS does not sufficiently understand the professions of Chiropractic, Osteopathy and Physiotherapy to be able to reasonably regulate it. MSK practitioners want management to be given by MSK professionals. Reassurance that these professions would be considered as professional partners in the development of this new act would give confidence that the standards would not be lowered or status eroded."

c) **Paraprofessionals may be unwilling to join the RCVS.** Some respondents were concerned that this would be unsuccessful because paraprofessionals may not wish to be regulated by the RCVS. Several reasons were cited for this, including costs, lack of confidence in the RCVS as a regulator and not wishing to be "regulated by vets". This view was largely held by veterinary surgeons, and not paraprofessionals.

d) **Delegation and supervision.** Some were concerned that veterinary surgeons would need to supervise work carried out by all paraprofessionals

under the RCVS umbrella, or that veterinary surgeons would be responsible for work completed by paraprofessionals who were likely to work outside of the veterinary practice.

e) **The impact on VN and paraprofessional roles.** Another concern was that this change would have an impact on the role of the VN, by other professionals performing tasks usually conducted by VNs in the practice, and similarly that paraprofessionals would be affected by restrictive regulation.

IVC: "We believe it is particularly important that any change would be implemented sensitively so as not to disrupt current existing positive relationships between the veterinary community and those working in these areas."

f) **Distrust or lack of confidence in the RCVS:** Some expressed concern about the RCVS's ability to regulate effectively and transparently, and while expressing support for regulation of paraprofessionals in general, these respondents felt that the RCVS's powers should not be expanded to include other professions.

BVU: "The BVU does not oppose the regulation of paraprofessionals, but do not feel that the RCVS is in a position to fulfil this function in its current format. Whenever new para-professions will be required to register with the regulator, all currently practicing paraprofessionals should enjoy grandfather rights in order to protect livelihoods. It is in the interest of veterinary workers and the public that regulation of veterinarians and paraprofessionals should lie with an independent regulator."

23. Some respondents had queries or questions on the details of this recommendation and how it would operate in practice. Further clarity was called for in the following areas:

a) **Which professions would be included?** Respondents requested a clear list of which professions would be regulated, and to get further information on how decisions would be made on which paraprofessionals would be included. Several professions were mentioned explicitly as preferred professions to be regulated, these were: trainers, behaviourists, physiotherapists, musculoskeletal therapists, rodentologists, hydrotherapists, acupuncturists, homeopathists, groomers, TB testers, large animal nutritionists, farm consultants, cattle foot trimmers, equine hoof trimmers, farriers, equine dental technicians, practitioners who scale and polish dogs' teeth. Some mentioned a particular concern around regulating/prosecuting canine reproduction 'experts' performing pregnancy scans, artificial insemination, and other fertility treatments.

AGV: "In government vet services there are comprehensive legislative requirements around the roles that support vets (such as Animal Health Officers, Meat Hygiene Inspectors, etc.) so these do not need further statutory regulation. This situation has arisen due to the absence of other regulatory routes under the current Veterinary Surgeons Act. However, in future it may be desirable for these roles to take on the status of allied professions so AGV recommends that the drafting of any new legislation must be flexible to allow this to happen."

b) **How would regulation work?** Some respondents wanted more information on how paraprofessionals would be regulated, and what standards and requirements they would have to meet. There was also some concern around the practicalities of regulating professions that work outside of the veterinary practice.

c) **What would constitute an accredited qualification?** More information was sought on how qualifications would be accredited as acceptable, who would make these decisions, and what evidence would be required to prove qualifications or skill level.

d) **What system would be in place to check individuals' qualifications?** In a related point, some respondents asked whether there would be a system in place for veterinary surgeons and the public to easily check a practitioner's credentials.

e) **Agreement from paraprofessionals.** Some respondents asked what would happen if certain professions did not agree to be regulated by the RCVS, and how the RCVS would deal with professions that continue practising without regulation.

f) **Where would the responsibility lie?** There were some enquiries about whether a veterinary surgeon would be ultimately responsible for a paraprofessional's work under this model, and requests for some clear guidelines on how responsibility and delegation would operate under the 'vet-led team' model. Related to this were questions on whether paraprofessionals would have to become employed by a veterinary practice, or whether they would have to seek permission from a veterinary surgeon to work with a new client.

24. Some respondents made suggestions for how this recommendation could work in practice or proposed alternative solutions:

a) **Communications and education.** Several respondents felt that this change would require a public awareness campaign and education of veterinary surgeons and vet nurses.
   i. The public would need to be informed that paraprofessionals were regulated, and how to recognise whether a professional was regulated, in order for them to choose suitably-qualified practitioners; "RCVS must ensure effective communication on the importance of choosing a regulated professional is a key consideration" (BVA/BVNA).
   ii. Veterinary surgeons and vet nurses would need more information and about how this would work in practice, and further guidance on delegating tasks to paraprofessionals and where responsibility lies. Some also suggested that veterinary surgeons should receive training on the therapies and treatments offered by paraprofessionals.

CVS Group: "It is essential that the boundaries for paraprofessionals are clear and that there is increased awareness of these boundaries within the veterinary professions and the public at large. Considerable thought will need to be given to consequences for those who may seek to undermine these new regulatory frameworks and continue to exploit any legal grey areas."

BEVA: "BEVA supports Statutory regulation of the vet-led team, however, any regulation/legislation should be easy for the public to understand, and education of the public must take place."

    b) **Grandfathering rights.** Many respondents welcomed the suggestion of grandfathering rights where this is appropriate, to ensure that no one is denied the right to a livelihood. However, there were some limitations suggested by respondents.
       i. Some said care should be taken that there were some minimum standards of training or competency before grandfathering of paraprofessionals.
       ii. Some respondents said that there should be a time-limit imposed on grandfathering rights. The BVA and BVNA noted that "although individuals have a right to a livelihood it is not appropriate to allow unqualified individuals to continue to work indefinitely. As such, a transition period with a fixed end point where individuals are supported to achieve the necessary standard is appropriate, and this must be clearly communicated to those affected as early as possible, with clear guidance on requirements."

BVU: "Whenever new para-professions will be required to register with the regulator, all currently practising paraprofessionals should enjoy grandfather rights in order to protect livelihoods."

ABTC: "ABTC considers that grandfathering is essential. However, there must be some means of assessing the competence of those who might be grandfathered."

BAEDT: "The BAEDT would like to see a stringent qualification criterion for grandfathering rights, for example evidence of length of service and volume of business."

    c) **Criteria for inclusion.** Some respondents suggested that there must be defined pre-requisites for including professions under the RCVS umbrella, to ensure that the services they provide are of benefit to animal welfare, The BVA and BVNA suggested the following criteria: "demonstrable competence underpinned by appropriate knowledge and understanding through successful completion of a qualification accredited by Ofqual (or equivalent in the devolved nations), or a degree awarded by a recognised body; continued education through completion of appropriate CPD".

BCVA: "If additional allied paraprofessionals are to be considered by the RCVS in the future then it would be essential to determine that their need and service provision will be an improvement to animal health and welfare and that they will enhance and support the role of veterinary farm practice."

    d) **Regulations should be drafted by experts in each field.** Some expressed concerns that RCVS lacks the subject specific knowledge required to regulate paraprofessionals, and suggested that experts should be consulted in order to draft any new regulations.

    e) **RCVS should tackle illegal surgery.** Some felt that the RCVS's main priority should be to tackle illegal surgery under the existing Veterinary Surgeons' Act, rather than making changes to this.

    f) **Avoid the term 'paraprofessionals'.** Some respondents suggested that the term 'paraprofessional' should be avoided because it was seen as having negative connotations, or that indicates professions are "less than" veterinary surgeons. The term "allied professionals" was suggested as an alternative.

CHSB & NACFT: "We prefer 'allied professional' to be used instead of 'paraprofessional.'"

AGV: "AGV feels that the label 'paraprofessionals' implies a lesser profession. We strongly urge RCVS to amend the wording to refer to 'Allied Professions' or 'Allied Veterinary Professions'. These are professions in their own right and should be recognised as such."

g) **Avoid the term 'vet-led team'.** Another group of respondents said that the term 'vet-led team' was not appropriate and suggested using 'veterinary team' instead. Some of these respondents described the term 'vet-led team' as "overly paternalistic", or said that it followed outdated medical models. One veterinary surgeon said: "The 'hub and spoke model' of 'vet-led team' described by the BVA is neither real nor desirable. It concentrates all the risk on the vet, disincentivises allied professionals from assuming responsibility, and opens a minefield of potential disciplinary confusion. Vets are not and cannot be omni-competent. The veterinary field is vast. Animal health and welfare merge into many other areas outside the classic 'veterinary team'. Any new legislation must enable a forward-looking, high welfare veterinary ecosystem with consensual co-regulation of close allied professionals."

Recommendation 1.2 Flexible delegation powers

25. The LWP recommended that, by default, acts of veterinary surgery should be reserved to veterinary surgeons, but 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. At present, if Council determines that additional acts of veterinary surgery can be undertaken by a properly regulated and supervised paraprofession, new legislation is required every time.

26. Overall a majority of respondents was supportive of this recommendation. Support was higher among paraprofessionals and veterinary nurses than veterinary surgeons, however, veterinary surgeons were more likely to support than oppose the recommendation. Supportive responses were based around the following themes:

a) **Clarity on delegation.** One response to this recommendation was that it would bring clearer guidelines and provide veterinary surgeons with increased understanding and confidence in delegating certain tasks. Some respondents stated that under the current system veterinary surgeons avoid delegation because there is too much of a 'grey area'.

b) **Paraprofessionals and veterinary nurses are capable.** Some respondents highlighted that veterinary nurses and paraprofessionals were skilled professionals, and that these skills could be utilised further. Respondents felt that the lack of delegation to VNs was a barrier to career development, and that increasing VN responsibility and autonomy would have positive effects such as improved job satisfaction. Also mentioned was that it was essential that veterinary surgeons were able to delegate to paraprofessionals who have detailed knowledge and advanced skills in certain areas.

AHPR: "AHPR agrees that flexible delegation of tasks would be an appropriate route to allow veterinary surgeons to delegate relevant treatment of animals where expertise outside the vet's scope of practice exists."

c) **Freeing up veterinary surgeon time.** Some felt this recommendation would give veterinary surgeons more time by passing some tasks to others within the team. Some mentioned that vets were currently overstretched and were in short supply, and that this change would allow vets to 'take the pressure off' their current workload.

d) **Relationships and workflow within the vet-led team.** Another reason for supporting this recommendation was that increased delegation would improve working partnerships between veterinary surgeons, VNs and paraprofessionals, and allow greater flexibility within the vet-led team. This may have other positive effects such

as improving the range of treatment options for owners, and ensuring care is provided by the most appropriate practitioner; RAMP stated that: "This ensures that animals get the best multidisciplinary care demonstrating best practice and properly supporting animal welfare."

e)   **Flexibility and futureproofing.** Some respondents said that this recommendation provided legislative flexibility as new developments and ways of working emerge and would futureproof the regulatory role.

BVA & BVNA: "It is appropriate to futureproof the system to be more agile, however, flexibility must be supported by appropriate checks and balances, including full, timely, and transparent consultation with the professions on any proposed changes."

27.   Those in opposition to this recommendation gave the following reasons:

a)   **Negative impact on vets.** Some veterinary surgeons were concerned that many of the tasks that might be delegated were important for building vet-client relationships, and for early-career veterinary surgeons gaining experience, development, and training. Other negative impacts mentioned were reducing the vet component of the team to the extent that out-of-hours cover would be affected, and reducing work for farm vets.

BCVA: "Any delegation of any aspect of the Veterinary Surgeons Act must not damage the profession and create a situation that the RCVS cannot rectify. By the same thread, the RCVS must hold the power to retract any such changes, if they are deemed to not be successful and threaten farm animal welfare."

b)   **Lower quality care.** Another concern was that delegating surgery away from veterinary surgeons could lead to lower quality care and surgery being

done without proper attention. There was concern that while certain procedures were simple most of the time, complications could occur and a veterinary surgeon was required in those circumstances. There was also concern that this could, in turn, have a negative impact on the reputation of the profession, and lead to an increase in legal cases.

c)   **Surgery should only be performed by veterinary surgeons.** Some specifically stated that acts of surgery should only be performed by veterinary surgeons, rather than VNs and paraprofessionals.

d)   **Inefficient.** Another concern was that increasing delegation would introduce inefficiencies because veterinary surgeons would have to complete tasks when complications arose.

e)   **New legislation should be required every time.** Some respondents felt that the legislation should not be flexible or "futureproofed", and that new legislation should be necessary each time a change is made to delegation powers.

f)   **Open to abuse.** Some respondents felt that introducing flexible delegation powers would mean these powers were abused or exploited, for example, by private companies looking for loopholes, or corporate employers putting pressure on veterinary surgeons to delegate tasks. Similarly, the VDS expressed concern that decisions on what could be delegated could be swayed or influenced by forces outside of the veterinary profession.

VDS: "Paraprofessionals, veterinary business owners, and animal owners, motivated by economic considerations, may seek to expand the scope of the acts of veterinary surgery to be delegated ... VDS could support a recommendation where a suitably qualified body of veterinary surgeons was constituted and exclusively authorised to recommend to the RCVS which acts of veterinary surgery were appropriate for delegation to which paraprofessionals."

28.   The following queries were raised:

a)   **Which tasks would be eligible for delegation?**

Some respondents called for further clarity on which procedures could be delegated, and which paraprofessionals could perform these tasks. Respondents stated that clear guidance was required on the situations that delegation would be acceptable in order for veterinary surgeons to feel confident in delegating, and any ambiguity would lead to vets avoiding delegation altogether.

b) **Where would the responsibility lie?** Respondents also asked for further guidance on who would carry responsibility in situations where tasks had been delegated, and how much autonomy veterinary nurses and paraprofessionals would have.

c) **What evidence would be required?** Another query from respondents was around the evidence requirements. Some were concerned that requirements had the potential to be restrictive if they were prohibitively stringent.

29. Suggestions about how this recommendation could work in practice were as follows:

a) **Qualifications and safety checks.** One common stipulation from respondents was that they would only support flexible delegation powers where there was evidence that professionals were regulated and suitably qualified.

b) **Further consultation on acts to be delegated.** Another common suggestion from respondents was that there should be a further, more detailed, consultation on which tasks can be delegated, and to whom. Some said that this would need to be reviewed regularly as new areas and treatments emerge. One veterinary surgeon responding to the consultation said the following: "I recognise that there is a need for flexibility and support this proposal. However, I am concerned that the LWP report lacks detail of the processes that would be used to determine which tasks should be eligible for delegation by a veterinary surgeon. There must be full, timely, and transparent consultations with the professions on any proposed changes. Animal health and welfare must remain the primary concern."

c) **Guidelines on delegation.** Many also requested that clear guidelines on delegation be issued by the RCVS, detailing exactly which tasks could be delegated, and to whom they could be delegated.

Some went further to suggest there should be training available for veterinary surgeons on delegation.

d) **Adapting to changes.** A small number of respondents suggested having a scheduled periodic review of new developments, to ensure this change was adapted to take account of emerging fields. Another suggestion was that any changes must be communicated clearly to the profession.

e) **Only after diagnosis by a veterinary surgeon.** Some asked for assurances that delegation could only happen after a vet had diagnosed the problem, and that VNs would not be able to operate outside of the vet-led team. BEVA raised concerns "over the potential risks that may result from removing the current restrictions on the delegation of acts of veterinary surgery to VNs by veterinary surgeons. For example, we would want to ensure that VNs could not set up cat castration clinics, etc., which could potentially affect animal welfare."

PDSA: "PDSA agrees that the regulator should have the flexibility to amend its stance on delegation powers without resort to legislative change. However, PDSA feels that veterinary surgeons, wherever possible, should be empowered to self-regulate within a broad framework based on principles and with clear expectations, therefore PDSA would suggest that the flexible delegation powers should substantively lie at veterinary surgeon level rather than at regulator level."

f) **Recognition of paraprofessionals' skills and knowledge.** Some emphasised that paraprofessionals were highly skilled professionals, and that it should be recognised that the paraprofessional may have a higher level of skills and knowledge than vets in certain areas, and care should be taken that these professions were not deskilled as a result of these changes.

Recommendation 1.3
Separating employment and delegation

30. At present, Schedule 3 of the Veterinary Surgeons Act 1966 (VSA) restricts such delegation to allied

professionals (currently only veterinary nurses) who are in the employ of the delegating veterinary surgeon. This is in contrast to some other paraprofessionals who could be part of the vet-led team without necessarily being employed by a veterinary surgeon.

31. The LWP recommended 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. This could help to better use VNs to their full potential in the interests of animal health and welfare, and bring VNs more into line with other paraprofessions.

32. Respondents were generally supportive of this recommendation. Notably, support was high among veterinary nurses and paraprofessionals, while views were more mixed among veterinary surgeons. Supportive responses were based around the following themes:

    a) **A necessary update to legislation.** One common response was that current legislation in this area was no longer fit for purpose because VNs were, increasingly, not employed directly by veterinary surgeons. Others mentioned that this change would be required if paraprofessionals were brought under the RCVS regulatory umbrella, and the vet-led team was to be fully established in veterinary medicine.

The Pets at Home Vet Group: "We are proud that in our business we have RVNs as Joint Venture Partner business owners, who as a consequence employ veterinary surgeons. As such, the requirement for RVNs to be employed by an MRCVS for the purposes of delegation is archaic, lacks justification and bears no relation to modern business structures."

BVA & BVNA: "We agree that there is no longer justification for requiring RVNs to be employed by the directing vet, and parity with other allied professions being brought under Schedule 3 (or equivalent future legislation) seems pragmatic."

b) **Improved access to vet services.** Many respondents felt that introducing district veterinary nurses could benefit those less able to access veterinary services, such as people in remote locations, those with disabilities and older people, and more generally would provide a good service for the community and would have a positive impact on animal welfare.

c) **Improved VN job satisfaction.** Another common response was that this change would enhance the veterinary nurse role, give VNs more autonomy and flexibility, and ultimately improve retention of more experienced VNs. Some went further to suggest that this could enable a 'VN practitioner' role to develop.

d) **Utilise VN and paraprofessional skills.** Some respondents said that this change would enable better use of the skills that VNs and paraprofessionals hold. In a related point some paraprofessionals felt this change was vital for them to perform their job effectively; one paraprofessional said: "I believe removing this restriction would increase our ability to work within the Vet-led team and provide greater legal protection and regulation."

e) **More flexibility and choice in patient care.** Some respondents were positive about the flexibility and choice that this change would introduce, both for practitioners and for patients. The National Association of Veterinary Physiotherapists said: "[our] members already work under this framework where they are not all directly employed by a veterinary surgeon. This is a framework that works well and allows members of the public to play a role in the choice of the professional whose services they wish to use."

f) **Relieve pressure on vets and practices.** Another response in support of this recommendation was that allowing VNs to work autonomously would relieve some of the pressure on veterinary surgeons and practices.

33. Responses against the recommendation gave the following reasons:

    a) **Lack of safeguards and risk to animal welfare.** Many respondents expressed concern that separating delegation from employment would

create a situation that was difficult to regulate, that could introduce opportunities for abuse of the system, and could result in risk to animal welfare. Some examples of possible negative outcomes mentioned include veterinary surgery being conducted by VNs or paraprofessionals without the oversight of a veterinary surgeon,, veterinary surgeons would prescribing remotely while relying on a VN assessment, VNs working without veterinary direction, and VNs and paraprofessionals being pressured to go beyond their role.

BVU: "The person responsible for the patient should be clearly defined. We are also concerned that the separation of employment and delegation has the potential to negatively impact continuity of patient care."

BVA & BVNA: "We have some concerns that RVNs will be approached directly by owners, as is already the case in other allied professions. Whilst scrupulous allied professionals will work as part of the vet-led team and insist on referral from a vet, this is challenging to enforce, especially where it brings an extra cost to the animal owner."

b) **Reduced communication between VNs and practices.** Another common reason given for opposing this recommendation was that introducing district veterinary nurses would result in miscommunication and a negative impact on the relationship between VNs and practices. Practical concerns voiced by respondents included the transfer of medical notes, patients being issued conflicting advice from different sources, VNs not notifying practices of issues and concerns, and how VN holidays would be covered. A related point here was confusion over where responsibility would lie when a task was delegated to individuals outside of the practice, and concerns around veterinary surgeons 'losing control' of work being carried out outside of the practice.

c) **Lack of knowledge about the individual to whom tasks are delegated.** Some veterinary surgeons were concerned about delegating to individuals

who they did not have an existing professional relationship with or did not have knowledge of their skillset and qualifications. In a related point some said that employment provided a useful framework for delegation, and if this was to be removed an alternative must be presented.

d) **Damaging to veterinary profession.** Some felt that this change represented a "dumbing down" or "whittling away" of the status and reputation of the veterinary profession, and that it would erode the oversight of the vet.

e) **Financial concerns.** Some were concerned that there would be implications for financial arrangements, particularly how clients would pay for treatments that had been delegated to practitioners outside the practice, and whether this would cause some contention between clients, practices, and practitioners. Others were concerned that this change would increase costs for clients, and reduced incomes for practices.

f) **Unnecessary.** Another view was that a "veterinary district nurse" role was unnecessary, instead practices could employ nurses to make visits to patients' homes.

34. The following queries were raised about Recommendation 1.3:
    a) **Where would the responsibility lie?** A key concern for respondents on separating employment and delegation was who would be responsible for any actions taken. Respondents requested clear guidelines on responsibility and accountability, and what should be done when things go wrong.

    b) **How would work be overseen?** In a related point, some asked for more information on how work being completed by individuals outside of the practice would be overseen or reviewed.

    c) **Several other queries were raised around the practicalities of the district VN role,** including safety, Disclosure and Barring Service (DBS) checks and insurance, whether clients would need to pay VNs directly, and whether VNs would work for several vets.

35. The following suggestions were made for how this could work in practice:

a) **Guidelines.** As outlined in the "queries" section above, many respondents felt this recommendation would necessitate clear guidelines for professionals in the following areas:
   i.   What veterinary surgeons could delegate to others, and in what situations VNs and paraprofessionals should refer back to the veterinary surgeon.
   ii.   Where responsibility would lie.
   iii. Safety and safeguarding for VNs working outside of practice.
   iv.   Care plans, storage and access to clinical notes and maintaining good communication between all parties.
   v.   Managing complaints.

b) **Introduce a district nurse qualification.** Some felt that a separate qualification should be required for district nurses, to reflect the fact that they would have a higher level of autonomy and clinical decision-making capabilities.

BVU: "The union calls on the RCVS to require employers to provide suitable training and support prior to extending a VN's role, and until suitable training is provided and suitable support is in place, the risk and responsibility must remain with the employer or veterinary surgeon."

c) **District nurses or paraprofessionals should be aligned with a practice.** Some suggested that district veterinary nurses should be affiliated with a single veterinary practice. This was for various reasons, such as ensuring their work was overseen, to avoid disputes over blame, or in case an animal needed treatment from a veterinary surgeon. Some also felt that paraprofessionals should be affiliated with a practice who would be responsible for training and monitoring of their performance.

d) **Separation of employment and delegation may not be appropriate for all paraprofessions.** Some, including the BCVA, argued that some roles, such as veterinary technicians, may work so closely with veterinary surgeons that they should always be employed by them.

e) **VNs must work under the direction of a veterinary surgeon.** Some stipulated that VNs must be working within the vet-led team model, under direction of a veterinary surgeon, and should not be working independently. Some also stated that VNs, paraprofessionals and animal owners should not be able to insist that a veterinary surgeon delegate an act of veterinary surgery; it should remain up to the veterinary surgeon whether to delegate. In a related point the BVA and BVNA suggested that RCVS distances itself from the term 'District VN': "Recent moves to trademark the title 'District VN' and create a separate register is a clear indication that a minority of RVNs are willing to forego the vet-led team model. This risks animal health and welfare and public health, and in doing so has the potential to bring the veterinary nursing profession into disrepute."

VetPartners: "We do not believe that separating employment and delegation is appropriate for procedures that require an RVN to be supervised by a veterinary surgeon."]

VDS: "VDS would not support any recommendation that included the imposition of a duty on a veterinary surgeon to delegate acts of veterinary surgery. Neither the animal owner nor the paraprofessional should be able to require a veterinary surgeon to delegate any specific act of veterinary surgery to any paraprofessional merely because the act of veterinary surgery concerned has generally been deemed an act that is suitable for delegation."

f) **VNs and physiotherapy.** A number of individuals and groups stressed the importance of maintaining distinctions between paraprofessional roles and the importance of only suitably qualified people carrying out the relevant procedures or areas of work. A particular concern was that VNs could carry out physiotherapy treatments outside of the practice and without the oversight of a veterinary surgeon, without having completed the appropriate training.

Recommendation 1.4:
Statutory protection for professional titles

36. 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 reaffirmed this recommendation, and recommended that protection of title be extended to any new paraprofessions who fall under the RCVS's regulatory umbrella.

37. Respondents were overwhelmingly supportive of introducing statutory protection for professional titles, and this was true across all respondent groups. Supportive responses were based around the following themes:

    a) **Ensure professionals are suitably qualified.** Many of the respondents felt that protecting the titles of paraprofessionals would increase the standard of care and be of benefit to animal welfare, by ensuring those using the title of veterinary nurse and other professional titles were suitably qualified. Protected titles would help to prevent the public from being misinformed or misled by laypeople.

    BCVA: "In order to assure good practice, maintain standards and cattle welfare then it would be essential that any paraprofessional role regulated by the RCVS should have a protected title."

    b) **Professional reputation and recognition.** Another common response to this recommendation was that protecting titles would provide recognition for the role that VNs and other practitioners play in the treatment of animals and enhance the value of these professions to the public. Some described the high level of skills and training that veterinary nurses possess, or how hard they have personally worked to achieve their current role and how this should be recognised with a protected title. Some went further to say that untrained or "unregistered nurses" currently devalue the VN role, both in terms of recognition and financially through reduced wages.

    CVS: "The protection of the title "veterinary nurse" can only help to elevate the status of veterinary nurses

as professionals, therefore increasing public confidence in the profession as part of the vet-led team."

PDSA: "PDSA has always been supportive of the recommendation for protection of the title veterinary nurse and would welcome resolution of this long standing matter. PDSA agrees that this should also relate to other groups that may fall under the regulatory umbrella of RCVS."

    c) **Necessary to enact other recommendations.** Some said that this change was vital to enact many of the other recommendations in this consultation.

38. There was only a small number of responses against this recommendation, and these were based around the following themes:

    a) **Only the veterinary nurse title should be protected.** Some respondents felt that the title of veterinary nurse should be protected, but paraprofessional titles should not. This view was generally linked to disagreement that RCVS membership should be extended to include paraprofessionals (see Recommendation 1.1). Some felt that VN protection should be the priority over any other profession.

    b) **The value of "unregistered VNs".** Another view held by some was that "unregistered veterinary nurses" or "non-qualified nurses" play a valuable role in many practices. There was some concern that protecting the veterinary nurse title would devalue these staff and force practices to stop employing them.

    c) **Paraprofessional scope of practice.** Some paraprofessionals were concerned that regulation and protection of title could be restrictive to their scope of practice and the development of the profession, and could result in becoming deskilled or losing clinical autonomy.

39. The following queries were raised:

    a) **Which professions would be included?** Some wanted further information on which professions

would stand to gain statutory protection. As mentioned in responses to Recommendation 1.1, some also queried how RCVS would manage paraprofessionals that chose not to come under the umbrella of the RCVS.

b) **Qualifications.** There were also some queries around what qualification level would be required to be granted statutory protection.

c) **How would this be enforced?** What would the process be for individuals practising in protected professions without the necessary qualifications?

BCVA: "If titles are protected, there must be a process in place to enable the RCVS to quickly and effectively investigate lay people who are using these titles inappropriately and incorrectly."

40. Suggestions for how this recommendation should work in practice:
    a) **Educate the public and professionals.** Some suggested that the public should be made aware when protected titles were introduced, including why protection was needed, and how to ascertain who was regulated and who was not. Other respondents felt that there should be more information available for the public on the various practitioner roles.

    b) **Futureproofing.** Another suggestion was that there should be a system introduced for newly emerging profession or fields; one veterinary surgeon said: "One can try to predict what the outcome of such wide-spread changes might be, based on historical understanding, but it is highly likely that there will

be significant, and unpredictable, emergence, especially as the world rapidly changes. With this in mind it is critical that any new legislation is flexible, adaptable and allows agility, whilst ensuring appropriate surveillance and oversight".

AGV: "New legislation must be outcome focused to allow for future technology or other changes in process to be implemented."

c) **Need higher standards of education.** Some respondents suggested that protected titles should not be given until the RCVS had more influence on the standards of education and accreditation of higher education (HE) courses for paraprofessional roles.

d) **'Non-qualified nurses'.** Some suggested that this recommendation may be easier to implement if an alternate, non-regulated title was also proposed, for example "Veterinary care assistant" or "Veterinary Nursing Assistant," and mentioned that the current lack of a standard term was confusing for the profession and the public.

e) **Prioritise VNs.** Some felt that priority should be given to VNs first before other professions.

f) **Specific titles mentioned.** Some respondents mentioned specific professional titles that should be protected. These included: physiotherapist, equine physiotherapist, animal osteopath, chiropractor, massage therapist, clinical animal behaviourist, equine dental technician, hoof trimmer, farrier and veterinary technician. Some also felt that there should be further consultation on which titles should be protected.

Consultation responses
Part 2. Enhancing the role of the veterinary nurse

41. Two recommendations were made with the aim of enhancing the role of the veterinary nurse; extending the VN role in administering anaesthesia, and allowing VNs to undertake cat castrations. The responses to these recommended changes were generally positive, in particular in relation to an enhanced VN role in anaesthesia.

42. In general, responses were supportive of an expansion of the VN role, with many responses mentioning a wealth of knowledge and skills among VNs, and the positive outcomes this would bring to both the VN role and the wider practice team through improving efficiency and workflow. Veterinary nurses were most likely to support the proposals, with a large majority of VNs expressing support for both proposals. While support was lower among veterinary surgeons, the responses show that a majority of this group was in favour.

43. Those who were against the recommendations cited a concern about VNs dealing with complications arising during these tasks, and that these changes would not improve efficiency, among other issues. Further clarity was called for on the level of supervision that would be required for VNs conducting anaesthesia or performing cat castrations, and the training requirements involved.

Recommendation 2.1: Extending the VN role in anaesthesia

44. At present, veterinary nurses and student veterinary nurses may be directed to assist veterinary surgeons with the maintenance of anaesthesia and the monitoring of patients under anaesthesia. 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 supported the retention of this recommendation.

45. A majority of respondents was in favour of expanding the veterinary nurse role in anaesthesia. Supportive respondents gave the following reasons:
   a) **VNs have the knowledge and capability.** Many respondents said that VNs were highly trained with extensive knowledge of anaesthesia, and it was appropriate for these skills to be used. Some veterinary nurse respondents said they would like to do more in this area. One veterinary nurse said: "Veterinary nurses are trained to a very high standard and it often feels that this training is out of step with what we are allowed to do, especially as there is a large amount of good quality CPD that allows us to specialise in certain areas."

IVC Evidensia: "We are fully supportive of an enhanced role for veterinary nurses in delivering anaesthesia and believe the current legislation limits, and essentially undervalues, the potential skills and competencies of our excellent veterinary nurses. Equally we would not expect this to be a day one competence for RVNs and clarity on the training required prior to delegation is important."

VetPartners: "We recognise that RVNs are often central to safe anaesthesia and support this recommendation. Many vets rely on their expertise and experience. This proposal represents a positive step forward, which recognises the skills of RVNs and the important contributions they make to the veterinary team. However, ultimate oversight and responsibility of the vet is important, and this should continue to be the case."

b) **Enhance the VN role.** Another common response was that expanding the VN role to include performing anaesthesia would provide more fulfilment and utilise VNs to their full potential. It would allow VNs to advance their role through training and improve job satisfaction and retention. Some veterinary nurses said they felt they had reached a "ceiling" in their role, for example one said: "I have often considered undertaking a certificate or diploma but the financial outlay is often not justified as it would do little to change what I could actually do in practice. I think extending the Veterinary Nurse's role would go a long way to help retain experienced nurses like myself."

c) **More efficient and practical.** Some respondents said that expanding the VN role in administering anaesthesia would improve workflow within the practice. These respondents said that giving VNs more control over anaesthesia would be a more practical way to balance tasks between staff; a surgeon could not be properly responsible for anaesthesia while operating, therefore it was appropriate for VNs to provide the animal with constant anaesthetic supervision, allowing the veterinary surgeon to concentrate on surgery.

d) **This legitimises what already happens.** Some said that this would legitimise or "catch-up" with the way many practices already operate; a veterinary surgeon could not oversee surgery and anaesthesia at the same time, and therefore VNs were already maintaining anaesthesia in practice.

46. There were some negative responses to this recommendation. Reasons given for not supporting this proposal were:

a) **VNs do not have the skills.** Some felt that performing anaesthesia was beyond the scope of a VN's training and expertise. These respondents emphasised the high-risk nature of the procedure and expressed concern that if complications arose a VN would not have the skills or knowledge to deal with this. Some went further to say that allowing VNs to perform anaesthesia would lower the standards for surgery and underplay the skills of the veterinary profession.

b) **Risk to animal welfare.** A related point was that some felt expanding the VN role in this way would reduce standards of care, and result in increased negative outcomes for patients.

c) **Cost-saving.** Some expressed a suspicion that this proposal was driven by a corporate pressure to lower the costs of surgery. One veterinary surgeon said: "The only conceivable drivers for this case seems to be for businesses to save money by employing more nurses to undertake work which has been the responsibility of the vet for decades in order to save money or make greater profits or because some nurses want to undertake work which is more exciting or challenging while leaving the vet still responsible when things go wrong."

d) **Would not improve efficiency.** Some said that this change would not improve efficiency or "free up vet time" because a veterinary surgeon would have to closely supervise the VN's work.

e) **Concern about increased responsibility, without more pay.** While almost all VNs were supportive of this recommendation, a small number expressed concern that this change would result in VNs taking on more responsibility without the necessary support, training, or increased pay.

47. The following queries were raised about this recommendation:

a) **What level of supervision would be required?** Some respondents asked for clear guidance on what level of supervision would be required from the veterinary surgeon, and how this proposal would differ in practice from the current protocol of VNs assisting.

VDS: "the definition of 'under supervision' within the recommendation is important and should be further clarified to ensure its meaning reflects that of 'direct, continuous and personal supervision' rather than the veterinary surgeon simply being 'present on the premises'."

b) **Who would be responsible?** In a related point, some questioned who would be responsible if something goes wrong with the anaesthesia, and whether nurses would be compensated for taking on extra responsibility.

BVA & BVNA: "We support the proposal in principle although further clarity is needed in relation to accountability, and further work is needed in relation to RVN training."

c) **What is meant by "assist in all aspects"?** Some asked for more detailed explanation of what is meant by "assist in all aspects of anaesthesia".

48. A number of suggestions were made in relation to how this could work in practice:
   d) **Training.** Several respondents felt that VNs should be required to undertake postgraduate or advanced training before being allowed to administer anaesthesia, including training on what to do when complications arise.

Linnaeus: "We are supportive of the general principles only where they are allied with an increased focus on pre- and post-registration training in anaesthesia, with consideration given to a specific post-registration qualification."

BEVA: "BEVA fully supports the concept of enhancing the VN role. However, assurances are needed that an expansion of the role of VNs to undertake equine anaesthesia would only be allowed following appropriate post-registration training and assessment."

e) **Supervision.** Various responses were given in relation to the supervision levels required for an extended VN role in anaesthesia. The most common response was that VNs should work "under supervision" from a veterinary surgeon, with a small number saying VNs should be under "direct, continuous and personal supervision".

f) **Responsibility.** A small number of respondents mentioned responsibility; some felt that the overall responsibility for anaesthesia should remain with the veterinary surgeon, while others said they thought it should sit with the VN.

g) **Use of anaesthetic drugs should be decided by a veterinary surgeon.** Some stipulated that a veterinary surgeon should decide on the anaesthetic medications to be used in the procedure.

h) **Further expansion to the VN role.** Some felt that the proposals should go further in expanding the VN role, including in the following areas: prescribing pain relief, teeth removal, prescribing flea and worm treatment, administering catheters and taking blood samples. (See Recommendation 2.2 for further areas of expansion suggested by respondents.) One member of the public stated "I think vet nurses should be able to do this and more! … They should be allow[ed] to do all aspects of anaesthesia as well as be able to prescribe pain killers to avoid welfare issues for a suffering animal if they can't get hold of a vet."

i) **Reasons should focus on VNs.** Some respondents felt that the rationale given for this recommendation focuses too much on how this will help veterinary surgeons (i.e. "freeing up time") rather than providing a path for further recognition, professional status and education of veterinary nurses.

j) **Only VNs and veterinary surgeons should be involved in anaesthesia.** Some said this recommendation should include a stipulation that lay people should not be allowed to monitor anaesthesia.

Recommendation 2.2:
Allowing VNs to undertake cat castrations
49. At present, Schedule 3 explicitly prohibits veterinary

nurses from carrying out cat castrations. This provision was introduced when amendments to the Veterinary Surgeons Act 1966 further restricted non-vets from undertaking acts of veterinary surgery. The LWP concluded that this restriction is not appropriate for veterinary nurses, who are regulated and extensively trained professionals, and therefore veterinary nurses should be able to undertake this task under veterinary direction and/or supervision (potentially direct, continuous and personal supervision).

50. The RCVS has defined 'direction and supervision' as follows:
    a) **'direction' means that the veterinary surgeon instructs the veterinary nurse or student veterinary nurse as to the tasks to be performed, but is not necessarily present.**

    b) **'supervision' means that the veterinary surgeon is present on the premises and able to respond to a request for assistance if needed.**

    c) **'direct, continuous and personal supervision' means that the veterinary surgeon or veterinary nurse is present and giving the student veterinary nurse his/her undivided personal attention.**

51. A majority of respondents was in favour of allowing VNs to perform cat castrations. Reasons given for supporting this recommendation were similar to those given at Recommendation 2.1, with many citing VN capability, enhancing the VN role and efficiency within the practice. One additional reason cited for this recommendation was positive impacts for charities and rescue centres:
    a) **VNs have the capability and knowledge.** A common response to this recommendation was that VNs were capable of doing a cat castration; there was a view that this was not a complex procedure, and it required less skill and carried lower risk than other procedures that VNs were allowed to perform.

    The Pets at Home Vet Group: "Our own data shows very low levels of surgical complications with these procedures, and recognise that this procedure has historically been carried out for many years by VNs. In addition, it is

technically less demanding than many other procedures that RVNs are currently permitted under schedule 3."

VDS: "VDS feels that a cat castration can be delegated to an appropriately regulated and experienced RVN in the same way that any Schedule 3 procedure may be delegated."

    b) **Enhance the VN role.** Another common response was that allowing VNs to perform cat castrations would improve job satisfaction, provide opportunities for further education and career progression, encourage retention, and improve public perceptions of the profession. Some also felt this would lead to enhanced recognition of the VN role, including through improved salaries.

    c) **More efficient and practical.** Some respondents felt that allowing VNs to perform cat castrations would allow for a smoother and more productive day within the practice, by allowing veterinary surgeons to concentrate on other more complex tasks.

    d) **Charities and rescue centres.** Others mentioned that allowing VN cat castrations would allow VNs to assist with population control by contributing to the work done by cat charities and rescue centres and had the potential to provide charity clinics with more affordable care.

52. A higher proportion of respondents gave negative responses to this recommendation compared with Recommendation 2.1 (although note that the majority was supportive). The reasons cited for opposing the proposals suggest that some respondents, while supportive of expansion of the VN role in principle, did not support VNs conducting surgical procedures. Others would prefer that the VN role was reviewed and expanded more widely, rather than one procedure being singled out. Listed below are the reasons given for not supporting Recommendation 2.2:
    a) **VNs do not have the skills.** Many of the respondents against this proposal were concerned that VNs were not adequately trained for the majority of surgical principles that apply for cat castrations and would need extensive additional training in order to take on this responsibility, particularly in the event of complications.

b) **No improvement to efficiency.** Many felt that introducing VN cat castrations would not improve efficiency within the veterinary practice, as a veterinary surgeon would be required to supervise the procedure, as well as another practitioner to monitor the anaesthetic.

c) **Blurs the lines between VN and veterinary surgeon roles.** Another key concern about this recommendation was that allowing VNs to perform cat castrations would blur the distinction between the two roles of VN and veterinary surgeon. In some cases, respondents expressed concerns that the role of the veterinary surgeon would be eroded, diluted or limited by this expansion of the VN role, including by taking opportunities for surgical experience from newly-qualified veterinary surgeons. Some respondents felt that the VN role should be strengthened or enhanced in other ways that were seen as more appropriate to the role, such as anaesthesia, wound care, nutrition, and post-operation rehabilitation.

d) **Veterinary surgeon would be responsible.** Some veterinary surgeons were concerned that they would be held responsible in the event of negative outcomes or client complaints.

e) **Opens the door for further operations performed by VNs.** Some respondents expressed concern that allowing VNs to perform cat castrations would lead to VNs performing more advanced surgical procedures in the future.

f) **Cat castrations should not be singled out.** Some felt that cat castrations should be considered alongside other acts of veterinary surgery and questioned why this procedure would be viewed as "lower class", "inferior" or "so simple anyone can do it". Another, more common view, was that the VN role should be reviewed on a wider scale, and that singling out cat castrations was a 'token' expansion of the role rather than developing the role in a holistic way. These respondents said an opportunity was being missed to enhance the VN role, both in surgery and other areas. One VN said: "I think this recommendation is far too limited. Why specifically cat castrates as opposed to this being an example of surgeries RVNs can carry out? … My only concern with being so specific is then nurses lose out on

opportunities as the profession and/or technology moves on but restrictive legislation doesn't. It means RVNs are not utilised to the best of their abilities, leads to dissatisfaction and ultimately people leaving the profession."

g) **Historical reasons are not sufficient.** In a related point, some felt that this recommendation was being proposed because cat castrations were legal in the past, and that this was not sufficient reason to introduce this procedure for VNs now. One veterinary surgeon said: "This is a rather odd, specific, recommendation and appears to be based on historical activity rather than any logical reasoning. Cat castrations could/should be considered alongside other acts veterinary surgery which might be delegated to an RVN".

h) **Pressure on VNs to do surgery.** Some were concerned that this change would put pressure on VNs to perform surgery even if they did not wish to.

i) **Public expects veterinary surgeons to perform surgery.** There were also concerns that clients would assume this was performed by a veterinary surgeon, and they would have to be informed in writing and their consent sought before a castration was carried out.

53. The following queries were raised about how this should work in practice:

a) **What level of supervision would be required?** Some called for further clarity on what level of supervision would be required for a VN performing a cat castration. Some also queried whether the entire process would be undertaken by a VN or would a veterinary surgeon be required to perform certain elements, such as doing a clinical assessment and developing an anaesthetic protocol.

BVU: "The regulator must also clearly define what is meant by supervision and direction and how this relates to the regulation of veterinary nurses as professionals in their own right. The role, relationship and responsibility of the delegating vet and independently employed nurse must be clearly defined."

b) **Where would the responsibility lie?** Another query was whether the responsibility would lie with the veterinary surgeon if they had directed their actions.

c) **What training requirements would be introduced?** Some respondents wanted more information on the training requirements, including whether this would be added to veterinary nurse training courses, or if it would require a separate training course and/or on the job learning.

54. Although there was general support for this recommendation, the proposal attracted many suggestions for how it should work in practice, particularly in relation to training requirements, delegation, responsibility, and supervision.

a) **Training.** A common suggestion from respondents was that cat castrations should require additional training for VNs, rather than be part of the veterinary nurse Day-One Competences. Several respondents suggested that VNs should undertake a number of procedures under personal supervision for a fixed amount of time before being allowed to complete it under direction.

b) **Supervision.** The most commonly-expressed view in relation to supervision was that VNs should be under 'direction', or under 'supervision' of a veterinary surgeon when doing cat castrations. While some felt that 'direction' was sufficient provided the cat had been examined by a veterinary surgeon, a larger group felt it was important to stipulate that a veterinary surgeon be on hand to step in if complications did occur (i.e. 'under supervision'). Most felt that that 'direct, continuous and personal' supervision would only be necessary while a VN was training to do the procedure, otherwise it would not be more efficient for the VN to complete the procedure, and only a small group of respondents felt that cat castrations should only be carried out by VNs under "direct, continuous and personal" supervision.

The Pets at Home Vet Group: "We consider it a reasonable procedure to be carried out under direction. Requiring 'direct, continuous and personal supervision' would frankly be insulting to the nursing profession and would completely negate any of the possible benefits of this change."

c) **Responsibility.** There were differing opinions on whether responsibility should lie with the operating VN or the directing veterinary surgeon. For those who favoured the veterinary surgeon taking responsibility, it was important that the vet ensure the VN was suitably able and qualified; "Responsibility for the welfare of the animal in question should fall to the MRCVS and it fall onto the vet directing to be confident in the capabilities of the relevant RVN before directing their actions."

d) **Delegation.** Some respondents called for specific guidelines on what a VN would and would not be able to do, including an exhaustive list to spell out when a veterinary surgeon would need to step in. Some said that veterinary surgeons would need to have the final say over whether a VN could undertake a cat castration, based on their skills and training. More generally, clear guidelines and/or training was called for to give veterinary surgeons confidence in delegating tasks to VNs. Another point of view expressed in the context of delegation was that protections should be in place so that VNs did not feel pressured into performing cat castrations. The BVA and BVNA expressed concern that this was not built into Schedule 3 and the accompanying RCVS guidance in the context of the Code: "There is inadequate protection for RVNs who might be pressured into working outside their competence. We would like to see the addition of similar wording on decision-making from the RVN perspective, which would more clearly capture that it is a joint process."

e) **Further expansion to the VN role.** Another common suggestion made by respondents was that introducing cat castrations did not go far enough to expand the VN role. While this was mentioned to some extent at Recommendation 2.1, respondents went into further detail at Recommendation 2.2 about how the VN role should be enhanced.

   i. Many suggested that there should be a wider review of the VN role, and that a clearly-defined framework should be established for VN development and training. One veterinary surgeon stated that: "This seems like a very narrow remit. We should use the opportunity to really reform the role of veterinary nurse, with the option to do additional training in a specialist area that allows them to do more - just like in the human field."

   ii. Some respondents suggested specific

areas that VNs should be able to do with further training, these included: booster vaccinations, dental extractions, prescriptions of certain medications such as flea and worm treatments and pain relief (see VN prescriber section below), ultrasonography, nutrition, rehabilitation/mobility, surgical closures, minor surgeries including dog castrations and lumpectomies. Some also suggested that a VN practitioner, VN surgical specialist, or other specialist roles should be developed.

iii. Some respondents felt there were certain tasks that were already part of the VN role that VNs were not encouraged or empowered to perform, such as dental scale and polishing, wound stitch-ups and x-rays.

f) **Definition of 'minor surgery'.** Some said that further clarity was needed on the definition of 'minor surgery'. The BVA and BVNA suggested that: "We do consider that the term 'minor surgery' could be better defined or underpinned by principles to aid interpretation, such as: RVN having enhanced knowledge and understanding of the surgical task to be performed; Minimum risk of complications (recognising that defining this presents challenges and should be supported by a risk assessment which forms part of the clinical notes); Task will be carried out under direction and supervision of an MRCVS; Task does not require prescribing by the RVN".

g) **Cryptorchid cases.** Several respondents stipulated that cat castrations should not be performed by VNs in cryptorchid cases as this would necessitate "entering a body cavity".

h) **Communication to clients.** Another issue was that of informing clients and gaining their consent. One VN said that: "it should be confirmed if not verbally but also in writing (consent form) that a RVN is to complete the procedure – in case of complication to protect the RVN."

VN prescriber role

55. 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.

56. Although the VN prescriber role was not part of the recommendations made by the LWP, many respondents chose to comment on this idea for future recommendations and were largely supportive of the concept. Many felt this would enhance the VN role, streamline workflow in the practice, and cited the success of the introduction of a similar role in human medicine.

Consultation responses
Part 3. Assuring practice standards

57. The LWP made three recommendations in relation to assuring practice standards; mandatory practice regulation, RCVS powers of entry into practices, and the ability to issue improvement notices. Respondents were supportive of the first and third of these proposals, however responses were more mixed towards granting powers of entry, with many opposing this proposal or giving caveats for their support.

58. A number of common themes emerged from the responses in this section. Those who were supportive of the recommendations cited improvements in standards, public confidence and, in the case of improvement notices, taking a constructive and positive approach to the regulation of practices. Many of the supportive responses came with the caveat that these measures should only be used in specific circumstances. Those opposing these recommendations gave reasons including the burden on staff and impact on stress and mental health, costs and resources both for practices and the RCVS, and not trusting the RCVS to use these new regulatory tools effectively or in an unbiased way.

Recommendation 3.1:
Mandatory practice regulation

59. 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 or veterinary nurses 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 requirements, and at present this assurance is not in place for all practices.

60. The LWP therefore recommended that the RCVS be given the power to implement mandatory practice regulation, including powers of entry (see below), should RCVS Council decide to complement the voluntary RCVS Practice Standards Scheme (PSS) with a universally-applied scheme.

61. A majority of respondents was supportive of this recommendation. Positive responses were based around the following themes:

a) **Improving standards for all practices.** A common response was that compulsory practice regulation for all practices would elevate and maintain standards across the board and ensure good levels of care.

BEVA: "BEVA supports the concept of mandatory practice regulation. We believe that the public would expect that all practices are assessed to ensure that they meet at least basic minimum legal requirements. However, any assessment process should be undertaken by appropriately trained and experienced personnel, and there needs to be adequate support systems in place to assist practices to go through the process."

BCVA: "68% of BCVA members support the LWP recommendation that RCVS should implement mandatory practice regulation."

b) **Regulating non-vet practice managers/owners.** Another key response was that this would bring all practice owners under the same regulatory umbrella

as veterinary surgeons. For practices that are owned by individuals who were not veterinary surgeons, this would ensure that responsibility for practice protocols was placed with managers/owners. Respondents showed concern that the current situation caused conflicts of interests between veterinary surgeons and managers/owners and could place veterinary surgeons in a difficult position as they were regulated but may have little control over how a practice was run. Some said that the increasing number of corporate practices meant this change was a necessity.

BVA & BVNA: "The issues associated with non-vet ownership of veterinary practices under the current regulatory framework need addressing, and one objective for practice regulation should be to create a means of recourse when there are failings in the system that do not sit with individuals regulated by RCVS."

c) **Public confidence.** Some respondents felt this was necessary to assure clients and the public of standards across the profession. Some thought the public would be surprised to find this was not already the case, as one veterinary surgeon said: "I think mandatory minimum standards are an excellent idea ... I think the public would be very concerned if they were aware of such varying standards between practices." Indeed a small number of the responses from members of the public expressed concern that this was not already in place, along with the other recommendations in this section.

d) **Staff safety.** Some respondents said mandatory practice regulation was a necessity because the lack of standards across some practices had put staff safety at risk.

62. Responses against this recommendation mentioned the following reasons:
   e) **Burden on practice staff.** A key concern among those against this recommendation was that it would be too burdensome on staff and would have a negative impact on stress and mental health among the veterinary profession. One veterinary surgeon

said: "While the RCVS Practice Standards Scheme (PSS) may have been successful in assuring standards it creates a massive amount of additional administrative paperwork and is a hoop-jumping exercise that has little tangible benefits in the eyes of the public."

f) **Impact on small/independent practices.** Some were particularly concerned about the impact on smaller and independent practices and felt the change would "swamp" these practices with paperwork and unattainable standards, which would in turn drive up costs and make small practices unviable.

g) **Impact on costs.** In a related point some were concerned that this would be costly for practices, which in turn would be passed on to clients.

CVS: "An increase in costs will ultimately be passed on to the users of veterinary services and we should not lose sight of this. Too close a parallel with human healthcare may drive costs up to the detriment of overall animal welfare."

h) **Lack of confidence in the RCVS to regulate practices.** Some felt the PSS should not be expanded to include all veterinary practices because they were dissatisfied with the way the existing scheme operated or did not trust the RCVS to deliver it effectively. Some felt that this would be an 'over-reach' or that it would give the RCVS too much power.

i) **Unnecessary.** Some were opposed to mandatory practice regulation because they felt it was not necessary, because standards were upheld by the core standards and VMD regulation and would cause too much extra work for little gain. The PDSA said that: "Under current guidance all veterinary practices are already expected to comply with the core standards of the PSS through the Codes of Professional Conduct and veterinary surgeons can be held to account for not doing so. PDSA would question whether raising awareness of this fact amongst the general public would have the same impact – but at far less cost and with far less disruption."

The Pets at Home Vet Group: **"Practising to core standards is already a Code of Conduct requirement, so we are unsure what benefit would be brought by making scheme participation mandatory, and fear that such a move would be contrary to the trend towards a more collaborative and constructive culture of regulation that the RCVS is hopefully intent on following."**

63. The following queries were raised about this recommendation:

    a) **How would differing practices be regulated?** Some queried what was meant by a 'practice' and how these proposals might work in practice across the full range of types, from sole traders, small businesses, specialist hospitals, and those practising complementary therapies. Some also requested the word 'practice' be defined clearly.

CVS: **"A clear definition of 'practice' will be a prerequisite to a mandatory scheme to avoid loopholes for those who would seek to avoid the scheme."**

Linnaeus: **"In some cases, services are mobile and/or visit clients or events. The definition of what is and is not within the remit of such regulation is therefore vital and we believe any mandatory practice regulation requires a clear and unambiguous definition to avoid confusion and ensure a fair and transparent regulatory regime."**

    b) **Who would be legally responsible?** Some requested clarification on who would be responsible for maintaining the minimum standard of a practice.

PDSA: **"Whilst practice regulation may seem like a simple answer, it is still not clear who would be held to account within each practice – we would assume that RCVS cannot regulate an entity without the right to potentially regulate lay persons, in which case the same**

outcome could be achieved through expanding the existing requirement for an accountable Senior Veterinary Surgeon to every practice."]

    c) **Costs?** Another query was around who would fund the additional costs associated with expanding practice regulation to all practices, and how smaller practices would be able to cover the costs of regulation.

64. A number of suggestions was made around how this recommendation could work in practice:

    d) **Attainability.** One common suggestion from respondents was that any mandatory scheme must be attainable for all practices, including small independent practices, and farm and mixed practices. Respondents felt the scheme should not be excessively onerous, or too costly. Some suggested multiple tiers of standards, while others said there should be support available for practices, both in the form of practical support for those undergoing inspections, and financial support for smaller practices.

BVA & BVNA: **"Mandatory practice standards should be developed around principles of right-touch regulation, balancing the level of regulation to the level of risk and avoiding wasted effort."**

    e) **Corporate practices.** Some respondents said that only corporate practices should be required to join the scheme, as veterinary surgeon-owned practices were regulated through the lead veterinary surgeon. An alternative suggestion made was that practice owners should be required to be members of the RCVS, or in a related suggestion practices should be majority-owned by RCVS member(s). Some stipulated that in a corporate setting responsibility for practice standards must sit with the management.

    f) **Standards should focus on quality of care.** Some of the respondents said that the regulations should focus on the quality of care offered by a practice and should not be a "box-ticking" exercise. One veterinary surgeon said: "Yes, I would welcome a mandatory regulation of practices but any such action must also

look at the clinical standards and practices of the clinic, not just be a 'box-ticking' exercise that looks only at the more logistical side of things."

CVS: "We support mandatory practice regulation in the interests of animal welfare, protecting the public, clients, and the reputation of the profession. However, we would wish for the strong, positive and collaborative culture of PSS to remain and would hope that the change to a mandatory system would not lead to a more punitive culture with an over-zealous inspectorate."

g) **Include standards for employment.** Some mentioned that practice standards should include areas such as wages, contracts, and working hours and breaks, to ensure that employees were being treated fairly and that staff were not being overworked.

h) **Whistleblowing.** Others said there should be clear routes for whistleblowing, and "whistle blower protections in order to encourage employees to report unethical practices to the regulator without risk of retaliation from their employer" (BVU).

Recommendation 3.2: Powers of entry for the RCVS

65. The RCVS has no powers of entry, meaning it does not have the right to enter a veterinary practice without consent. This can be a problem in terms of investigating allegations of serious professional misconduct, including where there are allegations that a veterinary surgeon has breached the rules in relation to minimum practice standards under the existing PSS. Powers of entry would therefore be essential if mandatory practice regulation (Recommendation 3.1) was introduced. The LWP recommended 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 could be underpinned and enforced, in the interests of animal health and welfare and public health.

66. Respondents were divided between positive and negative views of this recommendation; however, it was notable that most VNs expressed support while veterinary surgeons were more likely to oppose than support the

proposal. Many of the positive responses came with caveats, for example, that powers of entry should only be introduced if they were tightly controlled and used in extreme circumstances.

67. Positive responses were based around the following themes:

a) **Necessary to ensure standards are met.** A common response in support of introducing powers of entry was that this was a necessary step to ensure that practices were meeting standards, and to access evidence where necessary. Some said this power would be essential to implementing mandatory practice regulation. Another related point was that other methods of entry would be too slow or unreliable.

BCVA: "We believe that without a power of entry, it will not be possible to satisfactorily enforce practice regulation, as there will little or no deterrent to practices or individuals who flout the regulations."

Vets Now: "We are supportive of this recommendation as it is clearly necessary for 3.1 but would want increased consistency of the inspection process in the interests of fairness and public assurance."

BSAVA: "We support this recommendation as we believe that a) it is (fortunately rarely) necessary for a regulatory authority to have access to premises where the regulated activity is being undertaken b) other methods of getting into a practice (when absolutely essential) would be too slow, inconsistent and unreliable."

Nockolds Resolution, providers of Veterinary Client Mediation Service: "Regulation at practice level may facilitate the ongoing improvement of practice standards in non-clinical areas. Many non-clinical aspects of practice are determined at a leadership level. Issues raised within veterinary

complaints can include concerns regarding policy or practice procedures. The regulation of the practice would bring regulatory oversight in those areas, which may be welcomed by some veterinary clients … In our opinion, as a stakeholder viewing this recommendation from an external perspective, this proposal reflects a sensible reflection of modern practice and the nature of practice ownership and management."

68. Respondents who opposed this recommendation cited the following reasons:
    a) **Would give the RCVS too much power.** Many of the respondents who were against the introduction of powers of entry said they felt this would give the RCVS too much power. These respondents felt the proposed change was too intrusive, heavy-handed, or draconian, and felt the RCVS already had sufficient powers to investigate and discipline members.

    b) **Unnecessary.** Another common response was that it is not necessary for the RCVS to have powers of entry. This was for several reasons, including a belief that refusing entry to the RCVS was not a widespread issue; that vets posed a low risk, therefore these powers would be 'unjustifiable'; and that other channels, such as the police, Veterinary Medicines Directorate, the Health & Safety Executive, already had powers of entry. Another related view was that if mandatory practice regulation was introduced, powers of entry would not be necessary because the RCVS would have the power to issue sanctions to practices that refused entry.

BVA & BVNA: "There are already powers of entry for the police, Veterinary Medicines Directorate, the Health & Safety Executive, and other bodies concerned with the most serious of offences such as significant health and safety breaches, drug misuse, or major animal welfare concerns. On that basis it is unclear what granting powers of entry for RCVS would add …

Practice regulation should instead be underpinned by short-notice interim inspections as a condition, where non-compliance with mandatory standards ultimately leads to withdrawal of the premises' licence."

VDS: "VDS believes that all necessary safeguards can be provided by carefully drafted requirements for practice registration which could include 'reasonable co-operation' with the inspection process, with the ultimate sanction being removal of registration. It is the VDS' view that a power of entry is an unnecessarily blunt instrument, which is not appropriate for a modern, compassionate regulator and would be disproportionate to any demands of regulation within the private veterinary sector. The detriment caused will be far greater than any perceived benefit."

c) **Not available to other regulators.** Some felt that this power should not be granted to the RCVS because this power was not widely available to other regulators. One example used was that the FSA would only perform unannounced inspections in conjunction with the police.

d) **Disruptive and dangerous.** Some said that an unannounced inspection would be too disruptive to a practice, particularly small teams, would be likely to have an impact on the quality of care and could be dangerous in some circumstances.

e) **Mental health and stress.** In a related point, some respondents said that introducing powers of entry would have a negative impact on stress and mental health of the profession. Two reasons were identified for this; first, that it would cause ongoing fear that RCVS inspectors could arrive unannounced, and second, that an unannounced inspection could be highly disruptive to the practice and could cause reputational damage.

f) **Not compatible with a compassionate regulator.** Some stated that introducing powers

of entry would not be appropriate for a modern, compassionate regulator, and that it would negatively impact on the relationship the RCVS had with its members. Related to this was the issue of consent, one respondent stated: "It goes against governance by consent".

Vet Partners: "We do not support powers of entry for the RCVS. It is disproportionate and not in keeping with the principles of right-touch regulation. Granting powers of entry for the RCVS would reinforce an existing culture of fear amongst veterinary professionals and undermine efforts to establish the RCVS as a compassionate regulator."

PDSA: "As a regulator who places so much emphasis on consent in their expectations of the profession, it would seem at odds to have a desire to override the concept of consent. PDSA feels that any action taken by RCVS should be in alignment with the approach it proposed for improvement notices in recommendation 3.3, that there should be inspection with consent, a defined process that escalates the issue and does not include automatic rights of powers of entry."

g) **Veterinary Defence Society (VDS) advice.** Some respondents mentioned that this change would go against VDS advice members not to speak with RCVS officials without first contacting a VDS representative.

h) **Lack of trust/confidence in the RCVS.** A small number of respondents expressed concern that the RCVS would not be able to use powers of entry in an effective or transparent way.

69. Several queries were raised by respondents:
a) **When would this be used?** Some asked for clarity on the situations in which this power would be used, specifically whether it would be reserved only for cases of serious misconduct, or if it would be used for unannounced spot-checks on a wider scale.

b) **How would this affect vets not working in a practice?** As raised in response to Recommendation 3.1, some asked whether this would affect practitioners not working in a practice setting. For example, those working from their homes, or vets working in industry.

c) **Would there be notice given?** Some asked whether practices would receive any notice before being visited by the RCVS.

d) **Is lack of access an existing issue?** Some questioned how frequently this power would have been used if it were already available to the RCVS.

70. Several suggestions were made about how this could work in practice, or alternative approaches:
a) **Notice periods.** A common suggestion made by respondents was that practices should be issued with a warning or notice period before any RCVS visit or inspection. Respondents felt this was important in order to minimise disruption and ensure animal welfare. Conversely, a handful of respondents felt that unannounced should be introduced as they suggested this was the most effective way of maintaining standards.

BEVA: "Whilst it appreciates the need for such powers, it feels that any power of entry should be limited to entry to a practice following a minimum of 24 hours' notice to allow practicalities of organising cover for staff needed for the inspection, etc. (similar to other assessment organisations, eg. Ofsted). Unannounced spot checks should only be permitted for practices served with an improvement notice."

b) **Only in certain circumstances.** Another common suggestion was that this power should only be used in extreme cases, including where there was evidence of serious professional misconduct, or where there had been repeated refusal to comply, and that there should be strict controls on when this power could be used.

c) **Procedures.** Some mentioned that procedures

must be carefully crafted to ensure that any visits were conducted appropriately and with consideration taken for the wellbeing of staff and patients. Some suggested training for inspectors, while others mentioned risk assessments before visiting: "any such unannounced entry should be in extreme circumstances only and conducted only after a full safeguarding risk assessment both for any individual under investigation and for the extended vet-led team engaged at that premises. Due consideration must also be given to the consequential impacts to the welfare of the patients of that practice and the potential reputational damage and mental wellbeing of staff."

d)   **An independent body.** Some respondents felt that powers of entry should be overseen by an independent body, either in setting guidelines for its use, or who had the power to issue a 'search warrant' required for the RCVS to visit a practice. A small number of respondents stipulated that they would only support powers of entry if visits or inspections were carried out by an independent body, and not the RCVS.

IVC Evidensia: "We would urge the RCVS to consider whether this power is really essential to support enforcement and encourage them to explore other less confrontational routes (potentially working through one of the agencies that already has powers of entry)."

Recommendation 3.3:
Ability to issue improvement notices

71.   The LWP recommended that the RCVS be granted the ability to issue improvement notices when 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 would provide practices with a clear and concrete action plan to remedy any deficiencies.

72.   Most respondents were supportive of this recommendation. Those who responded positively gave the following reasons:

a)   **Necessary for mandatory practice regulation.** A common response was that improvement notices this would be a necessary step for mandatory practice regulation to be introduced.

BCVA: "Improvement notices would give businesses who have genuinely made an error, a chance to rectify a situation and improve their compliance."

CVS: "In an era of corporate ownership of veterinary practices, we support this recommendation in that it underpins the responsibilities of practice owners rather than placing employed veterinary surgeons and veterinary nurses at risk of disciplinary processes as the only means by which the College can currently act."

b)   **Positive and constructive approach.** Another common response to this recommendation was that this is a more positive and constructive approach than using sanctions. Many felt improvement notices would give practices the opportunity to improve, while avoiding disciplinary action and reducing potential harm to the business and the mental health of staff. Similarly, respondents said this was a more proportionate and fair way to deal with issues.

Nockolds Resolution, providers of Veterinary Client Mediation Service: "Many complainants in mediation are seeking changes within a practice, as part of a resolution to their complaint. There may therefore be complainants referring concerns to the RCVS who would welcome this approach within professional misconduct matters. Our experience suggests that many will see Improvement Notices as a proportionate, mature and more effective in resolving issues from a forward-looking perspective."

PDSA: "PDSA would support this recommendation and feels that to have

sanctions imposed for actions that have often taken place a significant time in the past, the root cause of which may have been resolved, is not necessarily addressing the main purpose of the regulator in protecting the welfare of animals nor the reputation of the profession for the future … However, in order to be effective the process would need to progress in a far more timely manner than is currently the case and should focus on supportive interactions with individuals."

73. While most responses were supportive of introducing improvement notices, there was a small group of respondents that opposed the proposal, citing the following reasons:

    a) **Concern that notices would be issued without investigation.** Some were concerned that improvement notices would be issued based on a complaint without any investigation or communication with the practice. Some were also concerned that improvement notices would be too damaging to businesses and had the potential to put some businesses (particularly small practices) out of business.

    b) **Unnecessary use of costs and resources.** Another view against this proposal was that improvement notices were unnecessary, and that other measures would be sufficient, such as PSS reports and recommendations, a warning letter, or a "reasonable discussion with practice owners". This was coupled with a view that improvement notices would be too costly or take up an unnecessary amount of much admin time, both for practices and the RCVS.

74. The following queries were raised:
    a) **Would information on improvement notices be made public?** Further information was requested on how details of improvement notices would be shared with the public.

    b) **What would happen if practices failed to improve?** Some asked what the consequences would be for failing to improve, or not complying with an improvement notice.

    c) **Which individuals would be responsible?** Some respondents queried where the responsibility would lie to enact improvement notices, and whether this would sit with named individuals such as practice owners.

    d) **What is meant by 'legal duty'?** Another query was on the meaning of the phrase "failing to fulfil a legal duty" in the recommendation, some felt this was too vague and a practice's legal duties needed to be defined.

75. The following suggestions were made about how this could be introduced in practice:
    a) **Notices must be achievable.** A common suggestion in relation to improvement notices was that they must be clear, appropriate and achievable. Respondents felt they should be considerate of individual practice circumstances. and that sufficient time must be provided based on the scale of the change required. To this end, a number of respondents supported a 'tiered' or 'staged' approach, for example, the BVA and BVNA suggested: "This could take the form of a first written improvement notice, a second written enforcement notice, followed by closure in the event of failure to comply", while PDSA suggested the following stages: "Warning issued; Notification of intent to serve Improvement notice; Improvement notice; Sanction". Another related suggestion was that the RCVS should provide support for practices to achieve improvements.

    b) **Disputing improvement notices.** Another suggestion was that there must be a robust, transparent and straightforward route available to appeal or dispute an improvement notice,

    c) **Should not be made public.** Some respondents said that improvement notices must be made confidentially, at least in the first instance, rather than being a matter of public record,

PDSA: "Progression of this recommendation should come with assurance that the process is designed to avoid damage to reputation and commercial viability. If serving of an improvement notice results in loss of

public faith and trust unfairly, as a result of lack of understanding of the issues and process, which leads to reduced practice, or reduced charity, income or support; then that is tantamount to an immediate sanction. PDSA would therefore recommend that the process should not be within the public domain."

    d)   **Support for practices.** There needs to be support for practices to achieve improvements. This could be in the form of clear guidance or an RCVS advisor, for example. Without this pushing for improvements "will only succeed in damaging businesses and individuals further".

BVA & BVNA: "We support the principle of improvement notices as part of mandatory practice standards, underpinned by appropriate guidance and curative support, with a defined end point."

    e)   **Should be issued by an independent organisation.** Some said that improvement notices should only be issued by an independent organisation separate to the RCVS.

Consultation responses
Part 4. Introducing a modern 'fitness to practise' regime

76. The LWP made a suite of seven recommendations that aim to introduce a 'fitness to practise' model to the RCVS regulatory system. These include introducing the concept of 'current impairment', widening the grounds for investigation, establishing new powers to impose interim orders and review suspension orders, widening the range of available sanctions, introducing the power to require disclosure of information, and formalising the role of Case Examiners.

77. Respondents expressed generally positive views around four of the recommendations, with many saying this group of proposals represented a shift towards a more supportive and compassionate system, that focused on improvement, and used appropriate levels of sanction. However, some of the measures, namely widening the grounds for investigation, imposing interim orders, and requiring disclosure of information, received more mixed responses; while some saw these as pragmatic or necessary changes, others felt these could lead to an increased risk of injustices and unfairly harmful consequences for individuals and practices.

Recommendation 4.1:
Introducing the concept of 'current impairment'

78. 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 recommended 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 practise was currently impaired before it could proceed to the sanction stage. This means that in circumstances where the veterinary surgeon or

nurse had taken steps to remediate their failings and shown significant insight into what had gone wrong, the DC may conclude that there was no (or very low) risk of repetition of similar behaviour and as such, the veterinary surgeon or nurse's fitness to practise was not currently impaired. If the DC came to this conclusion, it must dismiss the case without proceeding to sanction, even though the veterinary surgeon or nurse had 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.

79. A majority of the responses to Recommendation 4.1 was supportive. Positive responses mentioned the following reasons:
   a) **Encourages improvement.** Many respondents expressed support for the 'current impairment' approach because it enables professionals to make improvements and learn from mistakes in a constructive and positive way, rather than focusing solely on sanctions for past behaviour.

BVA & BVNA: "We support the proposal in the context of the wider package of measures being proposed, but for the package to achieve real change a significant shift in culture will be needed, underpinned by adequate resourcing."

Nockolds Resolution, providers of Veterinary Client Mediation Service: "If a Veterinary Professional is embracing reflective practice, and undertakes to

address issues and offer remediation, it is far more likely that the issues can be resolved (to the client's satisfaction). In time, the concept of current impairment may encourage more early and local resolution."

VetPartners: "We wholeheartedly support this recommendation. We believe it represents welcome and fundamental modernisation of the disciplinary process."

b) **Supportive.** Another common comment about this recommendation was that it would result in a shift towards a more supportive system, and away from a 'blame culture'. This would have the effect of aiding retention in the profession, reducing stress and fear, and reducing reoffences, and could also improve the relationship between vets and the RCVS around disciplinary proceedings.

IVC Evidensia: "We are fully supportive of the move to a concept of current impairment and believe it is necessary for modern compassionate regulation. Considering the huge amount of anxiety within the professions regarding the disciplinary process any communication about changes should be very carefully planned."

Vets Now: "We are supportive of this recommendation and feel it is necessary for modern compassionate regulation."

c) **Robust protection of animal welfare.** Some respondents felt this was a better way of assessing whether an individual posed a risk to animal welfare, the public and other veterinary staff. While the current system only addressed severe cases, this would allow for intervention sooner.

PDSA: "PDSA would support this recommendation and feels that to have sanctions imposed for actions that have often taken place a significant time in

the past, the root cause of which may have been resolved, is not necessarily addressing the main purpose of the regulator in protecting the welfare of animals nor the reputation of the profession for the future."

d) **More efficient.** Other respondents felt this change would speed up the disciplinary process and reduce costs.

80. Several themes emerged among the negative responses to this recommendation. Many of these, presented below, related to a concern that this system would result in unfair or unjust outcomes, while others were concerned that a fitness to practise system would disadvantage certain groups.

a) **Past misconduct should be considered.** Some respondents felt that certain actions must carry a sanction in any circumstances, and were concerned that, under this suggested system, an individual could commit a very serious offence and not be penalised for this.

b) **Too subjective.** Another concern was that a current-impairment approach would be too subjective, and that because it was forward-looking it would be based on predictions and guesswork. This could leave the system open to abuse and interpretation, and lead to unfair outcomes, such as being taken off the Register without good reason.

c) **Professional reputation.** Conversely, some felt this change would have a negative impact on the reputation of the profession, because individuals who were guilty of misconduct would be less likely to be sanctioned.

d) **Increased likelihood of complaints and sanctions.** Some respondents were concerned that moving to a Fitness to Practise model would widen the grounds for disciplinary cases (for example, based on the state of their mental health), make use of "poor evidence" that was subjective, and expose veterinary professionals to more complaints from clients, which could all result in an increase in cases being brought and sanctions being given to professionals.

e) **Mental health.** Related to the above point, there were concerns that this could have a

negative impact on the mental health of veterinary professionals by increasing the possibility of vets or nurses losing their livelihoods, increasing workloads, and delaying hearings. Related to this was a concern that those with mental health issues would not disclose or raise this for fear of being classed as not fit to practise.

f) **Certain groups at a disadvantage.** Others were concerned that this change would put certain groups at a disadvantage, including older professionals, vets or nurses with impairments or disabilities and new graduates, as these groups may not be deemed 'Fit to Practise'.

g) **Unnecessary.** A handful of respondents believed this change would be unnecessary because they felt the current system already operated in this way; a defendant in a disciplinary case could plead mitigation and show remorse, and evidence of steps taken to improve were already taken into account when determining a sanction.

81. Some respondents had questions about Recommendation 4.1. The following queries were raised:
    a) **Definition and assessment of 'fitness to practise'.** Some respondents asked for more detail around how fitness to practise would be defined and assessed, including what would prompt an investigation into fitness to practise, how it would be judged whether someone was unfit, who would make this decision, and whether certain groups would be considered unfit such as those using CAM or homeopathy, or those with mental health issues.

    b) **Composition of the disciplinary committee.** Another query was around who would make up the DC, and how would they be robust and objective?

82. Respondents made the following suggestions for how this could work in practice:
    a) **Needs careful communication.** Some respondents asked for careful explanation of what these significant changes would mean to members, particularly how it would change the way complaints were handled.

    b) **Support for those going through the disciplinary process.** Some felt that RCVS should provide direct support for those who were going through the complaints procedure, to reduce the impact on their mental health. One response suggested that a trained psychiatrist should be on the Preliminary Investigation Committee (PIC), to reduce the time taken to assess cases and add insight in reducing stress. In a related point, respondents also called for improvements to the disciplinary process, particularly speeding up the process, to reduce the impact on those affected.

    c) **Continued monitoring.** Another suggestion made was that the fitness to practise approach should be coupled with monitoring of individuals after they have been judged unfit to practise.

    d) **Should not apply to cases of serious professional misconduct.** Some respondents were concerned that extremely serious cases would not be taken seriously enough under a fitness to practise model, and that there were some situations that required sanctions even where there was evidence of remorse and improvement. One veterinary nurse said: "I do not believe gross misconduct should go unassessed or disciplined (ie 'let off the crime') just because somebody can prove their 'low risk' or competency at a certain time post misconduct."

Recommendation 4.2:
Widening the grounds for investigation

83. At present, the RCVS may only investigate where there is an allegation that could amount to serious professional misconduct (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 has 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.

84. Responses to Recommendation 4.2 were split between positive and negative views. Positive responses mentioned the following reasons:

    a) **Encourages improvement.** Many respondents felt that this change represented a more proportionate, constructive, humane, and supportive approach, that focused on solutions rather than problems.

The Pets at Home Vet Group: "We welcome the principle that the RCVS gains a wider range of tools to allow a more varied and proportionate response to cases brought before it."

    b) **Earlier intervention.** Some mentioned that this would allow concerns about an individual to be addressed earlier, thus avoiding a full hearing where possible, and, in some cases, preventing serious professional misconduct from being committed. This could better support professionals to improve rather than allowing situations to escalate to a stage where disciplinary action could be taken.

    c) **Repeat complaints.** Other respondents felt that the current system had no route to deal with repeated complaints, or multiple incidents, where these did not amount to SPMC.

    d) **Health and wellbeing.** Another point made by respondents was that this would provide a way of dealing with the effects of ill-health on fitness to practise in a non-judgemental way.

85. Negative responses cited the following reasons:

    a) **Inaccurate or malicious complaints.** One concern expressed by some respondents was that widening the grounds for investigation would make it easier for clients to make unfounded or malicious complaints against veterinary professionals, leading to an increase in complaints and an impact on mental health in the profession. There was an additional concern that, coupled with Recommendation 4.3 on introducing interim orders, the RCVS could limit a professional's right to practise without a hearing based on a spurious complaint. One veterinary surgeon said: "Members of the public should be able to raise concerns but without any assessment of their validity it is obscene that a professional could be prevented from practising if these concerns proved unfounded."

    b) **Mental health.** Several respondents expressed concern that this would impact negatively on mental health, by increasing fear of investigation among the professionals, and introducing barriers to voicing mental health issues through fear of being labelled unfit to practise. There were calls for more support for the profession, particularly for those with mental health issues, both in relation to the disciplinary process, and on a wider scale to deal with the root causes of pressure, stress and poor mental health.

    c) **This is a matter for the employer.** Some were of the view that performance issues should be in remit of employers and managers, and not the RCVS.

    d) **Costs.** There were some concerns that increasing grounds for investigation could be costly, and lead to increased fees for the profession.

    e) **Negative impacts for CAM practitioners.** There were specific concerns voiced by Complementary and Alternative Medicine (CAM) professionals and members of the public that there would be unfair bias against CAM practitioners in investigations as they would not be judged by those with knowledge in the area.

    f) **Scope is too broad.** Some respondents said that any RCVS investigation should be based on the Code of Professional Conduct, and no vet should be proceeded against unless there was reasonable suspicion that the Code had been infringed based on credible evidence. In a similar vein, some argued that the focus should continue to be on serious professional misconduct and not stray into clinical matters.

Vet Partners: "We are particularly concerned about extending the RCVS's jurisdiction to include clinical performance. This area is too subjective and open to interpretation. The majority of such matters should be dealt with as civil matters by consensual arrangement, mediation or, if necessary, through the civil courts."

g) **Releasing personal medical information.** There was some concern that individuals would be forced to disclose medical information about their physical or mental health, based on minor complaints. Similarly, some respondents felt that working with the RCVS Health and Performance Protocol must be entirely voluntary.

VDS: "No meaningful description is provided of what 'wider grounds' would be within scope of the additional powers, and of what would be the threshold for invoking them. In the absence of clarity on such operational detail, VDS is concerned that this move would run a significant risk of compromising respondents' basic rights and civil liberties, and of being disproportionate in its effect."

h) **Lack of trust in the RCVS.** Some respondents expressed a lack of trust in the RCVS to be fair and transparent in delivering this new approach, and felt the RCVS should focus on improving existing systems instead.

86. Respondents to recommendation 4.2 made the following queries:
   a) **Constitution of the committee.** Some respondents wanted further information on who would make up the Health and Performance Committee, and how the RCVS would ensure that the committee performed in an unbiased way.

   b) **Grounds for investigation.** Others wanted more information on what would be considered grounds for investigation, what criteria would be used to assess whether an individual poses a risk to animals.

BVA & BVNA: "We support the principle but more detail on practical application is needed. There needs to be absolute clarity on the circumstance under which investigation on health grounds might be triggered."

87. The following suggestions were made about how this recommendation could work in practice:
   a) **Support.** Several respondents said that a health or performance committee should be used as a support mechanism rather than as part of a disciplinary process, and that outcomes should involve improvement or support packages rather than sanctions. Any investigations would need to be mindful of the individual's health, including, as suggested by some, operating in a confidential manner.

BVU: "Due to the sensitive nature of personal medical information, this committee should operate in a strictly and absolutely confidential manner. It is widely known that poor management and abusive workplace practices negatively impact the health and fitness to practise of veterinary professionals."

b) **Health assessments by qualified experts.** Another suggestion was that any assessments on an individual's health must be made by a medical professional.

BVA & BVNA: "Details on how health issues will be assessed and managed are needed. RCVS is not qualified to make health assessments on individual vets or design support packages for the vast range of health issues that could be factors in impairment."

c) **Allegations must be justified.** Some were concerned that inaccurate allegations would be brought against individuals, and that there must be checks and investigations in place to ensure that these are genuine, as well as an appeals process.

d) **Practices and work environments should be investigated.** Some suggested that the RCVS should investigate individuals' work environments, as these could have a significant impact on performance and health. The Linnaeus Group Ltd stated: *"We also feel that too much*

emphasis is placed upon the individual and not the circumstances or environment under which they are being compelled to work. Environment and culture are often much more to blame than an individual and this impacts upon behaviour. For instance, if an individual is being compelled to work beyond their competency or for very long hours which could impair their decision-making, it is important this is considered."

Recommendation 4.3:
Introducing powers to impose interim orders

88. The LWP recommended 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 the 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 the DC has 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.

89. Opinions on Recommendation 4.3 were divided between those in support and those against the introduction of interim orders. Respondents who supported this proposal cited the following reasons:
    a) **Animal welfare.** Some respondents felt that interim orders would be essential to protect animal welfare and the public, and that the current system could result in individuals being able to practice for many months or even years despite posing a threat.

BVA & BVNA: "We agree that RCVS has a role in implementing interim orders to mitigate significant risk. It is important that interim orders are issued in a measured and consistent way."

b) **Trust in the profession.** Others felt that this power would be important for bolstering public trust in the veterinary profession.

90. Responses opposed to this recommendation gave the following reasons:
    a) **The RCVS must improve the DC process.** The most common negative response was that the RCVS DC process was too lengthy, and that action should be taken to remedy this rather than introducing interim orders. Others said this would be essential if interim orders were brought in, to minimise the time that people would be suspended from the Register. "At the moment the time between a complaint being lodged and the DC pronouncing judgement can be very long (months to years!) I would not support restricting the ability of someone to earn a living while the bureaucratic cogs turn. If a hearing was concluded over a much shorter period of time, or a provisional decision was reached early on them I might support it."

    b) **Inaccurate or malicious complaints.** Concerns were raised that when complaints were inaccurate or malicious interim orders would result in professionals being prevented from practising while they awaited investigation, based on allegations alone.

    c) **Should not be used at the investigation stage.** Some specifically stipulated that interim orders could be used at the appeals stage once an investigation and decision had been made, but not earlier in the process when a case had not been fully investigated. This was related to a concern that using interim orders at the investigation stage went against the notion of "innocent until proven guilty": "This has the real danger of causing a veterinary surgeon or nurse to be found "guilty" before the full evidence is heard and the interim order may actually be reversed at a later date".

The Pets at Home Vet Group: "We agree with the proposal during the statutory appeal period and recognise the good intentions of wishing to move swiftly to protect the interests of all concerned in the most serious of cases. We do, however have grave concerns about the use of this

power during the investigation process …
The investigation process would need to be much faster, or the suspension time-limited for this to be viable option."

BEVA: **"Temporary restrictions on a veterinary surgeon or nurse's right to practise pending a final decision by DC, as well as restrictions placed on an individual during the statutory appeal period following a decision by DC to suspend or remove the practitioner's name from the register would result in a loss of that person's livelihood before the case has been finalised. This goes against the legal principle of presumption of innocence (innocent until proven guilty)."**

d) **Financial costs.** Some were concerned about the financial implications of this change for individuals. There were two elements to this concern:
   i. Loss of income. A common concern was that professionals could lose their source of income, perhaps over a period of several months, which would cause financial hardship, and would be a disproportionate punishment if they could later be found not guilty.
   ii. Expensive legal battles. A small number noted that individuals would incur huge legal costs and there were no vehicles of compensation if the accusations were proven wrong at any stage.

Vets Now: **"Whilst recognising that interim orders would be valuable in the most serious cases only (e.g. investigation of criminal behaviour) there is a need for support for individuals during the process and we would advocate for a consideration of financial recompense mechanisms for those who do not ultimately face sanction."**

e) **Other negative consequences.** Respondents mentioned several other negative effects for the individual:
   i. Stress. An interim order could cause additional mental distress in an already difficult situation.

ii. Wider impact. This could also have a wider impact on areas such as the individual's family members through loss of earnings, reputation (even if they are then proved to be innocent), and the individual's employer and colleagues.

91. Respondents raised a number of questions about Recommendation 4.3:
   a) Some asked for more information about the situations that interim orders would be used in. In what situations would an individual be considered a significant risk? And what evidence or criteria would have to be met for this be determined?

   b) Others were concerned about the potential for loss of earnings during periods of suspension, and asked whether compensation would be available for those found not guilty following an interim order?

   c) Another query was how long an interim order could be in place for. Could this be indefinite?

   d) Respondents also asked for more information about the underlying rationale for this recommendation, more specifically whether the RCVS could cite any past examples where animal welfare had been placed at risk due to this power not being in place?

92. The following suggestions were put forward for how interim orders should work in practice:
   a) **Only with proof of severe concern.** One common caveat made in responses to this recommendation was that interim orders should only be used in exceptional circumstances where there was clear evidence of severe danger to animal welfare or the public.

CVS: **"We understand that the current inability of RCVS to act during the investigation phase, even in the face of an obvious and ongoing threat to animal welfare or public safety is problematic and the right to impose interim orders is logical but should be proportionate. Full suspension would need to be very much the exception when there is clear and unequivocal evidence of serious wrongdoing."**

b)   Only if there is financial support. Another frequently-cited caveat in responses was that this recommendation should only be introduced if financial support or compensation was available for any loss of earnings. Some also mentioned other types of support, such as counselling and practical support for going through a disciplinary process.

PDSA: "In principle the power to impose an interim order would seem reasonable and sensible provided the thresholds and circumstances for use of those orders is consulted upon, clearly defined and consistently applied … Such orders when imposed would need to be accompanied by clarity of employers responsibilities e.g. paid suspension, or what types and levels of insurance recommended for self-employed individuals would be suitable."

c)   Time limits. Some suggested that interim orders should be short and time-limited.

d)   Suspension of specific duties. Others felt that interim orders should not involve full suspension but suspension of specific duties, or closer supervision if appropriate, in order to avoid the negative effects of suspension from working.

Recommendation 4.4:
Introduce reviews of suspension orders
93.   At present, the 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 recommended that the 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.

94.   The majority of responses to this recommendation was positive. Reasons given for supportive responses were as follows:

a)   Fair. Respondents felt this would be a more fair and flexible approach than the current system, and that it would avoid unnecessary removal from the Register, or convoluted workarounds. Some also mentioned that it was appropriate and consistent with the move towards a 'fitness to practise' and 'current impairment' approach.

BVA & BVNA: "We recognise the limitations of the current system in terms of restoration and support the objective of removing the need for unduly harsh penalties where fitness to practise is in question."

b)   The purpose of suspension is to improve/ reflect. Some respondents mentioned that this measure would ensure that suspension was used as a time to improve and reflect, and should be used as a time to demonstrate some change or undertake remedial action, not solely to punish. Therefore, if an individual had not met their aims the period must be extended.

95.   Those who were against this recommendation gave the following reasons:
a)   The current system is appropriate. A common reason given for not supporting this recommendation was that the current system delivers appropriate outcomes; if someone had been judged unfit to practise and posed an ongoing risk to animal welfare then it was appropriate that they were removed from the Register.

b)   Not a fair trial. Some respondents expressed concern that this would mean individuals were effectively tried twice for the same transgression, and that once a sanction had been decided on this should not be changed. Likewise the original suspension length should be appropriate, and reflect the seriousness of the offence: "If the offence was so great that an indefinite suspension was appropriate why wasn't it imposed originally?"

c) **Could be extended indefinitely.** A further concern was that individuals could be suspended indefinitely if they kept failing the review.

d) **Impact on mental health.** The above concerns around unfair treatment and extended sanctions led some to be concerned about the impact of this change on professionals' mental health.

96. The following queries were raised about Recommendation 4.4:
   a) A common question raised was how suspension orders would be assessed, and what criteria would be used to decide whether suspension orders should be extended or now?

   b) Another query raised was whether suspension order could be repeatedly extended, or would there be a time frame to limit this? And could suspensions be reduced as well as extended?

   c) Some respondents asked who would make up the panel making decisions on suspension order extensions.

   d) Some asked about the communication of decisions, and whether these would be made public.

97. The following suggestions were made for how this could work in practice:
   a) **Specific conditions for suspension.** One commonly made suggestion was that suspension must be associated with specific conditions or goals, and that suspensions should only be extended where these conditions had not been met. Goals must be clear with specific guidance from the RCVS on what they wished to see from the veterinary professional. Some also mentioned that it must be made clear when suspensions were issued whether they could be extended or not.

BVU: "The BVU would support suspension reviews contingent on completing specific actions (e.g. specific training), and not tied to time periods."

b) **A focus on rehabilitation and training.** In a related point, some suggested that the focus of any suspension should be on rehabilitation and training.

c) **Support.** Some respondents felt the RCVS should provide support for individuals to meet their targets or conditions during their suspension, this could be similar to the NHS provision for medics experiencing suspensions. On a related note some suggested that financial support must be available while individuals were suspended.

d) **Only if have another hearing.** Some respondents said that suspensions should only be extended if the individual was given another hearing, with clear evidence supplied, and the right to appeal. Some mentioned that the same panel should reconvene to assess the evidence for a suspension order to be extended.

Recommendation 4.5:
Introduce a wider range of sanctions

98. 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 Register[3]. The LWP recommended 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.

99. A majority of responses was in support of this recommendation, although some were against the proposal, while others had queries and suggestions. Reasons given for positive responses were as follows:
   a) **Sanctions without removing from the Register.** Many of the responses to this recommendation felt that a wider range of sanctions would offer more flexibility and allow individuals to continue to work where this was appropriate, rather than being removed from the Register entirely.

BVA & BVNA: "We support the proposal on the basis that it appears to be in line with a less punitive and more curative approach and will allow corrective measures to be put in place."

---

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

Nockolds Resolution, providers of Veterinary Client Mediation Service: **"The ability to consider a wider range of sanctions will provide the RCVS with an agility and flexibility to regulate the professions in the modern world of veterinary practice."**

Linnaeus: **"Additional sanctions should be those that offer support to address and resolve any issues, such as conditional registration with the need for continued professional development, rather than restrictive sanctions."**

Vets Now: **"We are supportive of this recommendation and feel this is required before we would support a change in the burden of proof."**

b) **Protection of animal welfare.** Some felt a wider range of sanctions would allow better protection of animal welfare and the public.

100. A minority of respondents was against this recommendation, and gave the following reasons:

a) **Postponing judgement for two years.** The most commonly-given response against this recommendation related to the DC's current power to "postpone judgment (with or without undertakings) for up to two years". Many were concerned that this was unjust and would have a negative impact on an individual's mental health.

b) **Current sanctions are sufficient.** Some felt extending the range of sanctions was unnecessary because the current system provided sufficient breadth to cover the majority of scenarios.

c) **Higher costs.** Some were concerned that a larger range of sanctions and restrictions would lead to increased costs of regulation, and this would translate to higher RCVS fees.

d) **Lack of trust in the RCVS.** Some expressed concern that increased sanctions would not be issued fairly by the RCVS and could be open to abuse. Some felt that this change would result in

an increase in hearings and appeals, which the DC would not have capacity to deal with.

101. The following queries were raised about Recommendation 4.5:

a) A common response for this recommendation was that not enough detail had been presented on the type of sanctions and restrictions that would be introduced. Respondents wanted more information about what the proposed sanctions and restrictions would entail, and how these would be monitored or policed.

102. The following suggestions were made for introducing this recommendation in practice.

a) **Clear guidelines and time-limitations.** Some suggested there must be clear guidelines on the implementation of any restrictions on practice, including how these would be monitored, and time-limitations. One suggestion was that these sanctions should only be imposed once a hearing had taken place.

b) **Support.** Another suggestion was that conditions of practice orders should come with support from the regulator to train the professional back to a level where restrictions could be removed.

c) **More efficient system.** Another suggestion was that the disciplinary process would need to be more efficient to deal with an increase in cases, and ensure cases were concluded in a timely manner.

d) **Communication of this proposal.** Some suggested that the RCVS should take care in the communication of this proposal, because there was a potential for increasing fear among the professions of increased complaints and sanctions being brought.

Recommendation 4.6: Introduce the power to require disclosure of information

103. 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, which has resulted in delays. This situation is unsatisfactory as it hinders the RCVS from effectively carrying out its investigative duties; the LWP recommended that this is remedied.

104. Respondents were divided in their views on this recommendation. Positive responses to this recommendation gave the following reasons:

   a) **Essential.** Some said this was logical, and necessary in order to effectively carry out an investigation. Some said this would increase the robustness of investigations and their outcomes. A small number of respondents mentioned that they were surprised this was not already the case.

CVS: "It is appropriate that any 'fitness to practise' process can proceed as efficiently as possible for the wellbeing of the individuals concerned, and we support this recommendation to facilitate this."

Vets Now: "We feel this proposal would increase the evidence available within the fitness to practice process and therefore increase the robustness of outcomes. We would want to see appropriate checks and balances included in the process e.g. comparable to those in human healthcare."

   b) **Will increase public confidence.** A number of responses said this would increase public confidence that the RCVS had the power to fully investigate and that concerns had been fully addressed.

105. Responses opposed to this recommendation gave the following reasons:

   a) **Personal medical records.** A key concern for those against this recommendation was that private medical records would be released. These responses strongly stated that the RCVS should not have access to this private medical information, and doing so could discourage people from seeking help with mental health problems.

   b) **Dissatisfied with current requests for information.** Some responses expressed dissatisfaction with past experiences of requests for information from the RCVS, a key criticism being that enquiries were not indexed to the Code of Professional Conduct, therefore it was not clear which part of the Code has been contravened.

   c) **Relationship between the RCVS and the veterinary profession.** Some felt this would have a negative impact on the relationship between the RCVS and the veterinary profession, through increased distrust and fear. In a related point some said that the system should focus more on supporting the profession.

   d) **Legal issues.** Some respondents said this recommendation would have significant implications for GDPR, Freedom of Information, or human rights laws.

VDS: "VDS is clear that any new disclosure powers should not erode individuals' basic rights, such as the right not to self-incriminate."

   e) **Too much power for the RCVS.** Another response to this recommendation was that it would grant too much power to the RCVS and could be open to abuse.

106. Respondents asked for more information in the following areas in relation to Recommendation 4.6:

   a) **What is the extent of this issue?** Which organisations had not cooperated, and what impact had this had on RCVS functions?

   b) **What kind of information would the RCVS be requesting?** Would this include private or personal information?

   c) **Would there be penalties?** Would there be penalties for those refusing to provide such information and, if so, what would those be?

107. The following suggestions were made for how this could work in practice, or alternative measures:

a) **Only in serious cases.** A key suggestion made in relation to this recommendation was that it must only be used in the most serious cases, where there was clear evidence that the law had been broken or there was a danger to human or animal welfare.

b) **Only where information is relevant.** Some also said that this recommendation should be carefully worded so that only information that was relevant to the investigation or charges could be requested.

c) **Protect individual's confidential information.** Some stipulated that no personal information should be requested, for example, private medical records, only professional information.

d) **This power should extend to complainants.** Another comment was that "complainants must be obliged to provide full and accurate disclosure, otherwise the case should be rejected".

Recommendation 4.7:
Formalise role of Case Examiners and allow them to conclude cases

108. 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 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).

109. The majority of responses was supportive of this recommendation. Positive responses gave the following reasons:

a) **Efficiency.** Many respondents said that this change would speed up investigations, and make them more efficient, cost effective and streamlined.

BVA & BVNA: "We support the principle of the CE model as part of the long-term strategy for disciplinary reform and support the desired outcome of a more agile process. Long-term, and as part of a package of measures designed to foster remedial action, development towards the model, including consensual disposal, would be a positive move. However, there are resourcing and administrative shortfalls in the current system which need to be resolved first, and as a matter of urgency, before structural changes are made."

Vets Now: "We are strongly supportive of this recommendation as the duration of cases being open has a major impact on the mental health of professionals."

The Pets at Home Vet Group: "We are supportive of this reform since it promises to make the investigation process faster and less onerous for the defendant, and less resource intensive for the college which will be of benefit to all stakeholders."

b) **Avoid complaints progressing too far.** Another common response was that this would allow cases to be concluded quickly where there is no evidence of misconduct and would avoid professionals going through a disciplinary process as a result of unfounded complaints.

c) **Reduce stress.** Some respondents said that completing cases quickly would reduce stress for those under investigation.

Nockolds Resolution, providers of Veterinary Client Mediation Service:
"One of the factors in formalising the role of Case Examiner and allowing them to conclude cases, should be timescales and the length of proceedings. Any reforms or innovative ways of approaching the professional misconduct process must consider how to address this issue. The impact on both professional and witnesses involved (complainants) at any stage of the process may feel, or is disproportionate in many cases."

    d)   **Congruent with other proposals.** Some said that this change would be critical in making the other recommendations feasible.

    e)   **It is the way things are done in other professions.** A small number of respondents said that it would be sensible that the RCVS had similar legal powers to regulators in human healthcare.

110. Negative responses gave the following reasons:
    a)   **Decisions should be made by more than two people.** A key concern for those opposed to this recommendation was that the CE approach involves decisions being made by two people, and they believed this was not enough to make a fair judgement. There was also some concern among respondents that the CE could be made up of two RCVS employees, and that this could 'introduce bias'.

BEVA: "BEVA supports this recommendation in principle. The initial processes for assessing cases needs to be speedy and robust, which hopefully this change will achieve. However, the reduction of the panel to two increases the risk of variability in decisions, and some guarantee of consistency of approach by different case examiners is required, as well as details about the financial implications of this proposed system."

    b)   **Increase the risk of injustice.** Some respondents felt that this approach would result in a loss of accuracy and an increased risk of injustices because it involved decisions being made by a small group of officials. For example, one veterinary surgeon said: "I do not agree that a quicker more cost-effective solution is preferable over an accurate one". Some responses were specifically concerned about racial bias being a factor in decisions. Other responses were concerned that there would be bias against CAM practitioners.

    c)   **Reduced transparency.** Others were concerned that using the CE model would reduce transparency in the disciplinary process; "Reducing the work of an entire committee to a two- person team reduces transparency and erodes members trust in the system."

    d)   **Veterinary profession is different to the NHS.** Some commented that the veterinary profession was different to the NHS in various ways and therefore the mode used in human healthcare was not necessarily applicable to veterinary medicine.

    e)   **Retain current system.** Another view was that the current system worked well, and there was no reason to replace it.

    f)   **Not enough focus on clients.** Some members of the public felt that the proposals in this section did not focus enough on the public and veterinary clients, one said that: "Not only are clients not mentioned they are specifically ignored and the definition of consensual, usually meaning mutual consent, cannot exclude the victim."

111. The following queries were raised about Recommendation 4.7:
    a)   Some respondents asked for clarification on what is meant by "dispose of suitable cases consensually" in the recommendation.

    b)   Some wanted more information on what this change would cost, how it would be funded, and would this result in increased fees for members.

c)   Another query was whether "closing cases" could involve veterinary professionals being removed from the Register.

d)   Some wanted further detail on who the Case Examiners would be. Would there be a diverse set of panel members? Would they have experience or knowledge relevant to the case?

112.   Respondents made a number of suggestions about Recommendation 4.7, which are listed below. These are generally centred on the theme of ensuring consistent and unbiased decisions.

a)   **CEs need to be monitored.** The most common suggestion made about this recommendation was that CEs would need to be regularly monitored and assessed to ensure all outcomes are fair and unbiased, and that decisions must be transparent and subject to scrutiny.

b)   **Training for CEs.** Another common response was that case examiners should receive detailed guidance and training to ensure that there is fairness and consistency in how different cases are dealt with. Some respondents also felt that examiners should have subject specific knowledge relevant to the case.

c)   **Three CEs.** Some suggested that cases should involve at least three case examiners, rather than two, to reduce the level of bias. Some also felt that lay people should not be used as CEs.

d)   **CEs should not be able to set sanctions.** Case examiners should only be able to dispose or refer the case.

e)   **Appeals.** Another suggestion was that there must be an appeals process available.

f)   **Unresolved cases should go to the PIC.** The BVU suggested that cases that were not resolved should not be "directly referred to the DC, but that the usual steps of first convening a preliminary investigation committee are followed."

Consultation responses
Part 5. Modernising RCVS registration processes

113. The LWP made three recommendations to modernise the RCVS registration process. These were allowing limited licensure in principle, introducing revalidation, and underpinning mandatory continuing professional development (CPD). Respondents were divided in their views on limited licensure, and opposed the introduction of revalidation, but were in support of the recommendation for mandatory CPD. Reasons for these responses were varied, and are explored in more detail below.

Recommendation 5.1: Introduce provisions to allow limited/restricted licensure in principle

114. In the context of the veterinary profession, 'limited' or 'restricted' 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.

115. At present 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.

116. The LWP specifically recommended that 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. At present people in this situation are unable to undertake the veterinary degree as any 'reasonable adjustment' would not meet the RCVS Day One Competencies; this cannot be remedied without legislative reform to allow limited/restrictive licensure, which in turn would allow the Day One Competencies to be adapted for a limited/restricted licence.

117. More respondents were opposed to Recommendation 5.1 than in favour of it. There was, however, a sizeable minority that supported the recommendation, reasons given in support of this proposal were as follows:

a) **More inclusive.** A common response for supporting limited licensure was that it would allow access to the veterinary profession for some individuals who are currently excluded, resulting in a more inclusive and diverse workforce. One veterinary nurse said: "I think this is a brilliant idea. There are some wonderful people who would be a great asset to the veterinary profession, but are not able to be a part of it due to disability for example."

BCVA: **"Limited licensure would also help to ensure inclusivity for entrants with disabilities that may currently not be able to meet the demands of a full veterinary degree, and thus we may be missing out on potentially excellent vets who can contribute to farm veterinary practice in alternative career paths."**

CVS: "We believe that this change is long overdue and has blocked some individuals entering the profession when they could easily have carved out a successful career."

Linnaeus: "With regard to disabilities, as proposed this is relatively uncontroversial, allowing registrants with disabilities to practise in certain areas and we support the RCVS' intentions in principle that registration and licensure should be modernised to enable completion of the veterinary degree and registration with the college."

PDSA: "PDSA would support this recommendation on the basis that it is aimed at making a veterinary career more accessible and sustainable for those that are unable to train or practice in the full range of acts of veterinary surgery. PDSA recognises that there is benefit in including it to avoid the need to revisit the VSA in the future for the purpose of including more general limited licensure. However PDSA is aware that the case for general limited licensure is yet to be decided."

b) **Relieve staffing shortages.** In a related point, some respondents felt that widening the profession to allow access for those with disabilities and from overseas would help with staffing levels in the profession.

c) **Attract more overseas vets.** Another response was that this change would make the UK more attractive to overseas vets and would particularly benefit the areas of food production and meat inspection. The current system requires vets coming from overseas to have general knowledge of all areas of veterinary science, which can be challenging for specialised vets who have been qualified for several years and have not studied certain areas since qualifying. Some respondents gave personal stories of the barriers this had caused to qualifying in the UK.

VetPartners: "We support the introduction of limited licensure for overseas veterinary graduates when a significant need is identified. It would be essential to maintain safeguards to ensure that the integrity of such limited licensure is upheld."

d) **Limited licensure on a wider scale.** There were also some responses that mentioned support for limited licensure on a wider scale. These respondents felt that as veterinary medicine was becoming broader, 'omni-potential' becomes more challenging. One veterinary surgeon said: "I do not agree that there is no appetite for limited licensure for domestic graduates … it is absolute nonsense to insist that all students be expected to be competent in some Day 1 skills which they will never use. The vast majority of vets in practice work in either farm animals, equine or small animals."

118. Respondents who were against this recommendation gave a variety of reasons:

a) **Concern about creating multiple levels or 'tiers' of vet.** One common concern with introducing limited licensure was that it would create a two-tier system of veterinary surgeons. This was seen as a problem because it could be overly complicated, difficult to monitor and regulate, and could lead to situations where professionals were pressured to perform tasks for which they were not licensed.

Linnaeus: "Limited licensure has the potential to become an overly complex model and could impose many challenges including in regulation, and public of the role and responsibilities of a veterinary surgeon."

b) **Unnecessary, it is personal responsibility.** Another common response was that this change is not necessary, because those without the physical ability to perform a job would not seek to be hired in that role, and according to the Code of Professional Conduct, professionals should not perform procedures beyond their capabilities.

Some also mentioned that it was not necessary to be a qualified veterinary surgeon in order to work in research, pathology, veterinary regulation, politics, or policy.

c) **Negative impact on owner/vet relationship.** Some respondents said that this would cause confusion among the public, because it would make the title 'vet' unclear, and could also have a negative impact on the reputation of individual veterinary surgeons, practices and the profession as a whole. Some felt it would 'dilute' or 'undermine' the veterinary profession.

d) **Discriminatory towards disabled professionals.** Many respondents mentioned concerns that limited licensure for those with a disability would be discriminatory for a number of reasons, including limiting them to a 'lower tier' of practice, and causing issues with employers. The BVA and BVNA said: "While the proposal is well-intended, we are concerned that it will foster discrimination against those with disabilities by requiring individuals to make their disability known long before they otherwise might be legally required (ie to a potential employer). It is unclear how 'disability' would be defined and could also result in differentiation in remuneration and professional respect for those with limited licensure."

e) **Discriminatory towards overseas professionals.** In a related point, some respondents were concerned that this measure would be construed as xenophobic to overseas vets, by devaluing or exploiting on overseas vets.

BCVA: "There may be benefits to limited licensure for overseas graduates whose skills and qualifications may not meet those required by the RCVS for a full licensure. However, in reality this may result in driving a cheaper workforce in an area that suffers historically from poor remuneration and this will do nothing to attract UK veterinarians into these roles."

f) **Need a full licence to perform non-practice roles.** Some respondents expressed concern

about roles such as education, policy and regulation being performed by individuals who did not hold full veterinary surgeon licences, "A complete understanding of the pressures and diversity of challenges affecting practitioners is very important for the professions leaders".

g) **Do not support limited licensure for overseas professionals.** Some specifically mentioned they would support this for people with disabilities, but not for overseas vets, who should be suitably qualified to be able to perform procedures in the UK.

119. Many respondents expressed concern that Recommendation 5.1 indicated limited licensure would be introduced for all vets, beyond the two specific examples of disabled vets and overseas vets. Among these responses the following reasons for opposing the recommendation were given:

a) **This would open the door to limited licensure for all vets.** A key concern for this group of respondents was that in the long-term this change would lead to all vets becoming specialised, practices would become limited-service, and that newly qualified vets would be restricted in their competences. Some felt this recommendation was a "first step" or "pilot scheme" for introducing limited licensure more widely.

BVA & BVNA: "It is currently neither viable nor desirable to move to a general system of limited licensure, and that it is important that students are trained across all species and graduate able to work in all areas."

b) **Increased referrals and increased costs.** Many were concerned that introducing limited licensure more widely would cause an increase in specialisation would lead to an increase in referrals, as GP vets would not be able to perform more specialised surgeries. This would drive up costs for the public and would lead to animal welfare issues where clients cannot afford specialised care.

c) **Limit career paths.** Another concern was that limiting into specialisms would limit vets in their

career pathways, by removing the flexibility to move between sectors. One veterinary surgeon said: "Our veterinary qualification gives us the right to work in any field of veterinary surgery. It is a precious right which I do not wish to see eroded."

BCVA: "It is common for veterinary graduates to deviate from their intended pathway during university and after graduation, and limited licensure may make deviations into farm practice more difficult."

d) **Veterinary practice is different to medicine/NHS.** Some said that the NHS model of progression towards specialisms in a narrow area would not work in veterinary medicine.

120. One key question emerged from respondents about this recommendation:

a) **How would other professionals know that a veterinary surgeon has a limited license?** Respondents wanted clarity on how this would be managed, for example, would it be noted on the Register? This question was raised as a particular issue in relation to veterinary surgeons who were not permanent members of the practice team.

121. The following suggestions were made about how this could operate in practice:
a) **Suggested uses for limited licensure.** While not a common response, some respondents who were supportive of this recommendation felt it could go further, and made suggestions for other uses for limited licensure.
    i. Pathology: someone without a veterinary degree could learn all that is needed to qualify as a veterinary pathologist, via a more restricted veterinary medicine degree or another qualification pathway.
    ii. Retirees: limited licensure could suit retired vets who still want to work part-time but with reduced fees and CPD requirements.
    iii. Restoration to the profession: limited licensure powers might be very helpful for restoration decisions.

b) **Both options should be available for disabled people.** Some suggested that those with disabilities should be supported in doing the full veterinary degree wherever this is possible, and limited licensure could also be available.

c) **Indicating limited licensure.** Some respondents said that it must be clear to employers and colleagues whether a veterinary surgeon has a limited licence or not. However, as some respondents mentioned, while information needs to be accessible, personal and sensitive information must be protected.

d) **Impact on veterinary education.** Several respondents made suggested for how veterinary education could be adapted to enable the introduction of limited licences. The Veterinary Schools Council and others raised a number of areas that would need consideration including how EMS and admissions processes would operate, whether this would lead to a shorter veterinary programme, and whether there would be a separation of graduation and registration.

VSC: "Introduction of limited or preferably "focused" licensure for UK graduates would enable an increase in diversity … However, there are still a lot of questions in terms of the operation of this particularly, in terms of recruitment into veterinary school and the veterinary undergraduate programme."

e) **Focus instead on widening participation.** Some felt that the focus should be on supporting and widening participation in the veterinary profession rather than limiting individuals to certain areas of practice. The BVA and BVNA said: "The RCVS should consider this issue in the context of widening participation and reconsider the way in which students demonstrate their Day-One Competences by focusing on making reasonable adjustments such as using simulation, or demonstration of competence through direction."

f) **Further consultation is needed.** Some respondents requested that further consultation

is carried out to refine the details of how this would work in practice.

g) **Terminology.** Some felt the term 'limited licence' was not appropriate and suggested 'focused' or 'appropriate licensing' instead. On a related note, the descriptor of a 'limited' licence was questioned by some. One veterinary student said "I can see the intention of this is to allow people with disabilities into different branches of veterinary and not needing them to qualify in areas that they would struggle to work in. But the wording is not inclusive to disabled people, particularly the phrasing 'limited'. It's the exact opposite. It needs to be clear that this is something for the candidate to choose for themselves."

Recommendation 5.2:
Empower the RCVS to introduce revalidation

122. In 2007, a Department of Health report[4] 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 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.

123. Such 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. Revalidation schemes are not limited to doctors, and are regarded as best regulatory practice.

124. 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 failure to respond to formal communications from the RCVS); there is no requirement to revalidate as there is with other professions. The LWP recommended that the RCVS be empowered to introduce a system of revalidation in future, should RCVS Council decide to do so.

125. A majority of respondents was opposed to this

recommendation, although there were some responses in support of revalidation being introduced, and some with questions and suggestions for how this could work in practice.

126. Responses in support of this recommendation gave the following reasons:

a) **Maintain standards across the profession.** Some respondents said that revalidation would ensure that those who are unfit, or falling before the current standards, would be identified. This would also encourage practices to ensure they carry out annual appraisals and would be an incentive for maintaining performance across the profession. Revalidation would also ensure that professionals are remaining up to date with developments in clinical best practice.

The Pets at Home Vet Group: "We support the principle that the veterinary profession should be required to demonstrate continued professional competence, however the system must be flexible enough to be suitable for the diverse range of roles that veterinary professionals may be following and skillsets and knowledge that they are employing as they progress through their careers. If done well, it will drive a positive culture of better personal insight, personal development and CPD aligned to the spirit of a 'Just Culture'."

b) **Public confidence.** Others felt that revalidation would provide reassurance to the public that veterinary surgeons "operating competently and confidently".

c) **In line with other professions.** Another supportive argument was that revalidation is used across other similar professions and had been adopted by veterinary specialists.

BAEDT: "The British Association of Equine Dental Technicians supports introducing a system of revalidation. Currently, our Members have to have their practical skills revalidated every three years by a BEVA/ BVDA BAEDT examiner."

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

127. Responses that opposed this recommendation gave the following reasons:
   a) **Burden on the profession.** Many of those opposed to this recommendation were concerned that revalidation would be time-consuming and expensive for individual professionals. These burdens would have several knock-on effects including:
      i. A negative impact on mental health caused by the amount of work, stress and pressure associated with revalidation. Some mentioned that medical doctors find it stressful and onerous, others mentioned personal experience with Official Veterinarian revalidation.
      ii. Exacerbating issues with retention in the veterinary profession, by "pushing out" vets through increased stress and additional costs, making it difficult for individuals returning to practice after parental leave or a career break, and causing more experienced vets to retire early to avoid going through revalidation.
      iii. Increased costs for vets associated with the revalidation process and a potential rise in registration fees. There was also concern about increased costs for practices and, as a result, clients.

   b) **Unnecessary.** Another commonly mentioned concern was that the extra burden of revalidation was not necessary. The following reasons were identified:
      i. The CPD system is sufficient to ensure professional standards are met, and professionals are up to date with their knowledge, particularly with the introduction of enforcing mandatory CPD (Recommendation 5.3).
      ii. Practices already have systems in place to ensure staff knowledge and skills are up to date, through appraisals, reviews and monitoring.
      iii. The disciplinary system is sufficient to catch professionals who are falling below standard, through the investigation of complaints or allegations. The proposed disciplinary reforms will further reduce the need for a revalidation process.

   iv. Revalidation will not make a difference to standards of care; it will become a token exercise that does not achieve anything. The Veterinary Defence Society said: "VDS is aware that revalidation has been introduced to the UK medical profession. However, it is not aware of any compelling evidence of its effectiveness in maintaining standards, or in reducing the risk of professional misconduct."
   v. It is not a widespread issue that vets fall below the expected standards or are struck off.

PDSA: "PDSA would argue that the more robust expectations surrounding CPD, designed to maintain professional knowledge and skills relevant to a role in a reflective manner, would appear to go a long way towards providing the reassurance stated as a driver for revalidation, RCVS should consider whether an existing framework can satisfy the objectives before creating a new one."

BCVA: "A Vet Futures Study revealed that 94% of the British public trust or completely trust the veterinary profession and we are amongst the most trusted profession. Is there a need to fix something that may not be perceived to be broken?"

   c) **Veterinary medicine is too varied.** Many respondents mentioned that veterinary medicine is not restricted within narrow specialisms like human healthcare, and being a wide-ranging, varied, profession poses challenges for introducing a standardised revalidation system. Several veterinary surgeons were concerned that this would require them to be up to date on knowledge and skills in areas they no longer used in their day-to-day occupations, and some specialised professionals were concerned that there would not be anyone suitably qualified to assess them: "The difficulty is that the veterinary field is so wide that it would be very difficult to get

an independent assessor to be able to assess every vet fairly."

VDS: "Medical practitioners also tend to remain within their chosen area of expertise and have a rigid post-graduate training program in place to facilitate this. The diversity of the profession is such that we believe setting the appropriate bar for revalidation would be much more challenging."

d) **Restrict vets into specialisms.** Linked to the above is a concern that introducing revalidation would mean veterinary surgeons became limited to their field of practice only and were prohibited from performing procedures deemed outside of their remit. Respondents mentioned several potential impacts of this:
  i. This could reduce the pool of veterinary surgeons able to perform certain procedures.
  ii. This could drive up costs, because GP vets would have to refer animals rather than performing lower-cost procedures themselves. This could, in turn, impact on animal welfare if clients were not able to afford referral costs.
  iii. This could impede on education, development, and career progression, by restricting opportunities for on-the-job learning, and narrowing career paths to remain within a specialism (rather than retaining omnipotential, and the flexibility associated with this).

e) **Risk of biased assessment.** There was concern among some respondents that assessments would be subjective and biased. One particular area of concern was that assessors would be biased against veterinary surgeons who practise therapies "outside of the mainstream".

128. Many respondents stated that there was not enough information about how revalidation would work in practice for them to respond to the consultation. More information was requested in the following areas:

a) **How would professionals be assessed, and who would carry out the assessments?** How would assessments work for veterinary surgeons working in General Practice, or in very specialised areas?

b) **What are the reasons for introducing revalidation?** The BVA and BVNA stated that: "It is unclear from the proposal whether the primary driver is to safeguard animal health and welfare, maintain public trust, or respond to external challenge, and how it relates to compulsory reflective CPD requirements … in order to design an effective system, the desired outcomes must first be identified."

c) **How would this be funded, and would there be an impact on registration fees?**

129. The following suggestions were made about how revalidation could work in practice, or alternative solutions:
a) **Take account of extenuating circumstances.** Some respondents suggested that consideration should be given for career breaks, sickness, parental leave, and other extenuating circumstances, to ensure that the introduction of revalidation did not place unnecessary barriers to re-entry into the profession.

b) **Only for a subset of professionals.** Another suggestion was that this should not be introduced across the board for all veterinary professionals, but only in certain circumstances, such as where repeated complaints had been made or concerns had been raised about an individual, where CPD requirements had not been met, where individuals had been away from the role for an extended period of time, or for those in Advanced Practitioner or Specialist roles.

c) **Tailored to the area of practice.** Some raised matter that assessments must be tailored to the individual's area of practice.

AGV: "It is important that revalidation reflects the reality of specialisation and does not require competence and knowledge across the full range of species and disciplines."

d) **Timing.** Several respondents made suggestions for the frequency of revalidation assessments, with most advocating between five and 10 years.

e) **Ensure it is not too onerous or costly.** Some stipulated they would support revalidation but only if the process was streamlined and was not overly burdensome for the profession.

Vets Now: "We would recommend that revalidation would need to be implemented in a way that minimised the burden on professionals and was valuable for all stakeholders e.g. highlighting significant clinical changes in the area of practice during the revalidated period."

f) **Whistleblowing.** A small number of respondents said an anonymous whistleblowing or "colleagues for concern" system should be introduced for colleagues concerned about an individual's fitness to practise. This was mentioned both as an alternative to revalidation, and as a process to run alongside the revalidation system.

g) **Focus on CPD.** A suggested alternative to revalidation was to focus on promoting the uptake of CPD. Some respondents felt that revalidation would be too onerous, and as an alternative the RCVS should emphasise the importance of CPD as a way of maintaining standards in the profession.

BVA & BVNA: "We strongly caution against mirroring revalidation models from other healthcare professions without considering the detail of what would be practical, proportionate and represent good practice for the veterinary profession. The dental profession approach of enhanced outcomes-based CPD could be a useful model, and RCVS should use the results of its outcomes-based CPD project to inform the development of proposals."

h) **Need a full consultation with the profession.** Some respondents felt that revalidation should not be introduced without further consultation with the profession to discuss how this would be implemented. One veterinary surgeon said: "It requires absolute clarity of the methodology, requirements and implementation before even being considered. Anything less is likely to create massive waves in an already burdened profession that's reaching breaking point."

Recommendation 5.3:
Underpin mandatory continuing professional development (CPD)

130. CPD is a requirement for all professionals wishing to register with the health professional and legal services regulators. However, unlike the abilities given to most other regulators, the VSA does not give the RCVS the ability to enforce this requirement except through the disciplinary process. Veterinary surgeons and veterinary nurses 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 recommended that the RCVS should be able to refuse renewal of registration if a regulated professional fails to meet their minimum CPD requirement.

131. A majority of responses was in favour of this recommendation, and many responses voiced support for the CPD system in general. The following reasons were given for supporting this recommendation:

a) **Ensure professionals are up to date.** Some said that as veterinary medicine is constantly evolving CPD is necessary to ensure veterinary practitioners are keeping up to date throughout their career, and the RCVS should be able to enforce this.

BVA & BVNA: "In principle, we support the proposal to underpin mandatory CPD with legislation to enable the RCVS to refuse renewal of registration … We agree that vets and RVNs should be required to demonstrate continuing professional competence."

b) **CPD is already considered to be mandatory.** There was surprise among some respondents

that CPD was currently not mandatory, and that the RCVS did not have the power to refuse registration to those who do not complete the requirement.

c) **The current system is open to abuse.** Some said that this recommendation would prevent individuals abusing the system, and that the CPD requirements must be properly enforced and regulated.

d) **Ensure CPD is taken seriously.** Some respondents felt that CPD was vitally important and that making it compulsory would help ensure practitioners view it this way. "Lifelong learning is a fundamental aspect of being a veterinary professional and should be embraced."

e) **Less costly.** Another reason for supporting this recommendation was that mandatory CPD would be a less costly approach for the RCVS if it meant fewer resources spent on chasing individuals and pursuing cases through the disciplinary system.

VDS: "VDS considers this to be a logical progression in the evolution of the profession and supports this proposal, subject to the development of a clear and reasonable implementation process."

132. Responses that did not support this recommendation gave the following reasons:
   a) **Support is needed.** Some respondents said that instead of introducing more requirements that RCVS should provide support to complete their CPD. These respondents felt that falling behind is often due to personal issues and threatening with loss of registration is overly harsh and would cause stress.

   b) **Unnecessary.** Another common response was that this was an unnecessary measure, either because non-completion of CPD was already a disciplinary offence, because it was not needed if other measures such as revalidation and fitness to practise were introduced, or because they felt it would not ultimately make a difference to animal welfare.

c) **Only through the disciplinary process.** Some felt that the RCVS should only be able to refuse to renew registration once a disciplinary process had been conducted.

d) **Too expensive.** Some respondents were concerned about the cost of introducing mandatory CPD, and the impact this might have on fees, and costs for clients.

e) **CPD is time-consuming.** A small number of respondents said that they did not have enough time to meet the CPD requirements, particularly among working parents, or those who are self-employed who do not have designated time to complete the required hours.

133. Respondents made the following suggestions on how this could work in practice:
   a) **Disagree with the annual requirement.** Many respondents voiced concerns about the recent change from a rolling three-year requirement for CPD, to an annual requirement. Many said they felt this should be reversed or amended if mandatory CPD was introduced, to allow for some flexibility if, for example, time was taken away from work due to illness, parental leave, or a career break.

   b) **The system must be fair and flexible.** Another common response to this recommendation was that any mandatory requirement for CPD must take a flexible and fair approach, so that any mitigating circumstances were considered including time taken out of work, and personal circumstances, such as mental or physical health issues or other life events.

IVC Evidensia: "We encourage and support all our professionals to complete their required CPD and value its importance in maintaining competence and developing careers. We are supportive of the requirement to make this mandatory albeit implementation should be compassionate and have some flexibility for unique individual circumstances."

The Pets at Home Vets Group: **"We support the principle that CPD should be mandatory and that the RCVS should be able to take steps to enforce this requirement. The recent changes to the CPD model are well received, but we would ask that the RCVS give careful consideration to further increasing the flexibility of the model to accommodate career breaks of up to twelve months (with no requirement to make up the hours afterwards)."**

BVU: **"Mandatory CPD should never be used to discriminate against people who take a leave of absence from the profession due to maternity or other reasons (e.g. illness or bereavement)."**

c) **Comments on the CPD requirements.** Some respondents had comments on requirements for CPD, including the following:
   i. Some stated that CPD requirements should not be too onerous and must be realistic.
   ii. What is accepted as CPD should be broader.
   iii. There should be an emphasis on 'balanced' CPD, focusing both on their specialism and in wider veterinary topics. Although some respondents felt that CPD should focus entirely on topics relevant to improving patient outcomes in areas relevant to the practitioner's day-to-day role.
   iv. CPD should be more accessible and affordable.

d) **CPD providers should be accredited.** Some suggested that CPD providers should be reviewed and accredited in order to ensure high standards for CPD courses.

BSAVA: **"We would also suggest that if CPD is mandatory that some form of accreditation for CPD providers (rather than individual CPD courses) would be helpful."**

Additional LWP recommendations

134. The LWP made several additional recommendations as part of this consultation. The first of these was that the RCVS should continue to retain its dual function of Regulator and Royal College, responses to which are presented below. There were also a number of other recommendations that were listed in the Annexe to the LWP report. The responses to these are summarised in the Annexe to this report.

Recommendation 8.4:
Retaining a Royal College that regulates

135. The LWP recommended that the RCVS continues to be a 'Royal College that regulates'. This unique arrangement allows the RCVS to take an 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, diversity and inclusion, and leadership.

136. Responses to this recommendation were mixed; while more were in support than against the recommendation, there was a sizeable group of responses that were not easily categorised as 'for' or 'against', many of which were more general comments about the RCVS and suggestions about how the RCVS could improve in the way it operates.

137. Respondents who supported the recommendation of retaining a Royal College that regulates gave the following reasons:

   a) **The veterinary profession need support.** Some respondents mentioned that areas such as mental wellbeing, diversity and inclusion, leadership, discrimination, and other areas of support are essential for veterinary professionals.

Vets Now: "We are strongly supportive of this proposal and recognise the fundamental importance of the initiatives described within the professions and the impact they have had so far."

   b) **Good for the public and animal welfare.** Others felt that the RCVS's dual role was beneficial for the wider public and animal welfare, as well as veterinary professionals.

   c) **Cost efficient.** Another comment was that splitting the functions would be costly, and a less cost-efficient way of operating.

BVA & BVNA: "We support the LWP recommendation, taking the view that a separation of the regulatory and Royal College functions would be costly, would likely result in the loss of self-regulation in the process, and should not be recommended without good reason."

PDSA: "To separate RCVS activity from regulatory activity (and have that fulfilled by a third party) would potentially result in a disparate and confusing approach to the veterinary profession that would erode faith and trust in the structures … However, PDSA would also acknowledge that the fact that RCVS suffers a degree of mistrust in some quarters of the profession that may, in some part, arise as a result of the fact that RCVS carries out multiple responsibilities."

138. Respondents against this recommendation gave the following reasons:

a) **Functions should be independent of each other.** A common response against this recommendation was the view that the dual functions of regulation and Royal College are contradictory and should be separated in order to function fairly and independently. Some of these respondents stated that the regulatory role should be outsourced to an independent body, to enable regulation to be carried out in a fair, transparent, and independent way. Some felt that the regulatory function hinders engagement with supportive initiatives such as MMI.

b) **Supportive role is outside the RCVS remit.** Some respondents felt that the RCVS should regulate only, and that its supportive functions are outside of its remit and should be for membership organisations or employers to manage.

c) **Lack of trust in the RCVS.** A small group of respondents expressed a lack of trust in the RCVS, one veterinary surgeon said the RCVS was "out of touch with what is happening in the veterinary profession".

BVU: "The BVU strongly opposes this relationship. The veterinary profession, including all paraprofessionals, needs an independent regulator separate from the RCVS under the professional standards authority … It is in the interest of veterinary workers and the public that regulation of veterinarians and paraprofessionals should lie with an independent regulator under the Professional Standards Authority."

139. Respondents made the following suggestions for how the RCVS could manage its dual functions:
   a) **Separate functions under the same umbrella.** Some respondents suggested that the RCVS should retain its dual roles, but that the two functions should operate independently of each other under the same umbrella, and that work should be done to name and brand these differently.

b) **Improve communications on the dual roles.** Others felt that more should be done to communicate the nature of the RCVS's dual roles to the profession, to provide clarity on how these operate, and why both functions are required: "Many in the professions see the RCVS primarily as a regulator and therefore miss out on the feeling of membership of a Royal College and the benefits that brings."

c) **Retain dual function but make improvements.** Some respondents expressed support for retaining a Royal College that regulates but felt the RCVS should do more to improve these functions.
   i. Some respondents said that veterinary professionals needed more support and understanding from the RCVS, particularly in relation to the pressures of working as a veterinary professional, and their impact on stress and mental wellbeing.
   ii. Others felt the RCVS should be more transparent in the way it operates, for example the BVA and BVNA said: "We consider that the different functions of RCVS are not well understood by many within the profession. The workings of RCVS Council and committees are perceived as secretive, and this is perpetuated by the confidential nature of most documents. A culture shift towards a policy of openness and transparency is desperately needed."

Vet Partners: "Whilst we support the continuation of a "Royal College that regulates", we believe that there should be significant evolutionary changes to clarify the roles of the RCVS to the public and veterinary professions and further separate the disciplinary function from the other functions. This will become increasingly important if the RCVS takes on the role of regulating other allied professionals. In that case, the creation of a separate internal regulatory organisation within RCVS should be considered, with a title that clearly identifies its role.

Interim proposals not requiring primary legislation

140. In this section, respondents had the opportunity to comment on a number of proposals that would form part of an FTP system but which could be achieved without new primary legislation, and in some cases without new legislation at all. One option is to pursue such available reforms in the short-term; this would bring the RCVS closer to best practice at the earliest opportunity without the need to wait a lengthy period to deliver the full FTP package, and could be pursued without losing sight of any longer-term ambition of full reform.

141. Respondents were invited to comment on these interim proposals and indicate whether the RCVS should seek to implement these changes where possible at the earliest opportunity, or only as part of a full package of reform.

Standard of proof

142. The RCVS is in a small minority of UK 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. The civil standard is also used by veterinary regulators in New Zealand, Australia, Canada and South Africa, often underpinned by court rulings concerning the appropriate standard of proof.

143. In light of the primary purpose of regulation, the civil standard is considered to be the more appropriate standard of proof because, 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 [or, more often in the case of the veterinary profession, to animals] should be allowed to continue practising because a panel is not certain that he or she is such a danger'.

144. The civil standard of proof is an integral aspect of a fitness to practise regime. Changing the standard of proof can be achieved without the need for a change in primary legislation, therefore the LWP did not make a recommendation on this issue beyond asking RCVS Council to consider it. RCVS Council subsequently agreed that changing the standard of proof should be consulted upon, therefore the LWP report included it as part of the full fitness to practise Proposal requiring new legislation (Q4.1) as well as asking whether it should be introduced sooner, outside of a full fitness to practise scheme (Q4.2).

145. A majority of responses was opposed to this recommendation. There were, however, some positive responses, the reasons given for supporting this change are listed below. Many of those who supported the change did so with the caveat that this should be introduced as part of, or after, the wider suite of changes proposed in the LWP report (see the 'suggestions' section below for further details on this view).

    a) **This is in line with other professions.** Some saw this recommended change as bringing the RCVS up to date and in line with other regulators. Some went further to say that if the RCVS did not make this change it would become increasingly difficult to defend the position of retaining a criminal standard of proof.

IVC Evidensia: "We understand the reason that the College is bringing this proposal forward and the potential reputational impact should the College fail to address this proactively. We consider it essential that any changes to standard of proof are not undertaken in isolation but as part of a wider package of modernising the disciplinary process."

Vets Now: "We understand the need for this change in current regulatory environment and believe the proposals outlined in this consultation would be essential pre-requisites for any change to the standard of proof to enable it to be implemented in a fair, proportionate and compassionate way."

BVA & BVNA: "Any decision not to align with other regulated professions must be based on sound reasoning as there is a potential reputational risk.   The proposal to change the standard of proof to the civil standard needs to be considered in the context of the other recommendations from LWP. Although the change could be implemented without legislative change, the context of the package of measures is significant and it would be inappropriate to change the standard of proof in isolation."

b)   **Public confidence.** Some mentioned that changing the standard of proof would be necessary for public confidence in the profession and the RCVS as a regulator. One veterinary nurse said, "I do not see how we can justify to the public being held to a higher standard of proof than other professions."

146. Those opposed to the recommendation gave the following reasons:
a)   **Increases the risk of injustice with serious outcomes.** A common concern voiced in response to this recommendation was that lowering the standard of proof would increase the number of sanctions given out and result in an increase in miscarriages of justice. These respondents felt that life-changing outcomes such as removal from the Register should require evidence beyond reasonable doubt.

PDSA: "PDSA would suggest that a criminal standard of proof is appropriate to the impact that a finding may have on an individual; the potential loss of liberty (in criminal cases) and loss of livelihood

(in DC cases) are both life changing and potentially devastating judgements to make on any individual, should not be arrived at lightly and should be decided upon by referring to the highest bar possible that still achieves the aim of applying these punitive punishments to the most appropriate cases."

b)   **Inaccurate or malicious complaints.** Another common response was that many complaints made about veterinary professionals were malicious, spurious, or were based on financial disputes, and that lowering the standard of proof would result in an increase in the volume of complaints being made, as well as a rise in unfair sanctions being issued. Some were concerned that veterinary surgeons often work alone, and therefore would have no witnesses to corroborate their story if an inaccurate complaint was brought against them.

c)   **Impact on mental health.** Some respondents expressed concern that an increase in sanctions and complaints would create an atmosphere where professionals were always "watching their backs", and this would have a significant negative impact on mental health in the profession.

d)   **Do not need to follow other countries/ professions.** Some respondents felt that conforming to what other regulators do is not sufficient reason to adopt a lower standard of proof. This was for two reasons:
i.   Some said there needs to be more evidence or justification supplied that regulators in other professions and other countries have the best or gold standard model.
ii.   Some, on the other hand, highlighted the differences between veterinary medicine and human medicine, including that the veterinary profession was not involved in saving human life and therefore that the argument that a lower standard of proof was necessary where an individual was a "a danger to the public" was inappropriate. Other differences between veterinary and human medicine mentioned were that veterinary medicine involves payment,

veterinary surgeons often work alone and so their story cannot be corroborated, and that veterinary surgeons do not get the same pay and pensions as a human doctor.

VDS: "VDS argues that the current system has served and would continue to serve its purpose well, providing effective professional regulation proportionate (i) to the relative importance of the veterinary profession within society compared to others – we are not a human healthcare provider and (ii) to the need for fairness to individual respondents."

e) **Defensive medicine.** Another view was that this proposed change would make veterinary surgeons more fearful of making mistakes that could jeopardise their careers, which would result in an increase in 'defensive medicine'. Respondents felt this would result in an increase in the use of unnecessary treatments, including diagnostic tests, and antimicrobials, which in turn would lead to poor outcomes and increased costs.

f) **Proud of using a high level of proof.** Another comment was that a high standard of proof is something the profession and the RCVS should be proud of and is needed to protect members.

g) **Lack of trust in RCVS.** Some respondents felt that the RCVS was not trustworthy or transparent enough to use a lower standard of proof. These respondents felt that lowering the standard of proof would exacerbate issues of trust in RCVS within the profession.

147. Some respondents asked for more evidence and justification that this was a necessary change and would make improvements compared with the current system. Some asked whether there had been many cases where it was "more likely than not" that a veterinary surgeon was guilty of SMPC but using the criminal standard of 'beyond reasonable doubt' they were found not guilty.

148. The following suggestions were made about how this could work in practice:

a) **Only as part of the full package of reforms.** A key suggestion made by respondents was that the standard of proof should only be considered as part of the full package of suggested reforms. This change needed to go hand in hand with a wider range of sanctions, a more flexible approach to sanctioning, and a fitness to practise approach.

b) **Only after other recommendations have been introduced.** Some respondents went further to suggest that this change should only be brought in once other recommendations have been introduced and monitored or audited. The BVA and BVNA said: "We do not support a change to the standard of proof being taken forward in isolation. The change should instead be reconsidered after a package of measures which foster a curative rather than punitive disciplinary system, based on whole systems thinking. Chronology of change is extremely important, as is a transparent and well communicated package which garners trust. A change to the civil standard should be reconsidered as a final step in the process."

The Pets at Home Vet Group: "The criminal standard of proof sets an extremely high bar for cases to be escalated to the DC and for sanctions to be imposed, and we recognise that this could allow cases that are of concern to the public and the profession to stop short of a DC hearing. We feel that this change could be appropriate, but only after all of the other proposed regulatory reforms (CEG, CCP, Mini-PICs, focus on fitness to practice etc) have been implemented and demonstrated to make the investigation process faster, more flexible and less onerous for the defendant."

VetPartners: "Timing of change is vital. We do not support a change to the standard of proof in isolation before wholesale legislative reform. The change could instead be reconsidered once we have a forward-looking system of fitness to practise."

c) **Level of proof should relate to the level of sanction.** In a related point, some respondents said that a lower standard of proof would be appropriate for lower-level sanctions, the criminal standard should be required for cases of serious misconduct where individuals could be removed from the Register.

AGV: "AGV agrees that the standard of proof should change to 'balance of probabilities' for 'current impairment' as this would move us in line with other professional bodies and provide better protection of AHW and the public. However this is subject to the introduction of the concept of 'current impairment' being implemented. A lighter burden of proof would be unfair in cases of very severe sanctions, and in cases of serious misconduct where a person may lose their livelihood, the burden of proof should remain as 'beyond reasonable doubt'."

d) **Safeguards.** Another suggestion was that more safeguards and support would be needed to protect veterinary professionals if the standard of proof were lowered. This was mentioned particularly in the context of individuals working in complementary and alternative medicine.

e) **Communications.** Some suggested that if this recommendation was to be taken forward, care would need to be taken in communicating the change to the profession, including reassuring the profession that this would result in improvements to the system, and would not result in an increase in sanctions.

Alternative means for concluding Disciplinary Committee (DC) cases (the Charter Case Protocol)

149. Similarly to changing the standard of proof, non-legislative proposals that could be implemented in the near term have been developed to deal with those cases (other than those dealt with by the College's existing Health and Performance Protocols) that cross the threshold for a disciplinary case, and where there is a strong public interest case or a need to protect the reputation of the profession, but where the likely outcome is either a finding of misconduct and no further action, a reprimand, or a warning. A full hearing is arguably disproportionate in these cases, as well as costly.

150. By utilising the wide powers available to the RCVS under its 2015 Charter, it is proposed that an additional system, the Charter Case Protocol (CCP), be created to facilitate the giving of published warnings in appropriate cases, where a veterinary surgeon or nurse could be subject to a warning that was separate from the statutory process. The RCVS concerns process would run as it does now, however, in cases where the threshold for a referral to DC had been crossed, the PIC would decide whether or not it was appropriate to refer the matter via the CCP for conclusion.

151. The CCP would require the RCVS to establish a new Charter Case Committee (CCC), the remit of which 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); b. issuing a private warning; c. issuing public advice (i.e. advice published on the RCVS website); d. issuing advice that would remain private.

152. 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, which could, ultimately, lead to a Disciplinary Committee hearing.

153. Respondents were divided between positive and negative responses to this recommendation. Responses that supported the proposal gave the following reasons:

a) **Increased efficiency, reduced stress.** One common response for those in favour of this change was that it would mean a more efficient and less time-consuming disciplinary process, and as a result the associated stress and impact on mental health will be reduced. Some also felt this would be a good way to reduce costs.

b) **More supportive, fairer approach.** Another comment was that this recommendation would result in a more supportive and fairer disciplinary system.

The Pets at Home Vet Group: "We support this proposal and the wider principle that the focus of the regulatory system should be on guidance, remedial measures and supporting fitness to practice."

    c)   **Part of the full package of reform.** Some felt this would be a necessary change if a fitness to practise approach was adopted, and the standard of proof was lowered.

    d)   **Less damage to reputation.** Others said this recommendation includes the option for private sanctions, which would mean less damage to an individual's reputation, and reduced stress.

154.   The following reasons were given by respondents against this recommendation:

    a)   **Individuals should get a full hearing.** A commonly held view among those against this recommendation was that individuals should have access to a full hearing. There was particular concern that if someone is at risk of being sanctioned then they should be entitled to a full and fair hearing where evidence was fully considered, and they could defend themselves. A particular concern was that a possible outcome was a public warning, some respondents felt it was inappropriate that these could be issued without a full hearing.

    b)   **Warnings should not be made public.** Some respondents went further to say that no warnings should be made public, as this could damage the reputation and career of the individual involved and was an unfair punishment. These respondents said the RCVS should move away from a "name and shame" culture to a more supportive one.

CVS: "We also believe that the consent of the individual concerned to pass through this alternative process should be a prerequisite to entering this process. We are not convinced that making public the findings of the Charter Case Committee is in the public interest"

VetPartners: "We feel that public "naming and shaming" of individuals for less-serious breaches of the Code of Conduct would be extremely inappropriate and could be damaging for both the individuals and the businesses who employ them."

    c)   **Use the existing system.** Some said that this should not require a separate committee or a change to the existing system, instead the PIC should deal with these cases and sanctions. Alternatively, some suggested that the RCVS should save the costs of introducing a new committee and focus on improving and speeding up proceedings within the current model.

BVA & BVNA: "We broadly support the principle of finding an alternative approach to dealing with minor transgressions, but the process must be right, with a focus on remedial action. Until there is modernisation of the entire disciplinary process the current approach to dealing with minor transgressions seems proportionate."

155.   Respondents made the following queries about how this would work in practice:

    a)   **Right to defend and appeal.** Some queried whether this system would allow individuals the right to defend themselves, and to appeal a judgement, particularly whether this would be possible before a public warning was given.

    b)   **Composition of CCC.** There were also queries on the make-up of the CCC, and for assurances that this would be appropriately balanced, include representation from practising veterinary surgeons, and that training and guidance would be given to members.

156.   The following suggestions were made about how this could work in practice:

    a)   **Right to defend and appeal.** Some respondents said they would support this

recommendation if individuals had an opportunity to defend themselves, and that there should be an avenue available to appeal an outcome.

b)   **Composition of CCC.** There were suggestions that the CCC should include practising veterinary surgeons.

c)   **Support.** Another suggestion was that those going through a complaint process should receive more support from the RCVS to reduce the effects of stress on individuals.

d)   **Outcomes should be shared anonymously.** Some suggested that information about advice and warnings should be shared with the profession, in order to learn from these outcomes, however this should be done anonymously to prevent any adverse effects on the individuals involved.

Pets at Home Vet Group: "This is another opportunity for the RCVS to support the fitness to practise of the wider profession – learnings from these cases should be shared in an anonymous manner (akin to the VDS newsletter) to help others to learn from the pitfalls that have befallen their colleagues. Anonymity is highly desirable for these cases to protect the mental health and reputation of the professionals involved, and since we feel that the identity of the individuals receiving remedial guidance would not be in the public interest."

Structural changes to the concerns process ('mini-PICs')

157. A further short-term proposal, not requiring legislation, has been developed to introduce 'mini-PICs'. This would be a step towards the Case Examiner model detailed in Recommendation 4.7.

158. Schedule 2 of the VSA states that PIC must have no fewer than nine and no more than 15 members, with a quorum of 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. 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'.

159. Mini-PICs would create a speedier and streamlined process, with greater clarity in explaining decisions for both the public and the profession.

160. A majority of respondents supported this recommendation. Those who responded positively to the recommendation gave the following reasons:

a)   **Increased efficiency, reduced stress.** The most common response was that this would be a more efficient approach, creating a more streamlined and less time-consuming process, which would reduce stress among those going through a disciplinary case, and be a more cost-effective option.

The Pets at Home Vet Group: "We support this measure in the hope that it will make the investigation process faster, lessening the toll that it takes upon the defendant."

b)   **Introduce as soon as possible.** Some respondents noted that they would like this to be introduced quickly as it would be highly beneficial to the veterinary profession.

Linnaeus: "This is of significant benefit to the profession and should be strongly supported."

161. Those who were against this recommendation gave the following reasons:

a)   **Not robust enough.** The most common negative comment made about this recommendation was that using three panel members would introduce biases and reduce robustness of judgements. Some expressed concern that this system would introduce bias against certain groups.

b) **Not transparent.** In a related point, others were concerned that this approach would make the process less transparent.

c) **Not enough input from veterinary surgeons.** Some were concerned that mini-PICs did not include sufficient input from veterinary surgeons.

d) **Not enough to improve the efficiency of the system.** Some felt that although they supported the aim of speeding up the disciplinary system, a wider cultural shift would be necessary to improve the system.

BVA & BVNA: "Although we support the stated objectives, any changes to the existing system must be accompanied by culture change, a modernised approach to ways of working, transparency, and external scrutiny. Without this wholesale shift, piecemeal changes will simply revert to the status quo."

162. The key query respondents had about this recommendation was around who would make up the mini-PIC, and how would they be selected. Some also asked about further details on training of the mini-PIC members.

163. The following suggestions were made for how mini-PICs could work in practice:

a) **Mini-PIC make-up.** Some respondents were concerned with who would sit on the mini-PICs. Views were mixed, but the key themes that emerged were that they should consist of a mix of veterinary surgeons, nurses and lay people, and that there should be some specialist knowledge within the mini-PIC that was relevant to the case.

b) **Minimum number.** Some respondents felt that mini-PICs of three members was too small, and that the minimum number should be five.

c) **Measures to ensure consistency.** Another suggestion was that there should be clear measures in place to ensure that mini-PICs were operating in a consistent manner, such as performance reviews, benchmarking, open and transparent KPIs, feedback systems and cases being audited or cross-examined.

Annexe:
Additional recommendations

164. This Annexe summarises the responses relating to all additional recommendations that were not part of the main LWP report. It should be noted that relatively few respondents gave their view on these recommendations, therefore the summaries are based on opinions from a small number of individuals.

Recommendation	Summary of responses
Recommendation 4.8: Futureproofing of the disciplinary process. In line with the Health & Care Act 1999, allow future reform of the DC process via Ministerial Order or a less onerous mechanism.	Respondents were generally supportive of this recommendation, saying it is important that the RCVS is responsive and versatile in a rapidly changing environment. Some gave the caveat that they would support this change if safeguards were put in place, or if there were consultations on any legislative changes.
Recommendation 4.9: Statutory underpinning for the RCVS Health and Performance Protocols. Introduce a formal procedure for dealing with health and performance cases.	There was no consensus in the responses to this recommendation.
Recommendation 4.10: Reduce the DC Quorum to three. Reduce the quorum in line with other regulators.	Those who responded were generally against this recommendation, citing that it would result in increased bias in decision-making.

Recommendation	Summary of responses
Recommendation 4.11: Reformed restoration periods. Extend range of options for minimum period before which a veterinary surgeon or nurse can apply to be restored to the register following removal.	There was no consensus in the responses to this recommendation.
Recommendation 4.12: Allow voluntary removal. Allow voluntary removal of practitioners under investigation for disgraceful conduct in certain circumstances.	Responses to this recommendation were mainly positive, although some emphasised the importance of this being consensual on both sides; that the individual is not placed under undue pressure to take this option, and that the RCVS should retain the right to refer to the DC if it is in the public interest to do so.
Recommendation 4.13: Case Management Conferences. Formalising the role of Case Management Conferences (CMCs)	Respondents were generally supportive of this recommendation. Some commented that they would like more detailed information about this proposal, some said they felt CMCs should be conducted via teleconference, and some gave the caveat that individuals be provided with legal advice.
Recommendation 4.14: Recommend that DC should be given power order costs. Provision to allow DC to make costs orders, for instance for unsuccessful restoration applications, as per other healthcare regulators.	Responses to this proposal were mixed. Those supporting the recommendation made the caveat that it should only be used in exceptional circumstances. Some said that it should not be used to discourage legitimate appeals.

Recommendation	Summary of responses
Recommendation 4.15: **Appeals against DC decisions to be heard by the High Court instead of the Privy Council.** DC appeals to the Privy Council against suspension or removal should be moved to the High Court.	Respondents generally supported this recommendation.
Recommendation 4.16: **Appeals mechanism for reprimands and findings of misconduct.** Introduce a right of appeal against a decision to reprimand or a finding of disgraceful conduct.	Respondents generally supported this recommendation.
Recommendation 4.17: **Automatic removal offences.** 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.	Responses were divided in their opinions of this recommendation. Some supported the recommendation but made the caveat that a definitive list of offences is required. Others were against the proposal, some of these felt that instead individuals should be automatically removed temporarily while the disciplinary process is completed.
Recommendation 4.18: **Power to appeal unduly lenient decisions.** Right of appeal if RCVS believes the DC has made a decision that is too lenient.	Responses were generally opposed to this recommendation.

Recommendation	Summary of responses
Recommendation 5.4: UK graduates. The VSA stipulates that any person who passes 'examinations in veterinary surgery' from a UK university with a recognition order in place 'shall be entitled to be registered in the register [of Veterinary Surgeons] and shall on being so registered become a member of the College'. 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.	There was no consensus in the responses to this recommendation.
Recommendation 5.5: EU nationals. 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 may 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.	Respondents generally supported this recommendation but some questioned whether it was still relevant post-Brexit.

Recommendation	Summary of responses
Recommendation 5.6: Non-EU qualifications: Lack of formal route in the Act for registration by individuals with 'acquired rights'. 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'. 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).	Respondents generally supported this recommendation but some questioned whether it was still relevant post-Brexit.
Recommendation 5.7: Recognition of qualification and registration. 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 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. The LWP recommends underpinning this separation in legislation.	Respondents generally supported this recommendation.

Recommendation	Summary of responses
Recommendation 5.8: Separation of registration and licence to practise. 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. 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.	There was no consensus in the responses to this recommendation.
Recommendation 5.9: Temporary registration – nomenclature. The heading of S.7 "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. 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). Internal policy currently limits temporary registration to five years. The LWP recommends that legislation need to underpin both temporary and limited registration. Provisions should be clearer than at present.	There was no consensus in the responses to this recommendation.

Recommendation	Summary of responses
Recommendation 5.10: Restoration following voluntary removal/removal for non-contact. 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). 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. The LWP recommends that this discrepancy is remedied.	A majority of responses supported this change. Some made comments about the type of evidence that would be required, either requesting more information on this, or suggesting that this should include proof of relevant CPD.
Recommendation 5.11: Restoration following voluntary removal/removal for non-contact. 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. In practice, registration is delayed as long as possible whilst the matter is investigated, but there is no formal power to do this. The LWP recommends that the RCVS should have the power to suspend restoration in these cases.	Respondents were generally supportive of this recommendation, stating that the RCVS should be able to assess an individual's fitness to practise before restoration.

Recommendation	Summary of responses
Recommendation 5.12: Annual renewal – declared convictions. 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 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. The LWP recommends that the RCVS should have the power to allow suspension of registration where a conviction has been declared during annual renewal.	There was no consensus in the responses to this recommendation. Some supported the recommendation but made the caveat that a definitive list of offences is required. Others who opposed the recommendation stated that an assessment of fitness to practise should be required.
Recommendation 6.1: Powers to revise the Statutory Examination. 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. 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. The LWP recommends that powers to amend the examination fees and format are delegated to the RCVS.	Respondents generally supported this recommendation.

Recommendation	Summary of responses
Recommendation 6.2: Ability to charge UK vet schools for accreditation visits. At present, the cost of accreditation visits is born by the RCVS membership fee. There is an argument that the 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.	There was no consensus in the responses to this recommendation.
Recommendation 7.1: Power for the Minister to make further changes to size/composition via Ministerial Order. 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. 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.	Responses to this recommendation were generally negative. Some stated that this proposal should be presented in more detail and that further consultation on this change should take place.
Recommendation 8.1: Revised Exemption Orders (EOs) as recommended by the Exemption Orders and Associates (EO&A) Working Party. As per RCVS RMPR Report of January 2019. 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.	Responses to this recommendation were generally positive, stating that it would be a pragmatic approach. Some respondents made the caveat that future changes should be subject to consultation.

Recommendation	Summary of responses
Recommendation 8.2: Empower the RCVS to set the annual renewal fee. 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. The LWP recommends that powers to amend the annual renewal fee and format are delegated to the RCVS.	There was no consensus in the responses to this recommendation. Some who supported the proposal made the caveat that the process to make any fee increases must be transparent, with clear reasoning, and with defined limits.

General comment
Several respondents made the comment that the LWP report document does not include a reference to the definition of the word 'animal', which is a key component of the definition of 'veterinary surgery'. These respondents stated that the definition in the VSA (which defines animals as including birds and reptiles) is not sufficient as it excludes certain groups of animals. The Veterinary Medicines Regulations 2013 definition was suggested as an appropriate alternative; ""*animal*" *means all animals other than man and includes birds, reptiles, fish, molluscs, crustacea and bees*". One member of the public stated that "… *it has been pointed out over many years that (subject to statutory interpretation) there are groups of animals (fish, amphibians, invertebrates) that are not within the regulation of the veterinary legislation. This is so despite the fact that, today, there is relevant expertise at both general and specialised veterinary practice levels. The general public should be able to obtain properly regulated veterinary services for such animals within the scope of the reforms envisaged by the working party.*"

Report of the Royal College of Veterinary Surgeons (RCVS) Legislative Reform Consultation

DRAFT

Summary

Meeting	Council
Date	10 June 2021
Title	Advancement of the Professions Committee Report 11 May 2021.
Summary	To note the attached minutes of the meeting held on 11 May 2021. In particular, to note the following: • The Primary Care project is ongoing with the intention of researching why professionals are leaving the sector, but equally why they are staying.
Decisions required	None
Attachments	Classified Appendix
Author	Ceri Chick Secretary APC c.chick@rcvs.org.uk / 0207 856 1034

Classifications

Document	Classification[1]	Rationales[2]
Paper	Unclassified	n/a
Classified Appendix	**Confidential**	**1**

[1]Classifications 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.

[2]Classification rationales

Confidential	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	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, 11 May 2021 at 2pm via Teleconference by Microsoft Teams.

Members:

Dr C J Allen	Council Member
Professor J Innes	Chair, RCVS Fellowship Board
Ms A Boag	Chair, Board of Trustees for RCVS Knowledge, and Leadership lead
Dr N Connell	Senior Vice-President, and Chair, Diversity and Inclusion Group
Professor S Dawson	Chair, Mind Matters Initiative
Ms L Lockett	Chief Executive Officer
Mr M Rendle	Vet Nurse Futures Project Board liaison point
Dr C Tufnell (Chair)	Innovation and Global lead
Mr T Walker	Lay Council Member
Dr S Paterson	Lead for Environment and Sustainability

In attendance:	Miss C Chick	Senior Leadership Officer
	Mrs A Belcher	Director for Advancement of the Professions
	Miss S Rogers	ViVet Manager
	Mr I Holloway	Director of Communications
	Mr C Gush	Executive Director, RCVS Knowledge
	Mrs L Quigley	Mind Matters Initiative Manager
	Miss J Macdonald	Vet Nursing Futures Project Manager
	Mr B Myring	Policy and Public Affairs Manager
	Miss R Greaves	Policy and Public Affairs Officer

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. It was noted that this meeting was the last that the Chair, Dr Tufnell, would attend as a member of Council. Dr Tufnell thanked the Committee and RCVS staff for their hard work and dedication to the Committee's objectives. The Committee thanked the Chair for his service on this Committee, with all grateful for his contributions and support.

3. No apologies were received from the Committee.

Declarations of Interest

4. Professor S Dawson declared that she had been appointed as a Fellowship Credentials Panel assessor.

5. The Chair declared that he owns a primary care practice, and employs primary care veterinary surgeons. This was declared specifically in relation to the Primary Care Project Progression paper (APC May 21 AI04).

6. Ms A Boag declared that she is now Treasurer for the European Board of Veterinary Specialisation (EBVS).

Minutes of the last meeting, held on 9 February 2021

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

Matters Arising

8. There were no new matters arising.

Updates from APC workstreams

9. 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 21 AI01).

10. 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

11. Dr N Connell noted his delight to hear of employers taking on initiatives which encourage diversity and inclusion in the professions.

12. The RCVS / Veterinary Schools Council (VSC) and Student Black, Asian and Minority Ethnic (BAME) working group was advancing its work on reporting structures and guidance on the wearing of religious clothing in clinical settings. The Committee was encouraged to support this group in its endeavours.

13. Work was underway to conduct a survey around chronic illness in veterinary professionals, to determine what barriers they face as well as raising awareness of chronic illnesses so that appropriate support may be developed.

14. It was noted that although the Diversity and Inclusion Group workstream includes veterinary nursing, a group focused on student veterinary nursing diversity and inclusion would be beneficial to address the needs specific to the veterinary nursing profession.

15. There was the intention to collaborate with the British Veterinary Nursing Association (BVNA) to create a larger working group.

16. The VN Futures School Ambassadors Development group would provide further opportunity to feed into the Diversity and Inclusion work.

Environment and Sustainability

17. The Committee was updated that the proposal submitted to the cabinet for hosting an event at COP 26 in conjunction with other members of the UK Health Alliance on Climate Change UKHACC, was likely to receive feedback later than expected. This is due to the volume of applications, with there being more than 4500 for only 300 spaces.

18. Conversations had started on the RCVS achieving environmental accreditation, with the Environment and Sustainability Working Party (ESWP) having reviewed a paper that compared three schemes and put forward a recommendation. It was recommended that the College choose the Investors for the Environment option. Dr S Paterson extended her thanks to Miss R Greaves and Mr L Clegg for their work on this paper. It was highlighted that the College was taking valuable steps to ensure that it operates as sustainably as possible, and suggested that this could be emphasised to the public and the professions to show the commitment that College has with regards to its enivornmental responsbility.

19. A synergy between the ESWP and the Fellowship Science Advisory Panel was in place with the panel reviewing Net-0 Surgery.

20. It was noted that discussion around mapping the sector against the 17 Sustainability Development Goals from the United Nations had begun, with a workshop being organised around this. The ESWP welcomed Council and Senior Team to be a part of this to ensure a rounded view of all College activities.

21. The ESWP was in the process of organising meetings with the species-specific groups (such as the British Equine Veterinary Association (BEVA) and British Small Animal Veterinary Association (BSAVA)) to discuss ways of collaborative working.

Fellowship

22. The Fellowship Board Chair reported that the 2021 Fellowship application period had concluded, with the majority of applicants being female. The Fellowship Chair remarked that it was encouraging to see wider representation.

23. The Committee was updated on the Fellowship Board's work to improve diversity within the Fellowship. A campaign to recruit more Credentials Panellists had been successful, with 20 applications. Of these, 6 were men and 14 were women. This campaign concluded with 17 new assessors being welcomed onto the panels, which consisted of four men and 13 women.

24. Mrs Nichola Paull was named as the new Chair of the Meritorious Contributions to Clinical Practice Credentials Panel, and would be starting the role effective immediately. This decision increased female representation in the Fellowship's leadership team.

25. The Credentials Panel members and Fellowship Board attended an Equality, Diversity and Inclusion and Unconscious Bias training session. All assessors, including the Fellowship Board, were also provided training on how to consistently and effectively assess Fellowship applications. There was positive feedback on the course content and the facilitator.

26. The Fellowship Science Advisory Panel had met to discuss their next steps in terms of work priorities. One stream of work on the horizon was to review new evidence provided in support of homoeopathy by the Homeopathic Association.

27. It was noted that the Fellowship's strategic plan had been updated and would be brought forward for discussion at the next Fellowship Board meeting.

28. The Chair thanked the Secretariat for their support towards advancing the Fellowship's projects.

29. The implementation of the new Discourse communications platform would soon be completed, with a soft launch aimed for June. The Committee members who were Fellows were encouraged to use the platform and feed back any thoughts or possible improvements to the resource.

30. The Committee thanked the Fellowship Board and all involved with improving diversity within the Fellowship. It was noted that it was encouraging to see a tangible improvement since the beginning of the year.

Global Strategy

31. A press release had been issued on the fact that the RCVS had signed up to the World Veterinary Association's statement on the global climate emergency.

Innovation

32. As part of World Creativity and Innovation Day, ViVet had hosted two workshops that introduced the Metaphor and SCAMPER creative techniques and discussed how these could be utilised to tackle challenges and issues encountered within everyday veterinary practice. These sessions were a success, with delegates wanting to take part in future events.

33. ViVet had organised a series of reflective sessions, which had been changed to a smaller number of sessions to allow for a broader discussion around the changes made by veterinary professionals to enable them to continue delivery their services during Covid-19. These aimed to assist professionals to identify areas of Innovation and how these skills could be used in future to overcome challenges. A session specifically for veterinary nurses was also planned.

34. Videos were being scheduled with industry leaders and innovators for the ViVet Bites series.

35. It was noted that content planning was underway to organise the ViVet Symposium in October 2021. Recorded educational videos were also being organised with the theme "Innovation Explained" to raise awareness of innovation in the professions.

36. It was noted that a new staff member would be joining the Advancement of the Professions department at RCVS in June 2021, who will support the team as an Admin Officer.

37. The Chair thanked Miss S Rogers for her hard work in advancing the ViVet project, and to support innovation during the challenges created by the Covid-19 pandemic.

Leadership

38. It was noted that there had been some challenges around the Edward Jenner Leadership Programme as the pandemic had caused a re-shuffle of resources at the NHS, meaning that the course was on hold currently.

39. There was an extensive waiting list of people interested in taking the course. There was the intention to run a Leadership Summer School for those waiting to participate in the programme and who would like to continue their professional development in the meantime.

40. It was noted that a new Leadership and Inclusivity Manager role was being recruited for within the Advancement of the Professions department. One of the main tasks for the successful applicant would be to determine other avenues for the Leadership Initiative.

Mind Matters Initiative

41. The Chair of the MMI Taskforce noted that the themes of this initiative may be utilised in various areas of work throughout the College, with one example being the buddy system project to support those going through the RCVS investigation process, which would likely launch at the end of May 2021. Another example was the development of Mind Matters International, jointly with the American Veterinary Medical Association, which had held a virtual roundtable in March 2021 on the impact of Covid-19 on mental health in the veterinary professions.

42. It was noted that applications for the Sarah Brown Research grant were being accepted until the end of May 2021. Professor S Dawson extended her thanks to Ms L Quigley for supporting potential applicants.

43. The MMI Mental Health Research Symposium was organised for the end of November 2021, and a large number of abstracts had been submitted for consideration.

RCVS Knowledge

44. It was reported that the RCVS Knowledge Evidence-Based Veterinary Medicine Learning course had been expanded to provide practical grounding and understanding in applying evidence-based veterinary medicine to the professions.

45. A Quality Improvement (QI) Boxset had been launched to assist practitioners and practices to establish a quality improvement structure in practice, which in turn would improve the quality of care provided to their patients.

46. Mr C Gush noted that the 2021 Knowledge Award winners had been announced, and he had been pleased to see that, despite the pandemic, the scheme had received a record number of applications this year.

47. RCVS Knowledge had collaborated with former staff members of the Animal Health Trust to recover historical material that had been at risk of being destroyed when the Trust closed in 2020. The team was in the process of cataloguing the material for safe storage.

48. The second phase of work and funding for the Farm Vet Champions project had been agreed with the Veterinary Medicines Directorate. This second phase would specifically look at enabling Farm Vet Champions to set, measure and track their SMART goals to ultimately establish good antimicrobial stewardship in practices and on farms.

49. The Chair noted that the output from RCVS Knowledge over the years had been immense, and has a noticeable global reach and potential. The Chair thanked the RCVS Knowledge team for their extensive efforts.

VN Futures

50. A report on the School Ambassador Development programme had been compiled by the VN Futures (VNF) Project Coordinator and approved by the Director of Veterinary Nursing. This would be published on the website to inform the professions on the achievements of the project so far.

51. It was highlighted that the focus of the pilot had been altered due to the pandemic, and the limitations in provision of in-person school talks. Much had been achieved during the pilot, so a School Ambassadors Pilot Report was constructed to document this work. The group had evolved into an ongoing development group to continue this work. It was noted that 11 ambassadors and a Lead Ambassador had been appointed.

52. Engagement had taken the form of presentations and presences at conferences, which were met by enthusiasm from the professions. It was noted that one area of uncertainty that arose from these events was around delegation in practice, which may be an area to explore in future.

53. A variety of content was set to be released including case studies, blogs and webpage updates. The next edition of the VNF e-news was planned for early May to coincide with Veterinary Nursing month.

54. A review of the VNF strategic aims brought forth the intention to end phase one of the project in July 2021, and create and publish the VNF interim report. There were also ambitions to action plan for phase two of the project, which included canvassing the profession for input.

55. VN Futures had been working with MMI to create a survey to understand mental health issues affecting student veterinary nurses. This survey was mainly aimed at student veterinary nurses, clinical coaches and newly qualified veterinary nurses, and would feed into a planned roundtable later in the year.

APC Primary Care Project Progression

56. The Committee was presented with a paper that outlined the progress made on the Primary Care project, and the potential route for advancement.

57. The Chair noted that the primary aim of this project, celebrating general practice, had been the topic of discussion throughout various avenues in the College for many years. The focus of further discussion could be education on the importance of general practice and on the opportunities for career progression within the sector, rather than it being a pathway to specialisation.

58. It was suggested that research should be carried out within the sector to discover why professionals were leaving general practice, but equally why they were staying. It was also noted that a leadership piece of work could be around changing the language around what success means, and also explaining the realities of what the profession could offer in the early

stages of veterinary careers. It was emphasised that research should be sure to include all types of general practice work, such as that of locum vets.

59. One suggestion of a method to improve career progression within general practice would be to diversify the roles within the sector. It was suggested that other professions, such as dentistry and the Royal College of General Practitioners, could be consulted to aid with this research as they may face the same issues, and be able to share any research or strategies that we can learn from.

60. The importance of building a relationship with clients was emphasised, a large aspect of general practice that has a huge impact on the welfare and care of animals.

Environment and Sustainability Update

61. This information is available in the classified appendix at paragraphs 1-6.

Any other business

62. The Chair thanked the Committee for their continued efforts.

63. The Committee thanked the Chair for his work as a member of this Committee and a member of Council.

Date of next meeting

64. The Chair closed the meeting noting the next meeting would be in the afternoon of 14 September, 2021.

Summary

Meeting	Council
Date	10 June 2021
Title	Minutes of the Audit and Risk meeting held 13 May 2021.
Summary	A meeting of the RCVS Audit and Risk Committee
Decisions required	To note the minutes
Attachments	Classified Appendix
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	**Private & Confidential**	**1, 2, 3, 4, 5**

¹**Classifications 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.

²**Classification rationales**	
Confidential	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	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 a meeting of the Audit and Risk Committee (ARC) held remotely via Microsoft Teams on 13 May 2021

Members:

Ms E Butler	Lay member, Chair
Prof D Bray	Lay member of RCVS Council
Mr V Olowe	Lay member
Ms J Shardlow	Lay member, Vice-Chair
Mr D J Leicester	Veterinary member of RCVS Council

In attendance:

Prof S Dawson	Treasurer
Ms L Lockett	CEO
Ms C McCann	Director of Operations (DoO)
Ms Kirsty Williams	Education Quality Improvement Manager
Ms Nicola South	Head of Registration Department
Mr A Quinn-Byrne	Secretary to ARC / Governance Officer

Apologies for absence

1. There were no apologies for absence

Declarations of interest

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

Minutes of the Audit and Risk Committee meeting held on 11 February 2021.

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

Matters arising

4. It was noted that a paper will be going to Council on 10 June 2021 regarding the work of the Legislation Working Party.

5. An update on European Association of Quality Assurance in Higher Education (ENQA) was discussed later in the meeting.

6. Committee members Ms Shardlow and Mr Olowe had been invited to observe RCVS Council, and Ms Shardlow had attended in March. They would also be sent invites for the meeting scheduled for 10 June.

CEO Update

7. The CEO updated the Committee with the following:

    *   The building would reopen from 6 June 2021, for three days per week initially, with reduced capacity on numbers for social distancing.
    *   Staff had been consulted on their appetite for remote working in the future and the majority wished to work at home more than the two days allowable under the pre-Covid policy, so a more flexible approach was under discussion.
    *   The College was currently leasing back Belgravia House from the new owners and the composition of the Estate Strategy Group (ESG) was being discussed in order to have the appropriate skills mix for the purchase phase of the project. A paper would be put before Finance and Resources Committee (FRC) at its next meeting to propose the composition of the Group and to outline some factors to consider in terms of a new building.
    *   It was confirmed that the College would be running a survey on the impact of Covid-19 on individuals within veterinary professions, as a companion to the previous surveys at practice level. It would aim to inform policy going forward and assist in decision-making should another wave of Covid-19 emerge, inform future crisis plans, and provide a snapshot of what would likely prove to be an historic period for the professions.
    *   The Preliminary Investigation Committee had closed the case raised against former Junior Vice-President (JVP) Professor Argyle, who had nonetheless decided to step down from the role and RCVS Council; Dr Kate Richards had been elected as the JVP in his place.
    *   Work was ongoing around improving Council Culture based on a plan approved by Council in November 2020, and an independent consultant had been engaged to talk to Council members about their views.
    *   The induction process for Council members was under review.
    *   Discussions were ongoing in relation to the future of virtual versus in-person meetings and a paper would go to the June meeting of RCVS Council.
    *   It was noted that a Bill on Professional Qualifications had been announced within the Queen's speech and it was understood that it would be read in the Lords first. There were some concerns about the relevance of the proposed legislation to the veterinary profession. It may be something to add to the Risk Register.
    *   Although a shortage of Official Veterinarians in the large animal / food sector had been in the Risk Register for some time, it was noted that shortages in those required for small animal work should be added, particularly given the likely increase in pet transport paperwork once Covid restrictions started to be eased.

Assurance Map and Corporate Risk Register

8. These items were taken together for discussion as both informed the other. The Director of Operations (DoO) presented the Assurance Map and Corporate Risk Register to the Committee. It was noted that the Assurance Map listed the top ten risks the organisation faced that were taken from the Corporate Risk Register.

9. The Committee noted changes to the Corporate Risk Register since its last meeting in February.

10. The Assurance Map was a live document and would be reviewed alongside the Corporate Risk Register by Senior Team with the assistance of the Governance Officer regularly.

11. It was noted that the Council should be well versed in the top three or four risks on the Corporate Risk Register and the assurance around those risks. A further session with Council may be useful to discuss assurance around these risks, and in particular may be beneficial for new Council members.

Hold a risk session for Council members on top risks

12. Comments in relation to top risks on the assurance map were:

- On the Contract risk: could more be added on assurance, in terms of setting target dates and introduction of contract clinics?

- On the Climate change risk: it may be worth Senior Team having a further discussion around the high level of assurance set for this risk and whether that aligned with strategic risks and compliance with current regulations and law.

- Succession planning: could more be added on that particular risk and the assurances should a key member of staff resign?

- The high amounts of yellow or medium assurance were noted and it was questioned if more could be done to turn these assurances green. The document was designed to provoke discussion and debate and it would become beneficial if that was how it was being used.

13. The Committee were impressed with how far the work on the Risk Register and Assurance Map had developed and praised the DoO, Governance Officer and wider team for the work on this.

Charity Governance Code

14. The Charity Governance Code was presented to the Committee and the action list that had derived from the large piece of work.

15. The work undertaken was praised and it was noted that it was a key piece of work for identifying gaps in governance of the organisation; it was further noted that it could also play a vital role in mapping out further assurance in the Assurance Map.

16. The Committee would be updated as to progress on the work of the Charity Governance Code and noted a lot of points on the action list could be 'quick fixes.

Registration Risk Register

17. The Committee were provided with the Registration Departmental risk register and a paper outlining the structure of the registration team and the type of work that is carried out.

18. Confidential information is available in the classified appendix at paragraph 1.

19. The Committee praised the work gone into the Registration Department risk register and thanked the Head of Registration for her time.

Action: Head of Reg to discuss with ST and Governance officer of corporate risk of large practice cease trading

The European Association for Quality Assurance in Higher Education (ENQA) update

20. The Committee received a paper containing the 2020 Follow up Report after External Review by ENQA and the ENQA Board letter to the Committee for review.

21. In October 2018, ENQA reviewed the RCVS. The review report listed several recommendations that RCVS needed to address before the next review in 2023. Within two years of the initial review, RCVS had to provide a follow up report, detailing how the recommendations were being addressed. This had been submitted by the deadline of 31 October 2020.

22. The ENQA panel had reviewed the report in December and a letter from the Board was received on 18 December 2020 approving the report and making some suggestions for future development.

23. The Committee was content with the letter sent to the RCVS by ENQA and the current progress report. The Quality Improvement Manager would provide a further update to the Committee in September 2021 to inform it of the progress made on the recommendations requested by ENQA.

Any other business

24. It was noted that a new individual had been recommended for recruitment to ARC as a member, pending ratification by RCVS Council in June 2021 this came at a time when the current Chair Ms Butler would step down after serving nine years on the Committee.

25. Council would also appoint a Chair of ARC in June 2021.

26. The CEO and DoO on behalf of the organisation thanked the Chair for her commitment and hard work to the RCVS over the last number of years and for the development of the Committee.

27. The Chair thanked the CEO and DoO and wider College team for the assistance and support provided to her as Chair of the Committee.

Date of Next Meeting

16 September 2021

Summary

Meeting	Council
Date	10 June 2021
Title	Education Committee Minutes of the meeting held on 11 May 2021
Summary	Council to note Education Committee Minutes of the meeting held on 11 May 2021
Decisions required	Council to approve the recommendation of Education Committee that UCD should be awarded "Accreditation for seven years".
Attachments	Classified Appendix
Author	Britta Crawford Education Manager b.crawford@rcvs.org.uk/ 020 7202 0777

Classifications

Document	Classification[1]	Rationales[2]
Paper	Unclassified	n/a
Classified appendix	**Confidential**	**1**

Education Committee

Minutes of the meeting held on 11 May 2021

Members:	Professor Ewan Cameron		
	Mr Danny Chambers	-	Also Adv Practitioner Panel Chair
	Ms Linda Ford	-	Lay member
	Professor Tim Parkin		
	Mrs Susan Howarth		
	Dr Susan (Sue) Paterson	-	Chair
	Dr Cheryl Scudamore		
	Dr Kate Richards		
	Professor James Wood		
	Ms Anna Bradbury	-	Student representative
	Ms Kate Dakin	-	Student representative

By invitation:	Dr Melissa Donald	-	CertAVP Sub-Committee Chair
	Mr John Fishwick	-	Chair of Specialist Sub-Committee
	Dr Joanne Dyer	-	EMS Co-ordinators Liaison Group and PQSC Chair
	*Professor Nigel Gibbens	-	Chair of Accreditation Review Group

In attendance:	Mr Duncan Ash	-	Senior Education Officer
	Mrs Britta Crawford	-	Committee Secretary
	Dr Linda Prescott-Clements	-	Director of Education
	Mr Jonathan Reid	-	Examinations Manager
	Ms Beckie Smith	-	Education Assistant
	Mrs Kirsty Williams	-	Quality Assurance Manager
	Mr Alal Uddin	-	VetGDP e-learning content Manager
	Ms Lizzie Lockett	-	CEO
	Dr Niall Connell	-	Officer Team Observer

*absent

Apologies for absence and welcome

1. Apologies were received from Nigel Gibbens

2. The meeting was held remotely via "Teams" due to the Covid-19 pandemic.

3. The Chair thanked the Education Department for their hard work, and for maintaining all the work streams on top of all the extra work created by covid, which was reflected in the volume and depth of papers prepared for the meeting. Her thanks were appreciated.

4. The chair welcomed the new student representatives Ms Anna Bradbury and Ms Kate Deakin and commented on the useful insight brought by student representatives on the Committee.

Declarations of interest

5. Niall Connell declared that he is on the visiting accreditation team for University College Dublin at the request of the VCI. Kate Richards declared that she had been made a member of Council of the Association of Government Vets.

Minutes

6. The minutes of the meeting held on 9th February 2021 were agreed as an accurate record.

Matters arising

7. The Committee heard that the chair of the CPD policy working party had been asked to join the CPD panel but that the new group would not be set up until next year and that the two groups would continue until 2022.

8. It was noted that the new EMS Policy and a proposal for an EMS database to be developed in-house were approved by the committee via correspondence in March. The work on the database had yet to commence since the proposal had been approved.

9. The proposed changes to the RCVS code of professional conduct regarding the need to engage with VetGDP had been to standards committee and were subsequently agreed by Council.

Education Department update

10. The Director of Education, Dr Linda Prescott-Clements, gave an oral update on the work of the Education Department. The Committee heard that 1809 vets had now registered their interest in being a VetGDP Adviser, with over 860 now having started the e-learning. Modules 1-3 of the e-learning package were currently available, with the 4th module hoping to go live next week and modules 5 and 6 to follow. Thanks were given to Sue Paterson for piloting the modules and providing helpful feedback.

11. The College commissioned a review of the literature as part of the accreditation review. This has been written up and submitted to the journal Medical Education for publication. The committee will be updated if and when it is accepted.

Primary Qualifications Sub-Committee (PQSC)

Report of the sub-committee held on 14 April 2021

12.   The minutes of the PQSC meeting held on 14th April were received and noted.

Core Species

13.   The RCVS standards for accreditation of veterinary degrees contains several references to "common UK domestic species" but does not define what these species are. This presents a challenge for visitation teams to ensure that practical teaching takes place in all species that a UK vet surgeon might commonly occur. Furthermore, there is often ambiguity for overseas veterinary schools where certain species common to the UK are not able to be kept for teaching purposes due to availability or welfare issues.

14.   The Accreditation Review Working Party (ARWP) had agreed that it would be important to formalise a list of core UK species, which PQSC then considered. Education Committee were then invited to consider approving the following list of core UK species:

Dog,
Cat,
Rabbits and exotic pets,
Large and small ruminant,
Equine,
Poultry,
Pig

15.   There was an initial comment that in defining a list, it could become very prescriptive and leave less room for interpretation. It was understood around the reasons for wanting to introduce it, however with the example given in the paper of CityU in Hong Kong being unable to keep sheep, in defining that sheep were a core UK species, it could make it more difficult for visitors in making a judgement about the school. For example, would having no hands-on access to one particular species be enough for RCVS to not grant accreditation?

16.   It was therefore agreed that as well as (or instead of) a prescriptive list, there should be some further narrative about which species would require actual hands-on experience of, and which species students could be gaining "a knowledge of".

17.   It was also pointed out that if there were to be a full species list, it should still exhaustively list the species that were required, rather than "large and small ruminant", for example. These are not species, but groups of species, and in theory could be still interpreted in different ways in different countries.

18.   Therefore, Education Committee agreed that PQSC should be requested to re-consider the definition of core UK species.
                    ACTION: PQSC requested to re-consider the definition of core UK species.

Accreditation Review Working Party (ARWP)

19. The minutes of the ARWP meeting held on 1 April were received and noted.

New accreditation methodology

20. Following consideration of the results from both the literature review and the semi-structured interviews carried out with other regulatory professions, the ARWP had agreed to a set of high-level principals, which would shape the new methodology adopted by the RCVS when accrediting veterinary programmes.

21. Education Committee received the new methodology for RCVS accreditation activities as well as a flowchart summarising how this new process will work. This had been developed in line with the agreed principals:

    - RCVS should take a 'hybrid' approach to the accreditation of veterinary programmes, which ensures the evidence base upon which decisions are made, against each of the standards, is clear and transparent.
    - The 'hybrid' approach should consider 'inputs' (design / implementation features of the veterinary programme) and 'outcomes' data (impact of the programme on students and the profession) and take a risk-based view to ensure school visitations remain proportionate.
    - Effective measures of programme outcomes will be identified and developed if necessary, to provide the evidence required to support the hybrid approach.
    - A visitation will always take place, but the focus and duration of the visit will be determined through consideration of the evidence provided by the school in advance and through annual monitoring.
    - Quality improvement (QI) will become an explicit component of the accreditation process.
    - Expertise within the RCVS Education Department should be used to support the accreditation review panel, through an initial review of submitted evidence and reporting to the chair of the panel.
    - Evidence considered in support of accreditation standards should be direct, from multiple sources and triangulated where possible.

22. It was noted that the draft had been considered and approved by ARWP and PQSC, and Education Committee was invited to consider and approve the methodology.

23. The draft methodology had also been sent to Vet Schools Council, along with the previously approved new accreditation standards.

24. Some minor wording updates to particular sections were agreed upon.

25. There was general agreement amongst the committee that a risk-based model would be much more effective than the current system. However, there were some concerns expressed about how the methodology would work with joint accreditation visits, as other accreditors would still be using and following different processes. It was clarified that work had been done with the new standards to explicitly map the other accreditors' standards to the new standards, so although the

methods may differ, each accreditor would still essentially be looking for the same evidence from the veterinary schools. It was acknowledged that there would still need to be a lot of work in preparation of the first joint visits following the new RCVS methodology, however this should not stop RCVS progressing with the work. It was an opportunity for RCVS to take a lead in bringing our approach to accreditation in line with international best practice, and introduce changes which would ultimately improve standards, provide flexibility to accommodate different programme delivery models and enhance transparency in the decision-making process.

26. The heads of vet schools on the committee still felt wary in approving the methodology without seeing the intended rubric to be used on visitations. It was clarified that this would look very different to the current rubrics in use Rather than a prescribed description of the requirements for each (sub)standard, the new rubric would be a template into which a description of the evidence informing each standard would be entered, demonstrating transparency of evidence, it's triangulation and the basis upon which the decision whether it had been met had been reached.

27. It was agreed that the rubric template would be circulated to the committee following the meeting, and that the methodology would be approved subject to the committee also approving the rubric.

Vet Schools Council (VSC) Feedback

28. As previously noted, the methodology and standards had been sent to VSC for comment, and the response and comments had been received by the committee shortly before the meeting.

29. Based on the written comments, a number of minor amendments to the standards were approved.

30. Although the standards had previously been approved by Education Committee in September 2020, the heads of vet schools on the committee shared concerns with the standards as they were being approved as final by Council. Although the standards had been shared with VSC, they had not been shared more widely with other university staff who may be better placed to make comment on them, and therefore valuable input could be lost without further consultation which could make the standards difficult to implement across the schools. It was explained that there had been wide representation from the UK vet schools on all committees that had previously considered and approved the standards (ARWP, PQSC and Education Committee), however it was agreed that further consultation would be beneficial. Therefore, it was agreed that the original plan to put the methodology and standards to RCVS Council in June would still be followed. However, instead of giving final approval, Council would be asked to approve the documents as suitable for formal consultation period with all stakeholders, including the schools, employers and the wider profession. The consultation would include the new standards and the new methodology (including the new rubric). Any changes would be made following the consultation period before a final version is put to Council for approval.

31. The time of the consultation was yet to be confirmed but would be determined by Council.
    ACTION: New accreditation standards and methodology to be taken to Council to agree consultation

Statutory Membership Examination (SME)

English language testing exemptions

32. Under the newly implemented criteria for registering European veterinary surgeons, registrants now have to demonstrate their English language competency by submitting a valid set of IELTS or OET results as part of their application. Following on from a decision made by RCVS Council in November 2018 when considering language testing of veterinary surgeons once the UK had left the EU, the registrations department has been granting test exemptions to registrants who are able to demonstrate that their veterinary degree was taught and assessed entirely in English.

33. This process differs for SME candidates seeking an exemption, who also must provide additional supporting evidence to demonstrate that their first native language is English. This creates a discrepancy between registrants with recognised degrees and those who register via the SME.

34. Education Committee agreed that the SME process regarding English language test exemptions should be brought into line with the requirements of the Registration department, and that the only supporting evidence required for an exemption should be that the candidate's degree was taught and assessed entirely in English.

> **ACTION: Education Dept to notify registration and update guidance for SME**

RCVS Covid-19 Taskforce update

35. The Committee received a paper outlining the temporary changes to Education policies made since the pandemic began, including those made to the CPD requirement, AP status professional skills evidence extension, remote synoptic exams for CertAVP, temporary EMS policy, virtual abattoir resources, temporary amendment of accreditation standards, RCVS requirements for on-line/remote assessment of veterinary and veterinary nurse students, virtual accreditation, and the Statutory Membership Exam.

36. The Committee noted the status of the different policies which have been temporarily amended and agreed that:
    - The CPD and AP policy does not need any further review having now reverted to pre-covid conditions.
    - The EMS policy had recently been reviewed at the end of April and will be reviewed again in July.
    - The CertAVP synoptic exam, virtual abattoir, virtual visitations, online/remote assessments and Accreditation standards (PSS) policies will all be reviewed in September.
    - The Statutory Membership Exam policy will be reviewed at the end of the year.

Veterinary Graduate Development Programme (VetGDP)

VetGDP Policy

37. The Committee were presented with the policy document for the VetGDP and asked for clarity regarding the statement that practices/workplaces "should ideally" be a member of the Practice

Standards Scheme (PSS) or equivalent. The committee was informed that when applying to be RCVS-approved graduate development workplaces they would be directed to further information regarding the PSS if they were not already members.

38. The Committee questioned whether a minimum of one hour's support for each new graduate was sufficient. The committee discussed the prescribed hour and how this stipulated time reflected the more formal commitment, and that support would overlap all aspects of practice and be more necessary in the early months. It was also asked if it was appropriate to delegate Adviser duties as described in the policy, for example, in a mixed practice. The Committee were assured that the practice as a whole would be encouraged to support the graduate and all vets in the practice would be encouraged to sign up to be a VetGDP Adviser.

VetGDP Sub-committee

39. The Committee were presented with a paper including the suggested Terms of Reference for a new VetGDP sub-committee and suggestions for the sub-committee's composition. The Committee asked that there be a non-clinical member added to the group to assist with the consideration of exemptions. It was also requested that the wording regarding a member from "the original VetGDP working party" to be amended to a member with a good knowledge of the VetGDP, to future proof the document. Membership of the sub-committee would be on a fixed-term basis.

ACTION: Education Department to update the document accordingly.

VetGDP and CPD requirement

40. The Committee received and noted the paper about options for accessing the VetGDP e-portfolio and the 1CPD recording portal. The committee was asked to discuss and consider when the graduates should have access to the different recording portals.

41. In the current PDP system, PDP counts as the first year of CPD, 35 hours, and graduates can add the hours to their CPD record once their PDP has been signed off. They also have access to their CPD record and can add CPD activities that fall outside their PDP. In VetGDP, the EPAs are broader and describe all activities of the graduate's role so it should therefore be less need to record additional CPD activities alongside their VetGDP.

42. The committee discussed what would happen if a graduate took longer than a year to complete their VetGDP, which could mean that the graduate would become CPD non-compliant. Therefore, they felt that it would be best if the graduate has access to both 1CPD and VetGDP from their registration date but that we ensure that we provide clear information to both the graduate and the VetGDP Advisers about the relationship between CPD and VetGDP.

Action: Education Department to update VetGDP/CPD guidance

Extra Mural Studies (EMS) Policy Guidance

43. Education Committee had recently approved the new EMS Policy. Accompanying guidance for the schools had been drafted which would be included in addition to the new policy within the

completed new Accreditation Standards documentation and was received by the committee. The guidance aimed to help schools implement the policy and has been drafted based on comments received from the various committees who considered the new policy, as well as general questions received from schools and/or students about the current policy where relevant, and EMS more generally. PQSC had approved the guidance, and Education Committee were also invited to approve it.

44. Following the discussions earlier in the meeting around species lists, it was agreed that the list of species included for guidance on the requirement for pre-clinical placements would be reviewed, so that it was in-line with the new core species list, when approved.

45. A number of minor wording changes were agreed, and the guidance was approved subject to these amendments being carried out.

ACTION: Agreed amendments to be made to guidance

EBVM and QI

46. Following review of the new accreditation standards and Day One Competences (D1Cs) by colleagues within RCVS Knowledge, in relation to evidence-based veterinary medicine (EBVM) and quality improvement (QI), a number of amendments had been suggested. The amendments were received by the committee and they were asked to consider the proposals.

47. The changes to the Day One Competences were approved.

48. All but one change to the standards were also approved. The suggested addition to standard 6.22 to include that scientific method and research techniques should be "relevant to veterinary medicine" was not approved, as the committee agreed that scientific research training can be delivered without the need to be veterinary specific, and most forms of training are based around general scientific research and method.

ACTION: Standards to be updated

Certificate in Advanced Veterinary Practice (CertAVP)

49. The Committee noted the minutes from the CertAVP sub-committee held on 20 April 2021

Specialist Sub-committee

Specialist Criteria and Application Form

50. The Specialist criteria and guidance is reviewed annually by the Specialist Sub-Committee, and a number of updates to the document had been made. As part of the review, the sub-committee also made some changes to the application form for those applying through the "full" RCVS accreditation route, i.e. non-European Diploma holders.

51. Education Committee received the updated criteria and guidance and application form and were invited to consider the updates.

52. The updates to both the criteria and application form were approved.

Specialist Sub-Committee Membership

53. It was noted that the current Chair of the Specialist Sub-Committee, Mr John Fishwick, would be stepped down from the committee in July. The committee was currently made of 4 members and would therefore be reduced to 3 before a replacement was appointed. However, the Sub-Committee had also requested that a further member would also be appointed so that there would be 5 members on the committee. This request was noted, and it was clarified that if an extra member was not appointed as part of the standard committee restructuring, then the committee could advertise for applications to be made for the 5th member.

List of approved Advanced Practitioners

54. The list of approved Advanced Practitioners was noted.

55. Most Advanced Practitioners apply for re-accreditation, but the committee thought it would be useful to get data to review any changes in the number of applications and re-accreditations we have received since it was introduced. They felt that as part of the AP review, we need to clarify what AP status means, reasons to re-accredit but also information to practices about the benefits of having an AP in practice. The committee was reassured that these points have been identified as part of the recent review of AP status. Following the AP questionnaire that was sent out last year, the next step is to conduct focus groups and based on the data we receive, we will develop a detailed communication plan for the Education Committee to review.

Action: Education Department to provide data on number of applications and re-accreditations to next meeting in September.

Risk Register

56. Education Committee received and noted the Education Department Risk register.

Any other business

57. The Committee asked if there would be a consultation on the exit strategy and implications arising from the Covid-19 pandemic, at the College. The Committee were informed that there would be a paper going to Council with suggestions that some Council and Committee meetings at the College would still happen in person but approximately half would remain as remote meetings.

ACTION: feedback to Education Committee after Council, at next meeting.

Date of Next Meeting

14 September 2021

Britta Crawford
May 2021
b.crawford@rcvs.org.uk

Summary

Meeting	Council
Date	10 June 2021
Title	Minutes of FRC meeting held 13 May 2021.
Summary	Agenda Item, VCMS: An agreed option was chosen to put before Council.
	Agenda Item, Review of Financial Loos allowance: FRC approved the proposals put forward.
	Agenda Item, Cash Balance Policy: Committee accepted the Cash Balance Policy, as outlined by the DoO.
	Agenda Item, Signature Changes: FRC approved changes of signatures.
	Agenda Item, Constitution of ESG: Committee approve proposed constitution of ESG.
	Agenda Item, Discretionary Fund Application: FRC approved funding for the Covid Impact Survey
Decisions required	To note the minutes
Attachments	Classified Appendix
Author	Alan Quinn-Byrne
	Governance Officer/Secretary
	a.quinn-byrne@rcvs.org.uk / **T** 020 7227 3505

Classifications

Document	Classification[1]	Rationales[2]
Paper	Unclassified	n/a
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	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	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, 13 May 2021.

Members:

Professor S Dawson	Chair / RCVS Treasurer
Dr C L Scudamore	Representative from Education Committee
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	RCVS Council / Veterinary Nurse Chair
Dr M A Donald	Representative from PIC/DC Liaison Committee
Mr T J Walker	Lay Member RCVS Council
Ms J Davidson	Representative from Veterinary Nurses' Council
Dr R S Stephenson*	Elected member RCVS Council

*Denotes absent.

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 / Governance Officer
Mr I Jacobs-Dean	Management Accountant

Apologies for absence

1. Apologies were received from Mr Peaty and Dr Stephenson.

Declarations of interest

2. There were no new declarations of interest.

Minutes of the meeting held on 11 February 2021.

3. The minutes were agreed to be a true reflection of the meeting.

4. It was noted that the Secretary would look through the action list for FRC and remove items that had already been discussed.

5. It was noted that a review of the RCVS Investment Policy would be placed on the agenda for the next FRC Meeting in September 2021.

Action: Place Investment Policy review on FRC action list

Standing Items

Update from the Director of Operations (DoO)

6. It was noted that the audit report and annual accounts had been discussed at the annual Joint Audit and Risk Committee (ARC) and FRC meeting prior to this meeting.

7. RCVS Auditors Crowe LLP had reported there would be a new international auditing standard around fraud and irregularities, which would apply to the RCVS year-end accounts. The auditors needed to have a good understanding of management's assessment of fraud and a new paragraph about this was included in the audit report.

8. As part of the audit report the Finance Team had to complete a matrix about fraud management which would be circulated to Council at its next meeting. There were no matters of fraud to bring to the Committee's attention.

9. It was confirmed that the Information Governance Group, comprised of the Registrar, DoO, Chief Technology Officer and Governance Officer, would now provide quarterly updates to Senior Team; the work of this Group was centred on ensuring RCVS adhered to best practice with information governance and data protection compliance.

10. The HR Team provided an update for FRC; there had been four starters and one leaver since the last FRC meeting held in February 2021.

11. The composition of the Estate Strategy Group was discussed later in the meeting.

Items to note

Reports of Committees

12. On the Advancement of the Professions Committee, it was noted that a paper had been submitted by the Environmental and Sustainability Working Group and this would now form part of an overall review of the ethical policy. This area would come to FRC for discussion in September 2021.

13. Education Committee   - no matters to raise at FRC.

14. For the PIC/DC Liaison Committee update, it was noted that a discussion on the contract for the Veterinary Client Mediation Service (VCMS) would be discussed later in the meeting.

15. Standards Committee – no matters to raise with FRC.

16. Veterinary Nurses Council - no matters to raise at FRC.

Corporate Risk Register

17. The Corporate Risk Register had been circulated to the Committee and included an update from the Governance Officer. The Committee had no further questions or additions to add to the update or risk register.

Management Accounts

18. The RCVS Management Accountant presented the Management Accounts to 31 March 2021.

19. Confidential information is available in the classified appendix at paragraphs 1-3.

Investment update

20. The Committee was provided with an investment update from RCVS's investors, Investec. There were no questions on the investment portfolio or investment summary provided.

Items for decision

Veterinary Client Mediation Service (VCMS)

21. Confidential information is available in the classified appendix at paragraphs 4-6

Decision: An agreed option was chosen to put before Council

Review of Financial Loss Allowance

22. The DoO presented a paper on financial loss allowances to the Committee.

23. Confidential information is available in the classified appendix at paragraphs 7-13.

Decision: FRC approved the proposals put forward

Budget 2022

24. The DoO presented the paper that outlined the issues that would be considered when the 2022 budget was being prepared.

25. Confidential information is available in the classified appendix at paragraphs 14-17.

26. There were no comments, and the paper was noted.

Policy on cash balance

27. The DoO presented the paper relating to a policy going forward on cash balances. RCVS currently had high levels of cash due to the annual renewal period for veterinary surgeons, Practice Standard Scheme members and veterinary practice premises being underway.

28. Confidential information is available in the classified appendix at paragraphs 18-20.

29. The Committee agreed to accept the proposed policy.

Decision: Committee accepted the Cash Balance Policy, as outlined by the DoO

Signature changes

29. Due to the changes of Treasurer and President in July, it was required that FRC approve the change of authorised signatures for the College. It was agreed that the current Treasurer, Professor S Dawson, and current President, Dr M Greene, be removed, and the incoming Treasurer, Dr N Connell, and incoming President, Dr K Richards, be added, with effect from RCVS Day.

Decision: Committee approved changing of signatures

Constitution of Estate Strategy Group (ESG)

30. The Committee was asked to agree on the membership of the Estate Strategy Group and consider the relevant issues to be included in the specification for a new building.

31. Confidential information is available in the classified appendix at paragraph 21.

32. The Committee approved the proposed constitution of ESG Members.

Decision: FRC approved proposed constitution of ESG

Discretionary Fund Application

33. The CEO had applied for discretionary funding for the Covid impact survey, that would be used to the investigate impact of the pandemic on vets and nurses – she had also negotiated a discount below the amount stated in the paper.

34. The Committee supported the survey and approved the application.

Decision: FRC approved funding for the Covid Impact Survey

Any Other Business

35. It was confirmed that the Chair would be stepping down as Treasurer of the RCVS, which therefore entailed a new Chair of FRC. The incoming Treasurer from July, Dr Niall Connell, would step into the role.

36. It was also noted that Council members Dr Tufnell and Dr Scudamore's terms on Council would also end at RCVS Day, and they would subsequently no longer be FRC members.

37. The CEO, on behalf of the RCVS team, thanked them for all their work on the Committee.

38. The Chair thanked the CEO, DoO and wider RCVS team on their work for supporting her in her role as FRC Chair.

Date of Next Meeting

39. The date of the next meeting is 16 September 2021.

Summary

Meeting	Council
Date	10 June 2021
Title	Standards Committee Minutes
Summary	Minutes of the Standards Committee held remotely on Thursday 4 March 2021, at 2pm
Decisions required	None
Attachments	Classified appendix
Author	Beth Jinks Senior Standards and Advice Officer b.jinks@rcvs.org.uk

Classifications

Document	Classification[1]	Rationales[2]
Unclassified minutes	Unclassified	n/a
Classified appendix	**Confidential**	**1, 2, 3**

₁**Classifications 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.

₂**Classification rationales**	
Confidential	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	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 Standards Committee held remotely on Thursday, 4 March 2021, at 2 pm

Members:	Mr M Castle	
	Mrs C Roberts	
	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	
	Prof J Wood	

In attendance:	Ms E C Ferguson	Registrar
	Ms B Jinks	Senior Standards and Advice Officer
	Mx K Richardson	Senior Standards and Advice Officer/Solicitor
	Ms L Lockett	CEO
	Dr M Greene	President
	Dr L Prescott-Clements	Director of Education
		Present for AI 3(b) only
	Mr B Myring	Policy and Public Affairs Manager
		Present for AI 2(a) only
	Ms E Taylor	Research Officer
		Present for AI 2(a) only

AI 1 Apologies for absence and declarations of interest

1. The Chair welcomed the CEO to the meeting as an observer. The Committee were informed that the President would attend later in the meeting.

2. There were no new declarations of interest.

AI 1 Minutes of the meetings held on 8 February 2021

3. It was agreed that the minutes of the previous meetings are accurate.

4. It was reported that every action item has either been actioned or appears on the agenda for this meeting.

Matters for discussion

Standing item: Remote prescribing temporary guidance – Confidential

5. Confidential information is available in the classified appendix at paragraphs 1 to 4.

AI 2(a) Under Care – Confidential

6. Confidential information is available in the classified appendix at paragraphs 5 to 9.

AI 2(b) Endorsement – Confidential

7. Confidential information is available in the classified appendix at paragraphs 10 to 13.

AI 2(c) Article 3 – Confidential

8. Confidential information is available in the classified appendix at paragraphs 14 to 17.

AI 3(a) Certification (GEFS) – Confidential

9. Confidential information is available in the classified appendix at paragraphs 18 to 19.

AI 3(b) VetGDP – Confidential

10. Confidential information is available in the classified appendix at paragraphs 20 to 22.

Any other business

11. None

Date of next meeting

12. The date of the next meeting is 10 May 2021.

Table of actions

13. Confidential actions are available in the classified appendix.

Summary

Meeting	Council
Date	10 June 2021
Title	Standards Committee report to Council
Summary	Minutes of Standards Committee held remotely on Monday, 10 May 2021, at 10am. In particular to note: a. Fraudulent prescriptions The Committee discussed an example of prescription fraud, specifically single-use written prescriptions being dispensed multiple times. The Committee suggested that unique reference numbers could be added to prescriptions to be checked against a database by pharmacist, or wording that requires that pharmacists see and scan in the original prescription before dispensing against it could be added by veterinary surgeons. The feasibility of each idea will be assessed by the College. b. Schedule 3 controlled drugs The Committee were asked to consider whether it should be an RCVS requirement that Schedule 3 controlled drugs be stored securely. The Committee agreed that Schedule 3 controlled drugs should be stored securely, but suggested that they be stored separately from Schedule 2 controlled drugs. c. Anaesthesia update The Committee were asked to approve proposed wording relating to an additional staff member being present during treatment that requires the maintenance and monitoring of anaesthesia. It was explained that the proposed changes have already been agreed by the Standards Committee for the PSS Small Animal Module at Core level. The Committee agreed that the proposed wording should be added to the supporting guidance. The Committee's attention is drawn to paragraphs 1 – 20 in the classified appendix.

Decisions required	None
Attachments	Classified appendix
Author	Stephanie Bruce-Smith Senior Standards and Advice Officer s.bruce-smith@rcvs.org.uk / 0207 202 0754

Classifications

Document	Classification[1]	Rationales[2]
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	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	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 Standards Committee Meeting held remotely on Monday, 10 May 2021, at 10am

Members: Mr M Castle

Mrs C Roberts

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

Prof J Wood

In attendance:		
Ms E C Ferguson	Registrar
Mrs G Kingswell	Head of Legal Services (Standards)
Mrs L Price	Head of Legal Services (Practice Standards)/Solicitor
Ms B Jinks	Standards and Advisory Lead
Mx K Richardson	Senior Standards and Advice Officer/Solicitor
Ms S Bruce-Smith	Senior Standards and Advice Officer
Ms L Lockett	CEO
Dr M Greene	President
Miss P Mosedale	PSS Medicines Advisor/Former Lead Assessor
	Present for AI 4(a) only

AI 1 Apologies for absence and declarations of interest

1. The Chair welcomed the President and CEO to the meeting as observers.

2. The Chair thanked the Standards Committee for all their help over the last year, especially Martin Peaty, Dave Leicester, and Caroline Allen who are retiring from RCVS Council and Standards Committee in July 2021.

3. Apologies were received from James Wood.

4. Caroline Allen declared an interest in AI 3(e) as the RSPCA has been asked for comment on darting deer. Dave Leicester declared that he works for IVC which has now purchased Paw Squad.

AI 1 Minutes of the meetings held on 4 March 2021 - Confidential

5. It was agreed that the minutes of the previous meetings are accurate.

6. Confidential information related to the action items is available in the classified appendix at paragraph 1.

AI 2 Standards and Advice Update

7. The update was noted.

Matters for discussion

AI 3(a) Covid-19 temporary guidance on remote prescribing – Confidential

8. Confidential information is available in the classified appendix at paragraphs 2 to 6.

AI 3(b) Under care - Confidential

9. Confidential information is available in the classified appendix at paragraphs 7 to 9.

AI 3(c) Fraudulent prescriptions

The President joined the meeting.

10. The paper was introduced. It was explained that a common example of prescription fraud is where an animal owner is provided with a single use written prescription which they get dispensed multiple times at numerous pharmacies. One reason that this may happen is that unlike with NHS prescriptions, written veterinary prescriptions are returned to the animal owner once dispensed and are not registered or audited by an internal or central system.

11. The issue was raised by the RCVS at the last joint RCVS/VMD meeting, where there was discussion around the possibility that animal owners could choose a nominated pharmacy for written prescriptions to be sent to by the veterinary practice directly, instead of being provided with the prescription - this suggestion was noted, however, it was agreed that it cannot be insisted upon. It was noted that if the vet practice nominated the pharmacy, this might impede on the client's freedom of choice, however this might be remedied by allowing the client to nominate the pharmacy. It was also noted that there is nothing in the Veterinary Medicines Regulations 2013 ('VMRs') to restrict animal owners in relation to the use of written prescriptions. The VMD acknowledged the issue of prescription fraud, and are considering additional controls, although reported that it would not be possible to include this in the next consultation for the VMRs, but instead the one that follows.

12. The Committee's initial observations were as follows:

   a) It was suggested that a unique reference number could be used for prescriptions to be checked against on a database.

   b) It was raised that if pharmacists are required to follow any written instructions on a prescription, then wording that requires that pharmacists see and scan in the original prescription before dispensing against it could be added by veterinary surgeons to written prescriptions. It was noted, however, that whilst this suggestion would be useful in respect of online pharmacies where the client is required to send the prescription over, the risk might remain where prescriptions were dispensed at pharmacies in person, as the pharmacist may return the prescription to the client enabling them to reuse it at another pharmacy as there is currently no obligation for pharmacists to retain written prescriptions. It was noted that this requirement already exists in legislation in relation to prescriptions for controlled drugs and it was queried whether it would be possible to introduce this requirement for all medicines when the legislation does not provide for it. It was agreed that this should be researched further.

Action: Standards and advice team

13. It was further agreed that the obligations of pharmacists in relation to wording on written prescription should be researched. If appropriate, a communication should be drafted to the profession encouraging prescribing veterinary surgeons to give instructions that pharmacists must see and retain the original prescription prior to dispensing.

Action: Standards and Advice Team

14. It was agreed that the profession in general is aware of this issue and may have data available that would highlight the problem e.g., practices could use practice management systems to determine if another prescription was issued when predicted, as lack of this repeat could suggest that the client has re-used a previous written prescription. It was agreed that the Major Employers Group could be asked for this data in the first instance.

Action: Head of Legal Services (Standards)

AI 3(d) Vet AI - Confidential

15. Confidential information is available in the classified appendix at paragraph 10.

AI 3(e) Deer darting – Confidential

16. Confidential information is available in the classified appendix at paragraph 11 to 15.

Matters for decision

AI 4(a) PSS – Schedule 3 controlled drugs

Pam Mosedale joined the meeting.

17. The paper was introduced, and it was explained that it is not currently a legal requirement that Schedule 3 controlled drugs are stored securely, as it is with Schedule 2 controlled drugs. While it is also not Core Standards PSS requirement, it is advised as good clinical practice in the PSS modules and the RCVS controlled drugs guidance. As it is not included as an obligation in Core, it is difficult for PSS Assessors to enforce it. It was proposed to the Committee that the secure storage of all Schedule 3 controlled drugs be made a Core Standards requirement, and therefore a requirement of all veterinary surgeons.

18. It was acknowledged that there may be issues with storage space due to pandemic-related delays in the destruction of controlled drugs.

19. There was discussion around whether it should be made a Core Standards requirement when it is not a legal requirement, but it was expressed that it would help prevent the opportunistic theft of drugs as there is some evidence of misuse of Schedule 3 controlled drugs and they do have a street value.

20. It was explained that the proposal is for Schedule 3 controlled drugs to be locked away securely, for example in a pedestal drawer, and separate from the controlled drugs cabinet, as increasing the regularity of access to Schedule 2 controlled drugs may present an increased risk for practice staff.

21. It was agreed that the RCVS would encourage practices to liaise with neighbouring practices to support each other in the destruction and witnessing of controlled drugs.

Action: Standards and Advice Team

22. The Committee unanimously agreed with the proposal.

Action: Practice Standards Team

Pam Mosedale left the meeting.

AI 4(b) Supporting guidance update - anaesthesia

23. The paper was introduced, and it was explained that the proposed changes have already been agreed by this Committee for the PSS Small Animal Module at Core level relating to an additional staff member being present during treatment that requires the maintenance and monitoring of anaesthesia. It was proposed to the Committee that additional paragraphs be added to Chapters 2 and 18 of the supporting guidance to reflect the PSS guidance.

24. There was discussion regarding whether the requirement would apply to large animals as well as small animals, and it was clarified that it would apply to small animals only.

25. It was agreed that the intention behind the proposed guidance related to general anaesthesia only and not local anaesthesia or sedation. It was agreed that the word 'general' would be added to the guidance when anaesthesia is referenced.

26. There was discussion regarding how a vet could demonstrate that the person providing the anaesthesia support had undertaken relevant training. It was clarified that as student veterinary nurses and student vets will already be in training, this would be sufficient evidence. For all other staff, PSS Assessors will request to see evidence of anaesthesia training, which can be provided in-house.

27. The Committee expressed concern around whether the assistance of a lay member of staff would be appropriate. It was explained that the supporting guidance does recommend that the most suitable person to assist is an RVN or SVN, and that caution needs to be taken not to exclude practices that may not have adequate RVN/SVN support.

28. The Committee unanimously agreed with the proposed additions to the supporting guidance, subject to the addition of the word 'general'.

Action: Standards and Advice Team

AI 4 (c) Tuk's Law - Confidential

29. Confidential information is available in the classified appendix at paragraphs 16 to 20.

AI 5(a) Disciplinary Committee report

30. The report was noted.

AI 5(b) Practice Standards Scheme report

31. The report was noted.

AI 6(a) Recognised Veterinary practice Subcommittee report – Confidential

32. Confidential information is available in the classified appendix at paragraph 21.

AI 6(b) Ethics Review Panel report – Confidential

33. Confidential information is available in the classified appendix at paragraph 22.

AI 6(c) Certification Subcommittee report – Confidential

34. Confidential information is available in the classified appendix at paragraph 23.

AI 6(d) Riding Establishments Subcommittee report – Confidential

35. Confidential information is available in the classified appendix at paragraph 24.

7(a) Risk and equality

36. The 5 risks referenced in the risk report were noted.

37. The Committee noted an additional risk in relation to compliance with the proposed microchip scanning guidance due to the current database issues.

38. It was noted that there may be a reputational risk relating to the OV paperwork for pet travel, as vets are being associated with changes that they have not been involved in making.

AI 8 Any other business

Signing over animals

39. It was noted that in circumstances where animals are signed over to a practice due to the animal owner being unable to afford treatment and the animal is subsequently rehomed to a member of staff, there is a risk of a perceived conflict of interest especially where animal owners may feel they have been pressured to sign the animal over. The risk was noted as coming out of PIC/DC liaison.

40. It was agreed that it was not a matter for the supporting guidance, however, the issues around this might be highlighted by way of a case study for dissemination to the profession.

Action: Standards and Advice Team

VCMS common issues

41. The Registrar advised that this item had also come out of PIC/DC liaison and referred to communication around the commonality of issues addressed by both the VCMS and the RCVS concerns process.

42. It was noted that the RCVS Academy was due to launch soon, and that the RCVS could look to offer a joint webinar with the VCMS with information for practices around the commonality of issues.

43. The Committee supported the proposal.

Action: Head of Legal Services (Standards)

Dog microchipping regulations

44. The Chair advised that the RCVS has been asked by Defra, alongside other relevant stakeholders, to comment on the dog microchipping regulations and an email survey would be circulated shortly. It was asked that the Committee respond to the survey by the end of the month.

Action: Standards and Advisory Lead and Standards Committee

Date of next meeting

45. The date of the next meeting is 13 September 2021.

46. The Committee discussed whether to revert to face to face meetings, and it was suggested that from a sustainability perspective the Committee would need to justify the need for face-to-face meetings once social distancing restrictions are lifted.

47. It was suggested that smaller meetings should be held remotely and, where meetings are in person, there should always be the option to join remotely.

48. It was suggested that face-to-face meetings remain useful for new Committee members.

49. It was explained that there are ongoing discussions about how to hold meetings in the future, and the Committee will be updated on this decision when possible.

Table of actions

Paragraph(s)	Action	Assigned to
12-13	Research obligations of pharmacists in relation to wording on written prescriptions, and if appropriate a communication should be drafted to the profession encouraging prescribing veterinary surgeons to give instructions that pharmacists must see and retain the original prescription prior to dispensing.	**Standards and Advice Team**
14	Liaise with the Major Employers Group in relation to relevant data about fraudulent prescriptions.	**Head of Legal Services (Standards)**
21	Encourage practices to liaise with neighbouring practices to support each other in the destruction and witnessing of controlled drugs.	**Standards and Advice team**
22	Add the storage of all Schedule 3 controlled drugs as a Core Standard requirement.	**Practice Standards Team**
28	Publish amendments to Chapters 2 and 18 of the supporting guidance.	**Standards and Advice Team**
40	Prepare a case study on potential conflicts of interest arising from the rehoming of animals.	**Standards and Advice Team**
42-43	Prepare a joint webinar with VCMS for practices	**Head of Legal Services (Standards)**

44	Provide responses to DEFRA survey on dog microchipping regulations by the end of the month.	**Standards and Advisory Lead and Standards Committee**

Summary

Meeting	Council
Date	10 June 2021
Title	Veterinary Nurses Council Report to Council
Summary	To note the minutes of the meeting of Veterinary Nurses Council (VNC) held on 12 May 2021. In particular, to note that VNC had welcomed the accreditation of two additional Certificates in Advanced Veterinary Nursing in subject areas where there had previously been no provision, adding significantly to the diversity of the post-registration subjects available.
Decisions required	None
Attachments	Classified appendix
Author	Annette Amato Committee Secretary a.amato@rcvs.org.uk / 020 7202 0713

Classifications

Document	Classification[1]	Rationales[2]
Paper	Unclassified	n/a
Classified appendix	**Confidential**	**2, 3, 4**

[1]Classifications 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.

[2]Classification rationales

Confidential	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	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 remotely via Microsoft Teams on Wednesday 12 May 2021

Members:	Mrs Belinda Andrews-Jones	-	Vice-Chair
	Miss Alison Carr		
	Ms Elizabeth Cox		
	Miss Jane Davidson		
	Mr Dominic Dyer		
	Dr Joanna Dyer		
	Ms Sarah Fox		
	Mrs Susan Howarth		
	Dr Andrea Jeffery		
*	Mrs Katherine Kissick		
	Mr Matthew Rendle	-	Chair
	Dr Katherine Richards		
	Ms Stephanie Richardson		
	Mrs Claire Roberts		

*absent

In attendance:	Mrs Annette Amato	-	Committee Secretary
	Mr Luke Bishop	-	Media and Publications Manager
	Mrs Julie Dugmore	-	Director of Veterinary Nursing
	Ms Eleanor Ferguson	-	Registrar
	Miss Shirley Gibbins	-	Qualifications Manager
	Mrs Victoria Hedges	-	Examinations Manager
	Ms Lizzie Lockett	-	Chief Executive
	Mr Ben Myring	-	Policy and Public Affairs Manager

Guests:	Clara Ashcroft	-	Vision Media
	Racheal Buzzel	-	VN Times
	Dr Susan Macaldowie	-	Vice-Chair, Registered Veterinary Nurse Preliminary Investigation Committee

Apologies for absence

1.   Apologies for absence were received from Katherine Kissick.

Declarations of interest

2.   A new declaration of interest was made by Andrea Jeffery, who had been appointed as External Examiner for the Royal Veterinary College's Post-registration Certificate in Veterinary Nursing.

Obituaries

3.   Council noted the written obituary received for Susan Flagg RVN which had been circulated with the agenda. Council was encouraged to have a moment of reflection after the meeting, for all members of the professions who had passed since the last meeting, and for the on-going difficulties resulting from the current pandemic.

Minutes of the meeting held on 10 February 2021

4.   The Minutes of the meeting held on 10 February 2021 were accepted as a correct record.

Matters arising

5.   It was noted that the Terms of Reference for the new CPD group would be provided at the next meeting of Council.

6.   Andrea Jeffery reported that a meeting would take place in June or July with the Chair and the Director of Veterinary Nursing to look at using the data from her research on the surveys of the veterinary nursing profession.

CEO update

7.   The CEO presented an oral update on a number of operational matters.

8.   The College headquarters at Belgravia House would be re-opened from the week beginning 7 June, initially for three days a week and for a minimum of five maximum of 25 staff members a day.

9.   A paper had been submitted to RCVS Council at its last meeting outlining all the decisions which had been made over the past year by the Covid Taskforce, and recommending that these should now revert to the relevant parent committees for decisions on temporary or permanent changes to be taken as necessary.

10.   Belgravia House had now been sold and the College was leasing this back while new premises were being sought. A reassessment of the needs and the type of spaces required had been carried out as a result of the pandemic. The policy on working from home was currently being reviewed taking account of responses to the most recent staff survey. A proposal would be put to RCVS Council in June on the future arrangements for meetings, and it would be useful to have the views of VN Council on the balance between remote and in person meetings, bearing in mind the need for flexibility and inclusivity, and considering the overall carbon footprint.

11. The College was working on items related to the review of Council Culture including the development of a new induction process. There would be a session at June RCVS Council with an independent facilitator covering how Council worked, and VN Council may wish to consider a similar session in the future. Going forward there would be a review of the Code of Conduct for Council members, and consideration of the introduction of appraisals for committee members. The Chair added that he and the Vice-Chair would participate in the review, as members of RCVS Council.

12. The College was looking to conduct a survey during June of vets and veterinary nurses to assist in understanding the impact of the Covid pandemic on them as individuals, to gather data and for use in future planning. A suggestion was made that the survey might cover the impact of Covid on role changes in practice and how this may have affected veterinary nurses' views of the future.

13. Initial comments from members regarding the future arrangements for meetings were that a balance of online and in-person meetings would be ideal. It was appreciated that online meetings are well run and cost-effective, although remote day-long meetings could be difficult. Meetings in person were particularly important to allow new members to meet and integrate with the group.

14. Comments were made on the large number of candidates coming forward for the second VN Council election, following the lack of applicants by the initial deadline. There was speculation as to the reasons for the difference, including the communications and messaging, although it was difficult to find a specific explanation. It was commented that the introduction of a dedicated email address for the Chair had been helpful.

VN Education Committee (VNEC)

15. Susan Howarth, Chair of the VNEC, presented the report of the meeting held on 13 April 2021, and highlighted the following points:

16. There had been considerable quality monitoring activity and action plan monitoring for both licence to practise and post-registration qualifications.

17. The Committee had agreed an accreditation extension of one year to the University of Bristol. The re-accreditation of this programme would now be due in the academic year 2021/22.

18. The Committee had agreed to review the criteria for external examiners for both the licence to practise and the post-registration qualifications at its next meeting. Separate lists were now provided for the external examiners in these two areas.

Report on registrations and enrolments from overseas

19. **Annual update report.** The Examinations Manager presented the annual report summarising the applications for registration from nurses educated outside the UK, covering the period between 1 April 2020 and 31 March 2021. During the year, there had been a change to the way in which applications were processed, following the exit of the UK from the EU. As of 1 January 2021, the

---

RCVS now had powers to reject applications from veterinary nurses educated in the EU where it was considered that there were large gaps between the RCVS Day One Skills and Day One Competences, and the qualification achieved by the applicant. All other EU applicants would now be required to sit the pre-registration examination, with the exception of those holding an ACOVENE (Accreditation Committee for Veterinary Nurse Education) accredited qualification, who would continue to have direct access to the Register.

20.   The number of applications received during the year covered by the report had been lower than in the previous year. The reporting period started at the beginning of the first Covid 19 Lockdown, which had probably contributed to the reduction in applications. However, there had been an increase in applications from nurses educated in the Republic of Ireland, South Africa and the USA.

21.   The web page providing information for applicants had been completely revised to provide a better signposting of relevant information, and a webinar had been recorded which would form part of the Introductions to the UK Veterinary Professions course being run by the RCVS and the Veterinary Defence Society (VDS). The Examinations Manager would also be attending the live question and answer sessions being held alongside the course throughout the year.

22.   This year it was hoped to streamline the application process to enable applicants to upload documents electronically through the My Account area of the website at an earlier stage of their application.

23.   In response to a query, it was confirmed that overseas-educated veterinary nurses accepted on to the Veterinary Council of Ireland (VCI) Register with a qualification not accredited by the VCI were not able to bypass the full RCVS application process if wishing to register and work in the UK.

24.   It was confirmed that the question of assessment of English Language skills for applicants would be brought back to VN Council for consideration in the next year or so, when the new system being used for veterinary applicants had settled in. It was noted that the majority of applicants were from English speaking countries, and the pre-registration examination was conducted in English. All applicants were met individually and had a conversation with the Examinations Manager. There was also the opportunity for examiners to flag any concerns during the examination, which could be discussed with the Registrar if necessary before admission to the Register was permitted.

25.   With regard to the future, it was noted that there had been a record number of entrants to the pre-registration examination to be held in June. It was anticipated that there was likely be a drop in the number of EU applicants due to the new regulations.

26.   **Report on temporary student enrolments.** Council noted a paper setting out information on the number of temporary enrolments from student nurses educated outside the UK, working or on placement for a short period in the UK as part of their training, for a maximum of twelve weeks. The numbers applying during the current year had been affected by the pandemic and were lower than in previous years.

Reports from RCVS Committees

Registered Veterinary Nurse Preliminary Investigation Committee (RVN PIC)

27.   The Chair welcomed Vice-Chair of the VN PIC, Dr Susan Macaldowie, who presented the annual report of the Committee, which had been circulated with the agenda. This showed a yearly tally of the number of concerns raised against RVNs, and it was noted that there was a steady and relatively low caseload of concerns.

28.   It was commented that it was encouraging to note the low number of concerns raised. In response to a query about whether there was a particular theme arising from the concerns, which VN educators may be able to address, it seemed that there were no specific themes. In joint training days for the RVN PIC with the veterinary PIC, discussions took place as to how information could be put out to help vets and nurses to avoid the pitfalls and the causes of concerns.

29.   The Registrar pointed out that, overall, the number of concerns raised against RVNs was very low. The cases that were submitted to the PIC (eight new cases in the previous year) tended to be more related to dishonesty and serious convictions than to animal care issues.

RVN Disciplinary Committee

30.   The report of two disciplinary hearings that had taken place since the previous meeting of Council was noted.

Standards Committee

31.   Claire Roberts provided a brief update on unclassified items from the Standards Committee meeting held on 8 May.

32.   Locked storage of all Schedule 3 Controlled Drugs woudl be included in future as a Practice Standards Scheme (PSS) Core Standards requirement.

33.   In November 2019 and February 2020, Standards Committee had agreed changes to PSS standards for the small animal module at core level, relating to additional staff members being present at some surgical procedures. It had now been agreed a second suitably-trained person other than the surgeon must be in attendance for the specific purpose of monitoring the patient and maintaining anaesthesia, except in emergency or during very short procedures, with evidence being provided that the individual assisting had received suitable training.

34.   Council welcomed the introduction of this change, as a first step to introducing a requirement in the future for the additional member to be an RVN.

Policy and Public Affairs update

35.   The Policy and Public Affairs Manager provided a brief update.

36.   The Legislation Working Party consultation, which had closed on 23 April, had received 1,330 responses of which 25% (335) were from veterinary nurses. The analysis was currently being carried out and would be reported to RCVS Council in June. Positive comments were made by Council members on the layout of the survey, which had been very workable and user-friendly. Some concern was expressed at the level of engagement from the profession. It was commented, however, that the responses from major employer groups and organisations would be likely to have included the collective views of a larger number of individuals.

37.   The Environment and Sustainability Working Party was looking at both internal and external policy in this area, including accreditation schemes.

38.   The Vet Tech Working Party continued to work on the scope of the role and the legislative underpinning, as well as the encouragement of the formation of an association to support the identity of that role.

Communications report

39.   The Media and Publications Manager provided an overview of recent activities in the Comms Department.

40.   The VN Futures website had recently been updated, working with the VN Futures Coordinator. New content included blogs and careers case studies, including a suite of case studies from veterinary nurses from overseas who had joined the Register. The *VN Futures Newsletter* was in the final stages of preparation and would be sent out very shortly.

41.   Preparation was taking place for the Veterinary Nurses evening on 27 May.

42.   A number of VN careers leaflets for school age children in different age groups were being prepared with the Veterinary Nursing Department.

43.   The RCVS would have an online stand at the forthcoming Society of Practising Veterinary Surgeons/Veterinary Management Group (SPVS/VMG) Congress, with information on VN project work being available on the stand.

44.   It was confirmed that the communications output for the VN Council elections had been greater than in previous years, both before the original deadline and during the election period.

VN Council membership

44.   It was noted that Donna Lewis had been elected for a three-year term with effect from the AGM in July, following the extended election deadline. Alison Carr, Kathy Kissick and Belinda Andrews-Jones had each been re-appointed for a further three-year term.

42.   The Chair made a speech of thanks to Andrea Jeffery, this being her last VN Council meeting, saying that Andrea had been a real rock for VN Council, attending its first meeting in 2002 as an elected member and serving for 19 years in total.

43. Andrea had been the first veterinary nurse to Chair VN Council, from 2005 to 2009, and, during her tenure, she had personally welcomed many new veterinary nurses to the profession as well as launching the first formal Register of Veterinary Nurses, a huge step for the recognition of the profession.

44. Andrea had also served on a number of different education subcommittees as well as the latest Veterinary Nurse Education Committee, which she chaired for many years. In addition to this she had also represented VN Council on the RCVS Advisory Committee (now Standards Committee) and on the Practice Standards Group. As a member of the Advisory Committee, she led the working group that developed the *Code of Professional Conduct for Veterinary Nurses,* the standards to which all veterinary nurses now worked, as members of a fully-recognised and regulated profession.

45. Andrea had always had a passion for and focus on veterinary nursing education and training and she was instrumental in developing the new accreditation standards for veterinary nurse educators, with their greater focus on flexibility, innovation and student empowerment.

46. Council joined the Chair in applauding and thanking Andrea for all she had done over the past 19 years on VN Council and her invaluable contribution to the profession.

47. In responding, Andrea urged Council members to always challenge and to question in a positive way, to achieve its goals.

Any other business (unclassified)

48. The was no other business raised.

Date of next meeting

49. Wednesday, 15 September 2021 at 10.30am.

Summary

Meeting	Council
Date	10 June 2021
Title	Minutes from Preliminary Investigation Committee and Disciplinary Committee Liaison Committee Report of Thursday, 20 May 2021
Decisions required	None
Attachments	Classified appendix
Author	Hannah Alderton Secretary, PIC DC LC 020 7856 1033 h.alderton@rcvs.org.uk

Classifications

Document	Classification[1]	Rationales[2]
Paper	Unclassified	n/a
Classified appendix	**Confidential**	**1, 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	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	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 Preliminary Investigation Committee / Disciplinary Committee Liaison Committee meeting held on Thursday, 20 May 2021

Members:	Mr I Arundale*	Chair, Disciplinary Committee (DC)
	Dr S Dawson*	Member of Council / Treasurer
	Dr M A Donald	Chair, Standards Committee (SC)
	Mrs S K Edwards*	Chair, RVN Preliminary Investigation Committee (RVNPIC)
	Dr K A Richards	Member of Council / Junior Vice-President (Chair)
	Dr N C Smith	Member of Council
	Dr C W Tufnell*	Member of Council
	Dr B P Viner	Chair, Preliminary Investigation Committee (PIC) (Vice-Chair)
	Ms J S M Worthington	Member of Council
In attendance:	Miss H Alderton	Secretary
	Ms E C Ferguson	Registrar / Director of Legal Services
	Ms L Lockett	CEO
	Ms G Crossley	Head of Professional Conduct
	Dr M Whiting	Vice-Chair, Disciplinary Committee (DC)

*Denotes absent

Apologies for absence

1. Apologies for absence were received from Dr Dawson, Mrs Edwards, Dr Tufnell, and Mr Arundale. Dr Whiting, Vice-Chair of DC, was in attendance in Mr Arundale' s place. It was also noted that Dr Donald would be late to the meeting.

Declarations of interest

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

Minutes of the meeting held on Thursday, 18 February 2020

3. It was pointed out that the terms of reference stated that they had been agreed in 2016 and that that was out of date. It was confirmed that they were in fact approved yearly as part of the Delegation Scheme by Council and would be up for approval again at June Council – the version appended to the agenda needed to be updated and the most up to date version was on the website.

4. The minutes from the previous meeting did not record the fact that Professor Argyle had not been in attendance and that Dr Viner had chaired the meeting in his role as Vice-Chair.

5. In regard to paragraph 6 of the minutes it was asked that the word 'but' be changed to 'and' so that it was more obvious that it would be the Disciplinary Committee's decision on whether a hearing would be held virtually.

6. The minutes were approved with those changes.

Updates – general

7. The Registrar informed the Committee that the recruitment process for PIC and DC was coming to an end and the recommended new appointees would be going to June Council for ratification.

8. The DC hearings that had been delayed due to the pandemic were being held either off-site or virtually, meaning that there had not been a backlog as feared. There were only two cases that had been referred and were yet to be listed.

9. This information can be found at paragraphs 1 and 2 of the confidential appendix.

10. The Committee was informed that PIC was in need of a new Vice-Chair as the previous one was leaving in the summer. The Committee was asked to consider the appointment process used previously, and decide whether it was still appropriate, specifically in regard to whether all PIC Committee members should be eligible to put themselves forward for the role. Under the current process, any veterinary member of the Committee could put themselves forward and a panel would appoint the most appropriate to the role. Comments on this included, but were not limited to:

   - There were good reasons why previously only veterinary members had been eligible to stand, and that was due to the additional tasks that the Vice-Chair took on, which included reviewing letters and carrying out internal reviews, which both included many clinical details;

      o There was nothing that stated that these roles had to be carried out by the Vice-Chair when the Chair was unavailable, another veterinary member of the Committee could be used;

   - Having a lay Vice-Chair would mean that, in the instances when they were chairing a meeting of the Committee, the Committee composition would shift from consisting of two lay and three veterinary members to three lay and two veterinary members. It was emphasised that this was not necessarily a bad thing but a factor that needed to be considered;

   - Lay members may bring different skills to the role that a veterinary member could not provide and preventing lay members from being able to put themselves forward may mean that these skills were not used;

- This may only be an interim appointment dependent on the upcoming Council decision;

- Two new veterinary members of the Committee were joining in the summer and may not wish to immediately put themselves forward for the Vice-Chair role, making the potential pool of people smaller if it was still limited to veterinary members only.

11. The Committee agreed that in view of inclusivity and having the best person for the role, both veterinary and lay members of PIC would be able to put themselves forward for the Vice-Chair position.

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

12. Compliance with the Stage 1 KPIs was not as high a percentage as previously seen, and some of the factors behind this were explained and discussed. The department did have an ongoing staffing issue, but a new staff member would be joining in June, which would hopefully assist with the caseloads. It was also noted that there was a substantially higher number of enquiries and new concerns at the beginning of the year, both of which were time consuming for the Case Managers.

13. The majority of the Stage 2 simple cases were within the KPIs and brief explanations were given in the paper for those that weren't.

14. It was explained that the department was aware the VCMS audit was overdue but that would be looked at shortly.

15. A typographical error in appendix b was noted and it was agreed that the date would be changed from December 2021 to 2020.

16. It was asked whether there were any predictable reasons for the fluctuation in the number of enquiries and concerns. It was explained that there was no identifiable reason although the Committee noted that the increase in the number of people buying pets due to the pandemic led to a lot of inexperienced owners who did not know what to expect from veterinary visits. General issues of stress and anxiety within the wider population due to the pandemic may also have caused an increase in unhappiness with veterinary services.

17. The Committee asked whether there was a pro forma for the letters that were sent out by the Case Managers. It was confirmed that, aside from some template paragraphs, each letter was individually written for each case and a lot of specific detail went into each.

18. The staffing issue was seen as an ongoing issue, and it was questioned whether this was something that would be resolved with hiring more staff members, or whether more support should be given to those in the roles. The nature of the Case Manager role meant that they were the front line between the profession and the public, which often led to feeling like they could not please anybody and the public often, understandably, became passionate about animal-related issues, particularly during the pandemic where resilience was lower than it had been previously.

However, there were people who loved the role and had been in the position for years. The department was setting up reflection sessions in order to try and assist the staff members in processing the emotional impact of their work.

19. It was discussed that changing the KPIs may be perceived as moving the goal posts and that if Council was to approve wider changes to the investigation process that would be the ideal time to review and make any changes necessary.

20. The Committee applauded the work of the Professional Conduct team throughout the pandemic and how they had continued to perform well despite the reduced support that came with working from home.

Compliance Analysis

21. The report had been produced to respond to the Committee's interest in how other regulators investigated matters. The RCVS Stage 1 KPI allowed for very little margin for error and the fact that other regulators only had a one-stage process meant that comparison would be difficult.

22. There was discussion around the proposals due to go to Council in June around mini-PICs and removal of the Case Examiner Group (CEG) stage. It was suggested that having a case go from CEG to PIC could add a lot of stress onto the individual in question, which could potentially be mitigated under the proposed new method. It was also suggested that there could be positive benefits in the amount of time taken if this stage was omitted, as well as greater clarity arising out of having only one threshold to explain.

Veterinary Client Mediation Service (VCMS) feedback

23. The papers were reflecting business as usual over the two months since the previous report, the numbers shown were consistent with what had been previously reported.

24. It was asked whether, if an enquirer was referred back to the practice to raise their concerns directly, their case was closed at that point, or kept open in case they returned. It was explained that it would be closed at stage A and if they were to make another enquiry to the VCMS this would start again at stage A. Approximately 3% of the cases that were closed at stage A came back into the system.

Annual DC Statistic Report

25. It was outlined that the reasoning for reporting on this to the Committee on an annual basis was to ascertain if the proportion of UK and non-UK nationals going to DC was in line with their proportions on the Register as a whole, so that trends in any direction could be identified. The

reality was that the numbers each year varied enormously, and no trends or patterns were apparent.

26. It was questioned whether since the report showed "consistently inconsistent" numbers, it should be continued. It was confirmed that it was an annual report; relatively straightforward to produce and that this was an important area to monitor and should therefore be continued.

27. The use of translators was commented on at the DC Hearings as all vets on the Register were required to have good English. It was noted that there was a difference between everyday language in an environment that you are used to and comfortable in and having to converse in a second language when your career was potentially on the line in a legal environment and translators were often a failsafe to ensure the respondent fully understood the proceedings.

DC Report

28. The Registrar explained that the Disciplinary Committee Report contained an unusually reported case (all names / identifiers had been redacted) and confirmed that this had been done exceptionally for very real safety issues.

29. The Committee was informed that virtual hearings had been very effective throughout the pandemic and no issues of fairness had been raised. The DC members had commented that one positive side of them being held virtually was that the respondents appeared more relaxed as they were in their own homes, the same comment was made for the hearings held in hotels around the UK near the respondents and the witnesses. It was commented that in future this may be a good option, especially in cases with vulnerable individuals involved.

Feedback to Standards Committee v.v. Liaison Committee Annual DC Statistic Report

30. There was a discussion around "Recognised Veterinary Practice" (RVP) and how such was defined, including the crossover between the RVP Sub-Committee and the disciplinary process. The Chair of Standards confirmed that amendments to the RVP guidance were actively under consideration, including the possibility of replacing the term "recognised" with "routine".

Risk Register, equality, and diversity

31. It was confirmed there was nothing to add.

Any other business

32. It was confirmed that there was no other business.

Date of next meeting

33. The date of the next meeting was confirmed as Thursday, 23 September 2021 at 10:00 am.

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

Summary

Meeting	Council
Date	10 June 2021
Title	Preliminary Investigation Committee 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	Chris Murdoch Senior Case Manager c.murdoch@rcvs.org.uk Gemma Crossley Head of Professional Conduct g.crossley@rcvs.org.uk

Classifications

Document	Classification[1]	Rationales[2]
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	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	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

Preliminary Investigation Committee

Report to Council June 2021

Introduction

1. This report provides information about the activities of the Preliminary Investigation Committee from March 2021 to May 2021 (26 May being the date of writing the report).

2. Since the last Report to Council (which gave information to 5 March 2021), there have been six Preliminary Investigation Committee (PIC) meetings: 10 March, 24 March, 14 April, 28 April, 12 May, 21 May and 26 May.

New cases considered by the PIC

3. The total number of new cases considered by the Committee at the three meetings referred to above is 37. Of the 37 new cases considered:

    ➢ 23 were concluded at first consideration by the Committee. Of these:

        • 16 cases were closed with no further action, and
        • 7 cases were closed with advice issued to the veterinary surgeon.

    ➢ 14 were referred for further investigation, that is, further enquiries, visits and/or preliminary expert reports, and

    ➢ No cases 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 36 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 two 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 6 March to 26 May 2021:

- the number of matters registered as Enquiries was 783, and
- the number of formal Concerns registered in the same period was 167.

10. The table below shows the categories of matters registered as Concerns between 6 March and 26 May 2021.

Concerns registered between 6 March and 26 May 2021

Description of Category	Number of Cases
- Advertising and publicity	0
- Certification	1
- Client confidentiality	0
- Clinical and client records	0
- Communication and consent	4
- Communication between professional colleagues	0
- Conviction/notifiable occupation notification	6
- Delegation to veterinary nurses	0
- Equine pre-purchase examinations	1
- Euthanasia of animals	3
- Giving evidence for court	0
- Health case (*potential*)	1
- Microchipping	0
- Miscellaneous	8
- Practice information, fees & animal insurance	1
- Referrals and second opinions	0
- Registration investigation	0
- Restoration application	0
- Social media and networking forums	0
- Treatment of animals by unqualified persons	0
- Use of samples, images, post-mortems and disposal	0
- Veterinary care	138
- Veterinary medicines	2
- Veterinary teams and leaders	0
- Whistle-blowing	0
- 24-hour emergency first aid and pain relief	2
- Unassigned	0
Total	**167**

Data source – Profcon computer system concerns data.

Referral to Disciplinary Committee

11. In the period 6 March 2021 to 26 May 2021, the Committee has referred four cases involving three veterinary surgeons to the Disciplinary Committee.

Veterinary Investigators

12. The Veterinary Investigators and the Chief Investigator have undertaken four visits since the last report. The first was an unannounced visit to serve signed statements on a veterinary surgeon who had failed to respond to numerous communications from the RCVS in relation to a concern. The second was an announced follow-up visit to a veterinary surgeon on a held open concern to ensure their compliance with specific areas of the Code of Conduct. The third was a follow-up visit to a veterinary surgeon in relation to an ongoing case being considered by the Committee. The fourth was a visit to hand-deliver signed statements to a veterinary surgeon who had failed to respond to numerous communications from the RCVS. In addition, the Veterinary Investigators have carried out two joint visits with the Veterinary Medicines Directorate (VMD) to veterinary practices where specific concerns have been identified, in particular that acts of veterinary surgery were being performed by laypeople. The Veterinary Investigators provide advice as to the use of equipment or medicines to assist in identifying potential breaches of the Veterinary Surgeons Act (VSA) 1966 or Veterinary Medicines Regulations (VMRs).

Concerns procedure

13. At Stage 1 of the process, the aim is for the Case Examiner Group to decide 90% of cases within four months of registration of complaint (the Stage 1 KPI). For March 2021 and April 2021 (the last complete month) the number of cases concluded and achieving the KPI is 82% and 62% respectively. The compliance rate continues to fluctuate, due to a number of different factors. As previously reported, staff changes and furloughing have placed a greater burden on Case Managers, which can contribute to delays. There has also been a significant increase in the volume of enquiries and concerns received in the first months of this year – for example the average monthly number of concerns since the start of the year is 65, compared with an average of 41 in the last year, an increase of more than 50%. Practitioners continue to work under different working arrangements, which can mean that further time is needed by them to respond to concerns raised. As reported previously, other members of the Profcon Department are working to help progress cases and answer enquiries to try to minimise delays. The Key Performance Indicators (KPIs) and rates of compliance have been the subject of detailed reporting and discussion at PIC/DC Liaison earlier this month.

14. The Stage 2 KPI is now for the PIC to reach a decision on simple cases before it within seven 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 6 March 2021 to 26 May 2021, the PIC reached a decision (to close, hold open or refer to DC) within the relevant KPI:

- in 21 out of 26 simple cases (81%).

16. Five complex cases were decided, of which none met the 12-month KPI. In accordance with normal practice, cases and KPI compliance in general are reported and discussed in more detail at the PIC/DC Liaison Committee meeting. To provide a little more information, when matters are reported to PIC/DC Liaison Committee, a "traffic light" colour coding system is used to indicate whether the delays were avoidable (red), unavoidable (green) or a combination of the two (yellow). Of the five cases referred to above, one was coded as yellow and four were coded as green. While two of the matters had not been referred at the time of the last meeting, explanations have or will be provided to the Committee.

Operational matters

17. A Case Manager left in February and a new Case Manager was recruited to replace them at the end of March and is making good progress. Another Case Manager who had been flexibly furloughed returned to work full time in the middle of April. In addition, a new Case Manager with a slightly different role is due to start in June. The aim of this recruitment is to allow one team member to have greater flexibility to help out where needed (for example, during absences), rather than assuming a normal case load. It is hoped that this will assist the team in meeting the KPIs by minimising internal delays.

18. Induction for new PIC members is planned for 16 June and a training session for all PIC members and staff has been arranged for 30 June 2021, details to be confirmed.

Summary

Meeting	Council
Date	10 June 2021
Title	RVN Preliminary Investigation Committee 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	Sandra Neary Professional Conduct Officer s.neary@rcvs.org.uk / 020 7202 0730 Gemma Crossley Head of Professional Conduct g.crossley@rcvs.org.uk / 020 7202 0740

Classifications

Document	Classification[1]	Rationales[2]
Paper	Unclassified	n/a

[1]Classifications 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.

[2]Classification rationales

Confidential	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	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

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 6 April 2021. The meeting scheduled to take place on 18 May 2021 was cancelled, as no new cases had been referred and no decisions were required on the ongoing case. The next scheduled meeting is on 29 June 2021.

RVN Concerns received / registered

2. In the period 9 March 2021 to 25 May 2021, there were seven new Concerns relating to RVNs. Of these seven new Concerns:

   - One case was closed at Stage 1 of the concerns process.

   - Six 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 has been one new case considered by the RVN PIC between 9 March 2021 and 25 May 2021. This case was referred to the College's external solicitors for formal statements to be obtained.

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. Since the last report, the RVN PIC has referred one case to the RVN Disciplinary Committee. The hearing has been listed to take place between the 14th and 18th June in a virtual capacity.

Operational matters

8. Sarah Bedwell's term comes to an end in June. Sarah has been a lay member on the Committee since 2013 and we are very grateful for the contribution she has made to the Committee over the last eight years.

Summary

Meeting	Council
Date	10 June 2021
Title	Disciplinary Committee Report
Summary	Update of Disciplinary Committee since the last Council meeting held on 18 March 2021
Decisions required	None
Attachments	None
Author	Yemisi Yusuph Clerk to the Disciplinary Committee Tel: 020 7202 0729 Email: y.yusuph@rcvs.org.uk

Classifications

Document	Classification[1]	Rationales[2]
Paper	Unclassified	n/a

¹**Classifications 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.

²**Classification rationales**	
Confidential	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	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 Disciplinary Committee hearings since the last Council meeting on 18 March 2021

Background

1. Since the last update to Council on 18 March 2021, the Disciplinary Committee ('the Committee') have met on two occasions.

Hearings

Nicola Jade Burrows

2. The Disciplinary Committee met between Tuesday 4 and Wednesday 12 May to hear the Inquiry into Miss Burrows.

3. The inquiry was in relation to Miss Burrows creating an inaccurate clinical history for her own horse and then dishonestly attempting to make an insurance claim for the treatment of her horse. There was a total of 11 charges that were bought against Miss Burrows.

4. The first Charge against Miss Burrows was that she had re- registered her horse at the Cardiff equine practice where she worked under a different patient name, and had failed to consolidate the new record with the previous one, in November 2017.

5. The second Charge against Miss Burrows was that she had failed to make entries into the practice's clinical records for her horse in terms of its history of epistaxis (nose bleeds) and the investigations into this condition. This was alleged to have occurred between 1 November 2017 and 13 March 2018.

6. Charges 3 to 9 were all in relation to numerous email correspondence and telephone conversations that were exchanged between Miss Burrows and employees of the NFU Mutual (an insurance company) between 2 January and 14 June 2018. Miss Burrows had failed to disclose to the insurance company, the horse's full clinical history. It was alleged that she had knowingly provided false statements. These statements included the details that suggested that the horse's condition of epistaxis had started more recently than it actually had.

7. Charge 10 alleged that Miss Burrows asked a veterinary surgeon colleague to provide incorrect and dishonest information to the insurance company in relation to the date of an endoscopy that had been performed on her horse in or around November or December 2017.

8. The full charges can be found here: Burrows, Nicola Jade, Charges - Professionals (rcvs.org.uk)

9. At the outset of the hearing Miss Burrows admitted to Charges 2 to 9 but denied that she had: created a new record for her horse under a different name for the purposes of concealing its clinical history; that she had attempted to induce a veterinary surgeon colleague to provide false

information about the treatment of her horse; and that she had acted dishonestly in her dealings with the insurance company.

10. The Committee first considered with the facts of the case could be proved, in relation to Charges 1 to 10. They heard live evidence from colleague who it was alleged she had proved misleading information to. After hearing from the witness, the Committee found all Charges proven, and found the witness to be a credible one.

11. After finding all charges against Miss Burrows proven, the Committee went on to consider whether the charges amounted to disgraceful conduct. In doing so, the Committee to into account the pre- medicated nature of Miss Burrows conduct, as she had set up the second record for her horse with the intention of benefitting financially by providing false information. Likewise, the Committee considered that Miss Burrows had abused her professional position by asking her colleague who was a practice administrator to, unknowingly, provide false information to the insurance company on her behalf and in attempting to induce a veterinary surgeon colleague to lie on her behalf.

12. After considering all facts, the Committee found Miss Burrows guilty of disgraceful conduct in respect of all charges.

13. The full decision on the Findings of Facts and Disgraceful Conduct can be found here: [Burrows, Nicola Jade, Decision on Facts and on Disgraceful Conduct in a Professional Respect - Professionals (rcvs.org.uk)](#)

14. The Committee did note that *"in the event, no actual harm had been occasioned to any animal or person, although the case was not a clinical case per se. There had been an attempt at, but no actual, financial gain. The Committee had not been informed of any previous regulatory findings against Dr Burrows. Dr Burrows had made some, limited, admissions to the College in her responses to it. There was clear evidence of a problematic environment at the practice at the time of the events. Dr Burrows has admitted a number of the Charges, including her dishonesty, before the Committee. Dr Burrows has apologised for that to which she admitted and in the Committee's view has displayed a limited degree of insight."*

15. After finding Disgraceful Conduct, the Committee went on to consider the appropriate sanction to impose on Miss Burrows. The Committee took into account the representations that were made, in which she acknowledged that she has let down the veterinary profession. The fact that she had breached the Code several times, and it was also emphasised that her actions had prejudiced the delicate relationship between the public and the profession and had tarnished the reputation of the profession. Miss Burrows asked the Committee for the opportunity for a second chance, saying that she had started her own veterinary practice now and that honesty and integrity were now integral to her practice.

16. The Committee also heard several character witnesses as well as testimonials from both professional colleagues and clients attesting to her integrity and capabilities as a veterinary surgeon. Miss Burrows' counsel also highlighted that at the time of the misconduct she was young

and relatively new to veterinary practice and had been going through a difficult time, both professionally and personally.

17. After weighing out all the mitigating and aggravating factors, the Committee decided that Miss Burrows should be removed from the register. The Committee stated that: *"honesty in a veterinary surgeon is a fundamental professional issue, and that is the case regardless of age and experience. The public, other professionals and insurers all at times rely on the word of a professional veterinary surgeon to honestly attest to matters of importance. All need to be able to trust the veterinary surgeon. Any departure from a standard of honesty undermines public confidence in the profession."*

18. The Committee found that Miss Burrows' dishonesty had occurred over roughly five months, and she had had several opportunities to resile from it. However, it took until [a colleague] raised the issue with Dr Burrows before she took steps to end the claim. The Committee concluded that Miss Burrows had put her own interests ahead of those of the public and undermined the trust that underpins the relationship with insurers.

19. The full decision on sanction can be found here: [Burrows, Nicola Jade, Decision on Sanction - Professionals (rcvs.org.uk)](#)

David Chalkley

20. Between Monday 12 and Thursday 21 May, the Committee met to hear the Inquiry into Mr Chalkley.

21. The Inquiry was in relation to three charges against him. The charges were in relation to intradermal Comparative Tuberculin (ICT) tests which he undertook at a farm on 5 March 2018 and 8 March 2018. It is alleged that he had failed to identify all or at least some of the animals tested. It was also alleged that Mr Chalkley had certified that he had carried of ICT tests on 279 at the farm and recorded the results on the accompanying paperwork but had, in fact, not adequately identified some or all of the 279 animals and had fabricated the skin thickness measurements recorded for some of them. In addition, the charge alleged that Mr Chalkley's conduct was dishonest, misleading and risked undermining government testing procedures designed to promote public health. The final allegation against Mr Chalkley was that between 1 June 2011 and 1 September 2018, he had received payment of approximately £20,000 for ICT tests when, as a result of his conduct in relation to ICT tests at the farm, he was not entitled to such payment.

22. At the outset of the hearing, Mr Chalkley admitted the first charge. In that he had not on 5 March 2018 and 8 March 2018 adequately identified some of the animals. On the third day of the hearing, during his evidence to the Committee, he admitted that his certification of the ICT testing was therefore misleading. He denied the rest of the charges including that his conduct had been dishonest and that it had risked undermining government testing procedures designed to promote public health.

23. In considering the charges against Mr Chalkley, the Committee heard that discrepancies regarding the tests that were carried out on the farm in March 2018 were originally raised by the

Animal and Plant Health Agency (APHA), on whose behalf Mr Chalkley carried out ICT testing in his capacity as an Official Veterinarian.

24. When Mr Chalkley gave evidence during the hearing, he explained that he had taken over TB testing for the farm in 2008 and that working conditions on the farm had been difficult throughout the whole period 2008 to 2018. He stated that due to the harsh weather conditions of early 2018, TB testing was difficult, and that the farmer needed to complete the test by March 2018 to avoid a financial penalty.

25. Mr Chalkley explained that one of the reasons for there being limited time available for him to carry out the test within the time required by the farmer was that he was due to provide veterinary cover at the Cheltenham races the following week and he was unable to find anyone else to cover the tests. Mr Chalkley also explained that during the tests on 5 and 8 March there had been limited farmhands available to assist in processing the cattle through the tests.

26. In the course of being asked questions by counsel for the RCVS, Mr Chalkley accepted that he had failed to identify some 45% of the animals he had injected on 5 March 2018 and had, in respect of each of the skin thickness measurements for those animals, randomly chosen a figure that he believed would be appropriate based on the breed, age and sex of the animal. The APHA guidelines state that specific measurements should be made and recorded for each individual animal using callipers.

27. Mr Chalkley said that he could not remember seeing the "pop-up" declaration which appeared when submitting the results to the APHA online and had never read it. He stated that he was not aware that he was making a declaration. However, he accepted that as an Official Veterinarian he was confirming that he had carried out the test properly. While he agreed that he knew that the test contained inaccuracies, he did not accept that he was being dishonest when he submitted the results.

28. Having considered all the evidence put forward by the RCVS and Mr Chalkley in his own defence, the Committee found that Mr Chalkley had acted dishonestly in deliberately choosing not to take the measurements on 5 March and had instead submitted fabricated alternatives, and so risked undermining public health by failing to carry out his duties as an OV.

29. The Committee also concluded that Mr Chalkley had been acting dishonestly, as he knew that he was submitting the test results as if they were the authentic outcome of a properly conducted test when in reality, they were no such thing. The Committee did not accept Mr Chalkley's evidence that he was unaware of the declaration which accompanied the submission of the test outcome. The Committee therefore found both the first and second charges proved.

30. In respect of the third charge the Committee found that this was not proven noting that the RCVS had not disproved Mr Chalkley's explanation regarding his reasons for returning the £20,000 in fees he had received for carrying out TB testing at the farm from the APHA since 2011.

31. The Committee then went on to consider whether the first two charges, both of which had been found proven, amounted to serious professional misconduct, either individually or cumulatively.

32. *"The Committee was prepared to accept that the respondent considered the risk arising from his actions as negligible. Nonetheless, in the Committee's assessment a real risk existed due to the respondent's actions and it was precisely the risk which the authorised testing procedure was designed to negate. The simple fact is the respondent could not be sure that each animal he assessed on 8 March 2018 had also been seen by him on 5 March 2018.*

33. *"However, the wider point with which the Committee was concerned related to the importance of any member of the profession or public being able to rely absolutely on the integrity of veterinary certification. Those parts of the Code and supporting guidance [concerning certification]… were unequivocal. It was very difficult to conceive of circumstances in which it could ever be justifiable to certify the outcome of a test which had not, in fact, been conducted in a way which was demonstrably valid and reliable. Such conduct was bound to be regarded as disgraceful by members of the profession and the general public.*

34. *"Honesty is the bedrock of appropriate certification and the Code and Guidance for the Disciplinary Committee is also unequivocal. Dishonesty in professional practice is always an extremely serious matter and the respondent's responsibilities in the discharge of his functions as an Official Veterinarian were clear. On this occasion those responsibilities had been compromised.*

35. *"For these reasons, the Committee has come to the conclusion that the respondent's conduct in relation to the facts found proved was disgraceful conduct in a professional respect."*

36. The Committee heard oral evidence in mitigation, including from a former colleague who had worked with him in practice since 2006, as well as receiving a large number of written testimonials from various sources that attested to his honesty, integrity, willingness to help others, and charitable work in support of animal welfare.

37. Mr Chalkley's counsel, in mitigation, highlighted his long and previously unblemished career, and characterised the conduct as an inexcusable but explicable error of judgement that was entirely isolated and out-of-character. Mr Chalkley's counsel added that he had not done anything that he thought was seriously wrong, and there was no evidence that any harm had been done and that any risk to public health was not serious.

38. The Committee accepted that the conduct was isolated and out-of-character and that, furthermore, Mr Chalkley had made early and frank admissions to the APHA and that he had displayed a degree of insight, although the Committee was less confident that he truly understood the seriousness of the potential consequences of his dishonest conduct.

39. The Committee took into account the aggravating factors, including Mr Chalkley's breach of trust of his position as an OV, the undermining of the integrity of veterinary certification, dishonesty and the potential public health impacts of his conduct.

40. *"The Committee considered that, having regard to the mitigating features which it had identified, a suspension order would be sufficient to send to the profession and the public a clear signal about*

the importance to be attached to accurate certification. The Committee considered that in the particular circumstances of this case, a period of three months suspension would be sufficient to achieve this objective."

41. The Committee's full decision can be found here: [Chalkley, David, Decision - Professionals (rcvs.org.uk)](rcvs.org.uk)

Upcoming DC's

42. There are 3 Inquiry's that have been listed to take place in June:

    - 14-18 June 2021
    - 21-24 June 2021
    - 28 June – 9 July 2021

43. There is a restoration hearing that will take place on 25 June 2021. This will be held virtually.