

Council Meeting

Remote meeting to be held on Thursday, 9 June 2022 at 10:00 am by Zoom

Agenda	Classification ¹	Rationale ²
1. President's introduction	Oral report Unclassified	n/a
2. Apologies for absence	Oral report Unclassified	n/a
3. Declaration of interests	Oral report Unclassified	n/a
4. Classified appendix of the meeting held 21 April 2022	Confidential Please refer to document on Securedocs	1, 2, 3, 4
5. Matters arising		
a. Obituaries	Oral report Unclassified	n/a
b. Council correspondence	Oral report Unclassified	n/a
c. CEO update	Unclassified	n/a
6. Matters for decision by Council and for report (unclassified items)		
a. Review of Temporary Registration of Official Veterinarians	Part confidential	1, 2, 3
b. Vetlife presentation	Oral report Unclassified	n/a
c. Discretionary Fund	Oral report Unclassified	n/a
d. Council culture project	Unclassified	n/a
e. Practice Standards Scheme – Environmental Sustainability Project	Unclassified	n/a

f. RCVS Delegation Scheme 2022	Unclassified	n/a
7. Reports of standing committees – to note		
a. Advancement of the Professions Committee	Unclassified	n/a
b. Audit and Risk Committee		
i. Unclassified minutes	Unclassified	n/a
ii. Classified appendix	Confidential	1, 2, 3, 4
c. Joint Audit and Risk Committee / Finance and Resources Committee Classified minutes	Confidential	1, 2, 3
d. Education Committee		
i. Unclassified minutes	Unclassified	n/a
ii. Classified appendix	Confidential	1
e. Finance and Resources Committee		
i. Unclassified minutes	Unclassified	n/a
ii. Classified appendix	Confidential	1, 2, 3, 4
f. (DRAFT) Registration Committee classified appendix	Confidential	1, 2, 3, 4
g. Standards Committee		
i. Unclassified minutes	Unclassified	n/a
ii. Classified appendix	Confidential	1, 2, 3
h. Veterinary Nurses Council		
i. Unclassified minutes	Unclassified	n/a
ii. Classified appendix	Confidential	1, 2, 3, 4
i. PIC / DC Liaison Committee		
i. Unclassified minutes	Unclassified	n/a
ii. Classified appendix	Confidential	1, 3, 4, 5
8. Reports of statutory committees – to note		
a. Preliminary Investigation Committee	Unclassified	n/a
b. RVN Preliminary Investigation Committee	Unclassified	n/a
c. Disciplinary Committee and RVN Disciplinary Committee	Unclassified	n/a
9. Notices of motion	Oral report Unclassified	n/a
10. Questions	Oral report Unclassified	n/a

11. Dates of future Council meetings – to note	Oral report Unclassified	n/a
12. Any other College business (unclassified items)	Oral report Unclassified	n/a
13. Risk Register, equality and diversity (unclassified items)	Oral report Unclassified	n/a
14. Date of next meeting Thursday, 8 September 2022 at 10:00 am (reconvening in the afternoon) in person at Glasgow University Veterinary School.	Oral report Unclassified	n/a
15. Matters for decision by Council and for report (confidential items)		
a. Estates Strategy - update	Oral report Confidential	1, 2, 3
b. Registration and retention fees 2023-2024	Confidential	1
c. Annual Report and Statement of Accounts 2021 and associated matters	Confidential	1, 2
d. RCVS Statutory Committees - ratification of new members	Private/ Confidential	1, 4, 5
16. Any other College business (confidential items)		
a. Comments on classified appendices	Oral report Confidential	# TBC
17. Risk Register, equality and diversity (confidential items)	Oral report Confidential	# TBC
Dawn Wiggins Secretary, RCVS Council 020 7202 0737 / d.wiggins@rcvs.org.uk		

¹Classifications explained

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

²Classification rationales

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

Terms of Reference (derived from the Royal Charter)

RCVS Council

1. 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.
2. 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. The Council is also responsible for the appointment of the CEO and Registrar, and the ratification of the Assistant Registrars. Appointment of all other staff members is the responsibility of the CEO and relevant members of the Senior Team.

3. 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.
4. This scheme outlines how Council's functions are currently delegated.

Summary	
Meeting	RCVS Council
Date	9 June 2022
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. 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 – and information about a specific action can be made available to any Council member on request in between times.
3. Outside of those changes noted in the Strategic Plan table to follow, since the March 2022 Council meeting we have also:
 - a. Formed a working party to consider widening access to the veterinary professions for those with disabilities and chronic ill-health
 - b. Run elections for RCVS and VN Councils
 - c. Attended the British Small Animal Veterinary Association (BSAVA) Congress, and promoted initiatives around mental health, leadership and diversity
 - d. Launched a series of Design Thinking webinars to help the professions develop key problem-solving skills
 - e. Achieved a Bronze award for sustainability from Investors in the Environment
 - f. Launched new Mind Matters training courses on civility, diversity, stress management and inclusive leadership and for veterinary managers
 - g. Launched two new topics in our RCVS Leadership Library
 - h. Expanded our refugee policy to include veterinary nurse applicants
 - i. Announced the winners of our 2022 honours and awards, which will be bestowed at RCVS Day on Friday 8 July
 - j. Launched a new School Ambassadors scheme to inspire the next generation of veterinary nurses
 - k. Marked Mental Health Awareness Week with a Campfire Chat, resources on loneliness and a Creative Connections competition
 - l. Continued to visit final-year students at the veterinary schools to support their understanding of what it is to be a regulated professional and the role of the RCVS
 - m. Published a report outlining options for the future of veterinary student extra-mural studies

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	<ul style="list-style-type: none"> LWP reported to Council in June 2020; Council agreed to consult on proposals, consultation opened 5 November 2020 and closed on 23 April 2021. Responses to consultation were considered by Council at its June 2021 meeting and recommendations went to Defra during August. 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 veterinary education accreditation methodology has been agreed, which is more outcomes-focused and adopts a risk-based approach. Following introduction of new VN accreditation standards in January 2020, we carried out a small-scale review to ensure they were outcomes-focused and to remove any duplication. Completed and approved by VNC 10 February 2021. Updated Standards Framework available on the website. Day-One Competences and skills for veterinary nursing (to include the professional behaviours) reviewed and updated. Approved by VNC in February 2022. 	<ul style="list-style-type: none"> Positive responses to the legislation proposals have been forthcoming from Defra / the Minister (albeit short of a formal commitment to go ahead). The Public Affairs and Communications teams are progressing a programme of engagement with MPs and others and liaison continues with the BVA and BVNA in respect of narrowing areas of disagreement. Implementation of the new veterinary education accreditation standards and methodology in 2023 is on track: we are holding 1:1 support sessions with all directly-accredited veterinary schools, to ensure they understand the changes and have an opportunity to ask us any questions. The accreditation evidence repository has been agreed as SecureDocs, and the development of the training for panel members is underway.

Action (numbering as per full plan)	Who?	Status	Next step/due date
<p>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.</p>	<p>APC/ LWP/ PICDCL /EC</p>	<ul style="list-style-type: none"> • 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' was carried out during pandemic work. • Stakeholder event took place online on 23 October 2020 to discuss current consultations and impact of Brexit; second stakeholder event on 8 December 2021. • Updates to PSS published May 2021. • Review of mental health impact of concerns process has been published, alongside updated action plan, with launch of ProfCon Investigation Support – June 2021. • Increasing challenges with the availability and implementation of EMS requirements in future recognised. We hosted a stakeholder event to look at the longer-term solutions, which was successful, and proposals for a way forward are under development. A report of the proceedings and supporting press release was published 11/5/22. 	<ul style="list-style-type: none"> • A Workforce Summit with key stakeholders was hosted by ViVet on 30 November 2021. Engagement with the wider professions was completed in advance using an independent consultant (virtually). A report of the proceedings was published on 28 February 2022 and a follow-up action plan and 'road map' is currently being designed. • Consideration of the regulation of wider vet team ongoing. The Vet Techs Working Group reporting to Registration Committee has met and while issues have arisen over the nature of the work being undertaken and whether there are sufficient numbers to allow financing, discussions will continue. Likewise there have been discussions with behaviourist groups and issues over the nature of the work and whether it crosses over into acts of veterinary surgery are being referred to the Fellowship Science Advisory Panel. With the progress of the LWP proposals pending (A1 above) Council has agreed to put a hold on the accreditation model at this time. This was the preferred route for members of the Association of Meat Inspectors (AMI) and while the door remains open for discussions these are on hold pending progress of the LWP proposals. • Introduction of mini-PICs and the Charter Case Protocol are proceeding, with the recruitment of the additional members required currently under way, along with work to ensure the new concerns framework is built into the website in time for launch later this year.

Action (numbering as per full plan)	Who?	Status	Next step/due date
			<ul style="list-style-type: none"> Horizon-scanning process to take place for Vet Futures #2 and VN Futures #2– inc impact of Covid-19 – we continue to liaise with BVA on this, alongside an evaluation report. Under care review ongoing. The practitioner survey has been completed and data gathered from both SAVNET and VetCompass; Standards Committee proposed updated guidance, which was considered by Council in April 2022, comments arising went back to Standards for further consideration / finalisation and a consultation package is with Council in June for consideration. Coms planning is underway to help promote this consultation to both the profession and the public. Proposals for the longer term future implementation of EMS have been agreed in principle by Education Committee, and will now be subject to further discussion with stakeholders. A report was published on 11 May 2022.
<p>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.</p>	<p>Registrar</p>	<ul style="list-style-type: none"> Some work on this had started pre-Covid This has been progressing and a paper around action in relation to breaches of the VSA is currently being finalised. 	<ul style="list-style-type: none"> A paper on breaches of the VSA will be submitted for consideration by Council in September 2022. Further consideration is required around courses that purport to lead to registration but do not.

Action (numbering as per full plan)	Who?	Status	Next step/due date
<p>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.</p>	<p>APC/ FVE/ Brexit T/F EC</p>	<ul style="list-style-type: none"> • Ongoing work via Advancement of the Professions Committee to consider global offering. • Signed up to World Veterinary Association in observer capacity. • Building relationships via MMI International, with two events held during 2021 and a third on 15 March 2022. • Continuing to play a role in the International Veterinary Regulators Network (IVRN): hosted 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 2021). • Continuing to work with International Accreditation Working Group (IAWG) to facilitate joint accreditations. RCVS chaired a virtual meeting of IAWG autumn 2021. • Signed up to World Veterinary Association statement on global climate crisis. • Protocols for joint virtual visitations agreed with IAWG members. • Hosted a workshop on wellbeing on 7 December 2021 for FVE; took part in working group on pan-European Survey of the Professions. • Overseas member blog series launched to highlight the work of MsRCVS outside the UK. • Hosted an event with IVRN on workforce on 10 January 2022. 	<ul style="list-style-type: none"> • Develop actions from overseas 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. • Have run third EU graduates survey ref impact of Brexit and will publish shortly. • Continue to play strong role at the Federation of Veterinarians of Europe (FVE): organising and hosting rescheduled in-person London GA on 16-18 June 2022; • Planning pilot with the Australasian Veterinary Boards Council (AVBC) to develop a process for future joint visitations, in light of our new accreditation standards and methods. • Pick up work with OIE - to be restarted. • Work underway for the third International Veterinary Regulators Network education series in summer • We have been approached by a number of third-party organisations wanting to use either 1CPD or our model of VetGDP (and Adviser training), discussions ongoing.

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/ Exec	<ul style="list-style-type: none"> Stakeholder research published January 2020. Feedback from practices sought as part of regular Covid-19 surveys. Much of our face-to-face public outreach was on hold in 2021 and 2022 due to Covid. Stakeholder events held in October 2020 and December 2021. New role established in Communications team to support student and new graduate engagement and planning work underway with Education and VN teams. Planning and production of content for new student-focused area of the website underway, along with review/update of <i>RCVS Guide for New Members</i>. New welcome videos produced for 2021 freshers to explain role of College and help establish positive early relationships. Role of Head of Insight and Engagement established in January 2021 to support this work and also A6 below. VN Education publication re-instated March 2022 	<ul style="list-style-type: none"> Proposals to Council on public engagement were discussed at the January 2022 meeting and the setting up of a Public Advisory Group was approved in principle. Details and a public engagement policy to come to the September 2022 meeting of Council. ViVet running a free series of workshops on 'Customer Experience' to try to better understand some of the frustrations and potential solutions. Communications survey planned to evaluate effectiveness of RCVS coms activities and member engagement, and review vet/VN communication preferences.
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	<ul style="list-style-type: none"> FAQ on Covid have been well received (now archived), along with those for CPD, LWP, Practice Standards and VetGDP. Role of Head of Insight and Engagement established January 2021 to support this work. New Research Officer hired January 2021 to support this work and a broad range of other research across the organisation. FAQ on medicines published spring 2021. Data sharing policy reviewed by Audit and Risk and Finance and Resources Committees end of 2021. Survey on impact of Covid on vets and nurses published in January 2022. 	<ul style="list-style-type: none"> Develop dashboard on key metrics – process of identifying key areas underway. Develop approach for mining concerns and complaints data for content for Academy – Academy due to launch in June

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/ VN Ed Cttee	<ul style="list-style-type: none"> • New Day-One Competences launched 2/7/20. • VN Standards reviewed and published and CertAVN developed with four Higher Education Institutions now delivering in a range of areas. • WP, Primary Qualifications Subcommittee (PQSC) and Education Committee agreed new accreditation standards & methodology. Council approved post consultation in Nov 2021. • Advanced Practitioner (AP) & CertAVP surveys completed. The AP Focus groups held in June and results discussed by EC in Sept 2021. • Hosted virtual International Accreditors Working Group (IAWG) in 2020 & 2021, due to participate in 2022 meeting (June). • Presented new standards and methodology to IAWG in July 2021, and established future proposals to pilot methods for joint visits. • 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 amendments made to policy to support schools and students during this time, being kept under review. • Work to implement new veterinary accreditation standards and methodology in 2023 continues – hosting 1:1 sessions with staff from all directly accredited vet schools, evidence repository being developed and accreditation panel training being developed. 	<ul style="list-style-type: none"> • See A1 for VN DOC/DOS details. • New vet school accreditation standards and methodology approved for implementation in 2023 – work now focuses on developing guidance and new training for accreditation panel members, as well as liaising with schools on the new standards. • Working groups established to explore future proposals for AP status. • Support scheme for programmes going through the VN Accreditation process launched March 2022, to be reviewed December 2022 • ENQA re-accreditation due 2023, Self-Evaluation Report currently being compiled • Accreditation panel member training expected October 2022. • Communications activities to help recruit new accreditation panel members underway.
8. Ensure clarity of appeal across all the areas where we make decisions, modernising where appropriate; where appeal is unavailable, clearly justify.	Legal services	<ul style="list-style-type: none"> • Fellowship Board has reviewed appeals process and some changes have been made • New Accreditation Appeal Panel proposed as part of Delegation Scheme, June 2022. 	<ul style="list-style-type: none"> • Audit current processes; review best practice – process underway. • New registration appeals process required now MRPQ no longer exists.

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	<ul style="list-style-type: none"> Review of communications around registration renewal and renewal of AP, Specialist and Fellowship statuses has taken place. Good positioning of all external vacancies, providing insights into our role and key values. Data on KPIs (ProfCon) regularly published. Full web content review is underway on the current website, with consideration being given to information accuracy, content design, language style, accessibility, diversity and inclusion and search engine optimisation (SEO). 	<ul style="list-style-type: none"> Review public- and profession-facing documentation for 'Plain English'. Develop online version of Regional Question Times to take questions from members and reintroduce in-person meetings. Tie-in with stakeholder mapping (A5, above) 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. Improving the way we communicate Council and committee activities as part of the Council Culture project.
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 feel well supported and that they are compassionately treated.		<ul style="list-style-type: none"> Peakon staff engagement tool gives 'real time' view on how staff are feeling. Launched e-cards to celebrate staff members who meet our values. Have rolled out Diversity & Inclusion training for all staff, including on pronouns and allyship. 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. 	<ul style="list-style-type: none"> Review data and identify priorities for staff training and review of materials – ongoing process. Reviewing options for online learning system for staff – some delays with this project. Review discussions data from Peakon and other staff meetings for training gaps. Encourage and support managers in acting on findings/comments from Peakon tool. Supervision / support for those taking stressful calls – process under development. Away Day for staff planned 30 June. Revisit values ecards to promote recognition of being compassionate.

Action (numbering as per full plan)	Who?	Status	Next step/due date
		<ul style="list-style-type: none"> • ProfCon Investigation Support service launched in June 2021. • Staff invited to attend all appropriate Mind Matters sessions, for example, campfire chats, resilience training. • Stress management workshops completed to support staff back into BH. 	
<p>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.</p>	<p>ProfCon MMI</p>	<ul style="list-style-type: none"> • ProfCon Investigation Support Service launched June 2021 – keep under review. • Audit of impact of concerns process on MH published summer 2021. • Ongoing engagement with new graduates to support their transition into practice, including myth-busting seminars. • Proposals for engagement with public were before Council in January 2022. 	<ul style="list-style-type: none"> • Package of modernising proposals is due for consultation – see A2 above. • Introduce Public Advisory Group (PAG) – details to Council in September. • Review how we gather data, moving to a ‘live’ feedback model – consult with consumer organisations. • Review meeting for ProfCon Investigation Support Service to take place on 4 June 2022.
<p>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.</p>	<p>Exec ALL</p>	<ul style="list-style-type: none"> • Ideas for content have been listed. Focus groups have been carried out. Testing of concept also at London Vet Show 2021. • Academy Plan approved by FRC Nov 2021. • VetGDP Adviser Training now launched on RCVS Knowledge Moodle platform VetGDP Adviser e-learning modules actively being used –2,758 people have registered on it, and 1,504 have completed all six modules. Modules ready to move across to RCVS Academy in June. • Evaluation of Adviser e-learning has been extremely positive. A number of international organisations have approached us interested in this. • RCVS Academy team recruited educational designer and administrative support. Moodle development contract in place. 	<ul style="list-style-type: none"> • RCVS Academy to be launched in June; vet/VN advisor panel set up. Enable ‘Introduction to the UK Veterinary Professions’ course for overseas-qualified vets/VNs to feature on the new Academy, and expand to content to include information on registration, stat/pre-reg exam etc. • Development of an additional module for new graduates – what to expect on VetGDP – underway. Content being developed by Education Team. • Staff communications key so that collaboration is effective – update presentation due on 25 May.

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.	APC	<ul style="list-style-type: none"> • MMI has been adapting to the Covid world with online tools and Covid-specific advice and guidance. • Successful research project and roundtable held on student VN working culture. • Third MMI Symposium on Mental Health Research held Nov 2021, with international speakers. • MMI Kite App launched September 2021. • See vetmindmatters.org for other specific activities under Mind Matters. 	<ul style="list-style-type: none"> • Collaboration with various organisations to include MMI content, such as #safetospeakupweek with VetLed, mental health for managers in VMG training. • Training pilots are currently underway, feedback is being collated. New programme published summer 2022. New strategic plan for MMI under development. • Kite for Students launched in collaboration with University of Nottingham in May, this will run as a trial to provide evidence and benchmarks of user experience. • Resource hubs being created for key areas civility, neurodiversity etc to support individuals and organisations • Fourth MMI Int event planned autumn 2022.
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	<ul style="list-style-type: none"> • Launch of 1CPD app January 2020 (with further updates) to enable reflective learning – recent webinars (winter 2020-1) supported this – compulsory from January 2021 CPD year. • Support of RCVSK QI work ongoing. • Addressed via Edward Jenner Leadership MOOC modules. • Speech to World Small Animal Veterinary Association Congress (March 2021) on learning culture and the role of the regulator. • VetGDP will help promote and develop a learning culture for new graduates. • VetGDP Adviser e-learning specifically covers how to develop a positive learning culture, guide reflection and coaching techniques and support for new graduates – 2,758 vets have already started the e-learning modules, and 1,504 have completed the training in full. 	<ul style="list-style-type: none"> • Ongoing communications activities to support members of the profession in completing 1CPD. Use of 1CPD became compulsory from Jan 2022. • Evaluation data collection for VetGDP to explore impact – to be considered by EC and Council later in 2022. • New VetGDP Subcommittee has been established to oversee programme delivery and monitor quality. First meeting took place October 2021. • Evaluation of VetGDP Adviser e-learning highly positive. • New Leadership Library launched January 2022 has been growing and having excellent feedback, notably for QI and Inclusive Leadership topics. Free for whole vet team. • Edward Jenner Leadership MOOC has been upgraded by the NHS, and will be launching later this year with new content.

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	<ul style="list-style-type: none"> DIG published strategic plan. See B5 for MMI progress. See B6 for learning culture. Leadership – Inclusion & Leadership Manager now in post, Leadership Library launched. Sustainability WG wrapped up, working with Fellowship Science Advisory Panel (FSAP) and Practice Standards Group taking on external actions, and RCVS Green Team for internal actions. EDI to be included in next PSS changes. Staff-level EDI plan underway. VetGDP Adviser e-learning modules specifically focus on learning culture and the need to support graduates' help-seeking behaviour and see this as a positive thing to be actively welcomed when supporting new graduates. Modules also cover wellbeing of new grads. – evaluations were highly positive. New accreditation standard around sustainability added to the 2023 standards for veterinary programmes. PSS sustainability standards being created for launch in the autumn – with Council for approval in June 2022. 	<ul style="list-style-type: none"> FSAP to define sustainability project (Net Zero Surgery). Edward Jenner Leadership MOOC has been upgraded by the NHS, and will be launching later this year with new content. Leadership Library has a programme of new topics coming every six weeks. BAME Student WG report and recommendations has been approved by VSC and stakeholders. Surrey hosted a photography session and this will be published imminently. DIG presentations at BSAVA Congress. Leadership Showcase being redesigned to include lesser heard voices and stories, these will represent the widest possible vets and nurses. College has been awarded iie Investors in the Environment Bronze award and is working towards Silver in 2023. Skills for Veterinary Nurses approved by VNC February 2022. VetGDP graduate e-learning under development to ensure new graduates know what to expect from the programme around asking for help, support and a learning culture New video content due to launch to help to continue to explain and promote VetGDP for new grads and those returning to the profession.

Action (numbering as per full plan)	Who?	Status	Next step/due date
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	<ul style="list-style-type: none"> 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 included webinars/podcasts already published, social media engagement underway and other activities being planned. VN Diamond Jubilee e-book published at end of 2021, final event in August 2022. In-person Fellowship Day to be held with interactive sessions to showcase the breadth of knowledge and skills within the Fellowship. 	<ul style="list-style-type: none"> Two in-person VN Days organised for June (Manchester) and August (Oxford) and in-person VN Diamond Jubilee Reception to be held in Oxford on 19 August 2022. Develop materials for Academy. All nominees for 2022 Honours and Awards have accepted their awards, which have since been announced in the press. All recipients invited to attend in-person Royal College Day in July to celebrate their success. Wider cultural project to celebrate history and development of modern veterinary practice – tie in with new building? Work ongoing to encourage a wider diversity within Fellowship applications – such as increasing the number of women applying and receiving the status. ViVet Innovation series to encourage the veterinary team to consider innovation within their organisation
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.	Education MMI ViVet Academy Exec	<ul style="list-style-type: none"> Initial conversations with MMI re a return-to-work network founded on issue of insurance, needs picking up. VetGDP is available for those returning to the profession. Compulsory for those away from the profession for more than five years, optional for those away for a shorter period. Now covered in VetGDP coms. 	<ul style="list-style-type: none"> Following 30 November 2021 Workforce Summit, and publication of meeting report, action plan under development that will address recruitment, retention and return. 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 2022. Research underway to understand recruitment, retention and return activities within the government / public health veterinary sector.

Action (numbering as per full plan)	Who?	Status	Next step/due date
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.	Education VN	<ul style="list-style-type: none"> Review has started ref AP and CertAVP for vets – surveys completed and findings reported to Education Committee. The AP focus groups took place in June 2021 and results and next steps were discussed by Education Committee in September 2021. 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). 	<ul style="list-style-type: none"> Publish recommendations on vet quals/status. VN career progression linked to LWP proposals. Review development routes for general practitioners. Working groups established to explore future changes to AP status. These will report in autumn 2022 and a stakeholder event is planned to discuss a way forward.
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.	Comms APC	<ul style="list-style-type: none"> Meet the RCVS Days, stakeholder days on hold. New online EMS programme developed and piloted, jointly with the Veterinary Policy Research Foundation. EMS student attended placement with RCVS w/c 19 July 2021, spending time with Ed/PSS; further round of EMS placements took place early 2022. Podcasts recorded with Webinar Vet and British Cattle Veterinary Association to better explain role of the College to their members. Round of President/Registrar talks to final-year vet students just completed. 	<ul style="list-style-type: none"> Develop modules for Academy to better explain our key functions. Video developed to demystify RCVS for first-year vet students. Recruitment for next round of EMS placements to be started soon.
6. Create an innovation funding pot to enable the professions to help solve regulation and professional standards issues that matter to them.	Exec FRC	<ul style="list-style-type: none"> We have approval of the small bursaries pot – for individuals' personal development aligning to strategic plan – not yet launched due to Covid. 	<ul style="list-style-type: none"> Launch bursary scheme now travel and in-person CPD more feasible – to be done shortly. Consideration of challenge prize on hold due to pandemic and other priorities.

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.	Fellows APC	<ul style="list-style-type: none"> Unconscious bias training of Fellowship Board and Credential Panellists to continue (March). Fellowship Week took place in September 2021, online, with good attendance and engagement. Restoration and fee payment policies completed. Fellowship discussion forum ('Discourse') launched. Fellowship newsletter launched. 	<ul style="list-style-type: none"> Fellowship strategy being finalised and published by the Board. Communications and marketing plan to support the work of the Fellowship, including public outreach. Next Fellowship event to take place in person in September 2022. Elections for new Chair to take place during 2022.
8. Review new ways of reaching consensus and driving change within our leadership and governance structure.	Exec Officers	<ul style="list-style-type: none"> Unconscious bias training took place after September Council meeting One-to-one interviews taken place with Council members and independent facilitator – discussion took place at meeting in June 2021. Council Culture action plan approved November. Meetings took place in December 2021 and January 2022, with Steering Group meeting in February and reporting to Council in April. Pack for potential Council/VNC members updated. Paper on in-person/virtual meetings approved by Council June 2021. Enhanced induction for new Council members agreed as part of Culture project and underway. Questionnaire completed for five Council members to establish competencies. 	<ul style="list-style-type: none"> Paper to conclude part one of Culture project to come to Council in June 2022 and actions will flow from this. Part two will include ongoing skills/training requirements, additional communications, strategy sessions etc. Review impact of 2018 LRO on Governance (see also D1).
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.	Exec	<ul style="list-style-type: none"> 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. Interim VNF Report published Sept 2021. Review of pandemic response took place at Council in September 2021. 	<ul style="list-style-type: none"> Case studies on VF successes need to be refreshed, to form part of VF evaluation document (joint with BVA). RCVS to evaluate VNF feedback from BVNA events and develop an action plan for phase two.

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 Exec	<ul style="list-style-type: none"> We are not mandated by govt to do a review (unlike for the 2013 LRO) but it is good practice 	<ul style="list-style-type: none"> Scoping in 2022 for review in 2023 (previous plan for informal review in 2021 not completed due to Covid). Informal review of arrangements to be discussed at Officer planning day in July 2022. Governance Manual in progress. Action plan to resolve gaps versus Charity Code being worked through.
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	<ul style="list-style-type: none"> 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. More recently set up groups – eg Environment and Sustainability Working Group – had much tighter terms of reference and end dates. All groups summarised in one document, with ToR, membership, quorum, etc – bit unwieldy and needs some additional work. Parent committees reviewed groups reporting to them during autumn 2021. New process agreed for how Lay members are reappointed was approved by Council in January 2022. 	<ul style="list-style-type: none"> Delegation Scheme coming to Council for annual update and review in June 2022. Skills being considered as part of Council Culture project. Process of reviewing committee and subcommittee roles for 2022-3 underway with incoming President, to be circulated to Council by email towards the end of June. If any gaps need to be put out to the wider professions/public, this will happen over summer.

Action (numbering as per full plan)	Who?	Status	Next step/due date
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	<ul style="list-style-type: none"> • Magique risk management tool now in place for all areas, clear ownership, regularly updated. • Process introduced to ensure risks identified by RCVS Council are considered at next ARC and reported back to the next meeting of RCVS Council. • 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. • Business continuity planning meeting held August 2021 to reflect on Covid experience. • Risk workshop held with VN Council in September 2021 and with RCVS Council in March 2022. • Comprehensive risk policy agreed by RCVS Council in March 2022. • Senior Team reviewed Corporate Risks in May 2022. 	<ul style="list-style-type: none"> • Business continuity plan annual meeting/refresh due late summer/early autumn 2022.
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.	Ops Head of I&E	<ul style="list-style-type: none"> • 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. • Customer journey exercise carried out. • Updated survey to capture data about why vets leave the Register or move to non-practising category now in place. 	<ul style="list-style-type: none"> • 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. • Process for reviewing / analysing all complaints about RCVS, regardless of area of work, under development. • Consideration underway for dedicated query-handling process. • VN 'leaver survey' under development.

Action (numbering as per full plan)	Who?	Status	Next step/due date
<p>5. 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.</p>	<p>Exec People</p>	<ul style="list-style-type: none"> • Internal Diversity and Inclusion Strategy in place: D&I training for all staff carried out; agreement with BAME recruitment experts in place; pronoun policy in place and training completed; allyship training completed. • External Diversity and Inclusion Group strategy published February 2021 and interfaces with internal strategy. • Talent & Leadership (T&L) framework conversations taken place ref competencies. • New recruitment policy developed and in place. • New 'Where we work' policy designed to support remote working. • People systems developed to support new employees into the organisation. • Pay policy developed and communicated. • Stress Management sessions completed to support staff returning to BH in place. • Competencies agreed for all College roles – wider framework in progress. • Salary benchmarking completed. • People Plan approved, launched and communicated to all staff. • New policies regarding menopause and transitioning in the workplace written – to be shared with all staff. • Crucial conversations training material developed to support pay and performance discussions, was rolled out Q1 2022. • Collaboration conversation with ST about staff engagement actions. • Introduction of Guide your Progress programme for managers completed, with remaining sessions due during the year. • Redesign of onboarding and leavers documentation for better communication and reduction of questions. 	<ul style="list-style-type: none"> • Refreshed internal communications strategy agreed by Senior Team January 2021 – engagement sessions already taken place. • Use McKinseys succession planning model to evaluate internal and planning leadership training. • Provide data ref current position on gender and other diversity strands by end of Q3 2022. • Pilot mentoring scheme. • Complete T&L toolkit. • Recruitment training for legal, best practice and systems underway. • Learning management system review remains ongoing. • Organisation design processing for localised team changes in place. • Review of benefits e.g. income protection and medical insurance • Data dashboard under construction to highlight people data to include diversity and gender information. • Review of LMS offering to support a learning culture and leadership framework. • Competency alignment with Evaluate levels, recruitment and talent development. • Wellbeing and employee networks relaunch. • Pension review in conjunction with Wingates to ensure staff offering is fair and appropriate in a modern day workplace. FRC agreed change in May 2022, next step staff communication. • Updated Probation and Induction processes in progress. • Redesign of PAWS to house communications regarding staff benefits.

Action (numbering as per full plan)	Who?	Status	Next step/due date
6. 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	<ul style="list-style-type: none"> 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 or 2021 audits. Regular cyber-security training for staff. Review of Finance Team roles taken place to improve division of duties and a new Head of Finance appointed. Positive outcome of recent external audit of financial digital systems, small number of actions to be followed up. 	<ul style="list-style-type: none"> Review data/prioritise areas for improvement. Ensure database upgrade includes a flexible customer interface.
7. Develop and implement a technology strategy that puts digital first, is collaborative, and focuses on simplification and convergence.	Exec Digital FRC	<ul style="list-style-type: none"> New CTO recruited in January 2022. Two software developers recruited in April 2022 and one further developer promoted internally. Recruitment to support data management support, Business Analyst and Project Manager posts underway. Hold on further recruitment to enable new postholders to settle into their roles. 	<ul style="list-style-type: none"> Roadmap and action plan being developed by CTO in conjunction with Digital Team and senior colleagues New CTO working with approved Digital Strategy for remainder of 2022 and will refresh Strategy by November FRC. New governance structure for digital work under development.
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	<ul style="list-style-type: none"> Sale of BH completed March 2021. RCVS moved out of Belgravia House March 2022, and all furniture, fittings, records, historical collection and artefacts have been moved to suitable storage locations. RCVS staff moved into temporary office space 14 February 2022. A new building has been purchased, which is currently fully tenanted. A project group has been set up to oversee the refurbishment of the new premises. 	<ul style="list-style-type: none"> Start work on the refurbishment project of the new building. Consider future of RCVS flat.

Action (numbering as per full plan)	Who?	Status	Next step/due date
<p>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.</p>	<p>Comms</p>	<ul style="list-style-type: none"> • Marcoms Officer and Media & Publications Officer recruited to support expanding workload of coms team. Further recruitment under review. • New system 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. • Planning meetings held with all teams to identify departmental long-term aims and activities early 2022. 	<ul style="list-style-type: none"> • RCVS comms survey of key stakeholders (including professions, public etc) to establish preferences and gain feedback. • Use feedback to devise coms strategy to support strategic ambitions, departmental activities and stakeholder requirements. • Produce social media guidance. • Social media strategy under development as part of broader planning work. • Communications activities to flow from Culture project.
<p>10. Develop and implement a corporate social responsibility strategy that befits an organisation that works in the public interest.</p>	<p>FRC Ops</p>	<ul style="list-style-type: none"> • Green Team developed internal sustainability policy and achieved Investors in the Environment Bronze Award. • Council agreed investment policy and to divest from fossil fuels in November 2021. • Covid has been positive in reducing impact of travel, both overseas and domestic. • Divestment from Russian business interests in March 2022. 	<ul style="list-style-type: none"> • Environmental impact of any new building under consideration. • Work ongoing with UKHACC. • Push to encourage staff to make more use of volunteering days to support social responsibility of the organisation. • Working towards iiE Silver. • Consideration of carbon off-setting line in 2023 budget.

Summary	
Meeting	Council
Date	9 June 2022
Title	Proposal from FSA for an extension of the current scheme of Temporary Registration of Official Veterinarians providing Official controls in abattoirs (TRNOVS).
Summary	This paper outlines the background to the current Scheme and the proposals from the FSA for an extension to that Scheme.
Decisions required	Council is asked to consider if it is appropriate to agree to the FSA's request to extend the application of the TROV Scheme, in its current format, with ongoing six-monthly review points, to include continuation of the proposal agreed to by Standards Committee (SC) in December 2021 to allow SOVs to issue SHAs remotely, based on checks conducted by TRNOVs under their direction.
Attachments	Annex A: Extract from RCVS Council minutes (March 2021); Annex B (i): Original background and proposal (March 2021) with details of OV role; Annex B (ii) Defra proposal (March 2021) Annex B (iii): Guidelines for Temporary Registration / application form (January 2021); Annex C: Extract from Standards Committee classified appendix (March 2022) (confidential); Annex D: FSA TRNOV exit strategy (part confidential)
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Classifications		
Document	Classification¹	Rationales²
Paper	Unclassified	n/a
Annex A	Unclassified	n/a

Annex B (i)	Unclassified	n/a
Annex B (ii)	Unclassified	n/a
Annex B (iii)	Unclassified	n/a
Annex C	Confidential	1, 2, 3
Annex D (FSA paper)	Unclassified (NB. FSA paper Annex C confidential)	n/a (3)

¹Classifications explained

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

²Classification rationales

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

Review of Temporary Registration of Official Veterinarians (OVs)

Background

1. Council will recall that at its meeting in March 2021, it agreed to a 12-month 'time-limited' proposal put forward by Defra / Food Standards Agency (FSA) to allow for the Temporary Registration of OVs providing meat hygiene controls in England and Wales. An extract of the minutes is set out in **Annex A**.
2. The FSA 'activated' the Scheme with effect from June 2021 and it has, therefore, been running for 12 months. As agreed at the time, a review was carried out after six months with further follow up three months later (see further paragraphs 8 to 11 below).
3. Note: the original proposals put forward in March 2021 also covered a contingency for OVs providing export certification services. While this was agreed by Council, it was never 'triggered', and has never been put into operation. It is, therefore, not a matter for Council's consideration at this time.
4. The full background and proposal with details of the role as agreed to by Council in March 2021 are set out in **Annex B (i – iii)**. However, for ease of reference, the proposal as it relates to OVs providing meat hygiene controls was as follows:

OVs providing official meat hygiene controls

We ask that the RCVS admit to its temporary register, vets who (i) have a contract of employment to work as an OV providing meat hygiene controls in England and Wales; (ii) have the necessary skilled worker visa including IELTS at level 5; and (iii) hold European Association of Establishments for Veterinary Education (EAEVE) accredited veterinary degrees and iv) have completed and passed the meat OV training course. The FSA would then authorise them as an OV on confirmation of their status as a temporary registrant.

This temporary registration would last for 12 months, with the possibility of an extension of six months, during which time the temporary registrant would be expected to pass the IELTS level 7 test. Whilst on the temporary register, the individual's role would be limited in scope and under the supervision of an MRCVS as set out in [...] (see now annex B] similar to that of a novice OV. This would fall under the category of "employment", specifically "where vacancies for such roles cannot be filled".

We ask that this facility for temporary registration to undertake meat hygiene official controls be open for 12 months, to be reviewed jointly by Defra, the Welsh Government, the FSA and the RCVS after six months of operation.

5. Before turning to the operation of the Scheme over the last 12 months, and FSA's request for an extension, by way of reminder, the following summarises the general position under the Veterinary Surgeons Act (VSA) 1966 for both 'full' and 'temporary' registrations.

Position under the VSA – full registration

6. The VSA sets out the routes for registration for veterinary surgeons to practice in the UK. These are what you are familiar with, for example, via the UK veterinary schools and the Statutory Examination for Membership and, prior to EU-Exit, also included via The Mutual Recognition of Professional Qualifications Directive (MRPQ) for those graduating from EU veterinary schools. The MRPQ route fell away post-EU-Exit and, as of 1 January 2021, the RCVS has implemented temporary post-Brexit policies on the registration of European-qualified veterinary surgeons as agreed by RCVS Council. European qualifications are now recognised in accordance with the 'interim EAEVE policy', with graduates from veterinary schools with EAEVE accreditation eligible for registration. Such graduates who do not have English as a first language or who did not study in English are required to meet the same English language qualification requirements as other overseas nationals i.e. International English Language Testing System (IELTS) Level 7 or the Occupational English Test (OET) Grade B.

The position under the VSA – temporary registration

7. Temporary registration is intended for use where all avenues for full registration have been explored and, as the title suggests, are for temporary arrangements. Those coming on to the Temporary Register, while 'on the Register' (and therefore entitled to practice) are not MRCVS and cannot designate themselves as such and they cannot certify documents. Their registration is subject to such restrictions as the RCVS in its discretion decides are appropriate, relating to the length of registration (this is ordinarily a maximum of five years) as well as the place(s) and the "circumstances in which the individual may practice in the UK". The "circumstances" of that role and what it involves need to be clearly defined to ensure that any individual does not undertake work for which they are not authorised. The location from which they will work also needs to be defined. Similarly, supervision which should be real not nominal includes a named supervising veterinary surgeon at each location. Temporary registration has historically been used sparingly in specific situations e.g. short visits by veterinary surgeons accompanying animals competing in the UK; and for postgraduate study, but has also been applied in limited 'employment' situations (see guidelines for temporary registration / application form as set out in **Annex B (iii)**).

Operation of the Temporary Registration (TR) Scheme over the last 12 months / six-month review

8. As agreed, a Review was carried out after six months and was considered by Standards Committee (SC) in December 2021. At that time, the FSA advised that the assurance framework was in place; is such that there has not been a diminution in standards in the delivery of Official Controls; that progress is being made in language capability, with the supply delivery partner, predicting that the majority of candidates will achieve International English Language Testing System (IELTS) Level 7 within the 12-month timescale.
9. The essence of the Review was that there were no 'red flags' to call into question the current operation of the TRNOV scheme and that it should continue for the further period of six months as approved by Council, with resource issue remaining a problem and that, without the scheme, there would be issues in the operation of abattoirs.
10. The Committee noted the information presented around the monitoring, training and progress of the Temporary Registered Novice Official Veterinarians (TRNOVs) in all aspects of their role

including in relation to English language. The assurances given in relation to standards being met and that there were no immediate 'red flags' in relation to the Scheme were also noted. On that basis, the Committee confirmed that it should continue for a further period of six-months (as per the previous decision of RCVS Council that the Scheme should be for a 12-month period).

11. The Committee was mindful of the fact that when approved by RCVS Council, it was only envisaged as a short term / temporary measure time-limited for 12-months. Given that, they were concerned that some six months on there was no information forthcoming around any plans to move to a permanent solution and requested that such information be made available within the next three months.
12. At that time SC also agreed to a FSA proposal for Supervising Official Veterinarians (SOVs) to remotely sign Support Health Attestations (SHAs) based on information provided by TRNOVs under the Scheme. The Committee approved this proposal noting that it was also for a six-month period (it being implicit that it was linked to the overall TRNOV temporary scheme). While recognising that any veterinary surgeon in any sector might be put "under pressure" to sign certificates and it was part and parcel of the professionalism required of individual veterinary surgeons to resist any such pressures and adhere to the principles of certification, the Committee raised the issue of pressure being put on SOVs and noted the FSA's offer to set up a helpline (or similar) to support SOVs was a good one and to be encouraged.
13. In March 2022, SC was updated by the FSA in relation to its ongoing strategy for a more permanent solution. An extract from the SC **classified appendix** is set out in **Annex C** (and much is now repeated in its proposal to you).

FSA rationale and proposals for extension of the Scheme

14. Rationale and proposals are set out in full at **Annex D**. The proposal outlines the ongoing challenges for delivery of Official Controls in the light of overall veterinary recruitment shortages, and at paragraph 33, highlights the issues anticipated were the 'pipeline' of the Temporary Registered Official Veterinarians (TROVs) to be withdrawn. It also confirms the numbers recruited by this route (100 applications; 83 deployed; with a further 31 applications anticipated by the end of May 2022); the levels of supervision; and assurances that standards are being monitored. It also outlines the progress of individual Temporary Registrants towards 'full' registration.
15. The proposal also outlines the measures being taken to enable a move away from reliance on TRNOVs to deliver official controls (see paragraphs 39 – 62). It acknowledges that the measures outlined will take time to implement, and the request if for a continuation of the Scheme, in its current format, with ongoing six-monthly review points and milestones "to review its quality assurance, effectiveness and ongoing need". A parallel extension of the agreement to allow SOVs to issue SHAs remotely, based on checks conducted by the TRNOV under their direction is also requested.

Issues to consider

16. Council will obviously need to consider how the Scheme has operated around the assurances given for its effectiveness and safety in delivering the objectives agreed to 12 months' ago. When

agreed to in 2021 the arrangement was tied to a defined and exceptional need, and consideration will need to be given as to whether that exceptional situation remains. Back in 2021, Council was mindful that there was a very real risk that without specific defined parameters, a 'temporary' situation risked becoming the 'new normal' and hence agreed to a limited 12-month plan. Council will therefore need to consider whether, if any extension is to be agreed, it should be for a further specific time-limited period as well as any future review points and milestones to be met.

Decision required

17. Council is therefore asked to consider the FSA's request to extend the application of the TROV Scheme, in its current format, with ongoing six-monthly review points, including continuation of the proposal agreed to by SC in December 2021 to allow SOVs to issue SHAs remotely, based on checks conducted by TRNOVs under their direction in abattoirs.

Council

EXTRACT: Minutes of the meeting held on Thursday, 18 March 2021

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).

1. 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.
2. 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.
3. 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.
4. 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.

5. 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.
6. 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.
7. 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.
8. 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.
9. 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?

- 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?
 - 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.

10. The President drew the conversation to a close.

11. 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

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

13. This was agreed by a majority vote.
14. 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.

Summary	
Meeting	Council
Date	18 March 2021
Title	Proposal to RCVS for Temporary Registration of Official Veterinarians (OVs)
Summary	This paper outlines relevant matters in the consideration of the proposal from Defra as set out in Annex B that suitably qualified and supervised non-UK qualified vets be permitted to register on the RCVS Temporary Register and undertake certain specific functions as official veterinarians (OVs).
Decisions required	Council is asked to consider the Defra proposals and to decide if, in principle, it agrees to the temporary registration of suitably qualified and supervised non-UK qualified vets to undertake certain specific functions as official veterinarians (OVs).
Attachments	Annex A – Extract of Council meeting of 21 January 2021 (Confidential) ; Annex B – Defra proposal; Annex C – Guidelines for Temporary Registration / application form.
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Classifications		
Document	Classification	Rationales
Paper	Unclassified	n/a
Annex A	Confidential	1, 2, 3, 4.
Annex B	Unclassified	n/a
Annex C	Unclassified	n/a

¹Classifications explained

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

²Classification rationales

Confidential	<p>To allow the Committee or Council to come to a view itself, before presenting to and/or consulting with others</p> <p>To maintain the confidence of another organisation</p> <p>To protect commercially sensitive information</p> <p>To maintain public confidence in and/or uphold the reputation of the veterinary professions and/or the RCVS</p>
Private	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

1. Council will recall that at its meeting in January, the CVO outlined veterinary resource issues post-EU – Exit around OVs – both those working directly in official controls / abattoirs and those carrying out export certification. By way of a reminder, the classified minutes of that discussion are set out in **Annex A**.
2. Defra has now come back with concrete proposals for consideration by Council – these are set out in full in the Defra paper in **Annex B**.

The position under the Veterinary Surgeons Act (VSA) 1966 – ‘full’ registration

3. The VSA sets out the routes for registration for veterinary surgeons to practice in the UK. These are what you are familiar with, for example, via the UK veterinary schools and the Statutory Examination for Membership and, prior to EU-Exit, also included via The Mutual Recognition of Professional Qualifications Directive (MRPQ) for those graduating from EU veterinary schools. The MRPQ route has fallen away post-EU-Exit and, as of 1 January 2021, the RCVS has implemented new post-Brexit policies on the registration of European-qualified veterinary surgeons as agreed by RCVS Council. European qualifications are now recognised in accordance with the ‘interim EAEVE policy’, with graduates from veterinary schools without EAEVE approval or accreditation (approximately 15% on recent trends) being required to sit the Statutory Examination for Membership. European graduates who do not have English as a first language or who did not study in English are required to meet the same English language qualification requirements as other overseas nationals, i.e. IELTS Level 7 or the OET Grade B, regardless of whether or not they have a degree from an EAEVE-accredited school. This is effectively an increase in standards assurance compared to when the MRPQ Directive applied, and this was seen as the key benefit to veterinary regulation of the UK’s withdrawal from the UK, notwithstanding the potential negative impact on the veterinary workforce as prior to this there was no ability to require specific levels of English.

The position under the VSA – temporary registration

4. Temporary registration is intended for use where all avenues for full registration have been explored and, as the title suggests, for temporary arrangements. Those coming on to the Temporary Register, while ‘on the Register’ (and therefore entitled to practice), are not MRCVS and cannot designate themselves as such. Their registration is subject to such restrictions as the RCVS in its discretion decides are appropriate, relating to the length of registration as well as the place(s) and the “circumstances in which the individual may practice in the UK”.
5. Temporary registration has been used sparingly in specific situations e.g. short visits by veterinary surgeons accompanying animals competing in the UK; and for postgraduate study. It may also apply in limited ‘employment’ situations (see guidelines for temporary registration / application form as set out in **Annex C**).
6. In the employment context, applications have been accepted for those with specific expertise where there is evidence that ‘the market’ is not operating to fill such roles in the usual way. There are currently nine individuals in total in the employed category of the Temporary Register.

Current situation

7. At the same time as implementation of the processes indicated in paragraph 3 above, veterinary surgeons were included on the Shortage Occupation List. While positive, this means that non-UK national veterinary surgeons are now subject to UK work visa requirements. This has created a new administrative burden for the EU-qualified applicants and their prospective employers. So that despite their inclusion, and taking all together (with the added complication of Covid restrictions) there is likely to be a significant impact on the number of EU-qualified graduates registering in the UK. In 2020, overseas registrations were already down by c.50%, with the Covid pandemic likely the main contributing factor. It is recognised that the majority of those working in the Official Controls sector are currently from the EU.
8. Longer-term trends in the production of UK graduates are positive, with the addition of Nottingham and Harper-Keele veterinary schools playing a significant role. However, it is likely to be many years before the UK is self-sufficient in veterinary surgeons.

OV workforce issues

9. Defra in its proposal had indicated that they “anticipate a severe shortage of OV capacity in England and Wales over the next six to twelve months”. Numbers have not been quantified in the proposal (though we understand it is in the 10’s not 100’s (potentially @100). As regards OVs to carry out export certification, Defra in its proposals refers to the “significant expansion of the need for Export Health Certificates (EHCs) post-EU-Exit and that despite the steps taken to mitigate the problem there is “still a risk that export certification capacity will be insufficient to meet demand to the extent that exports of UK products of animals origin are constrained for a period while the market for export certification services adjusts”. It is currently unclear the actual numbers of individuals they might seek to register temporarily to meet these needs.

Proposals

10. For ease of reference these are set out in full below:

OVs providing official meat hygiene controls

We ask that the RCVS admit to its temporary register, vets who (i) have a contract of employment to work as an OV providing meat hygiene controls in England and Wales; (ii) have the necessary skilled worker visa including IELTS at level 5; and (iii) hold European Association of Establishments for Veterinary Education (EAEVE) accredited veterinary degrees and iv) have completed and passed the meat OV training course. The FSA would then authorise them as an OV on confirmation of their status as a temporary registrant.

This temporary registration would last for 12 months, with the possibility of an extension of six months, during which time the temporary registrant would be expected to pass the IELTS level 7 test. Whilst on the temporary register, the individual’s role would be limited in scope and under the supervision of an MRCVS as set out in Annex A (to Defra’s proposal), similar to that of a novice OV. This would fall under the category of “employment”, specifically “where vacancies for such roles cannot be filled”.

We ask that this facility for temporary registration to undertake meat hygiene official controls be open for 12 months, to be reviewed jointly by Defra, the Welsh Government, the FSA and the RCVS after six months of operation.

OVs providing export certification services

If evidence emerges that exports of products of animal origin are being constrained by insufficient veterinary capacity, we would ask that the RCVS admit to its temporary register, vets who (i) have a contract of employment to work as an OV providing export certification services; (ii) have the necessary skilled worker visa including IELTS at level 5; (iii) hold EAEVE accredited veterinary degrees; and iv) have completed and passed the Official Controls Qualification (Veterinary) in respect of product exports. APHA would then authorise them as an OV on confirmation of their status as a temporary registrant.

This temporary registration would last for 12 months, with the possibility of an extension of six months, during which time the temporary registrant would be expected to pass the IELTS level 7 test. Whilst on the temporary register, the individual's role would be limited in scope to export certification of products for the EU and NI market and under the supervision of an MRCVS. This would fall under the category of "employment", specifically "where vacancies for such roles cannot be filled".

We would only seek to trigger this facility for the temporary registration of export health certification OVs if we determined that there was a significant risk that exports requiring EHCs or trade to NI requiring EHCs would be at significant risk within the following three months. In making this determination, evidence of shortages of certifying capacity would come from feedback from the main certifying businesses and from exporters.

In the event that we formally request the RCVS to admit vets to the temporary register for export certification roles, we will set out at the time the duration of the facility and the timing of any review, along with a description of the scope of the role.

Matters for consideration

a. English language requirements

11. One of the principle issues necessitating temporary as distinct from 'full' registration is around language requirements. Were the RCVS to lower the requirements for one group to allow full registration this would be at odds with the requirements for all others, and clearly the RCVS could not take steps that would be seen as discriminatory. While there is an element of discretion for the RCVS in its temporary registration requirements, where there are particular needs, it does potentially set up two tiers of vets. In terms of the roles themselves, Council may also wish to consider if the argument is made that the lower level of IELTS Level 5 would be sufficient and / or that the steps indicated in the proposal where it is stated that the Delivery Partner "is committed to provide the individual with an English language tutor to support on-line learning and virtual face-to-face tutorials to get the individual up to IELTS Level and is sufficient / appropriate.

b. Defining the role / location / supervision

12. As with any Temporary Register role the "circumstances" of that role and what it involves need to

be clearly defined to ensure that any individual does not undertake work for which they are not authorised. The location from which they will work also needs to be defined. Similarly, supervision which should be real not nominal including a named supervising veterinary surgeon at each location should be designated.

13. The proposal sets out further detail of how Defra sees how these issues would be addressed. Council may wish to consider whether these measures are appropriate.

c. Assurances that there is a specific need to be met and that any proposals would be temporary / time limited

14. In its proposal Defra refers to a particular need at this time arising from EU-Exit / Covid-related issues. It would seem hard to argue that any EU-Exit issues arising now are in any way unexpected and questions might be asked as to why steps were not taken much sooner to alleviate a predictable situation. Council may feel that more information is required of the steps being taken to fill these roles from the 27,000 or so vets already on the full UK-practicing register and for details of any significant 'call to arms'. However, irrespective of how the situation came about, the proposal highlights issues over the next 6-12 months. Defra's proposal envisages a period of temporary registration of 12 months with the potential to extend for a further 6 months. Council is asked to consider if it feels such a time limit is appropriate.

d. Other issues

15. Were the proposal to be accepted it would mean that temporary OVs would (amongst other roles) be carrying out certification. This would be a change to the current position where only a MRCVS may certify anything. The Food Standards Agency (FSA) would need to (and appear to be willing to) amend their interpretation of the Official Controls Regulations to allow people other than full MsRCVS to be classed as suitable / competent for this purpose. This would unpick the RCVS's long-standing position that certification is a core veterinary responsibility that should be reserved for those with full MRCVS status and all the assurance that comes with it.
16. There is also the potential (without strict application of the temporary principles) that it could lead to calls for any other 'shortage' situation to be met by overseas recruitment in a temporary way with lower requirements with a risk of unplanned limited licensure through the 'back door', potentially devaluing the veterinary qualification. Tying any arrangement to a defined and exceptional national need would therefore also seem important. There is also the risk that without specific defined parameters that a 'temporary' situation becomes the "new normal" so evidence not only of a strict time limit but also of a deliverable exit strategy would also be important.

Decision

17. Council is asked to consider the issues and points outlined above, and the full details set out in the Defra proposal in Annex B and to decide if, in principle, it agrees 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 that proposal.

Temporary Registration of Official Veterinarians

Introduction

Defra requests the RCVS to allow the temporary registration of suitably qualified and supervised non-UK qualified vets to undertake certain narrow and specific functions as official veterinarians (OVs). We seek agreement in principle as soon as possible so that the recruitment pipeline can open.

Background

The government has had long-standing concerns about the recruitment and retention of OVs providing meat hygiene official controls and more generally about the broader market for vets providing essential public good functions. These concerns have fed into the work of the Government Veterinary Service (GVS) under its Future Veterinary Capacity and Capability Project looking at wider demographic challenges. The end of the Transition Period following the UK's exit from the EU and the ongoing impact of the coronavirus pandemic have exacerbated these recruitment and retention difficulties.

The end of the Transition Period means that the UK is now outside the EU single market - there is no longer freedom of movement of labour between the EU27 and the UK. In particular, the mutual recognition of professional qualifications no longer applies. Non-UK EU nationals have for many years made up the majority of vets providing meat hygiene official controls. A particular consequence is that the RCVS English language requirement now applies to EU vets wishing to practise in the UK. The standard required by the RCVS is International English Language Testing System (IELTS) level 7. This is a higher requirement than the IELTS Level 5 qualification required under the skilled worker visa application process.

The coronavirus pandemic has also disrupted international recruitment, affecting not just the GVS. The impact of the pandemic on the willingness/desire of vets to move to the UK for employment will have been compounded by travel bans, quarantine requirements and the nature of the UK's domestic restrictions.

The FSA has plans to strengthen the framework for abattoir supervision to ensure the medium to long term continuity of meat hygiene official controls. Including veterinary oversight. Whilst this is still under commercial discussion with the FSA's service delivery partner, measures are likely to include financial incentives to improve the recruitment and retention of OVs; renewed efforts to recruit from within the pool of UK registered vets; and the development and incentivisation of a veterinary pathway for official auxiliaries/trainee OVs to progress from Level 5 IELTS to Level 7 whilst working in a trainee OV role. Nevertheless, we currently anticipate a severe shortage of OV capacity in abattoirs in England and Wales over the next 6-12 months.

Another consequence of the end of the Transition Period is a significant expansion of the requirement for export health certificates (EHCs), most of which must be signed by a suitably trained OV. The government has put in place a number of mitigating measures in response to the anticipated increase in export certification in order to help the market for this work to adjust, including: free training for vets; logistics hubs to consolidate export consignments; adopting a risk-based approach to reduce the frequency of premises inspections; a time-limited scheme to facilitate certification of composite products; using other food professionals to work with OVs to free up their time; and establishing a surge capacity of government vets able to respond to localised OV shortages. The market does appear to be responding. We have seen good uptake of our free training. We have anecdotal evidence of increases in salaries for vets providing export certification services and an active recruitment market, both of which threaten

to attract vets away from abattoir work. However there is still a risk that export certification capacity will be insufficient to meet demand to the extent that exports of UK products of animal origin are constrained for a period whilst the market for export certification services adjusts.

Proposals

OVs providing official meat hygiene controls

We ask that the RCVS admit to its temporary register, vets who (i) have a contract of employment to work as an OV providing meat hygiene controls in England and Wales; (ii) have the necessary skilled worker visa including IELTS at level 5; and (iii) hold European Association of Establishments for Veterinary Education (EAEVE) accredited veterinary degrees and iv) have completed and passed the meat OV training course. The FSA would then authorise them as an OV on confirmation of their status as a temporary registrant.

This temporary registration would last for 12 months, with the possibility of an extension of six months, during which time the temporary registrant would be expected to pass the IELTS level 7 test. Whilst on the temporary register, the individual's role would be limited in scope and under the supervision of an MRCVS as set out in Annex A, similar to that of a novice OV. This would fall under the category of "employment", specifically "where vacancies for such roles cannot be filled".

We ask that this facility for temporary registration to undertake meat hygiene official controls be open for 12 months, to be reviewed jointly by Defra, the Welsh Government, the FSA and the RCVS after six months of operation.

OVs providing export certification services

If evidence emerges that exports of products of animal origin are being constrained by insufficient veterinary capacity, we would ask that the RCVS admit to its temporary register, vets who (i) have a contract of employment to work as an OV providing export certification services; (ii) have the necessary skilled worker visa including IELTS at level 5; (iii) hold EAEVE accredited veterinary degrees; and iv) have completed and passed the Official Controls Qualification (Veterinary) in respect of product exports. APHA would then authorise them as an OV on confirmation of their status as a temporary registrant.

This temporary registration would last for 12 months, with the possibility of an extension of six months, during which time the temporary registrant would be expected to pass the IELTS level 7 test. Whilst on the temporary register, the individual's role would be limited in scope to export certification of products for the EU and NI market and under the supervision of an MRCVS. This would fall under the category of "employment", specifically "where vacancies for such roles cannot be filled".

We would only seek to trigger this facility for the temporary registration of export health certification OVs if we determined that there was a significant risk that exports requiring EHCs or trade to NI requiring EHCs would be at significant risk within the following three months. In making this determination, evidence of shortages of certifying capacity would come from feedback from the main certifying businesses and from exporters.

In the event that we formally request the RCVS to admit vets to the temporary register for export certification roles, we will set out at the time the duration of the facility and the timing of any review, along with a description of the scope of the role.

Annex A: OV tasks completed by Full OV, Novice OV and Temporary Registered Novice OV (TRNOV)

The Temporary Registered, Novice OV (TRNOV) would deliver official controls in approved establishments, under the supervision of a MRCVS OV (SOV). This supervision would consist of remote and physical checks. The Area Veterinary Manager (AVM), who forms part of the TRNOV management hierarchy and is also MRCVS will have regular communication with the TRNOV.

The AVM, SOV or other suitably qualified veterinarian would conduct regular physical visits, with the frequency determined by an initial assessment from the SOV and then move to a frequency of at least every two weeks once satisfied with TRNOV competence. The supporting veterinarian would also be available to provide reactive support as and when required

The TRNOV would be allocated to a particular work placement which is defined using a matrix to assess both plant complexity and OV competence. This maps the two variables and defines suitable deployment which matches individual competence.

The TRNOV would then embark on a structured period of mentoring and development up to the point of OV assessment. The FSA Service Delivery Partner (SDP) have a documented procedure in place to define this process and assign roles and responsibilities.

The TRNOV would require a minimum standard of English equivalent to Level 5 IELTS. The SDP is committed to provide each TRNOV with an English tutor to support online learning and virtual face to face tutorials. This would provide intensive English language tutoring to get the TRNOV up to IELTS Level 7 English as required by RCVS.

Task	OV	NOV	TRNOV
1. Undertake Audits <i>The TRNOV must not personally conduct audits but may assist with the audit process (e.g. by providing evidence collected by ongoing supervision of FBO's own procedures in slaughterhouses) to develop their auditing skills and gain an understanding of the auditing procedures</i>	Yes	No	No
2. Inspection and Verification Tasks (i) Assessment of food chain information. (ii) Conducting ante-mortem inspection of animals for slaughter. (iii) Verification of animal welfare compliance: including assessment of the suitability and competence of persons applying for a temporary Certificate of Competence (TCoC), and verification of Certificates of Competence (CoCs) for staff working at the premises	Yes	Yes	Yes

<ul style="list-style-type: none"> (iv) Conducting post mortem inspection: if this task is delegated to Official Auxiliaries, the post holder must regularly check the work of the OAs and in the case of animals having undergone emergency slaughter outside the slaughterhouse, carry out the inspection personally. (v) Verification of compliance with Transmissible Spongiform Encephalopathy and Animal By-Products requirements (vi) Health marking (vii) Verification of slaughter hygiene standards (viii) Verification of FBO compliance the microbiological criteria (ix) Verification of FBO traceability systems (x) Verification of food safety management systems 			
<p>3. Action following Controls</p> <ul style="list-style-type: none"> (i) Collection and communication of inspection results (ii) Assessment of and decision making in relation to food chain information, live animals, animal welfare and meat 	Yes	Yes	With engagement from SOV/AVM
<p>4. Evidence gathering for Enforcement</p> <ul style="list-style-type: none"> (i) Gather evidence to support targeted enforcement for the FSA and other enforcement agencies as required. (ii) Gathering and secure storage of evidence (iii) Act as a witness of fact and professional witness in legal cases as required including producing a witness statement to the required standard. 	Yes	Yes	Yes
<p>5. Enforcement Taking</p> <ul style="list-style-type: none"> (i) Verify that the FBO complies with legislative requirements through their 	Yes	Yes	Only with direct support from SOV/AVM

<p>own food safety management procedures.</p> <p>(ii) Follow risk based procedures to take fair and proportionate enforcement actions to ensure compliance is achieved working with FBOs to create action plans to achieve compliance.</p> <p>(iii) Understanding of all areas of non-compliance, the stage of escalation and active monitoring through to compliance or with a view to taking further action to control the risks at the establishment</p> <p>(iv) Responsibility for all timely enforcement and it's escalation</p> <p>(v) Completion and collation of paperwork and electronic enforcement systems</p> <p>(vi) Delivery and recording of informal enforcement activity</p> <p>(vii) Drafting, service and recording of formal enforcement after consultation and direction from the FSA FVC</p> <p>(viii) Verify continued compliance with public health, animal health and animal welfare</p> <p>(ix) Collection of evidence of repetitive non-compliance or serious deficiency with public health, animal health and welfare</p> <p>(x) To liaise and provide evidence to FVC in regard to all formal enforcement action;</p> <p>(xi) Carry out formal enforcement action under direction of FVC</p> <p>(xii) To proactively liaise with other enforcement bodies as required</p>			
<p>6. Verification of compliance with Third Country requirements (as/when required)</p> <p>(i) Carry out veterinarian activities in line with specific Third Country requirements and as requested by the FSA</p>	Yes	Yes	Yes
<p>7. Certification of Third Country Exports and EU Exports</p>	PX OV	PX OV	Under discussion.

8. Technical leadership of the plant inspection team	Yes	Yes	With engagement from SOV/AVM
9. Health and Safety Management	Yes	Yes	With engagement from SOV/AVM
10. FSA Service Level Agreements (SLAs) (i) Ensure FSA services at the plant are delivered in line with SLA targets and MOC instructions	Yes	Yes	Yes
11. Stakeholder management: (i) Establish and maintain productive working relationships with the FSA, plant FBOs and other stake holders (Other Government Departments, Local Authorities, etc). (ii) Raise any changes to the FBO operating patterns in relation to the Statement of Resources with the FSA manager in charge of this work. (iii) Inform FBOs of any legislative changes that have an impact on their operation.	Yes	Yes	With engagement from SOV/AVM

Once minimum levels of competence and experience are demonstrated, the SOV may allow additional tasks to be performed in a phased manner and under their supervision.

Application for Temporary Registration Form

Employed position

This form is for veterinary surgeons not eligible for full registration under the Veterinary Surgeons Act 1966 who seek **Temporary Registration with the intention of practising, or carrying out a specific procedure or operation**, in the UK under the direction of a fully registered veterinary surgeon. The Veterinary Surgeons Act protects animal welfare and the public interest by ensuring that, normally, a person is only entitled to be registered as a veterinary surgeon if they hold accredited qualifications. If, however, an overseas qualification is not accredited for the purpose of full registration, the RCVS has discretion to grant Temporary Registration to people who hold that qualification. This will only be done for good reasons, which should be set out in a supporting document.

Please note the maximum period granted to one individual for Temporary Registration status would not ordinarily be expected to exceed 5 years on the Register (whether granted by one application for 5 years or a number of shorter applications altogether totalling 5 years). During such a 5-year period, the expectation is that the Temporary Registrant would undertake the RCVS Statutory Membership Examination and by that route gain eligibility for Full Registration if any longer period of registration is sought.

Applicants are asked to their application and supporting documents at least 8 weeks ahead of the proposed start date as these applications are considered by the Registration Committee of the College.

Please be advised that we can only process your application once we have received the following information:-

- Completed Temporary Registration Form
- Checklist with complete list of documentation (Please refer to the checklist)
- Payment in full

We will acknowledge your application within 3 working days of receiving your completed application form and you will be notified of the outcome within 5 working days of the Committee making its decision. If your application is approved, you will be sent your certificate ten working days before your registration commences.

Please complete all sections of the form.

Details of the applicant	
Title
All Surnames:
All Forenames:
Correspondence address:
Email:
Contact number:
Date of Birth:	Day..... / Month..... / Year.....
Nationality

Title of Primary Veterinary Degree: University Awarding: Date conferred/ awarded: Day / Month / Year
1st Postgraduate qualification: (Continue on an additional sheet of paper if needed) Awarding body Date conferred/ awarded: Day / Month / Year
Name of proposed employer during the period of registration: Address of employer: Your job title: Department: Type of Work/Business: (Continue on an additional sheet of paper if needed)	<i>(Subject to Temporary Registration being granted)</i>
Cautions / criminal convictions / findings against the applicant	Veterinary surgeons, and those applying to be registered as veterinary surgeons, must disclose to the RCVS any caution or conviction, including absolute and conditional discharges, or adverse finding (including by another regulator or professional disciplinary proceedings) which may affect registration, whether in the UK or overseas (except for minor offences excluded from disclosure by the RCVS). For more information, please see www.rcvs.org.uk/convictions Please tick (✓) one of the following: <input type="checkbox"/> I have no caution or conviction, including absolute and conditional discharges, or adverse finding (including by another regulator or professional disciplinary proceedings) in the UK or overseas. <input type="checkbox"/> I wish to declare the following caution or conviction, including absolute and conditional discharges, or adverse finding. If you have something to declare, please give details below:
Continuing Professional Development (CPD)	
<input type="checkbox"/> I understand the required minimum CPD Code requirement for veterinary surgeons on the practising Register is 35 hours a year, and in order to remain on the practising Register I must meet this requirement.	

If Temporary Registration is granted, it will be subject to certain restrictions, which will be published in the Register. The restrictions may relate to the period for which the registrant may practise; the place or places at which the registrant will practise; and the circumstances in which the registrant may practise.

Restrictions as to circumstances will always include the restriction that the registrant may only work under the direction of a specified veterinary surgeon who is fully registered (the supervising MRCVS or FRCVS). There may also be a restriction that the registrant is only to practise during the currency of a specified contract of employment.

Please indicate below what restrictions are envisaged:

The registrant will only practise until **[enter date]**

At **[enter place or places]**

.....
.....

Under the direction of **[enter name of supervising MRCVS or FRCVS]:**.....

.....
.....

Other proposed restrictions as to circumstances **[employment restrictions]:**

.....
.....
.....

Temporary Registration will only be granted if the supervising MRCVS or FRCVS undertakes to make sure that the registrant practises veterinary surgery only within specified limits. Please say below which aspects of veterinary surgery the Temporary Registrant will carry out if registration is granted, giving details of clinical procedures and any other elements of veterinary practice. (Continue on an additional sheet of paper if needed)

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Declaration by applicant

Temporary Registrants must observe the *Code of Professional Conduct for Veterinary Surgeons* and are subject to the jurisdiction of the Disciplinary Committee of the College. Registrants are also asked to undertake Continuing Professional Development (CPD).

I declare that the information I have provided is, to the best of my knowledge, true and complete, and I authorise the RCVS to contact the relevant authorities to obtain further information as necessary.

I understand that, if granted, Temporary Registration will not permit me to style myself MRCVS.

Signature

Date

Declaration by Supervising MRCVS or FRCVS

I will ensure that, if Temporary Registration is granted, the registrant will only practise veterinary surgery within the limits described above.

Full name

Register number

Position

Signature

Date

Third party use of Register* data

Please note the RCVS must publish your Register* data and does so in hard copy form and the data is made available in response to enquiries. A shortened version of your Register* data (without your full address) is available on the RCVS website. Your other personal data on this form is not published and used only for our regulatory and related purposes.

Documents/ information for submitting		Document attached (Please ✓)
1	Completed Application Form for Temporary Registration.	
2	A photocopy of the identifying page and front cover of the temporary registrant's valid passport.	
3	<p>A recent passport photo of the temporary registrant, please include the following details on the reverse of the photo:-</p> <p>1. Name in full 2. Date of birth 3. Signature.</p> <p>Both sides of the photo can be photocopied and sent electronically with your other documents.</p>	
4	Proof of temporary applicant's primary veterinary degree (normally a copy of the degree certificate), accompanied by a certified English translation where necessary.	
5	Letter or certificate confirming registration/licensure and good professional standing from the regulatory authority of the country in which the applicant is currently practising including, where relevant, details of any cautions or criminal convictions, including absolute and conditional discharges, or any adverse findings, including professional disciplinary proceedings; accompanied by a certified English translation where necessary. Please note letters of good standing are valid for three months from date of issue.	
6	Payment of the fee (this is refundable if the application is unsuccessful).	
7	Explanation, including evidence, as to why Temporary Registration is thought to be justified. Please include the period Temporary Registration is required (please note Temporary Registration can only be granted for a maximum of five years per application).	

If your application is approved, you may be asked to make an appointment at the RCVS offices so your original documents can be checked and verified.

The Fee

Your fee will cover your temporary registration with the RCVS for 12 months from the day you are admitted to the Register.

Please note if you are choosing to register for 6 months or less then the fee due is reduced by half.

To view our fees table please visit www.rcvs.org.uk/how-we-work/fees/

Payment details

Paying by bank transfer

You will be sent our bank details once your documentation has been received.

Paying by Cheque or Postal Order

Please make cheques and Postal Orders payable to the 'Royal College of Veterinary Surgeons' and note your Register number and full name on the reverse of the cheque postal order.

Please select your payment method:

- I enclose a cheque
- I will pay via bank transfer (You will be sent our bank details once your application has been received.)

Please return your completed form using one of the following methods:

Registration Department

Royal College of Veterinary Surgeons

Belgravia House

62-64 Horseferry Road

London, SW1P 2AF

Email: registration@rcvs.org.uk

If you are sending your documents by email please do not exceed 8MG or your email may not be received. We recommend you send large attachments over several emails.

We will send you a confirmation email within 3 working days of receiving your application to confirm it has been successfully received. If you are sending your documents by email, due to the large size of some attachments, please ensure you receive a confirmation email, as this guarantees your application has been successfully received.

FSA paper to RCVS Council 9th June – Temporary Registration Exit Strategy Request.

Executive Summary

1. This paper outlines the positive impact that Temporary Registration (TR) has had on OV capacity delivering Official Controls in Abattoirs in England and Wales. The FSA plans to transition away from this contingency measure includes a request to the Royal College of Veterinary Surgeons (RCVS) to agree to continue TR as the exit strategy is fully implemented. It is likely to take longer than 12 months to deliver our long-term sustainable approach to veterinary resourcing and therefore we are requesting a continuation of the scheme in the current format with 6-monthly review points and agreed milestones.

2. The document also includes the formal request for the continuation of the agreement for Supervisory Official Veterinarians (SOV) to sign Support Health Attestations (SHA) remotely, only when required.

3. We are grateful to RCVS for working with the FSA to deliver a practical solution that also maintains professional standards to which both organisations are fully committed. Temporary Registration has supported the FSA in maintaining service delivery in an incredibly challenging operating landscape. Unfortunately, the challenges of recruitment and retention across the whole veterinary profession show no signs of stabilising. Because of this, and the timescales required for the delivery of other initiatives to support FSA's veterinary recruitment and retention, TR remains the most effective contingency and mitigation to support the delivery of OV-led Official Controls in the short term. This enables us to manage recruitment and retention challenges and in particular maintain a healthy recruitment pipeline for OVs to work in abattoirs during this ongoing period of uncertainty in the veterinary profession.

4. Temporary Registration is forecast to enable the majority (77%) of candidates to achieve the Level 7 IELTS requirements in the expected 12-month timescale, with 4 Temporary Registered Novice Official Veterinarians (TRNOVs) already having moved to full registration. Temporary Registration has kept the OV at the heart of delivering Official Controls in abattoirs, preventing disruption to the food supply chain and protecting animal health and welfare. This has only been possible because of the constructive way RCVS has engaged with the FSA in addressing these challenges and currently one third of OVs working in England and Wales are TRNOVs.

5. The high level timeline below sets out the elements of our exit strategy which are being delivered in a project framework.

Timeline	In Place	Underway	April 2023	September 2023	2024	2025	2026	2027
OV Role Visibility								
OV Role Variation								
Financial Incentives								
FSA Direct Employment 25%								
Graduate Programme								
OTP								
FSA Direct Employment 50%								

6. The paper has been drafted in consultation with Defra and Welsh Government.

7. **HOLD – Link to FSA Board Paper when published on 7th June 2022**

8. We have updated RCVS regularly with progress as agreed with RCVS Council at the March 2021 meeting:

June 2021	FSA triggered TR
December 2021	Progress report given to RCVS Standards Committee on TR. Request for SOV role in delivering SHAs.
March 2022	Progress report given to RCVS Standards Committee on TR and SHAs

Background

9. Retained Regulation (EU) 2017/625, the Official Controls Regulation (OCR), requires the competent authority to ensure that an Official Veterinarian (OV) is present at every abattoir throughout the day to deliver Official Controls. The OV monitors and assures Food Safety and Animal Health and Welfare and underpins International Trade in Products of Animal Origin (POAO).

10. The Food Standards Agency (FSA) has a contract with a Service Delivery Partner (SDP) to provide almost all OVs for delivery of the FSA Official Controls in abattoirs in England and Wales.

11. Prior to 2017 the FSA had two SDPs for the supply of OVs, and following an open tender in 2016, in which 2 suppliers bid, the FSAs current SDP were successful against both quality and value for money criteria for all of the delivery areas in England and Wales. Having a single supplier has supported the FSA in delivering services consistently across England and Wales and streamlined the contract management processes and delivered efficiencies.

12. Following a further open tender exercise in 2019, the current SDP were again successful against both quality and value for money criteria.

13. The SDP currently recruits and employs around 95% of their OVs from overseas.
14. The UK has been heavily reliant on overseas vets for decades as there is insufficient capacity within the domestic veterinary education system, coupled with high levels of people leaving the profession. In addition, Covid, EU exit, and other resourcing challenges have created a recruitment crisis in the UK veterinary sector, significantly impacting availability of vets in all sectors of the profession.
15. During the Covid-19 pandemic and since the end of the EU Exit transition period, demand on the veterinary profession has intensified. For example, pet ownership has increased rapidly, and consignments of Products of Animal Origin (POAO) exported from GB to EU now require OVs to complete Export Health Certification. These demands have in turn pushed up salaries and, along with the overall decline in the number of vets arriving from the EU, have impacted the SDP's ability to recruit and retain veterinary staff. In 2021 the SDP OV numbers declined considerably, putting FSA service delivery at risk.
16. There is no evidence that these issues would have been either compounded or ameliorated if FSA had multiple suppliers for OVs. For many years OVs working in abattoirs have predominantly been recruited from overseas and, where more than one supplier is appointed, they would still have been competing against each other for the scarce resources available and would not have been able to deliver some of the efficiencies and flexible deployment in the same way as a single supplier.
17. Prior to the end of the EU Exit Transition Period, veterinarians from EU Member States benefitted from automatic mutual recognition of professional qualifications and did not have to meet a specific language requirement. At the end of the transition period, the RCVS started to recognise EAEVE (European Association of Establishments for Veterinary Education) accredited veterinary degrees and apply Level 7 English language requirements for those vets who are not taught in English. This has made recruitment much more challenging.
18. On the 18 of March 2021, the Council of the Royal College of Veterinary Surgeons (RCVS) agreed to a joint Defra/FSA proposal to enable vets with degrees recognised by the RCVS, and who have achieved the International English Language Testing System (IELTS) level 5 English standard, to use the RCVS Temporary Registration process (TR) and work as a Novice Official Veterinarian (NOV). This allows them to undertake a restricted range of Official Control duties with appropriate support and supervision, whilst further developing their English language skills. The proposal outlined that an individual's TR would last for 12 months, with the possibility of an extension of six months, during which time the temporary registrant would be expected to reach the IELTS level 7 English standard.
19. Temporary Registration was triggered by the FSA on 1st June 2021, and due to recruitment lead times, the first TRNOVs were deployed in abattoirs in August 2021.
20. A review of the TR scheme was completed and presented to RCVS in December 2021. The FSA was able to reassure the RCVS that the scheme was

working as intended and TRNOVs were relieving pressure on the system and helping to maintain the food supply chain. A further update on progress was given to RCVS on 31st March 2022.

21. In the December review meeting, the RCVS also agreed to an approach where SOVs issue export support health attestations (SHAs) remotely, based on the checks conducted by TRNOVs deployed under their direction in slaughterhouses in England and Wales. This was requested to support the wider UK export model and reduce pressures on veterinary capacity. The RCVS agreed to this measure until the end of June 2022, in line with the scheduled end of the Temporary Registration scheme. It should be noted that the need for this measure will be required for as long as we have TRNOVs working in abattoirs, so we would like to request the continuation of this approach, and only where necessary, until all TRNOVs reach full registration.

22. Resourcing remains challenging, as continued demand on vet resource has resulted in attrition rates for abattoir OVVs over the last 12 months remaining high, but the TR scheme is ensuring that there is an adequate number of OVVs to work in abattoirs.

TRNOVs' progress and assurance framework

23. TRNOVs deliver official controls in approved establishments, under the direction and supervision of a SOV who has full Member of the Royal College of Veterinary Surgeons (MRCVS) registration. This supervision consists of remote and physical support and assurance checks. The SDP's Veterinary Managers provide additional veterinary support within the TRNOV management hierarchy and have regular communication with the TRNOVs. On average, each SOV generally directs and supervises 1 TRNOV, however in exceptional cases, an experienced SOV may manage up to a maximum of 3 TRNOVs at a time.

24. The SDP confirms that since the commencement of TR, all TRNOVs have received the required face-to-face supervisory visits (at least fortnightly) by their SOV. Additional visits have taken place to provide additional support when required.

25. The feedback received from the SOVs is positive regarding the level of competency shown by the TRNOVs and their ability to communicate.

26. The SDP's reporting shows that the TRNOVs are progressing well, and their English standards are improving. The majority of candidates (77%) are forecasted to achieve the IELTS level 7 requirements in the 12-month timescale, and for those who have not quite achieved this, a 6-month extension will be requested. To date 4 TRNOVs have already moved to full registration after achieving their level 7 IELTS.

27. The FSA has established a robust process to monitor that the SDP is supporting TRNOVs, to ensure they are progressing through the training programme and that they are improving their English language skills. Technically the FSA and

the SDP deliver robust management and assurance processes to ensure performance and standards in the delivery of Official Controls.

28. The feedback received from FSA employed vets, who have conducted assurance visits, indicates that TRNOV performance is comparable to those NOVs who are MRCVS.

Positive impact of Temporary Registration.

29. Temporary Registration has enabled the recruitment pipeline of qualified overseas vets from the European Association of Establishments for Veterinary Education (EAEVE) accredited universities to be reopened, and as a result, food safety, animal health and welfare, and domestic meat supply chains have been protected in the UK and international trade has been supported. Without TR, there would almost certainly have been FSA service delivery failures, resulting in abattoirs not being able to operate. Indeed, in the face of the number of vets coming from the EU falling significantly, the SDP has been successful in attracting vets from overseas, and this has been underpinned by Temporary Registration.

30. To illustrate this, SDP OV numbers declined considerably between February 2021 and November 2021 and were at 20% below optimum levels, putting FSA service delivery at risk. From August 2021, thanks to Temporary Registration, OV numbers have steadily increased and reached the level required to provide full-service delivery with only minimal use of other contingency measures in April 2022. The number of OVs and TRNOVs in the SDP employment can be seen in **Annex A**.

31. As of Friday 29th April 2022, 100 vets have applied for TR with the RCVS and 83 have already been deployed to abattoirs in England and Wales making up 32% of our front line OVs.

32. The SDP expects to submit a further 31 TR applications by 31st May 2022, and this is forecasted to bring OV capacity to optimum levels at that point, ensuring full and ongoing service delivery without the need for any other contingency measures. However, the challenges of recruitment and retention across the whole veterinary profession show no signs of stabilising and most vets trained overseas do not hold level 7 English at the time they are recruited. Because of this, and the timescales required for the delivery of other initiatives to support veterinary recruitment and retention, TR remains the most effective contingency and mitigation to delivering OV-led Official Controls and managing recruitment and retention issues in the short-term, maintaining a healthy recruitment pipeline for OVs to work in abattoirs during this ongoing period of uncertainty in the veterinary profession.

If Temporary Registration is not extended.

33. The FSA's Exit Strategy focuses both on improving OV recruitment and retention, but it is forecasted that, in the short term, the SDP will need an average of 6 veterinarians per month in order to recruit into vacancies. This equates to 72 OVs

per year out of a total of the 261 OVs needed to maintain Official controls in abattoirs in England and Wales.

34. In the event of the Temporary Registration approach for TRNOVs not being extended on 9th June the recruitment pipelines will be disrupted and the SDP forecasts that:

- They will need to deploy their further contingency measures from autumn 2022 which will detract from their ability to support the remaining TRNOVs.
- FSA will need to deploy their further contingency measures from January 2023.
- From April 2023 we would expect service delivery failures meaning that some abattoirs cannot operate.

Supporting the whole UK Veterinary Profession

35. The TRNOV scheme not only allows the SDP to provide a pipeline of vets wishing to work as OVs. Historically, the OV role has been used as a career entry point into all areas of veterinary public health – evidenced and celebrated by the diversity of vets throughout the civil service. Increasingly, the OV role is also being seen as an entry point into clinical practice, meaning that whilst we will be working to make the OV role attractive, we also recognise that many OVs will have career aspirations that takes them on to new roles which support the wider profession in addressing our shared challenge of veterinary resources.

OV recruitment

36. It takes a period of 3-4 months to recruit and onboard an overseas graduate as an OV and this timeframe is only slightly shorter for a vet already registered as a MRCVS and able to work in the UK. The recruitment process is summarised in the table contained in **Annex B**, and each individual stage in the pipeline has many challenges and dependencies.

Support Health Attestations

37. The ability of an SOV to issue a SHA remotely remains an important contingency when it is not possible to deploy NOVs or OVs to plants that require SHAs to be signed by a Member of Fellow of the RCVS. SOVs have been supported with guidance and an independent FSA helpline has been set up to enable SOVs to report any concerns or to provide support should a SOV feel under pressure to sign a SHA.

Exit strategy

38. The FSA and their SDP are taking a number of measures to enable a move away from reliance on TRNOVs to deliver official controls.

FSA Measures:

Reviewing the vet resourcing model: FSA directly employing OVs

39. The FSA, and its predecessor the Meat Hygiene Service, has relied on SDPs to supply almost all OVs for delivery of Official Controls in abattoirs for over 25 years.

40. FSA is planning to directly employ 25% of OVs by April 2023 with the aim to increase to up to 50% over the following three years. This will support delivery of a more flexible, sustainable, and resilient approach to recruiting, managing, and maintaining the OV workforce and aims to increase the attractiveness of the OV role within the recruitment market, both in the UK and internationally.

41. A FSA project team has developed a new operating model to deliver the direct employment of OVs, underpinned by a set of design principles which include:

- FSA OV resource should be built to support long-term sustainability, flexibility, and resilience of service delivery, with the ability to respond quickly and effectively to short term changes in FBO operating requirements
- FSA OVs should be recruited and trained to cover all aspects of OV service delivery
- Future outsource contracts will ensure that the SDP is able to provide cover for the directly employed OV cohort when absences occur due to planned leave, training or other deployment and short notice absences.

42. Through this work, we aim to provide an attractive career choice for vets in the UK who want to consider abattoir OV work and join the Civil Service, providing a structured career pathway into veterinary public health. We do not intend to solely recruit vets from our SDP but broaden our reach and attract vets from the wider profession into these roles.

43. As well as focussing on competitive salaries against market levels, we are highlighting the Civil Service ways of working to offer a supportive and flexible work/life balance to individuals. We are aware that we need to cater for a wide range of prospective applicants, and so will aim to be as diverse as possible in our employment offer.

Operational Transformation Programme (OTP)

44. The FSA has historically operated a Veterinary-led team under the clear legal framework for OVs and Official Auxiliaries (Meat Hygiene inspectors - MHIs) in Official Controls Regulations.

45. The FSA Operational Transformation Programme (OTP) is a five year programme in which a core component is supporting OVs to focus on veterinary activities and further developing the role of our hugely valued and experienced allied professionals, Meat Hygiene Inspectors (MHI). This element of the programme is looking at optimising Veterinary and MHI deployment to protect consumers, meet

regulation standards (in a way that is lawful and secure) and provide clear ownership and accountability for all roles.

46. OTP recognises the importance of the vet (and the vet-led team) in maintaining assurance around food safety, animal health and welfare and giving our trading partners confidence in the standards of UK meat. Potential new delivery models will reflect this to optimise the use of our professional resources.

Increasing awareness of veterinary public health roles and developing attractive career pathways

47. The FSA is working with other government departments (OGDs) to look at how public health work can be made more attractive for veterinary graduates such as creating a clear career progression route. The longer-term vision involves Government Veterinary Services (GVS) engagement to increase awareness of veterinary roles in public health and increasing our presence and visibility in new & existing national veterinary schools through multiple fora to support student interest and exposure to veterinary public health.

48. We are also exploring options for offering more attractive ways of working for UK graduates and vets looking to “return” to the profession through the development of an FSA OV Graduate Programme, and we are considering a Veterinary Civil Service Fast-Track scheme. This could include options to work with OGDs such as Animal and Plant Health Agency and to offer a variety of placements over a two-to-three-year period.

Funding (OV pay and conditions)

49. The FSA has supported the SDP with funding for temporary enhancements to uplift veterinary salaries to aid recruitment and retention in 2021-2022, which was in line with initiatives to increase veterinary salaries across the profession. This has had the desired impact to reduce resignations and to attract vets to the abattoir OV role.

50. For 2022-2023, the FSA has agreed to a contract variation increase, split across the second and third years of the current FSADOC contracts with the SDP.

51. The SDP will actively support the FSA’s move to a new resourcing model, which is a strategic priority and focuses initially on directly employing around 25% of OV roles by April 2023.

SDP Measures:

Financial incentives

52. The SDP is enhancing the remuneration and package that they offer fully registered OVs to reduce the gap between the OV role and other roles within the veterinary market. The details can be seen in **Annex C**.

Recruitment

53. The SDP has changed their approach to recruitment to include new countries with EAEVE accredited Veterinary Schools in their recruitment pipelines. Although there seems to be a good standard of English from universities in these countries, there are minimal numbers of OV's that immediately achieve Level 7 English. The benefit of recruiting from these countries is that the vets have to go through the visa process to work in any other country, so this is not seen as an extra step to them whereas it is for vets coming from the EU.

54. The SDP has also tried to reduce reliance on recruiting overseas vets through contact with local practices, liaison with UK veterinary schools and UK-based marketing activity. Although this will continue, this is a longer-term strategy and meaningful results are likely to take time.

55. Most of the Meat Hygiene Inspectors (MHIs) that the SDP has recently recruited are vets who graduated from non-EAEVE accredited Universities, meaning they are not eligible to apply to the TR scheme. The SDP is exploring options under the RCVS Statutory Membership Exam to understand the process for these vets to register with the RCVS in the future. The SDP is working with two universities and two other training providers with a view to creating a framework which will suitably prepare applicants to pass the exam.

Working with universities

56. The SDP is speaking with overseas universities to increase the number of veterinary undergraduates' interested in practicing in the UK and providing formal English language development alongside their degree.

57. Additionally, the SDP has been working to implement other initiatives to make the OV abattoir role more attractive. These include:

58. **Raising the profile of the OV role** - The SDP has attended UK university graduate career fairs, the London Vet Show, and social media campaigns to increase awareness of the vital role that OV's play in food safety/public health and safeguarding animal health and welfare.

59. **Role variation** - The SDP is working to give a variety of tasks to their OV's. This includes abattoir OV's being given opportunities to undertake some Export or Portal OV work. Internal feedback is that OV's enjoy the delivery of Official Controls in abattoirs, but it is tough, routine, and challenging work, so the ability to do different things during their week is likely to reduce attrition, improve OV mental wellbeing and aid recruitment into Veterinary Public Health roles.

60. **Flexibility** - Increasing flexibility in contracts offer flexible and part time roles to compliment the full time OV cohort. This is difficult to offer to OV's that require a visa, but something that the SDP are offering to vets looking to return to the profession.

61. **Career progression** - Offering new management pathways. The SDP has recently bolstered this through an expansion of their learning and development team and dedicated technical manager roles.

62. **Vets as MHIs** - Re-establish the efforts to employ overseas vets as MHIs. This measure allows vets with degrees registerable by the RCVS, but that have not yet achieved the required English level, to work as MHIs before registering in the RCVS. These vets can therefore develop their language skills and once they are ready, apply to become full MRCVSs.

Timeline

63. This timeline demonstrates the high level short-, medium- and long-term strategies that together, will deliver our exit strategy within a project framework. We are building in milestones & regular review points to reduce our reliance on TRNOVs as quickly as possible.

Timeline	In Place	Underway	April 2023	September 2023	2024	2025	2026	2027
OV Role Visibility								
OV Role Variation								
Financial Incentives								
FSA Direct Employment 25%								
Graduate Programme								
OTP								
FSA Direct Employment 50%								

Conclusion

64. The FSA is working hard, with our SDP, to increase OVs numbers and reduce reliance on the TR scheme as soon as possible, and we recognise that the measures explained above will take time to implement and come to fruition.

65. There is currently insufficient capacity within the UK veterinary profession to provide the number of vets that are required, and this is particularly true for OV roles in abattoirs. Overseas recruitment, therefore, remains an essential means to recruit vets in the UK, and in particular in the areas of veterinary work such as the role of the OV, however, language requirements remain a significant barrier to this.

66. The successful implementation of TR has ensured that abattoirs are able to continue to operate without disruptions and we have had sufficient numbers of OVs to safeguard public health, animal health and welfare and therefore ensuring continuation of the food supply chain and underpinning international trade.

67. Our SDP OV resource levels returned to optimum levels at the end of April 2022. However, there are still significant challenges on the horizon that will place further pressure on the system. This update outlines the FSA's plans to systematically transition away from a reliance on TR as a contingency measure and

asks the Royal College of Veterinary Surgeons to agree to a plan to continue TR, with regular progress review points, until this exit strategy is fully implemented.

68. We are confident, we are doing everything we can within our part of the system but there are external factors that may accelerate or slow our progress and we are looking to work with the RCVS so that we can deliver a flexible, responsive exit strategy and avoid a future 'cliff edge'.

Request

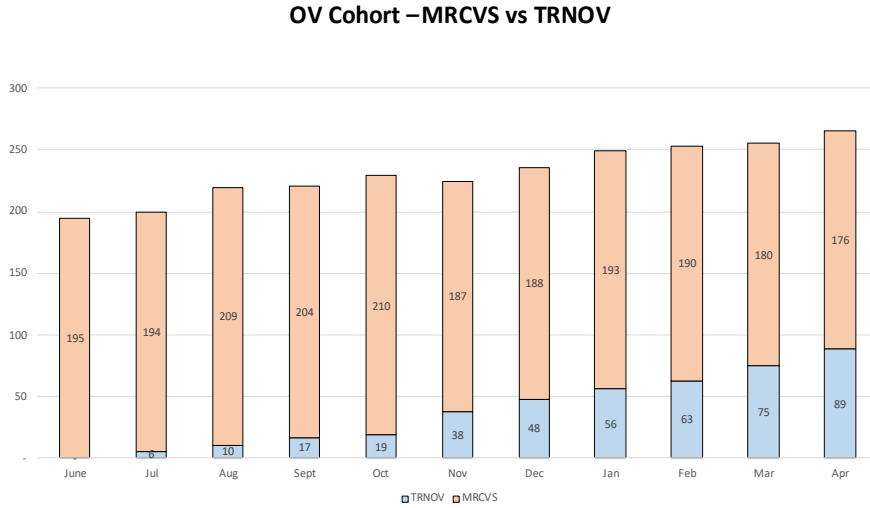
69. RCVS Council are asked to support:

- Continuing the application of Temporary Registration scheme for TRNOVs, as the FSA implements our Exit Strategy to support a proportionate and controlled exit from TR, avoiding a 'cliff edge' situation.
- It will likely take longer than 12 months to deliver our long-term sustainable approach and therefore we are requesting a continuation of the scheme in the current format, with ongoing 6 monthly review points and agreed milestones (**Annex D**), to review its quality assurance, effectiveness and the ongoing need for the approach.
- Extending the agreement where SOVs issue SHAs remotely, when required, based on the checks conducted by TRNOVs deployed under their direction, while TRNOVs are deployed in abattoirs.

Annexes:

Annex A

The graph below shows the number of OV (orange) and TRNOVs (blue) in the SDP employment.

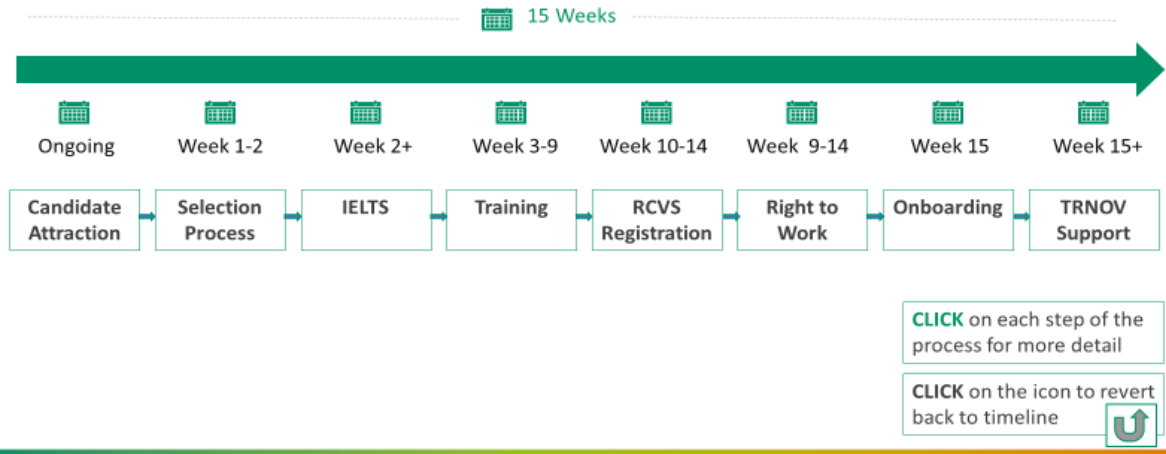


Annex B

SDP OV recruitment cycle



Recruitment Lifecycle Becoming an Official Veterinarian



Annex C

THIS ANNEX IS CONFIDENTIAL TO FSA and RCVS COUNCIL ONLY

Annex D.

Proposed milestones to be agreed to be assessed at future review points.

Date	Milestones
December 2022	Review TRNOV technical and English language progress
	Realisation of forecasted numbers of TRNOVs becoming MRCVSs
	Progression of actions & initiatives outlined in this paper: FSA direct employment of vets, OTP, building in flexibility & variation to roles & graduate programme.
June 2023	Review TRNOV technical and English language progress
	Reduction of proportion of TRNOVs in relation to MRCVSs
	Progression of actions & initiatives outlined in this paper Progression of actions & initiatives outlined in this paper: OTP, building in flexibility & variation to roles & graduate programme.
	Status of FSA direct employment of vets (25% by April 2023)

Summary	
Meeting	RCVS Council
Date	9 June 2022
Title	Council Culture Project
Summary	This paper includes a summary of the work of the Council Culture Project to date and includes several items for consideration by Council
Decisions required	<p>Following discussion at the April meeting of Council, and changes being made to the various documents discussed, decisions are now required regarding the following five areas:</p> <ol style="list-style-type: none"> 1. How we work statement for Council 2. Role description for a Committee Chair 3. Updated policy for dealing with complaints about Council members 4. Template for committee updates 5. Question Time meeting plan <p>This will conclude phase one of the Council Culture Project. The scope and format of phase two will be considered in the autumn. Decisions are required with regards to the outputs of all five of the working groups, together with two over-arching areas, ie a statement on the way in which Council works, and a role specification for Committee Chairs.</p>
Attachments	<p>Annex one – ‘How we work’ statement for Council Annex two – role description for a Committee Chair Annex three – updated policy for dealing with complaints about Council members Annex four – template for committee updates Annex five – Question Time meeting plan Annex six – membership of each workstream, and Terms of Reference Annex seven – current conflict of interest policy</p>
Author	<p>Lizzie Lockett CEO l.lockett@rcvs.org.uk</p>

Classifications		
Document	Classification¹	Rationales²
Paper	Unclassified	n/a

¹Classifications explained	
Unclassified	Papers will be published on the internet and recipients may share them and discuss them freely with anyone. This may include papers marked 'Draft'.
Confidential	Temporarily available only to Council Members, non-Council members of the relevant committee, sub-committee, working party or Board and not for dissemination outside that group unless and until the relevant committee or Council has given approval for public discussion, consultation or publication.
Private	The paper includes personal data which should not be disclosed at any time or for any reason, unless the data subject has agreed otherwise. The Chair may, however, indicate after discussion that there are general issues which can be disclosed, for example in reports to committees and Council.

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

Council Culture Project

Background

1. Following a period of difficulty, somewhat exacerbated by the pandemic, there was felt to be a need to get the Council culture back on track to ensure it could deliver effectively for the College. Papers were submitted to RCVS Council in October and November 2020 and a plan approved.
2. Some action was taken in delivery of the plan, but it was early on suggested that we might benefit from an external expert to help Council understand its role and purpose. Mike Farrar CBE (MF) was selected to do this work and he recommended one-on-one interviews with all Council members as the starting point. At this juncture it was decided to pause work on the rest of the programme pending the outcome of those interviews. MF summarised the views of Council and proposed a 12-step approach in a Council workshop on 28 June 2021. MF's proposed approach was not dissimilar to the original culture plan, which was reassuring. However, he strongly recommended that Council members lead the work themselves.
3. At its September 2021 meeting, Council members agreed a mechanism via which all those who wished to be engaged in this work could be, diversity and inclusion was respected, staff members supported the work, and Council members were able to take ownership of the deliverables. Five working groups were set up to discuss the following topics:
 - a. Review and update of Code of Conduct for Council and Committee members
 - b. How we can better understand and utilise the skills of all Council, committee and senior staff members and encourage greater understanding and respect
 - c. How we can improve the election process to ensure greater clarity on the role and function of Council and encourage appropriate individuals to stand
 - d. How we can improve the induction and ongoing training for Council and committee members
 - e. How can we improve the visibility of Council and committee activity to the professions and the public
4. In addition, each group was asked to consider a short statement to reflect the purpose of Council.
5. Council members chose their preferred topic areas and the composition of the groups can be found in annex six. Each group subsequently met remotely twice, and at the first meeting a spokesperson was selected who would report through to a Steering Group that comprised all five group leaders plus the Officer Team, Registrar and CEO to discuss progress and work together to produce a set of recommendations that would go to Council at large for review/decision.
6. The Steering Group met on 1 April and 6 April as they had run out of time for discussion at the initial meeting. Each of the working groups submitted a summary of their work so far and proposed outcomes. Comments from the Steering Group were taken on board and drafts tweaked as appropriate. Documents produced were reviewed by Council at its 21 April meeting, which was held in committee with a view to allowing full and frank conversation before final decisions were made. At this meeting the general direction of travel in all areas was agreed and the work carried out to date supported by Council. Some changes were suggested, which are outlined in the minutes of that meeting.

7. The draft documents were also reviewed by VN Council at its May meeting, as many of the changes would impact on its members. They were content with the direction of travel and made some helpful suggestions with respect to induction.

Decisions for Council

8. At this June meeting, Council is now being asked to approve the following, which have been updated based on comments made at the April meeting:
 - a. Statement on the purpose of Council – see annex one
 - b. Role specification for a Committee Chair – see annex two (see also, for reference, Conflicts of interest policy, annex seven, which was requested to be included at the April meeting)
 - c. Updated policy for the handling of complaints about Council / committee members – see annex three – there remain two questions for consideration within the document
 - d. Committee update template – see annex four
 - e. Question Time meeting plan – see annex five
9. Once approved (or amended, if required) the policy documents (a, b, c above) will appear in the 'Knowledge' section of BoardPacks and on the website.
10. The following are also being progressed:
 - a. Induction programme – being implemented within the framework agreed in April
 - b. Focus on skills – requires further development following feedback on the OPQ process – another meeting of the working group will take place
 - c. Changes to proposed election scheme – this will come back to the September meeting, meanwhile discussion has started with Defra regarding changing the scheme to have less detail in the statutory instrument and to allow for fully electronic elections
11. It is recognised that this work represents phase one of what should be an ongoing quality improvement programme. Other areas for change were raised by the groups, and will fall into a further phase, which will commence in the autumn.

Annex one – draft ‘how we work’ statement for Council

The vision of the Royal College of Veterinary Surgeons [as agreed in the current strategic plan]

1. Our vision is to be recognised as a trusted, compassionate and proactive regulator, and a supportive and ambitious Royal College, underpinning confident veterinary professionals of whom the UK can be proud.

Role of the Royal College of Veterinary Surgeons [derived from the Charter]

2. The objects of the Royal College of Veterinary Surgeons, 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.

The purpose of RCVS Council [derived from the Charter]

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. The Council is also responsible for the appointment of the CEO and Registrar, and the ratification of the Assistant Registrars. Appointment of all other staff members is the responsibility of the CEO and relevant members of the Senior Team.
5. A strategic plan is developed and agreed by Council to facilitate the delivery of these activities and to ensure ongoing development and quality improvement.
6. A delegation scheme that outlines how Council's functions are managed via system of committees and other groups is agreed annually by Council.

How Council members work

7. In order to enable the Royal College of Veterinary Surgeons to fulfil its vision, and to discharge its functions under its Royal Charter and the Veterinary Surgeons Act 1966, RCVS Council members will:
 - a. Abide by the Nolan Principles of Public Life
 - b. Work in the best interests of the public, and of animal health and welfare and public health
 - c. Respectfully listen to the voices of the professions, the public and other stakeholders, and reflect them in discussions where appropriate, ensuring they are put into context
 - d. Neither be answerable to, nor represent, any group of individuals
 - e. Support the College's vision and work towards the success of the College and its functions
 - f. Live the College's values
 - g. Act at all times in a constructive, supportive and compassionate manner
 - h. Exercise a duty of care to the staff employed by the College, working through the CEO and Registrar
 - i. Recognise the importance of a collegiate atmosphere where robust discussion is welcomed in the formation of policy and multiple points of view are listened to and respected
 - j. Respect and support the decisions made by Council when communicating externally
 - k. Communicate College activities and positions to relevant stakeholders
 - l. Abide by the Code of Conduct for Council and Committee members

Annex two – role specification for an RCVS Committee Chair

The overall role of a Chair is to provide leadership and direction to the work of the committee, to develop positive relationships with relevant stakeholders and the management team, and to ensure the purpose of the committee is fulfilled within the governance structure of the College.

NB 'committee' is used as shorthand for a variety of different subcommittees, working groups, boards, panels etc

In addition to abiding by the Code of Conduct for Council and Committee members, those acting in a chairing role for the RCVS are expected to be able to:

In the meeting

1. Ensure the meeting is quorate when it commences and continues to be so when any key decisions are made
2. Make introductions if it's a new group or new members are attending
3. Ensure members of the meeting are aware if the meeting is being recorded
4. Remind members of the classification of various papers and that confidentiality is abided by
5. Ensure members are aware how to raise a point, depending on the format of the meeting
6. Manage the meeting to time and in an orderly fashion, ensuring discussion is relevant and that everyone has a voice while no one is allowed to dominate discussion
7. See that decisions represent the collective views of the committee or, if necessary, a majority vote
8. Have a casting vote if a majority vote cannot be achieved – it is usual, although not essential, for the casting vote to maintain the status quo when change is being considered
9. Ensure that the risks of any decisions made (financial, reputational, legal and resource) are fully explored and acknowledged
10. Ensure neither they nor members promote a personal agenda
11. Ensure declarations of interest are made at the start of any meeting; identify which declarations may be material conflicts and manage those within the committee, including asking someone to leave a meeting, recuse themselves from a discussion or abstain from voting
12. Ensure that what has been decided is clear and unambiguous for all members and the minute-taker, and that actions are appropriately allocated
13. Request more information and that a paper is returned for further consideration, if necessary
14. Ensure that any AOB is relevant to the committee and that decisions are not made without sufficient relevant paperwork

Working with the secretariat

15. Support the staff team and meet regularly with relevant team members, being prepared to meet before the meeting if necessary
16. Ensure the committee has clear terms of reference and that they are communicated to all members and are adhered to
17. If it's a standing committee, ensure that it has a clear strategic direction and that this is communicated to all
18. Decide on the agenda items, the order in which they are taken, their classification (with the default being unclassified) and the time required – if members have to leave during the meeting, be prepared to be flexible with timing of specific items

19. Ensure that paperwork submitted for consideration is complete and relevant
20. Ensure clear reporting of outcomes to the body to which the committee reports
21. Review minutes produced by the secretariat in a timely fashion
22. Ensure that any risks raised during the meeting as a result of decisions made are recorded on the relevant risk register
23. Take decisions by Chair's action on any matter which may be considered urgent, routine or not of sufficient importance to justify the calling of a meeting – and to report any such decisions to the next meeting of the committee
24. Decide to call an extraordinary meeting where an urgent matter requires full discussion
25. Decide to call for a discussion or vote by email where a matter requires urgent action but not full discussion
26. Decide if any external submissions should be circulated to the committee
27. Review the effectiveness of decisions made
28. Recognise where the committee may need additional expertise or support – legal, technical, communications etc – and flag in a timely fashion
29. Note and manage poor attendance from committee members – discuss with the President or parent committee chair
30. Escalate any issues to the President (or to the parent committee chair, as relevant) and have at least an annual catch up / reflection on committee performance and effectiveness

Personal behaviour

31. See all sides of an argument and encourage constructive debate
32. Make sure all voices in the room are heard and respected
33. Declare any relevant gifts, hospitality or lobbying they receive in their capacity as chair
34. Make themselves familiar with key subject areas but will not be expected to be an expert
35. Work with the relevant RCVS staff members in a constructive and respectful manner
36. Respect and encourage the College's [statement of intent on diversity and inclusion](#)
37. Respect and embody the College's values and the Nolan principles

Personal characteristics

38. Approachable
39. Tactful and diplomatic
40. Empathetic
41. Able to delegate
42. Strategic thinker
43. Good networker
44. Good at team building
45. Self-reflective and willing to learn
46. Willing to encourage and develop others
47. Able to manage conflict
48. Able to maintain confidentiality

Additional roles

49. Undertake ad hoc work with other relevant committees, for example, to offer advice or take part in decision-making
50. Working with the secretariat, to deal with communication from the public, profession or stakeholders on matters relating to the work of the committee
51. Attend relevant stakeholder meetings to update on the work of the committee
52. Be an ambassador or spokesperson for the College at agreed events or in the media/social media, always in consultation with relevant College staff
53. Help induct new committee or staff members
54. Support an orderly transition to a new Chair at the end of the prescribed term, including briefing and mentoring

Annex 3: Policy for dealing with complaints about Council (and committee) members

Purpose

1. This Policy sets out the procedures to be followed in dealing with a complaint about a Council member, where it is alleged or appears that the conduct of the Council member has fallen below the standards expected.

Scope

2. The standards expected of Council members are as set out in the Code of Conduct for Council Members. Any alleged breach of the Code or other conduct unbefitting of a Council member should be considered in accordance with this Policy.
3. Poor performance on the part of a Council member would normally fall outwith the scope of this policy and be dealt with by means of advice issued to the Council member by the President / Registrar. However, consistent poor performance that goes unremedied, or exceptionally poor performance, may be matters when a Council member could be declared unfit to be a member of Council and, therefore, becomes an appropriate matter to be dealt with under this policy.
4. Complaints about a Council member should be raised in writing with the President and Registrar. In the event that the complaint relates to the President then it should be raised with the Senior Vice President and the Registrar.
5. In the event that the complaint relates to actions of Council as a whole, these should be raised with the Privy Council: <https://privycouncil.independent.gov.uk/work-of-the-privy-council-office/complaints>

Who can bring a complaint?

6. Complaints may be brought by anyone including Council members, MRCVS', RVNs and employees of the RCVS and should be raised as soon as practicable, and in any event no later than [6] calendar months after the date of the alleged misconduct (or the date on which the complainant became aware of it). The President (or as the case may be Senior Vice President) may dispense with the time limit, if they consider that there were exceptional circumstances and that it is reasonable to do so.
7. Should the complaint be brought by a third party, then the complainant must ensure the individual concerned is aware of the complaint and happy for it to proceed.

Procedure re: Complaint

8. Upon receipt of a complaint the President / Registrar (or as the case may be Senior Vice-President may:
 - a. Conclude that the complaint does not fall within the scope of this policy, and will notify both the Complainant and Council member accordingly; or
 - b. Direct that the matter should be referred to Stage 1

Stage 1 - Informal Resolution

9. The complaint will be investigated by the President (or Senior Vice-President). The President (or Senior Vice-President) will notify the Council member complained about and invite them to comment on the complaint and make representations. The President (or Senior Vice-President) may also seek such other information as they consider necessary to carry out an investigation. If the President (or Senior Vice-President) considers that the complaint is capable of Informal Resolution, they will notify the parties of the results of the investigation and the proposed resolution. Resolution could involve mediation between the parties or a written warning or such other resolution as is considered appropriate including to dismiss the complaint or to uphold the complaint but with no further action taken.
10. If the President (or Senior Vice-President) considers that the complaint is not capable of informal resolution and / or if it is considered that, if upheld, it is such that it could lead to the suspension or removal of the Council member, they will write to all parties to advise that the matter will be referred to Stage 2 for Formal Resolution by a Panel (see below).
11. A referral to Stage 2 may also be made if the Complainant is unhappy with the outcome proposed resolution at Stage 1. The President (or Senior Vice-President) will write to the parties giving reasons for their decision to refer or not to Stage 2.
12. The President (or Senior Vice-President) may delegate responsibility for contacting parties and other administrative functions to an appropriate member of RCVS staff.

Stage 2 - Formal Resolution

13. Where Formal Resolution is directed, the President (or Senior Vice-President) will direct this to be carried out by one of the Legal Assessors appointed to the RCVS under paragraph 6 of Schedule 2 to the Veterinary Surgeons Act (VSA) 1966, who shall according to the nature and extent of the complaint decide the appropriate procedures to be followed to determine the complaint; to include, for example, written submissions / formal hearings. The procedures to be followed shall be at the discretion of the Legal Assessor but would ordinarily include the establishment of a Panel of three persons (the Conduct Committee), to include: the Chair of the Audit and Risk Committee, a lay person, and a professional person; to consider the complaint (the lay person and professional person ought not to be members of Council). The Legal Assessor may also delegate responsibility for contacting participants and other administrative functions to an appropriate member of RCVS staff.
14. Upon conclusion of the investigation the Legal Assessor will submit a written report and recommendations to the President / Registrar to include one of the following:
 - a. To dismiss the complaint;
 - b. To uphold the complaint, but with no further action;
 - c. That the Council member should be issued with a written warning;
 - d. That the Council member should be suspended for a period of up to 12 months, or removed from Council.

Commented [EF1]: Do we want something that allows for the matter to be referred to ProfCon in the first instance ?

15. The President / Registrar will arrange for the Report and recommendation of the Legal Assessor / Conduct Committee to be considered by RCVS Council, in private session which will decide on the appropriate action to be taken.
16. This policy may be implemented, if considered appropriate to do so by the President / Registrar, in relation to a complaint against a member of one of the College's Committees (other than Preliminary Investigation Committee (PIC), Disciplinary Committee (DC), Registered Veterinary Nurse Preliminary Investigation Committee (RVN PIC), or Registered Veterinary Nurse Disciplinary Committee (RVN DC)) who is not also a Council Member.

Commented [EF2]: For discussion is whether a report of it all and Council's decision should be given in public session

Agreed by Council [date tbc]

Annex four – draft committee update template

[Name] Committee update

[Topic 1 name]

Latest activity

1. [Short summary of the Committee's latest progress and decisions on this activity]

Next steps

2. [Outline of next steps, for example, decisions, recommendations, further discussion]

Find out more

3. [Provide links to further information, for example, full minutes, Council papers, publications]

[Topic 2 name]

Latest activity

4. [Short summary of the Committee's latest progress and decisions on this activity]

Next steps

5. [Outline of next steps, for example, decisions, recommendations, further discussion]

Find out more

6. [Provide links to further information, for example, full minutes, Council papers, publications]

[Etc – up to three topics per Committee]

Contact

Chair

7. [Chair name: committeechair@rcvs.org.uk]

Secretary

8. [Secretary name: committeesecretary@rcvs.org.uk / phone number]

Annex 5 - Outline plan for Regional/Virtual Question Time meetings

Objectives

1. To increase visibility and understanding of RCVS Council and Committee activities amongst members of the professions
2. To raise the profile of elected and appointed Council Members and Committee Chairs and generate more opportunities for them to engage with members of the professions.

Target audiences

3. UK-based veterinary surgeons and veterinary nurses, students and non-clinical practice staff, together with overseas-practising MsRCVS.
4. Audiences may be broad cross-sections of the professions or segmented by demographic, sector, species etc (particularly for online meetings).

Key messages

5. General updates and information from across the College's key workstreams, with possibly to tailor information for specific target audiences.
6. Background information about attending Council members by way of talks/case studies to help introduce them to the audience and raise their profile.

Meeting format

7. Reintroduce RQT meetings, both as in-person and virtual (VQT) events. In-person meetings bring all the benefits of face-to-face interaction and networking; virtual meetings are more cost-effective and can reach a much wider (international) audience.
8. Both formats could support a guest speaker, which has proved popular previously, along with the opportunity for the College to provide a number of concise updates on key areas, followed by plenty of time for questions and discussion.
9. Each meeting attended by some of the Officer team, together with different elected/appointed Council members on rotational basis depending on current issues and activities.

Meeting schedule

10. Initially, suggest meetings during the next Presidential year, based around Council meeting timetable and taking advantage of Council's 'on-the-road' meetings. Three in-person meetings and two virtual, as follows:
 - a. September 2022, Glasgow, in person
 - b. November 2022, online
 - c. January 2023, Nottingham (TBC), in person
 - d. March 2023, venue (TBC), in person
 - e. June 2023, online

11. In-person meetings to be held at suitable, accessible venue, eg at or near Glasgow/Nottingham vet schools in 2022/23. Online meetings to be hosted via either our Zoom Events platform, or with the support of a third-party agency.

Additional considerations

12. Whilst organising RQTs at third-party events such as congresses and conferences remains worthy of further consideration, past experience has shown that, understandably, the main priority for delegates is attending clinical CPD streams. Nevertheless, we will continue to seek opportunities to deliver RCVS talks and updates alongside these streams wherever the event programme allows.
13. Alongside this, the events themselves present a valuable opportunity to meet the second stated objective in this plan of raising the profile of Council members. Our typical presence at congresses includes an exhibition stand, on which we engage with large numbers of delegates. Including more Council members on the stand rota at these events would enable much greater engagement with members of the professions and the opportunity for them to discuss College activities directly.
14. For reference, the following table outlines some of the key stakeholder events and congresses throughout the year. (NB Previously attended public events also included, but awaiting confirmation of dates.)

Month	Event
January	AVS congress SPVS congress
March	BSAVA congress
May	VMG congress VetFest
June	BVA Live Royal Highland Show Devon County Show
July	Royal Welsh Show
August	BBC Countryfile Live
September	BEVA congress
October	BVNA congress BCVA congress
November	ECC Congress London Vet Show

Annex 6 – membership and terms of reference of workstream groups

Five Council Culture working groups were set up following approval of the concept at the September 2011 meeting of Council. Each was tasked with a topic and terms of reference that included:

- Exploring the topic
- Meeting at least twice before sharing feedback via a Steering Group to Council
- Electing a spokesperson who would sit on the Steering Group
- Considering the impact that their topic might have on other groups and be willing to share as appropriate
- Considering a statement to summarise the purpose of Council

Each Group had two Senior Team (ST) members to support and facilitate the work.

The membership of the groups was as follows:

* Spokesperson

** Lead ST member

Group 1 – Code of Conduct

Topic:

Review and update Code of Conduct for Council and Committee members

Membership:

Belinda Andrews-Jones

Mark Castle

Melissa Donald

Julie Dugmore **

Jo Dyer *

Eleanor Ferguson

Group 2 - Utilisation of skills

Topic:

How can we better understand and utilise the skills of all Council, committee and senior staff members and encourage greater understanding and respect?

Membership:

Angharad Belcher**

Linda Belton*

Lizzie Lockett

Kate Richards

Tim Walker

James Wood

Judith Worthington

Group 3 – Election process

Topic:

How can we improve the election process to ensure greater clarity on the role and function of Council and encourage appropriate individuals to stand?

Membership:

Louise Allum
Eleanor Ferguson**
Linda Ford*
Ian Holloway
Linda Prescott-Clements
Chris Proudman
Matthew Rendle

Group 4 – Induction and training

Topic:

How can we improve the induction and ongoing training for Council and committee members?

Membership:

Derek Bray
Niall Connell
Tshidi Gardiner*
Lisa Hall**
Lizzie Lockett
Neil Smith

Group 5 – Visibility

Topic:

How can we improve the visibility of Council and committee activity to the professions and the public?

Membership:

Danny Chambers*
Mandisa Greene
Ian Holloway**
Claire McLaughlan
Tim Parkin
Sue Paterson
Linda Prescott-Clements

Steering Group

Focus:

The Steering Group was tasked with reviewing the work and proposals of each working group, and the Council purpose statement, and making recommendations for change so that drafts could be brought before Council. They also considered the project in the round to see if there was any inconsistency or clashes in approach, and whether any additional work was required.

Membership:

President (Chair)
Junior Vice-President
Senior Vice-President
Treasurer

Chair of VN Council
CEO
Registrar
Spokespeople from each group

Senior Team members were also in attendance to support.

Annex 7 - Policy for Managing Potential Conflicts of Interest – reference only

(Agreed by Council in June 2019)

Role of the RCVS

1. The Royal College of Veterinary Surgeons has statutory functions as set out in the Veterinary Surgeons Act 1966 and Charter functions.
2. In relation to the discharge of its statutory functions the College has the status of a public body, which makes it imperative to follow the principles of good governance.

Why do conflicts of interest need to be managed?

3. The RCVS is the guardian of the good standing of the profession and, in order to maintain this position and the powers of self-regulation, it is important that everybody elected or appointed to undertake activities on behalf of the RCVS must behave in a way that commands the respect and trust of the public and the profession. This must involve high standards and adherence to the Seven Principles of Public Life ('The Nolan Principles') as recited in the Code of Conduct for Council Members. There is both a legal and public relations imperative to look after the reputation of the profession and College by ensuring that business is conducted in accordance with proper procedures. The RCVS is subject to the Freedom of Information Act and is obliged to make information about its activities available to the public.
4. A conflict of interest is any situation in which personal interests, or loyalties that are owed to another person or body, may (or may appear to) unduly influence or affect a decision. Conflicting interests usually fall into the following categories:
 - Financial interests: These may apply either directly or indirectly through a partner, spouse, close relative, or to an entity or institution to which you are connected (e.g. your partner being in the management team of a company RCVS proposes to hire or is paid to provide a service to RCVS)
 - Non-financial interests: These cover other kinds of potential gain (e.g. increase in reputation, ability to carry out activities)
 - Loyalties: These arise from a personal connection or duty to another person or organisation (e.g. to a past employer, past student, family member, friend, close colleague or frequent collaborator)

Judicial Review

5. A number of the College's statutory and public functions can be challenged in the courts, for example, by means of judicial review. The grounds for such a challenge might be based on alleged illegality, irrationality, failure to give reasons or some procedural impropriety such as bias or abuse of process. One of the common grounds for seeking judicial review is that a decision is unfair or unreasonable because one or more of those making the decision were less than objective or prejudiced in some way.

6. All those involved in the decision-making process must understand their responsibilities and declare publicly – so far as that is possible – full details of all their external interests. The purpose is to ensure widespread knowledge and understanding of the background of those making the relevant decision on any particular issue under consideration by the Council. Following such declarations it is far easier to defend the validity and fairness of the decision-making process carried out by the Council, its committees and its individual members.
7. Bias (or the appearance of bias) may arise in a number of forms; it may be the result of an involvement with a particular organisation or activity; it may be by virtue of knowing a particular individual; or it may be because of certain views or beliefs, which have been publically expressed. If a decision is challenged on the basis of such bias or the clear presence of a prejudicial interest it is likely that any legal proceedings would be brought against the College rather than any individual. Individuals can, however, be personally liable in certain circumstances, such as defamation, but the College does carry insurance to cover such possibilities.

The veterinary profession

8. In a small profession the potential for conflicts of interest is exacerbated. In order to utilise relevant knowledge and experience in decision making it is often necessary to involve those who have personal or professional interests. In making decisions about particular individuals, it may be the case that those involved in the decisions know the individuals involved, directly or indirectly. In order to discharge its responsibilities the College must take a pragmatic approach and take particular care in assessing the risks involved and in mitigating them, wherever possible. This policy is intended to assist in this by ensuring that all concerned are fully aware of any conflicts of interest and that those interests are declared or managed appropriately and proportionately.

Who is the Code for?

9. The Code of Conduct for Council Members should be made available to all those standing for election to Council or offered an appointment to sit on Council, its committees or to undertake any of the activities for which Council has decided that declarations of interest are required and the responsibilities set out in the Code should be accepted by all concerned.

Who needs to submit a declaration of interest?

10. Council members and those non-Council members who serve on Council Committees (for example, Audit & Risk; Education; Standards; PIC & DC Liaison; and Veterinary Nurses Council) must submit a Biographies and Declaration of Interest form (attached).
11. Members of the statutory Committees: Veterinary Preliminary Investigation and Disciplinary Committees; and Registered Veterinary Nurse Preliminary Investigation and Disciplinary Committees, are covered in the practices and procedures for those committees. Given the nature of the work of these committees it is necessary for interests to be declared on a case by case basis, in addition to completing the form.
12. Other activities undertaken on behalf of the RCVS in relation to which declarations of interest need to be made only on a case by case basis, rather than on a general form, include, but are not limited to:

- i. Members of the Examination and Registration Appeals Committees – on a case by case basis;
- ii. All members of Council Committee subcommittees and working parties and Boards;
- iii. University visitors;
- iv. Practice Standards Assessors and Preliminary Investigation Committee Investigators – on a visit by visit basis;
- v. Examiners – in response to an advance list of candidates;
- vi. Postgraduate Deans.

When should declarations be made?

13. The form attached should be completed on election or appointment to Council or any Council Committee and reviewed annually. Wherever possible the form should be submitted electronically, on the RCVS intranet or by email to the Governance Officer. Interests not recorded on the form, such as personal relationships or any change of circumstance, should be raised at any meeting or online discussion at which they may be relevant.
14. Members of subcommittees or working parties do not need to complete a formal declaration but should mention at any meeting or online discussion interests which relate to matters on the agenda.
15. For visitors, inspectors, board members and examiners the relevant time to record any declarations of interest is when the list of visits or candidates is circulated in advance.

What interests need to be declared?

16. Any professional, business or personal interests which may impinge on the activities of the College. *If in doubt, disclose* – or at least ask the President, relevant Committee Chair, Chief Executive or Registrar.
17. The list may include current or previous employment or practice (covering at least the last seven years); professional qualifications; trusteeships; memberships; fellowships and offices held in professional bodies; links with local, national and community organisations; consultancies and directorships; relevant shareholdings, bonds and derivatives (including, but not limited, to options and contracts for difference), in public or private limited companies, limited partnerships or other commercial entities - but excluding collective investment schemes including unit trusts, hedge funds, private equity and venture capital trusts; membership of the freemasons, livery companies or a political party; appointments, e.g. as advisors to pet insurers; published views and personal relationships (including employees) and other interests. In appropriate cases it may be necessary to disclose religious or ethical beliefs in so far as they may have a bearing on a particular discussion.
18. Relevant interests relating to immediate family or people with whom you have a close association should be disclosed, insofar as they are known to you.
19. Personal relationships would usually only be relevant in the context of a specific discussion and for that reason are not included in the attached form.

20. Personal or sensitive information, e.g. relating to connections with animal research institutions, need not be disclosed on the published form but should be made known internally, in writing, at least to the President or Registrar.

What action to take when a conflict of interest arises

21. Where a conflict of interest has been identified it should be for the relevant Committee Chair and / or the President to decide the extent to which the individual may participate in the meeting. Decisions will be informed by the circumstances of each case. The range of options include the following:
- i. Standing down from the committee, sub-committee, etc.;
 - ii. Not attending a particular meeting;
 - iii. Leaving the room for the duration of a particular item;
 - iv. Staying in the meeting for the discussion but leaving the room when the decision is made or a vote taken;
 - v. Staying in the meeting throughout to provide information and advice only;
 - vi. Staying in the meeting throughout and participating fully.
22. Where something other than a meeting, such as a visit or an examination is involved, similar principles will be applied to determine the extent to which the individual may participate.
23. "Err on the side of caution" is good advice in the absence of any other.

Who to consult in the event of uncertainty?

24. The relevant Committee Chair, the President, Chief Executive or the Registrar.

Storage and Publication of declarations

25. The Declaration of Interest forms are stored electronically.
26. Declarations of interest for Council Members are published on the RCVS website, along with profiles and photographs. The declarations will be kept for 10 years.

Keeping declarations up to date

27. Declarations of interest should be continuously kept up to date by reporting any changes when they arise, or at least no later than 28 days of any change in circumstances. (It is not be the responsibility of RCVS staff to send reminders.) They must be reviewed annually.
28. Declarations of interest will be the first substantive agenda item at relevant meetings. This should be taken as an opportunity to bring declarations generally up to date, not just in relation to interests which may be relevant to the discussion. These changes must be recorded in the minutes of the meeting and it would be helpful if the relevant Council or Committee Member could provide the Minute taker with a note of the declaration to ensure that it is accurately transcribed. Council and Committee members must take immediate steps to update the Declaration forms they have previously submitted.

29. The electronic form, stored on the intranet, will dateline any changes to the document. It will therefore be possible to see when declarations have been added or deleted.

Gifts and hospitality

30. If as a result of your role at the RCVS you receive gifts or hospitality you must keep a written record, stating the date, value and purpose and you should be prepared to declare these.

31. You must never accept gifts of cash or cash equivalents such as gift vouchers and you must inform RCVS, if in any 12-month period you receive:

- A single gift of £100 or more;
- Multiple gifts, where the combined value is £100 or more from a single donor

32. These gifts, and hospitality items, will be recorded on a central register.

RCVS Council Member Biography and Declaration of Interests

Please note: this information may be placed on the RCVS website www.rcvs.org.uk and as such would be publicly available.

Title	Prof		Dr		Mr		Miss	
	Ms		Mrs		Other			
Forename(s)								
Surname								
Select as appropriate	MRCVS		FRCVS		RVN		N/A	
Veterinary qualifications								
Register no.								
Short biography								
Please see examples of biographies of other Council members online at: http://www.rcvs.org.uk/about-us/rcvs-council/council-members/ for guidance – up to 300 words								
Current RCVS committee / sub-committee / board membership (if applicable)								
Please indicate if Chair								
Directorships								

Company/organisation	Role
Relevant financial interests (e.g. shareholdings, bonds and derivatives)	
Company/organisation	Role
Consultancies	
Company/organisation	Role
Appointment to other bodies	
Company/organisation	Role

Membership of other veterinary or allied organisations	
Company/organisation	Role
Employment	
Qualifications (other than veterinary qualifications listed in the Register)	

Interests relating to immediate family or close friends

Other relevant information

Photographs

Please also submit a recent photograph, preferably a large digital image at as high a resolution as possible (ideally 300 dpi at full size). A good quality print would also be acceptable. Please either email this to d.wiggins@rcvs.org.uk or post to the College address for the attention of Dawn Wiggins.

If you do not have a suitable photograph, we can organise for one to be taken next time you are in College – please let Ian Holloway know on i.holloway@rcvs.org.uk or 020 7202 0727.

Authorisation

By returning this information electronically to d.wiggins@rcvs.org.uk or by posting to the College address for the attention of Dawn Wiggins, I agree that the above information can be held on file at the RCVS, published on the website and used in response to specific and relevant requests for information.

I hereby declare that in signing and returning this form I accept and will abide by the Policy for Managing Potential Conflicts of Interest.

SIGNATURE:

DATE:

Summary	
Meeting	Council
Date	9 June 2022
Title	PSS
Summary	<p>This paper presents:</p> <p>A) A framework of environmental sustainability requirements to be incorporated into the PSS standards;</p> <p>B) Additions and proposed changes to the existing social sustainability requirements in the PSS standards with a 3 month lead in time between publication and assessment.</p>
Decisions	<p>For part A Council is asked:</p> <ol style="list-style-type: none"> a. To approve the environmental sustainability framework; b. To agree and approve with a 6-month lead time between publication and assessment for the Award module and a 12 month lead in time between publication and assessment for the Standards. c. To agree and approve that the Supporting Guidance to the Code of Professional Conduct should be updated within within the same time frame to reflect the Core Standards additions for: <ol style="list-style-type: none"> i. A written environmental sustainability policy ii. Responsible use of endoparasiticides iii. Responsible use of ectoparasiticides <p>For part B Council is asked to:</p> <ol style="list-style-type: none"> a. To approve the proposed changes to the social sustainability requirements in the PSS standards; b. To approve and agree for publication immediately (for guidance notes) and a 3 month lead in time (for new Core Standards requirements) to be assessed; c. To approve and agree that the Supporting Guidance to the Code of Professional Conduct be updated within the same 3 months time frame to reflect the Core Standards requirement for a harassment and bullying policy.
Attachments	<p>Annex A - RCVS PSS sustainability project brief (confidential)</p> <p>Annex B – PSS environmental sustainability requirements</p> <p>Annex C – PSS environmental sustainability requirements list only</p> <p>Annex D – PSS social sustainability requirements</p>

Author	<p>Sarah Iddon, Head of Legal Services- PSS s.iddon@rcvs.org.uk</p> <p>Laurence Clegg, PSS Lead l.clegg@rcvs.org.uk / 020 7202 0778</p>
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Classifications

Document	Classification ¹	Rationales ²
Paper	Unclassified	n/a
Annex A	Confidential	1, 3
Annex B	Unclassified	n/a
Annex C	Unclassified	n/a
Annex D	Unclassified	n/a

¹Classifications explained

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

²Classification rationales

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

PART A PSS Environmental sustainability project

Background

1. At the 16 August 2021 Practice Standards Group (PSG) meeting, the Group approved a proposal (see **Annex A**) to carry out a project to incorporate environmental sustainability into the PSS framework. The Practice Standards group selected the Centre for Sustainable Healthcare (CSH) as the external supplier for the project and the project was initiated on 16 September 2021. CSH worked with PSG members, PSS Assessors and the RCVS Environmental Sustainability Lead. A first draft was developed and a final draft presented to Standards Committee on 9th May 2022.

Framework

2. The framework is to be presented as the new Environmental Sustainability Module and Award. The Module contains Core Standards and General Practice level requirements, which would need to be met by all PSS practices at the relevant accreditation levels. The Award could be achieved by any PSS practice that wanted to demonstrate they are excelling in Environmental Sustainability. As with the other PSS Awards, practices would also need to meet the Core Standards and General Practice requirements in the new Module to achieve the Award.
3. The PSS Team will be working with the RCVS Communications department to deliver a communications plan for the project, which outlines communications and engagements that will be carried out at key milestones, including publication and assessment.
4. CSH will develop a list of resources for veterinary practices to access so that they can meet the new PSS requirements and to support them to achieve their sustainability goals. This list will be published alongside the new framework and will include methodologies for carbon footprinting and timeframe for calculation
5. CSH will also deliver training for PSS Assessors on how to assess the requirements.

Lead in time

A longer lead in time is requested between launch and assessment to allow time to publicise and promote and to ensure that assessors are trained, and capacity is built into the assessment process. This has been recommended as:

- 6 months for the Award; and
- 12 months for the Standards.

Changes and additions to core level standards

6. The Core Standards requirements in the new Environmental Sustainability Module consist of five existing Core Standards requirements from other Modules, with additional wording to highlight that they have an environmental sustainability factor to them.
7. There are three new Core Standards requirements (and an amendment to one requirement as explained below) namely for an environmental sustainability policy, and responsible use of endoparasiticides and ectoparasiticides.
8. The Core Standard 10.1.28 currently requires:

'A practice must be able to demonstrate that when using antimicrobials or anthelmintics, it does so responsibly, and is accountable for the choices made in such use.'

This requirement has been separated out into three key areas as it was felt that these each requires greater emphasis and the assessment of each are quite different:

- *'A practice must be able to demonstrate that when using antimicrobials, it does so responsibly, and is accountable for the choices made in such use.'*
- *'A practice must be able to demonstrate that when using endoparasiticides, it does so responsibly, and is accountable for the choices made in such use.'*
- *'A practice must be able to demonstrate that when using ectoparasiticides, it does so responsibly, and is accountable for the choices made in such use.'*

Standards Committee comments

9. The final framework was presented to Standards Committee on 8th May 2022 and the following main comments were made:
 - a. The salary sacrifice scheme (award requirement) should be applicable for equine not just small animals.
 - b. Related to the GP anaesthetic requirement (The practice demonstrates that they employ techniques to minimise anaesthetic gas usage): a comment around low flow anaesthesia not currently included in training
 - c. A comment was discussed around setting an annual energy target, but it was felt that each practice will be at different stages of their sustainability journey, so this is not achievable as part of the overall standard.
 - d. A comment was discussed around the different methodologies for carbon footprinting and a timeframe for calculation. The Committee was assured that guidance will be provided to ensure consistency between groups of the same veterinary surgery, more so than comparing between different surgeries.

10. Standards Committee agreed and is therefore recommending that the supporting guidance Supporting Guidance to the Code of Professional Conduct should be updated in parallel to reflect the Core Standards changes.
11. The framework can be found at **Annex B** (a list only version can be found at **Annex C**).

Decisions

12. The Committee is asked:
 - a. To approve the environmental sustainability framework taking into consideration any comments raised by Standards Committee;
 - b. Agree, approve a longer lead in time for assessment after launch, 6 months for Awards and 12 months for Standards;
 - c. Agree and approve that once the environmental sustainability framework is approved the Supporting Guidance to the Code of Professional Conduct should be updated and published within 6 months to coincide with the assessment timetable to reflect the Core Standards additions for:
 - i. A written environmental sustainability policy
 - ii. Responsible use of endoparasiticides
 - iii. Responsible use of ectoparasiticides

PART B – PSS Social sustainability

Background

13. Shortly after commencing the Environmental Sustainability project in August 2021, it was highlighted during the PSG meeting on 26 January 2022 that the PSS framework could also be used to promote social sustainability factors, such as equality and diversity, in veterinary practices. It was suggested that the existing PSS requirements in this area could be enhanced using the in-house expertise at the RCVS.
14. A list of proposed changes was developed by the RCVS Leadership and Inclusion Manager, PSG members and PSS Assessors, and were presented to PSG at its meeting on 13 April 2022.

Lead in time

15. It is recommended that the requirements and updates to guidance notes will be published immediately upon Council approval, and the new Core Standards requirements would have a three month lead in time before being assessed to allow for Assessor training.

Changes and additions to core level standards

16. The Standards Committee is recommending the following changes to core standards:

- a. The existing Awards requirement SA 16.5.25, EQ 15.5.25, FA 14.5.24 that requires 'A protocol is in place to address the management of conflict and bullying in the workplace' be moved to Core Standards and addition to the guidance note to require a harassment and bullying policy.
- b. Changes to the guidance notes for three existing requirements at Core Standards level and one at General Practice level.

Addition to General Practice level standards

17. There is also a new requirement recommended at General Practice level for the practice to employ positive action statements during recruitment to encourage applications from under-represented groups.
18. The proposed changes can be found at **Annex D**.

Standards Committee comments

19. The Committee approved the implementation of the social sustainability requirements with a three-month lead time and agreed that the Supporting Guidance for the Code of Professional Conduct should be updated to reflect the changes.

Decision

20. The Committee is asked to:
 - a. Approve the proposed changes to the social sustainability requirements in the PSS standards;
 - b. Agree and approve the social sustainability requirements be launched effective immediately (for guidance notes) and with a 3 month lead in time (for new Core Standards requirements);
 - c. Agree and approve that the Supporting Guidance to the Code of Professional Conduct should be updated and published within three months of publication (to coincide with the assessment timetable) to reflect the Core Standards requirement for a harassment and bullying policy.

PSS Environmental Sustainability Module and Award

Small Animal

Small animal - CORE

Requirements	Guidance notes (including why this links to sustainability)	Documents	Justification for why the requirement should sit in core
<p>The practice has a written environmental sustainability policy.</p> <p><i>This is an existing GP requirement 16.2.11</i></p>	<p>This should include a recycling and waste reduction plan.</p> <p>An environmental sustainability policy demonstrates a practice and its senior management’s commitment to reducing its environmental impact whilst giving team members a backdrop to start making sustainability changes.</p> <p>The practice must share its sustainability policy with its team and should make it accessible to clients e.g., via their website.</p> <p>For guidance on producing a sustainability policy see: Environmental policy: Is this something we should have? (bva.co.uk)</p>	<p>Sustainability policy</p>	<p>Existing requirement at GP level, however it should be moved from GP to core because of Code of Conduct section 6.1 – “must consider the impact of their actions on the environment”.</p> <p>This requirement demonstrates the practice’s commitment to environmental sustainability. A policy should guide the practice’s decision-making and allow outcomes to be assessed.</p> <p>Additional guidance notes added in blue.</p>
<p>The practice must have a policy for how they segregate, store, and dispose of all forms of waste.</p> <p><i>Already an existing requirement 16.1.33</i></p>	<p>Team training:</p> <ul style="list-style-type: none"> - Team members should be able to describe how they handle different forms of waste <p>Storage:</p>	<p>Contract with waste contractor and waste policy</p>	<p>Existing core requirement.</p> <p>This requirement ensures that the waste management hierarchy is followed, and current waste legislation is adhered to.</p>

	<ul style="list-style-type: none"> - Adequate waste receptacles should be used to allow immediate disposal of hazardous items - Full containers should be stored in hygienic conditions and be clearly identified - Hazardous waste (referred to as special waste in Scotland) must be appropriately segregated, safely stored and disposed of by a suitably permitted waste contractor. <p>Recycle appropriate materials: Clinical and domestic waste streams are more costly and carbon intensive than recycling streams. Practices should ensure they have appropriate recycling facilities in place and that they are recycling everything that can be recycled. Appropriate recycling could be facilitated through signage.</p> <p>Assessors will ask to see evidence of:</p> <ul style="list-style-type: none"> - The current waste pre-acceptance audit <p>https://www.gov.uk/guidance/healthcare-waste-appropriate-measures-for-permitted-facilities/waste-pre-acceptance-acceptance-and-tracking-appropriate-measures</p> <p>https://www.issafe.co.uk/wp-content/uploads/2013/08/Pre-acceptanceWasteAudits1.pdf</p> <ul style="list-style-type: none"> - A contract with a permitted waste contractor(s) - Policies and practice to segregate and label waste into appropriate streams and to store it hygienically - Consignment notes for hazardous waste disposal, which form the basis of a hazardous waste register for those practices in England and Wales - Waste transfer notes (which should be stored for two years) <p>For both hazardous and non-hazardous waste, practices may wish to refer to the BVA Good Practice Guide to Handling Veterinary Waste for further guidance: https://www.rcvs.org.uk/bva-vet-waste. However, local variations exist, and practices should</p>		
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	<p>therefore consult the Environment Agency or their own local waste management authority for information.</p>		
<p>Equipment used within the practice is well maintained and regularly serviced according to manufacturers' recommendations.</p> <p><i>This is an existing requirement 16.1.20</i></p>	<p><i>The manufacturing and delivery of equipment contributes to greenhouse gas emissions. Servicing and maintaining equipment regularly increases its lifespan/makes it last longer.</i></p> <p>Evidence of maintenance and servicing of all equipment, including but not limited to: anaesthetic machines, autoclaves, monitors, laboratory equipment, X-ray apparatus, air conditioning, heating appliances, maintained fire alarms, emergency lighting and fire extinguishers.</p> <p>Frequency of servicing is determined by the manufacturer or a competent person's recommendation.</p> <p>Damaged or failed equipment should be clearly identified and removed from use until repaired.</p>	<p>Protocols for maintenance of instruments</p>	<p>Existing core requirement.</p> <p>Additional guidance notes added (in blue) highlighting the link with environmental sustainability.</p>
<p>A practice must be able to demonstrate that when using antimicrobials, it does so responsibly, and is accountable for the choices made in such use.</p> <p><i>This is an existing requirement but has been split into two (see below) - Medicine 10.1.28</i></p>	<p>The development and spread of antimicrobial resistance are a global public health problem that is affected by use of these medicinal products in both humans and animals. Vets play a key role in preserving the efficiency of these medicines.</p> <p>Veterinary surgeons must be seen to ensure that when using antimicrobials they do so responsibly, and be accountable for the choices made in such use.</p> <p>Antimicrobials advice is available from the BVA: https://www.rcvs.org.uk/bva-amr as well as their antimicrobials poster for use in practice: https://www.rcvs.org.uk/bva-amr-plan. The BSAVA also provides advice on the responsible use of antimicrobials: https://www.rcvs.org.uk/bsava-amr.</p> <p>Additional Resources from BSAVA, all free to download regardless of BSAVA membership status:</p>		<p>Existing core requirement.</p> <p>This requirement already has a strong link with sustainability and should be included in the module.</p>

	<ol style="list-style-type: none"> 1. BSAVA Medicines Guide: Section on Antimicrobials - https://www.bsavalibrary.com/content/chapter/10.22233/9781905319862.chap13 2. PROTECTME notes https://www.bsavalibrary.com/content/book/10.22233/9781910443644#chapters 3. PROTECTME posters (general and rabbit) https://www.bsavalibrary.com/content/chapter/10.22233/9781910443644.chap6_1#supplementary_data 4. Non-Prescription form (sample) https://www.bsavalibrary.com/content/chapter/10.22233/9781910443644.app15#supplementary_data <p>Examples of what assessors might look at - policy, medical records, poster, meetings where they created perioperative antibiotic protocol. Assessors will also talk to practice team members.</p>		
<p>A practice must be able to demonstrate that when using endoparasiticides, it does so responsibly, and is accountable for the choices made in such use.</p> <p><i>New requirement.</i></p>	<p>Endoparasiticides are linked to various environmental concerns such as the development of resistance.</p> <p>In particular, the resistance to anthelmintics in animals is serious and on the increase; veterinary surgeons must use these products responsibly to minimise resistance development.</p> <p>Examples of what assessors might look at include: policy, medical records, poster, meetings where anthelmintics has been discussed. Assessors will also talk to practice team members.</p> <p>Resources for companion animals: https://www.esccap.org/guidelines/</p>		<p>VMD-led UK Equine Anthelmintic Stakeholder group are proposing to produce Best Practice Guidelines for parasite control and anthelmintic use, but not available yet - should be added once the guidelines are published</p>
<p>A practice must be able to demonstrate that when using ectoparasiticides, it does so responsibly, and is accountable for the choices made in such use.</p>	<p>Ectoparasiticides are linked to various environmental concerns such as the development of resistance and damage to ecosystems. A recent study highlighted ectoparasiticides as a source of pollution for aquatic ecosystems (Potential role of veterinary flea products in widespread pesticide contamination of English rivers - ScienceDirect).</p>		

<p><i>New requirement.</i></p>	<p>(Guidance from VMD to be added when available)</p> <p>Resources for companion animals: Homepage ESCCAP</p>		
<p>There must be an efficient stock control system to ensure a continuous supply of all medicines and removal of out-of-date medicines in accordance with current legislation.</p> <p><i>This is an existing requirement: medicines 10.1.9</i></p>	<p>Overstocking and poor medicine management can lead to drug wastage, unnecessary disposal and as a result an increase in greenhouse gas emissions. Efficient stock control can reduce medicine wastage.</p> <p>Procedures should be in place to quarantine, and ultimately dispose of, out of date medicines and leaking, broken or unwanted containers and to deal with spillages and leakages.</p>		<p>Existing core requirement.</p> <p>Additional guidance notes added (in blue) highlighting the link with environmental sustainability.</p>
<p>Medicines should be disposed of in accordance with current legislation.</p> <p><i>This is an existing requirement medicines 10.1.11</i></p>	<p>Improper disposal of medicines causes environmental damage such as ecotoxicity.</p> <p>Stock of Schedule 2 Controlled Drugs must be destroyed in the presence of an authorised witness and the resulting destroyed products and containers appropriately disposed of.</p> <p>Authorised witnesses include:</p> <ul style="list-style-type: none"> - An inspector appointed under regulation 33 of the Veterinary Medicines Regulations - A veterinary surgeon independent of a practice where the destruction takes place. This would include those who have no personal, professional or financial interest in the veterinary practice where the drug is being destroyed. Temporary team members and family members are specifically excluded - A person authorised to witness the destruction of Controlled Drugs under the MDR 2001 or the MDR (NI) 2002 such as a Police CD Liaison Officer; a list of Police CD Liaison Officers can be found at: https://www.rcvs.org.uk/cdlos <p>A record must be made of the date of destruction and the quantity destroyed, which the witness must sign. It is also good practice to</p>		<p>Existing core requirement.</p> <p>Additional guidance notes added (in blue) highlighting the link with environmental sustainability.</p>

	<p>record the name of the CD, form, strength and quantity. A separate record should be kept of client returned Schedule 2 Controlled Drugs and they should not be re-entered in the Controlled Drugs Register. They do not need to be destroyed in the presence of an authorised witness, but, it is considered good practice to do so.</p> <p>Any special handling or disposal requirements, such as for cytotoxic medicines, must be observed.</p> <p>If practices are denaturing Controlled Drugs prior to their disposal they must have a T28 exemption certificate from the environment agency. See GOV guidance https://www.rcvs.org.uk/t28.</p>		
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Small animal - GP

Requirements	Guidance notes	Documents	Comments
<p>The practice has appointed a sustainability champion or created a sustainability team.</p>	<p>Evidence could be a nominated sustainability champion which is included in the sustainability policy.</p> <p>For solo vets having a written sustainability policy could be enough evidence.</p>	<p>Name of designated person(s).</p>	
<p>The practice must have a system in place for team members to suggest sustainability ideas and improvements.</p>	<p>Veterinary surgeons, nurses and team members in practices are best placed to make sustainability improvements within their own practices.</p>	<p>Record of suggestions</p>	

Requirements	Guidance notes	Documents	Comments
	<p>The practice should encourage all team members to identify areas which could be improved or considered for improvement.</p> <p>This could be through raising suggestions via the sustainability team/sustainability champion, having a sustainability suggestions board/box for team members, a page on the practice website or adding it to the agenda of team meetings.</p> <p>Assessors will want to see evidence of a suggestions board/box for team members, team meeting agenda, a page on the practice website etc, and will talk to team members to understand how they raise sustainability improvement ideas at their practice.</p>	<p>ons and actions.</p>	
<p>The practice communicates its sustainability achievements to its clients.</p>	<p>Information could be provided on the practice website, in the client welcome pack, via social media or on waiting room displays.</p>	<p>Evidence of sustainability achievements being communicated.</p>	
<p>Routine appointments to and for clients are planned to reduce mileage.</p>	<p>Where possible, appointments in the same area are arranged on the same day to reduce mileage and save greenhouse gas emissions.</p> <p>Assessors will talk to team members to understand how routine appointments are planned.</p>		
<p>The area immediately surrounding the premises must be maintained in a clean and tidy state and should not negatively impact the environment.</p> <p><i>Existing requirement 17.2.1 but with an additional sustainability element (in blue).</i></p>	<p>Team members are aware of the need to provide a hygienic and tidy front practice. This includes practice signage.</p>		

Requirements	Guidance notes	Documents	Comments
<p>The practice advises clients to return unused medications to the practice for appropriate safe disposal.</p>	<p>Flushing medicines, pouring them down the sink or disposing of them via landfill (black bin) poses a risk to the environment.</p> <p>The assessor might ask to see the collection box for clients unused medicine or materials e.g., posters, leaflets advising clients to return unused medicines.</p>		
<p>The practice demonstrates that they employ techniques to minimise anaesthetic gas usage.</p>	<p>Anaesthetic gases have a high environmental impact.</p> <p>Example techniques could include:</p> <ul style="list-style-type: none"> -The practice considers using local and regional anaesthetic where appropriate. -The practice is optimising the flow rate. -The practice is phasing out Nitrous Oxide -Practices regularly review their GA plan. -Partial Intravenous Anaesthesia (PIVA) / Total Intravenous Anaesthesia (TIVA) <p>Case study from Davies Veterinary Specialists: Reducing anaesthetic gas for environmental benefit - Davies Veterinary Specialists (vetspecialists.co.uk)</p>		
<p>The practice provides resources on preventative healthcare.</p>	<p>Reducing the demand for healthcare through prevention will reduce the greenhouse gas emissions associated with healthcare.</p> <p>Examples could include: providing a page on the website with resources on preventative healthcare; offering puppy clinics, obesity clinics, diabetes clinics, vaccinations, worming programmes.</p>		
<p>Original diagnostic images should be retained for an appropriate period.</p> <p><i>This is an existing requirement - Diagnostic imaging 5.2.6 Original</i></p>	<p>Retaining diagnostic images could mean that they do not have to be re-done – saving energy and greenhouse gas emissions.</p> <p>Relevant for X-rays, CT and MRI.</p>		<p>Existing GP requirement with additional guidance notes added in blue.</p>

Requirements	Guidance notes	Documents	Comments
<i>diagnostic images should be retained for an appropriate period</i>	<p>Images may be hard copy or in digital format. Digital images should be stored in DICOM format so that they can be readily retrieved for examination or sending to another practice.</p> <p>Before disposal of images, consideration should be given to their potential future value (ideally these should be retained for at least the life of the patient). Consult your indemnity insurer for advice on retention period.</p>		
<p>The practice undertakes a waste survey at least annually and can demonstrate that the results are analysed and, where appropriate, action has been taken as a result.</p>	<p>Clinical and domestic waste streams are more costly and carbon intensive than recycling streams.</p> <p>Carrying out a waste survey helps practices analyse their waste streams and ensures correct waste segregation.</p> <p>It also enables practices to identify items that are being thrown away frequently and highlights opportunities for reducing this item or swapping this item for reusables.</p> <p>How to conduct a waste survey (example):</p> <ol style="list-style-type: none"> 1. Review your practices waste facilities - do you have enough recycling bins? Are bins labelled with what can/can't be disposed of. 2. Domestic and recycling waste streams: wear appropriate PPE and have a look through the bins. Record the type of waste within them and identify the types of waste you have most and least of. Is there waste in the domestic bins that could be recycled? What is the most commonly disposed item? 3. For clinical waste streams, talk to team members to understand what they are disposing of and ensure they are not putting anything into clinical waste streams that could go into domestic or recycling bins. <p>Use your results to take action on improving waste segregation and/or reducing waste.</p>	Evidence a survey was undertaken, and action taken	A waste survey allows practices to identify whether they are following the waste hierarchy as best they are able. It should also allow practice teams to check that they are following their waste management policy.

Small Animal - AWARDS

Total points available: 510

Outstanding (80%): 410

Good (60%): 310

Points	Requirements	Guidance notes (including why this links to sustainability)	Behaviours	Documents
10	The practice has joined a sustainability network.	<p>At least one current team member from the practice has joined a sustainability network.</p> <p>Understanding sustainable best practice and sharing ideas between practices is key if the veterinary sector is to become more sustainable and reduce its impact on the environment.</p> <p>Veterinary professionals must work together to find solutions - collaboration is key.</p> <p>Example networks: Vet Sustain Facebook group, Vet Sustain mailing list for the monthly newsletter, Sustainable Vet Nurse Facebook group, zero waste veterinary Facebook group, The Centre for Sustainable Healthcare's sustainable operating theatres network or any other group with sustainability as its focus.</p>	At least one current team member regularly checks the sustainability network.	
20	The practice regularly shares the information learned through a	Team members share ideas on sustainable best practice with the team.	The practice updates team members regularly.	

	sustainability network with the rest of the practice.	This could be at team meetings, via emails, intranet pages, or social media groups which could serve as evidence for the assessors.		
10	The practice has a system in place for clients to suggest sustainability ideas and improvements.	<p>By engaging the local community in discussions about sustainability, the practice's efforts can be more far reaching.</p> <p>Examples could include a sustainability suggestion box in reception, a sustainability question added to a feedback form or a section on the website.</p>	One team member to check monthly to see if sustainability ideas have been suggested by clients.	Record of suggestions and actions as a result.
10	The practice measures and monitors its annual energy consumption.	<p>Understanding your practice's energy consumption is crucial to identifying opportunities for reduction - you can't manage what you don't measure.</p> <p>The data should be collected on a document and include:</p> <ul style="list-style-type: none"> - Month of consumption - Electricity consumption recorded in kWh - Energy use for hot water and heating recorded in kWh <p>Energy consumption data for your practice can be found on invoices.</p> <p>If your practice is located in a building owned by another company such as a pet shop you can estimate your energy consumption based on the m2 of your practice space. To do this you'll need to know the annual energy consumption in kWh for the whole premises, floor space of the premises in m2, and the floor space of your practice area in m2. Divide the annual kWh by the total m2 of the whole premises, this will give you kWh per m2. Finally, multiply this figure by the floor space of your practice.</p>		Record of annual energy consumption or annual meter readings or copy of energy invoices.

		If there are different vet companies using the same space at different times you would also need to calculate the energy usage per hour.		
20	The practice has undertaken an energy saving project over the last PSS reporting period.	<p>Examples could include:</p> <p>Carrying out a 'switch off campaign' to ensure everything that can be switched off at the end of the day, is. A lot of energy is wasted when lights and equipment such as AC units are left on unnecessarily or overnight.</p> <p>Installing LED lights. Switching inefficient bulbs to LEDs helps lower electricity bills and Greenhouse Gas emissions. Every traditional halogen bulb replaced with an LED saves £2-3 and 5 kgCO₂e per year.</p> <p>Installing motion sensing light controls where appropriate.</p> <p>Upgrading inefficient equipment.</p>	All team members understand and if appropriate contribute to the energy saving project.	
10	The practice uses a green electricity supplier.	Review your practice's current electricity contract and supplier. If you are on a standard tariff, switch to a renewable tariff or switch to a supplier who produces renewable electricity.		Electricity contract or copy of green electricity certificate (REGO).
10	The practice generates some of its own electricity through onsite renewables.	Examples could include solar panels, wind turbines or investment in a local hydroelectric power scheme.		Amount of onsite electricity generated.
10	The practice uses sustainable technologies to provide some of its heating and hot water.	Examples could include ground source heat pumps, air source heat pumps, solar hot water, biogas.		
20	The practice measures its scope 1 and 2 carbon footprint.	Scope 1 emissions include: fuels used for heating and hot water, anaesthetic gases, petrol/diesel used for fleet vehicles.	All team members understand their practice's carbon hotspots.	Record of scope 1 and 2 carbon footprint calculation.

		<p>Scope 2 emissions include: electricity purchased from the grid.</p> <p>Carbon emission factors from the Department for Business, Energy and Industrial Strategy (BEIS) can be used to calculate the carbon emissions associated with scopes 1 and 2: Government conversion factors for company reporting of greenhouse gas emissions - GOV.UK (www.gov.uk)</p> <p>See resource list for further information and guidance.</p>		
10	<p>The practice sets an annual carbon reduction target (for scopes 1 and 2), and it has been met each year.</p>	<p>The UK has committed to a legally binding target of net zero emissions by 2050. For this target to be met, all organisations must play their part in reducing their carbon footprint.</p> <p>Step 1: calculate your practices scope 1 and 2 annual carbon footprint. This could be for the previous year or a year you have the most available data for (see above requirement for how to calculate this and resource list for further information).</p> <p>Step 2: once you have measured your annual scope 1 and 2 carbon footprint, review this to understand your practices carbon hotspots. What is your practice’s largest contributor to your carbon footprint? Identifying carbon hotspots will help you to understand the potential scale of the target you could achieve.</p> <p>Reducing carbon emissions can be done by either decarbonising sources (e.g., renewable energy generation or electric vehicles) or by reducing consumption of carbon sources (e.g., reducing energy consumption or reducing volatile anaesthetic gases). Can you start to identify opportunities for reduction?</p>		<p>Evidence a target has been set and records showing comparison of annual energy consumption.</p>

		<p>Step 3: set a carbon reduction target which you think is achievable (e.g., 5% or 10%). To find out if you have met your target at the end of the year, measure and review your new annual carbon footprint and compare with the previous years.</p> <p>You might want to include Key Performance Indicators (KPIs) such as carbon footprint per m2 or carbon footprint per animal treated. If you have increased the size of your practice or number of clients, KPIs can take this into account. For example, your carbon footprint could increase if you increase the size of your practice but might have decreased overall when you look at carbon footprint per m2. KPIs can be calculated by dividing your practice's carbon footprint by either the size of your practice (in m2) or by the number of animals treated last year.</p>		
10	The practice measures its scope 3 carbon footprint.	<p>Scope 3 emissions include: water, waste, staff commuting and business travel (non-fleet), procurement, Well-to-Tank and transmission and distribution losses.</p> <p>For water, waste, well-to-tank/transmission and distribution and staff commuting use latest Department for Business, Energy and Industrial Strategy (BEIS) emission factors: Government conversion factors for company reporting of greenhouse gas emissions - GOV.UK (www.gov.uk)</p> <p>For business travel and procurement use <i>[CSH to copy in link once database has been uploaded to CSH networks]</i>.</p>	All team members understand their practices scope 3 carbon hotspots.	Record of scope 3 carbon footprint calculation.
40	The practice has developed an action plan which will be reviewed and updated at regular intervals (at least annually).	An action plan should detail all of the sustainability initiatives you're currently working on, planning for the future, or have already completed.	All team members should be aware of the actions the practice needs to undertake.	Evidence of an up-to-date action plan.

		<p>The action plan should be a 'live' document that is regularly updated with new actions and progress on ongoing actions and should include:</p> <ul style="list-style-type: none"> - The person/persons responsible for completing the action - The status of each action e.g., completed, ongoing, not started <p>The action plan could be discussed at quarterly team meetings.</p>		
10	The practice takes measures to avoid water wastage.	<p>The practice takes measures to minimise water wastage, for example through:</p> <ul style="list-style-type: none"> -The installation of water saving devices such as low flow taps, toilets and fixtures -The regular inspection and repair of water pipes to reduce leakages. 		
10	The practice reduces the number of face to face appointments by combining appointments into one single visit.	This refers to clients coming into the practice rather than practice team members going out to see clients.	All team members should follow the guidelines on combining appointments.	
20	The practice has undertaken an employee travel survey around commuting within the past year.	<p>A travel survey is a good way of engaging team members to think about their travel habits.</p> <p>The results of the travel survey should also be disseminated to all team members at the practice.</p>	Team members take part in the travel survey.	Travel survey analysis and feedback.
10	The practice has a sustainable travel policy.	<p>The sustainable travel policy is an opportunity to outline how the practice might reduce unnecessary travel and promote sustainable travel options including:</p> <ul style="list-style-type: none"> -How veterinary practices will inform its team members and clients about travel options to the veterinary 		Travel policy.

		<p>practice, including active transport routes and public transport. This could be provided to team members in induction packs and be part of the welcome pack for clients.</p> <p>-How the practice encourages the use of sustainable travel options for team members travelling to conferences, meetings, external events and CPD. This could also include consideration of virtual vs face to face where appropriate and where the quality of the delegate experience is not unduly compromised.</p> <p>-How travel to routine appointments is planned to reduce mileage.</p>		
10	Some of the practice's fleet are low carbon vehicles.	<p>The practice has either switched at least one of its fleet vehicles to a low carbon alternative or has a written policy demonstrating that when procuring new vehicles, the practice will only procure low carbon vehicles.</p> <p>Low carbon vehicles include all electric, hybrid and hydrogen.</p>		
10	The practice has a salary sacrifice scheme for bikes or electric cars.	<p>The practice has signed up to a salary sacrifice scheme for bikes, electric bikes or electric cars.</p>		
10	The practice can demonstrate evidence of consolidating its orders and deliveries.	<p>The practices should focus on consolidating its orders and deliveries from pet food, toys, PPE, etc.</p> <p>Veterinary groups with practices in the same geographical location could ensure they all get deliveries from the same supplier on the same day.</p>		
20	The practice can demonstrate measures they have implemented to reduce waste.	<p>Completed projects could be included in the action plan.</p>		

20	<p>The practice can demonstrate evidence of waste reduction.</p> <p><i>This is an existing requirement 16.5.42 that has been split into two (see above requirement)</i></p>	<p>Examples of this could include the practice tracking and measuring its domestic waste, as well as its recycling waste and clinical waste.</p>		<p>Comparison of annual waste reduction.</p>
10	<p>The practice uses reusable sharps bins.</p>	<p>Switching to reusable sharps containers reduces greenhouse gas emissions associated with manufacturing, transportation and packaging of new containers whilst reducing single-use plastic.</p> <p>See the NHS reusable vs disposable sharps case study: Before/after intervention study to determine impact on life-cycle carbon footprint of converting from single-use to reusable sharps containers in 40 UK NHS trusts BMJ Open</p>		
40	<p>The practice takes active steps to reduce medicine over prescribing.</p>	<p>Practices should be following clinical guidelines.</p> <p>Examples could include:</p> <ul style="list-style-type: none"> -The practice policy on dispensing addresses overprescribing/overstocking. -The use of BSAVA no antibiotic required 'non prescription' form and practice poster. Or the use of BEVA non prescription forms (No antibiotic prescription form.pdf (beva.org.uk)) -Worm egg counts are conducted in house. -Kennel cough protocol. 		

		-Following up with clients that medication has been given.		
20	The practice minimises drug wastage.	<p>Overstocking and poor medicine management can lead to drug wastage, unnecessary disposal and as a result in an increase in greenhouse gas emissions.</p> <p>Practices should review their medicine order habits and look at reducing/consolidating their medicine deliveries.</p> <p>There are systems utilised to minimise waste e.g., identification of short dated stock, centrally held stock for cars, active management of stock held in vehicles</p>		
10	The practice can demonstrate it has considered the environmental sustainability of its products.	<p>Examples could include:</p> <ul style="list-style-type: none"> -Practices changing a product to a more sustainable product. -Reviewing the sustainability credentials of some of its products e.g. pet food. <p>Highlighting to suppliers where packaging is excessive or non-recyclable encourages change.</p>		
10	Where clinically appropriate, the practice avoids single use items.	<p>This could include switching from disposable to reusable; gowns, drapes, hats and/or equipment.</p> <p>Reusable gowns and drapes sustainability benefits evidence paper: A comparison of reusable and disposable perioperative textiles: sustainability state-of-the-art 2012 - PubMed (nih.gov)</p> <p>Reusable gowns and drapes clinical benefits evidence paper: Disposable versus reusable medical gowns: A performance comparison - PubMed (nih.gov)</p>		

		<p>NHS case study: switching from disposable to reusable gowns in surgery Introducing team 5 of the Green Surgery Challenge Centre for Sustainable Healthcare</p> <p>RCVS Knowledge: reducing-veterinary-waste.pdf</p>		
20	The practice can demonstrate that part of their business runs paperless.	Review the practice’s current processes to see which already run paperless and which could be run paperless.	According to client preference	
10	The practice has integrated sustainability into quality improvement.	<p>Sustainability in Quality Improvement (SusQI) is an approach to improving healthcare in a holistic way. It measures health outcomes of a service against its environmental, social and economic costs and impacts to determine its ‘sustainable value’. SusQI embeds the Centre for Sustainable Healthcare’s (CSH) principles of sustainable clinical practice: prevention, patient empowerment and self-care, lean clinical pathways and low carbon alternatives.</p> <p>We can improve the sustainability of a procedure/clinical pathway by:</p> <ul style="list-style-type: none"> • Improving preventative steps that can be taken to avoid the procedure in the first place • Offering support which will help the owner of the animal to improve the care they can provide themselves • Reviewing all the steps carried out while implementing a procedure. Are there any unnecessary steps? For example, do we take blood without using the results of the blood test. Undertaking a clinical audit might highlight unnecessary resource use or opportunities for lean clinical pathways. 		

		<ul style="list-style-type: none"> ● Reviewing the resources used to carry out the procedure. Are there resources used though not needed, e.g. does the surgical pack include items which are no used by most veterinary surgeons? Are there more sustainable options to the resources we use? E.g. can we use reusable scissors instead of disposable ones? <p>Assessors will expect to see evidence of SusQI activities.</p> <p>SusQI explained in a short video: Sustainability in Quality Improvement (SusQI) explained - YouTube</p> <p>SusQI website and resources: Home Sustainable Quality Improvement (susqi.org)</p> <p>Link to CSH Green Surgery challenge case studies: Green Surgery Challenge Centre for Sustainable Healthcare</p>		
40	The practice actively promotes biodiversity onsite or in the local community.	<p>Biodiversity plays an important role in sustainability.</p> <p>Examples could include planting trees onsite, wildflower meadows, hanging bird boxes/bird food or join the bee friendly practice scheme (https://britishbeevets.com/how-to-get-involved/)</p> <p>Where practices do not have access to land, examples could include window boxes, insect houses, hanging baskets. Examples could also include community involvement projects such as beach cleans or litter picking in parks.</p>		Evidence of how the practice is promoting biodiversity.
20	At least one current team member in the practice must have undergone sustainability training.	<p>This might include an external course, webinar, online resources or documented self-study. Course length should be one day if given by a course provider or 5 hours in length if self-study or webinar is undertaken.</p>		Proof of environmental sustainability training.

		Assessors will expect team members to be able to discuss what they have learnt from CPD and what changes to practice have been made as a result.		
10	The practice team has been trained in sustainability.	<p>Team members that receive the training must ensure that the knowledge is transferred to other members of the practice team.</p> <p>There is evidence that the information from training and sustainability initiatives is disseminated to the whole team. This may be via dedicated team meetings, events, including sustainability on practice meeting agenda, sharing knowledge from sustainability CPD.</p>	It should be evident in discussion that all team members are aware of their role in improving the sustainability of the practice.	
20	Sustainable veterinary topics are regularly promoted to clients and the public.	Sustainability topics could be featured in practice newsletters or via social media posts.		Evidence of promoted topics.

Equine

Equine - Core

Requirements	Guidance notes (including why this links to sustainability)	Documents	Justification for why the requirement should sit in core
<p>The practice has a written environmental sustainability policy.</p> <p><i>This is an existing requirement 16.2.11</i></p>	<p>This should include a recycling and waste reduction plan.</p> <p><i>An environmental sustainability policy demonstrates a practice and its senior management’s commitment to reducing its environmental impact whilst giving team members a backdrop to start making sustainability changes.</i></p>	Sustainability policy	<p>Existing requirement at GP level, however it should be moved from GP to core because of Code of Conduct section 6.1 – “must consider the impact of their actions on the environment”.</p> <p>This requirement demonstrates the practice’s commitment to environmental sustainability. A</p>

	<p>The practice must share its sustainability policy with its team and should make it accessible to clients e.g., via their website.</p> <p>For guidance on producing a sustainability policy see: Environmental policy: Is this something we should have? (bva.co.uk)</p>		<p>policy should guide the practice’s decision-making and allow outcomes to be assessed.</p> <p>Additional guidance notes added in blue.</p>
<p>The practice must have a policy for how they segregate, store, and dispose of all forms of waste.</p> <p><i>Already an existing requirement 15.1.34</i></p>	<p>Team training:</p> <ul style="list-style-type: none"> - Team members should be able to describe how they handle different forms of waste <p>Storage:</p> <ul style="list-style-type: none"> - Adequate waste receptacles should be used to allow immediate disposal of hazardous items - Full containers should be stored in hygienic conditions and be clearly identified - Hazardous waste (referred to as special waste in Scotland) must be appropriately segregated, safely stored and disposed of by a suitably permitted waste contractor. <p>Recycle appropriate materials: Clinical and domestic waste streams are more costly and carbon intensive than recycling streams. Practices should ensure they have appropriate recycling facilities in place and that they are recycling everything that can be recycled. Appropriate recycling could be facilitated through signage.</p> <p>Assessors will ask to see evidence of:</p> <ul style="list-style-type: none"> - The current waste pre-acceptance audit should be available <p>https://www.gov.uk/guidance/healthcare-waste-appropriate-measures-for-permitted-facilities/waste-pre-acceptance-acceptance-and-tracking-appropriate-measures</p>	<p>Contract with waste contractor and waste policy</p>	<p>Existing core requirement.</p> <p>This requirement ensures that the waste management hierarchy is followed, and current waste legislation is adhered to.</p>

	<p>https://www.issafe.co.uk/wp-content/uploads/2013/08/Pre-acceptanceWasteAudits1.pdf</p> <ul style="list-style-type: none"> - A contract with a permitted waste contractor(s) - Policies and practice to segregate and label waste into appropriate streams and to store it hygienically - Consignment notes for hazardous waste disposal, which form the basis of a hazardous waste register for those practices in England and Wales - Waste transfer notes (which should be stored for two years) <p>For both hazardous and non-hazardous waste, practices may wish to refer to the BVA Good Practice Guide to Handling Veterinary Waste for further guidance: https://www.rcvs.org.uk/bva-vet-waste. However, local variations exist, and practices should therefore consult the Environment Agency or their own local waste management authority for information.</p>		
<p>Equipment used within the practice is well maintained and regularly serviced according to manufacturers' recommendations.</p> <p><i>This is an existing requirement 15.1.20</i></p>	<p><i>The manufacturing and delivery of equipment contributes to greenhouse gas emissions. Servicing and maintaining equipment regularly increases its lifespan/makes it last longer.</i></p> <p>Evidence of maintenance and servicing of all equipment, including but not limited to: anaesthetic machines, autoclaves, monitors, laboratory equipment, X-ray apparatus, air conditioning, heating appliances, maintained fire alarms, emergency lighting and fire extinguishers.</p> <p>Frequency of servicing is determined by the manufacturer or a competent person's recommendation.</p> <p>Damaged or failed equipment should be clearly identified and removed from use until repaired.</p> <p>Equipment used at home for work purposes also needs to comply with health and safety regulations and would be subject to maintenance and testing.</p>	<p>Protocols for maintenance of instruments</p>	<p>Existing core requirement.</p> <p>Additional guidance notes added (in blue) highlighting the link with environmental sustainability.</p>
<p>A practice must be able to demonstrate that when using</p>	<p>The development and spread of antimicrobial resistance are a global public health problem that is affected by use of these medicinal</p>		<p>Existing core requirement.</p>

<p>antimicrobials, it does so responsibly, and is accountable for the choices made in such use.</p> <p><i>This is an existing requirement but has been split into two (see below)</i> - Medicine 10.1.28</p>	<p>products in both humans and animals. Vets play a key role in preserving the efficiency of these medicines.</p> <p>Veterinary surgeons must be seen to ensure that when using antimicrobials they do so responsibly, and be accountable for the choices made in such use.</p> <p>Antimicrobials advice is available from the BVA: https://www.rcvs.org.uk/bva-amr as well as their antimicrobials poster for use in practice: https://www.rcvs.org.uk/bva-amr-plan. The BSAVA also provides advice on the responsible use of antimicrobials: https://www.rcvs.org.uk/bsava-amr.</p> <p>BEVA advice on use of antimicrobials, including the PROTECT ME toolkit, advice about the Cascade and tips for antimicrobial stewardship: https://www.beva.org.uk/Guidance-and-Resources/Medicines/Antibiotics</p> <p>Additional Resources from BSAVA, all free to download regardless of BSAVA membership status:</p> <ol style="list-style-type: none"> 1. BSAVA Medicines Guide: Section on Antimicrobials - https://www.bsavalibrary.com/content/chapter/10.22233/9781905319862.chap13 2. PROTECTME notes https://www.bsavalibrary.com/content/book/10.22233/9781910443644#chapters 3. PROTECTME posters (general and rabbit) https://www.bsavalibrary.com/content/chapter/10.22233/9781910443644.chap6_1#supplementary_data 4. Non-Prescription form (sample) https://www.bsavalibrary.com/content/chapter/10.22233/9781910443644.app15#supplementary_data 	<p>This requirement already has a strong link with sustainability and should be included in the module.</p>
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	Examples of what assessors might look at - policy, medical records, poster, meetings where they created perioperative antibiotic protocol. Assessors will also talk to team members.		
<p>A practice must be able to demonstrate that when using endoparasiticides, it does so responsibly, and is accountable for the choices made in such use.</p> <p>New requirement</p>	<p>Endoparasiticides are linked to various environmental concerns such as the development of resistance.</p> <p>In particular, the resistance to anthelmintics in grazing animals is serious and on the increase; veterinary surgeons must use these products responsibly to minimise resistance development.</p> <p>Examples of what assessors might look at, policy, medical records, poster, meetings where they created perioperative antibiotic protocol. Assessors will also talk to team members.</p> <p>Guidelines for anthelmintic use in horses include: European Scientific Counsel Companion Animal Parasites: www.esccap.org/guidelines/g18/ American Association of Equine Practitioners: www.aaep.org/document/internal-parasite-control-guidelines</p>		VMD-led UK Equine Anthelmintic Stakeholder group are proposing to produce Best Practice Guidelines for parasite control and anthelmintic use, but not available yet - should be added once the guidelines are published
<p>A practice must be able to demonstrate that when using ectoparasiticides, it does so responsibly, and is accountable for the choices made in such use.</p> <p><i>New requirement.</i></p>	<p>Ectoparasiticides are linked to various environmental concerns such as the development of resistance and damage to ecosystems. For example, a recent study highlighted ectoparasiticides as a source of pollution for aquatic ecosystems (Potential role of veterinary flea products in widespread pesticide contamination of English rivers - ScienceDirect).</p> <p>(Guidance from VMD to be added when available)</p>		VMD-led UK Equine Anthelmintic Stakeholder group are proposing to produce Best Practice Guidelines for parasite control and anthelmintic use, but not available yet - should be added once the guidelines are published.
<p>There must be an efficient stock control system to ensure a continuous supply of all medicines and removal of out-of-date medicines in accordance with current legislation.</p>	<p><i>Overstocking and poor medicine management can lead to drug wastage, unnecessary disposal and as a result an increase in greenhouse gas emissions. Efficient stock control can reduce medicine wastage.</i></p>		<p>Existing core requirement.</p> <p>Additional guidance notes added (in blue) highlighting the link with environmental sustainability.</p>

<p><i>This is an existing requirement: medicines 10.1.9</i></p>	<p>Procedures should be in place to quarantine, and ultimately dispose of, out of date medicines and leaking, broken or unwanted containers and to deal with spillages and leakages.</p>		
<p>Medicines should be disposed of in accordance with current legislation.</p> <p><i>This is an existing requirement medicines 9.1.11</i></p>	<p>Improper disposal of medicines causes environmental damage such as ecotoxicity.</p> <p>Stock of Schedule 2 Controlled Drugs must be destroyed in the presence of an authorised witness and the resulting destroyed products and containers appropriately disposed of.</p> <p>Authorised witnesses include:</p> <ul style="list-style-type: none"> - An inspector appointed under regulation 33 of the Veterinary Medicines Regulations - A veterinary surgeon independent of a practice where the destruction takes place. This would include those who have no personal, professional or financial interest in the veterinary practice where the drug is being destroyed. Temporary team members and family members are specifically excluded - A person authorised to witness the destruction of Controlled Drugs under the MDR 2001 or the MDR (NI) 2002 such as a Police CD Liaison Officer; a list of Police CD Liaison Officers can be found at: https://www.rcvs.org.uk/cdlos <p>A record must be made of the date of destruction and the quantity destroyed, which the witness must sign. It is also good practice to record the name of the CD, form, strength and quantity.</p> <p>A separate record should be kept of client returned Schedule 2 Controlled Drugs and they should not be re-entered in the Controlled Drugs Register. They do not need to be destroyed in the presence of an authorised witness, but, it is considered good practice to do so.</p>		<p>Existing core requirement.</p> <p>Additional guidance notes added (in blue) highlighting the link with environmental sustainability.</p>

	<p>Any special handling or disposal requirements, such as for cytotoxic medicines, must be observed.</p> <p>If practices are denaturing Controlled Drugs prior to their disposal they must have a T28 exemption certificate from the environment agency. See GOV</p>		
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Equine – GP

Requirements	Guidance notes	Documents	Comments
<p>The practice has appointed a sustainability champion or created a sustainability team.</p>	<p>Evidence could be a nominated sustainability champion which is included in the sustainability policy.</p> <p>For solo vets having a written sustainability policy could be enough evidence.</p>	<p>Name of designated person(s).</p>	
<p>The practice must have a system in place for team members to suggest sustainability ideas and improvements.</p>	<p>Veterinary surgeons, nurses and team members in practices are best placed to make sustainability improvements within their own practices.</p> <p>The practice should encourage all team members to identify areas which could be improved or considered for improvement.</p> <p>This could be through raising suggestions via the sustainability team/sustainability champion, having a sustainability suggestions board/box for team members, a page on the practice website or adding it to the agenda of team meetings.</p> <p>Assessors will want to see evidence of a suggestions board/box for team members, team meeting agenda, a page on the practice website etc, and will talk to team members to understand how they raise sustainability improvement ideas at their practice.</p>	<p>Record of suggestions and actions as a result.</p>	

Requirements	Guidance notes	Documents	Comments
The practice communicates its sustainability achievements to its clients.	Information could be provided on the practice website, in the client welcome pack, via social media or on waiting room displays.	Evidence of sustainability achievements being communicated.	
Routine appointments to and for clients are planned to reduce mileage.	Where possible, appointments in the same area are arranged on the same day to reduce mileage and save greenhouse gas emissions. Assessors will talk to team members to understand how routine appointments are planned.		
The area immediately surrounding the premises must be maintained in a clean and tidy state and should not negatively impact the environment. <i>Existing requirement 16.2.1 but with an additional sustainability element (in blue).</i>	Team members are aware of the need to provide a hygienic and tidy front practice. This includes practice signage.		
The practice advises clients to return unused medications to the practice for appropriate safe disposal.	Flushing medicines, pouring them down the sink or disposing of them via landfill (black bin) poses a risk to the environment.		
The practice demonstrates that they employ techniques to minimise anaesthetic gas usage.	Anaesthetic gases have a high environmental impact. Example techniques could include: -The practice considers using local and regional anaesthetic where appropriate.		

Requirements	Guidance notes	Documents	Comments
	<ul style="list-style-type: none"> -The practice is optimising the flow rate. -The practice is phasing out Nitrous Oxide -Practices regularly review their GA plan. -Partial Intravenous Anaesthesia (PIVA) / Total Intravenous Anaesthesia (TIVA) <p>Case study from Davies Veterinary Specialists: Reducing anaesthetic gas for environmental benefit - Davies Veterinary Specialists (vetspecialists.co.uk)</p>		
<p>The practice provides resources on preventative healthcare.</p>	<p>Reducing the demand for healthcare through prevention will reduce the greenhouse gas emissions associated with healthcare.</p> <p>Examples could include: providing a page on the website with resources on preventative healthcare; diabetes clinics, vaccinations, worming programmes, routine dental check-ups for horses horse health plans and herd health plans where members of the vet led team advise on preventative measures.</p>		
<p>Original diagnostic images should be retained for an appropriate period.</p> <p><i>This is an existing requirement - Diagnostic imaging 5.2.6 Original diagnostic images should be retained for an appropriate period</i></p>	<p>Retaining diagnostic images could mean that they do not have to be re-done – saving energy and greenhouse gas emissions.</p> <p>Relevant for X-rays, CT and MRI.</p> <p>Images may be hard copy or in digital format. Digital images should be stored in DICOM format so that they can be readily retrieved for examination or sending to another practice.</p> <p>Before disposal of images, consideration should be given to their potential future value (ideally these should be retained for at least the life of the patient). Consult your indemnity insurer for advice on retention period.</p>		

Requirements	Guidance notes	Documents	Comments
<p>The practice undertakes a waste survey at least annually and can demonstrate that the results are analysed and, where appropriate, action has been taken as a result.</p>	<p>Clinical and domestic waste streams are more costly and carbon intensive than recycling streams.</p> <p>Carrying out a waste survey helps practices analyse their waste streams and ensures correct waste segregation.</p> <p>It also enables practices to identify items that are being thrown away frequently and highlights opportunities for reducing this item or swapping this item for reusables.</p> <p>How to conduct a waste survey (example):</p> <ol style="list-style-type: none"> 1. Review your practices waste facilities - do you have enough recycling bins? Are bins labelled with what can/can't be disposed of. 2. Domestic and recycling waste streams: wear appropriate PPE and have a look through the bins. Record the type of waste within them and identify the types of waste you have most and least of. Is there waste in the domestic bins that could be recycled? What is the most commonly disposed item? 3. For clinical waste streams, talk to team members to understand what they are disposing of and ensure they are not putting anything into clinical waste streams that could go into domestic or recycling bins. <p>Use your results to take action on improving waste segregation and/or reducing waste.</p>	<p>Evidence a survey was undertaken</p>	<p>A waste survey allows practices to identify whether they are following the waste hierarchy as best they are able. It should also allow practice teams to check that they are following their waste management policy.</p>

Equine – AWARDS

Total points available: 450

Outstanding (80%): 360

Good (60%): 270

Points	Requirements	Guidance notes (including why this links to sustainability)	Behaviours	Documents
10	The practice has joined a sustainability network.	<p>At least one current team member from the practice has joined a sustainability network.</p> <p>Understanding sustainable best practice and sharing ideas between practices is key if the veterinary sector is to become more sustainable and reduce its impact on the environment.</p> <p>Veterinary professionals must work together to find solutions - collaboration is key.</p> <p>Example networks: Vet Sustain Facebook group, Vet Sustain mailing list for the monthly newsletter, Sustainable Vet Nurse Facebook group, zero waste veterinary Facebook group, The Centre for Sustainable Healthcare's sustainable operating theatres network or any other group with sustainability as its focus.</p>	At least one current team member regularly checks the sustainability network.	
20	The practice regularly shares the information learned through a sustainability network with the rest of the practice.	<p>Team members share ideas on sustainable best practice with the team.</p> <p>This could be at team meetings, via emails, intranet pages, or social media groups which could serve as evidence for the assessors.</p>	The practice updates team members regularly.	
10	The practice has a system in place for clients to suggest sustainability ideas and improvements.	<p>By engaging the local community in discussions about sustainability, the practice's efforts can be more far reaching.</p> <p>Examples could include a sustainability suggestion box in reception, a sustainability question added to a feedback form or a section on the website.</p>	One team member to check monthly to see if sustainability ideas have been suggested by clients.	Record of suggestions and actions taken as a result.

10	The practice measures and monitors its annual energy consumption.	<p>Understanding your practice's energy consumption is crucial to identifying opportunities for reduction - you can't manage what you don't measure.</p> <p>The data should be collected on a document and include:</p> <ul style="list-style-type: none"> - Month of consumption - Electricity consumption recorded in kWh - Energy use for hot water and heating recorded in kWh <p>Energy consumption data for your practice can be found on invoices.</p> <p>If your practice is located in a building owned by another company such as a pet shop, you can estimate your energy consumption based on the m2 of your practice space. To do this you'll need to know the annual energy consumption in kWh for the whole premises, floor space of the premises in m2, and the floor space of your practice area in m2. Divide the annual kWh by the total m2 of the whole premises, this will give you kWh per m2. Finally, multiply this figure by the floor space of your practice.</p> <p>If there are different vet companies using the same space at a different time you would also need to calculate the energy usage per hour.</p>		Record of annual energy consumption or annual meter readings or copy of energy invoices.
10	The practice has undertaken an energy saving project over the last PSS reporting period.	<p>Examples could include:</p> <p>Carrying out a 'switch off campaign' to ensure everything that can be switched off at the end of the day, is. A lot of energy is wasted when lights and equipment such as AC units are left on unnecessarily or overnight.</p> <p>Installing LED lights. Switching inefficient bulbs to LEDs helps lower electricity bills and Greenhouse Gas emissions. Every traditional halogen bulb replaced with an LED saves £2-3 and 5 kgCO2e per year.</p> <p>Installing motion sensing light controls where appropriate.</p> <p>Upgrading inefficient equipment.</p>	All team members understand and if appropriate contribute to the energy saving project.	
10	The practice uses a green electricity supplier.	Review your practice's current electricity contract and supplier. If you are on a standard tariff, switch to a renewable tariff or switch to a supplier who produces		Electricity contract or copy of green

		renewable electricity.		electricity certificate (REGO).
10	The practice generates some of its own electricity through onsite renewables.	Examples could include solar panels and wind turbines, investment in a local hydroelectric power scheme.		Amount of electricity generated.
10	The practice uses sustainable technologies to provide some of its heating and hot water.	Examples could include ground source heat pumps, air source heat pumps, solar hot water, biogas.		
20	The practice measures its scope 1 and 2 carbon footprint.	<p>Scope 1 emissions include: fuels used for heating and hot water, anaesthetic gases, petrol/diesel used for fleet vehicles.</p> <p>Scope 2 emissions include: electricity purchased from the grid.</p> <p>Carbon emission factors from the Department for Business, Energy and Industrial Strategy (BEIS) can be used to calculate the carbon emissions associated with scopes 1 and 2: Government conversion factors for company reporting of greenhouse gas emissions - GOV.UK (www.gov.uk)</p> <p>See resource list for further information and guidance.</p>	All team members understand their practice's carbon hotspots.	Record of scope 1 and 2 carbon footprint calculation.
10	The practice sets an annual carbon reduction target (for scopes 1 and 2), and it has been met each year.	<p>The UK has committed to a legally binding target of net zero emissions by 2050. For this target to be met, all organisations must play their part in reducing their carbon footprint.</p> <p>Step 1: calculate your practices scope 1 and 2 annual carbon footprint. This could be for the previous year or a year you have the most available data for (see above requirement for how to calculate this and resource list for further information).</p> <p>Step 2: once you have measured your annual scope 1 and 2 carbon footprint, review this to understand your practices carbon hotspots. What is your practice's largest contributor to your carbon footprint? Identifying carbon</p>		Evidence a target has been set and records showing comparison of annual energy consumption.

		<p>hotspots will help you to understand the potential scale of the target you could achieve.</p> <p>Reducing carbon emissions can be done by either decarbonising sources (e.g., renewable energy generation or electric vehicles) or by reducing consumption of carbon sources (e.g., reducing energy consumption or reducing volatile anaesthetic gases). Can you start to identify opportunities for reduction?</p> <p>Step 3: set a carbon reduction target which you think is achievable (e.g., 5% or 10%). To find out if you have met your target at the end of the year, measure and review your new annual carbon footprint and compare with the previous years.</p> <p>You might want to include Key Performance Indicators (KPIs) such as carbon footprint per m2 or carbon footprint per animal treated. If you have increased the size of your practice or number of clients, KPIs can take this into account. For example, your carbon footprint could increase if you increase the size of your practice but might have decreased overall when you look at carbon footprint per m2. KPIs can be calculated by dividing your practice’s carbon footprint by either the size of your practice (in m2) or by the number of animals treated last year.</p>		
10	The practice measures its scope 3 carbon footprint.	<p>Scope 3 emissions include: water, waste, staff commuting and business travel (non-fleet), procurement, Well-to-Tank and transmission and distribution losses.</p> <p>For water, waste, well-to-tank/transmission and distribution and staff commuting use latest Department for Business, Energy and Industrial Strategy (BEIS) emission factors: Government conversion factors for company reporting of greenhouse gas emissions - GOV.UK (www.gov.uk)</p> <p>For business travel and procurement use [CSH to copy in link once database has been uploaded to CSH networks].</p>	All team members understand their practices scope 3 carbon hotspots.	Record of scope 3 carbon footprint calculation.
20	The practice has developed an action plan which will be reviewed and updated at regular intervals (at least annually).	<p>An action plan should detail all of the sustainability initiatives you’re currently working on, planning for the future, or have already completed.</p> <p>The action plan should be a ‘live’ document that is regularly updated with new actions and progress on ongoing actions and should include:</p>	All team members should be aware of the actions the	Evidence of an up-to-date action plan.

		<ul style="list-style-type: none"> - The person/persons responsible for completing the action - The status of each action e.g., completed, ongoing, not started <p>The action plan could be discussed at quarterly team meetings.</p>	practice needs to undertake.	
10	The practice takes measures to avoid water wastage.	<p>The practice takes measures to minimise water wastage, for example through:</p> <ul style="list-style-type: none"> -The installation of water saving devices such as low flow taps, toilets and fixtures -The regular inspection and repair of water pipes to reduce leakages. 		
10	The practice reduces the number of face to face appointments by combining appointments into one single visit.	<p>This refers to clients coming into the practice rather than team members going out to see clients.</p>	All team members should follow the guidelines on combining appointments.	
10	The practice has undertaken an employee travel survey around commuting within the past year.	<p>A travel survey is a good way of engaging team members to think about their travel habits.</p> <p>The results of the travel survey should also be disseminated to all team members at the practice.</p>	Team members take part in the travel survey.	Travel survey analysis and feedback.
10	The practice has a sustainable travel policy.	<p>The sustainable travel policy is an opportunity to outline how the practice might reduce unnecessary travel and promote sustainable travel options including:</p> <ul style="list-style-type: none"> -How veterinary practices will inform its team members and clients about travel options to the veterinary practice, including active transport routes and public transport. This could be provided to team members in induction packs and be part of the welcome pack for clients. -How the practice encourages the use of sustainable travel options for team members travelling to conferences, meetings, external events and CPD. This could also include consideration of virtual vs face to face where appropriate and where the quality of the delegate experience is not unduly compromised. -How travel to routine appointments is planned to reduce mileage. 		Travel policy.

		For further guidance see: Driving Tips for (Ecologically) Driven Vets - Fourth Sustainability Tip for Practices British Equine Veterinary Association (beva.org.uk)		
20	Some of the practice's fleet are low carbon vehicles.	The practice has either switched at least one of its fleet vehicles to a low carbon alternative or has a written policy demonstrating that when procuring new vehicles, the practice will only procure low carbon vehicles. Low carbon vehicles include all electric, hybrid and hydrogen.		
10	The practice can demonstrate evidence of consolidating its orders and deliveries.	Practices should focus on consolidating its orders and deliveries from pet food, toys, PPE, etc. Veterinary groups with practices in the same geographical location could ensure they all get deliveries from the same supplier on the same day.		
20	The practice can demonstrate measures they have implemented to reduce waste.	Completed projects could be included in the action plan.		
10	The practice can demonstrate evidence of waste reduction. <i>This is an existing requirement 16.5.42 that has been split into two (see above requirement)</i>	Examples of this could include the practice tracking and measuring its domestic waste, as well as its recycling waste and clinical waste.		Comparison of annual waste reduction.
10	The practice uses reusable sharps bins.	Switching to reusable sharps containers reduces greenhouse gas emissions associated with manufacturing, transportation and packaging of new containers whilst reducing single-use plastic. See the NHS reusable vs disposable sharps case study: Before/after intervention study to determine impact on life-cycle carbon footprint of converting from single-use to reusable sharps containers in 40 UK NHS trusts BMJ Open		

30	The practice takes active steps to reduce medicine over prescribing.	<p>Practices should be following clinical guidelines.</p> <p>Examples could include:</p> <ul style="list-style-type: none"> -The practice policy on dispensing addresses overprescribing/overstocking. -The use of BSAVA no antibiotic required 'non prescription' form and practice poster. Or the use of BEVA non prescription forms (No antibiotic prescription form.pdf (beva.org.uk)) -Worm egg counts are conducted in house. -Kennel cough protocol. -Following up with clients that medication has been given. 		
20	The practice minimises drug wastage.	<p>Overstocking and poor medicine management can lead to drug wastage, unnecessary disposal and as a result in an increase in greenhouse gas emissions.</p> <p>Practices should review their medicine order habits and look to at reducing/consolidating their medicine deliveries.</p> <p>There are systems utilised to minimise waste e.g., identification of short dated stock, centrally held stock for cars, active management of stock held in vehicles</p>		
10	The practice can demonstrate it has considered the environmental sustainability of its products.	<p>Examples could include:</p> <ul style="list-style-type: none"> -Practices changing a product to a more sustainable product. -Reviewing the sustainability credentials of some of its products e.g. pet food -Highlighting to suppliers where packaging is excessive or non-recyclable encourages change. 		
10	Where clinically appropriate, the practice avoids single use items.	<p>This could include switching from disposable to reusable; gowns, drapes, hats and/or equipment.</p>		

		<p>Reusable gowns and drapes sustainability benefits evidence paper: A comparison of reusable and disposable perioperative textiles: sustainability state-of-the-art 2012 - PubMed (nih.gov)</p> <p>Reusable gowns and drapes clinical benefits evidence paper: Disposable versus reusable medical gowns: A performance comparison - PubMed (nih.gov)</p> <p>NHS case study: switching from disposable to reusable gowns in surgery Introducing team 5 of the Green Surgery Challenge Centre for Sustainable Healthcare</p> <p>RCVS Knowledge: reducing-veterinary-waste.pdf</p>		
20	The practice can demonstrate that part of their business runs paperless.	Review the practice's current processes to see which already run paperless and which could be run paperless.	According to client preference	
10	The practice has integrated sustainability into quality improvement.	<p>Sustainability in Quality Improvement (SusQI) is an approach to improving healthcare in a holistic way. It measures health outcomes of a service against its environmental, social and economic costs and impacts to determine its 'sustainable value'. SusQI embeds the Centre for Sustainable Healthcare (CSH) principles of sustainable clinical practice: prevention, patient empowerment and self-care, lean clinical pathways and low carbon alternatives.</p> <p>We can improve the sustainability of a procedure/clinical pathway by:</p> <ul style="list-style-type: none"> ● Improving preventative steps that can be taken to avoid the procedure in the first place ● Offering support which will help the owner of the animal to improve the care they can provide themselves ● Reviewing all the steps carried out while implementing a procedure. Are there any unnecessary steps? For example, do we take blood without using the results of the blood test. Undertaking a clinical audit 		

		<p>might highlight unnecessary resource use or opportunities for lean clinical pathways.</p> <ul style="list-style-type: none"> ● Reviewing the resources used to carry out the procedure. Are there resources used though not needed, e.g. does the surgical pack include items which are no used by most veterinary surgeons? Are there more sustainable options to the resources we use? E.g. can we use reusable scissors instead of disposable ones? <p>Assessors will expect to see evidence of SusQI activities.</p> <p>SusQi explained in a short video: Sustainability in Quality Improvement (SusQI) explained - YouTube</p> <p>SusQi website and resources: Home Sustainable Quality Improvement (susqi.org)</p> <p>Link to CSH Green Surgery challenge case studies: Green Surgery Challenge Centre for Sustainable Healthcare</p>		
40	The practice actively promotes biodiversity onsite or in the local community.	<p>Biodiversity plays an important role in sustainability.</p> <p>Examples could include planting trees onsite, wildflower meadows, hanging bird boxes/bird food or join the bee friendly practice scheme (https://britishbeevets.com/how-to-get-involved/)</p> <p>Where practices do not have access to land, examples could include window boxes, insect houses, hanging baskets. Examples could also include community involvement projects such as beach cleans or litter picking in parks.</p>		Evidence of how the practice is promoting biodiversity.
20	At least one current team member in the practice must have undergone sustainability training.	<p>This might include an external course, webinar, online resources or documented self-study. Course length should be one day if given by a course provider or 5 hours in length if self-study or webinar is undertaken.</p> <p>Assessors will expect team members to be able to discuss what they have learnt from CPD and what changes to practice have been made as a result.</p>		Proof of environmental sustainability training.

10	The practice team has been trained in sustainability.	<p>Team members that receive the training must ensure that the knowledge is transferred to other members of the practice team.</p> <p>There is evidence that the information from training and sustainability initiatives is disseminated to the whole team. This may be via dedicated team meetings, events, including sustainability on practice meeting agenda, sharing knowledge from sustainability CPD.</p>	It should be evident in discussion that all team members are aware of their role in improving the sustainability of the practice.	
20	Sustainable veterinary topics are regularly promoted to clients and the public.	Sustainability topics could be featured in practice newsletters or via social media posts.		Evidence of promoted topics.

Farm

Farm - CORE

Requirements	Guidance notes (including why this links to sustainability)	Documents	Justification for why the requirement should sit in core
<p>The practice has a written environmental sustainability policy.</p> <p><i>This is an GP existing requirement 16.2.11</i></p>	<p>This should include a recycling and waste reduction plan.</p> <p><i>An environmental sustainability policy demonstrates a practice and its senior management’s commitment to reducing its environmental impact whilst giving team members a backdrop to start making sustainability changes.</i></p> <p><i>The practice must share its sustainability policy with its team and should make it accessible to clients e.g., via their website.</i></p> <p><i>For guidance on producing a sustainability policy see: Environmental policy: Is this something we should have? (bva.co.uk)</i></p>	Sustainability policy	<p>Existing requirement at GP level, however it should be moved from GP to core because of Code of Conduct section 6.1 – “must consider the impact of their actions on the environment”.</p> <p>This requirement demonstrates the practice’s commitment to environmental sustainability. A policy should guide the practice’s decision-making and allow outcomes to be assessed.</p> <p>Additional guidance notes added in blue.</p>

<p>The practice must have a policy for how they segregate, store, and dispose of all forms of waste.</p> <p><i>Already an existing requirement 14.1.33</i></p>	<p>Team training:</p> <ul style="list-style-type: none"> - Team members should be able to describe how they handle different forms of waste <p>Storage:</p> <ul style="list-style-type: none"> - Adequate waste receptacles should be used to allow immediate disposal of hazardous items - Full containers should be stored in hygienic conditions and be clearly identified - Hazardous waste (referred to as special waste in Scotland) must be appropriately segregated, safely stored and disposed of by a suitably permitted waste contractor. <p>Recycle appropriate materials: Clinical and domestic waste streams are more costly and carbon intensive than recycling streams. Practices should ensure they have appropriate recycling facilities in place and that they are recycling everything that can be recycled. Appropriate recycling could be facilitated through signage.</p> <p>Assessors will ask to see evidence of:</p> <ul style="list-style-type: none"> - The current waste pre-acceptance audit should be available <p>https://www.gov.uk/guidance/healthcare-waste-appropriate-measures-for-permitted-facilities/waste-pre-acceptance-acceptance-and-tracking-appropriate-measures</p> <p>https://www.issafe.co.uk/wp-content/uploads/2013/08/Pre-acceptanceWasteAudits1.pdf</p> <ul style="list-style-type: none"> - A contract with a permitted waste contractor(s) Contract with waste contractor and waste policy. Waste consignment notes. - Policies and practice to segregate and label waste into appropriate streams and to store it hygienically 	<p>Contract with waste contractor and waste policy</p>	<p>Existing core requirement.</p> <p>This requirement ensures that the waste management hierarchy is followed, and current waste legislation is adhered to.</p>
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	<p>- Consignment notes for hazardous waste disposal, which form the basis of a hazardous waste register for those practices in England and Wales</p> <p>- Waste transfer notes (which should be stored for two years)</p> <p>For both hazardous and non-hazardous waste, practices may wish to refer to the BVA Good Practice Guide to Handling Veterinary Waste for further guidance: https://www.rcvs.org.uk/bva-vet-waste. However, local variations exist, and practices should therefore consult the Environment Agency or their own local waste management authority for information</p>		
<p>Equipment used within the practice is well maintained and regularly serviced according to manufacturers' recommendations.</p> <p><i>This is an existing requirement 14.1.19</i></p>	<p>The manufacturing and delivery of equipment contributes to greenhouse gas emissions. Servicing and maintaining equipment regularly increases its lifespan/makes it last longer.</p> <p>Evidence of maintenance and servicing of all equipment, including but not limited to: anaesthetic machines, autoclaves, monitors, laboratory equipment, X-ray apparatus, air conditioning, heating appliances, maintained fire alarms, emergency lighting and fire extinguishers.</p> <p>Frequency of servicing is determined by the manufacturer or a competent person's recommendation.</p> <p>Damaged or failed equipment should be clearly identified and removed from use until repaired.</p> <p>Equipment used at home for work purposes also needs to comply with health and safety regulations and would be subject to maintenance and testing.</p>	<p>Protocols for maintenance of instruments</p>	<p>Existing core requirement.</p> <p>Additional guidance notes added (in blue) highlighting the link with environmental sustainability.</p>
<p>A practice must be able to demonstrate that when using antimicrobials, it does so</p>	<p>The development and spread of antimicrobial resistance are a global public health problem that is affected by use of these</p>		<p>Existing core requirement.</p>

<p>responsibly, and is accountable for the choices made in such use.</p> <p><i>This is an existing requirement but has been split into two (see below) - Medicine 8.1.28</i></p> <p>Requirement to be adapted to include ectoparasiticides once guidance from VMD is published.</p>	<p>medicinal products in both humans and animals. Vets play a key role in preserving the efficiency of these medicines.</p> <p>Veterinary surgeons must be seen to ensure that when using antimicrobials they do so responsibly, and be accountable for the choices made in such use.</p> <p>Antimicrobials advice is available from the BVA: https://www.rcvs.org.uk/bva-amr as well as their antimicrobials poster for use in practice: https://www.rcvs.org.uk/bva-amr-plan.</p> <p>The BSAVA also provides advice on the responsible use of antimicrobials: https://www.rcvs.org.uk/bsava-amr.</p> <p>RUMA - Home - Responsible Use of Medicines in Agriculture Alliance (ruma.org.uk), Farm Vet Champions: Farm Vet Champions - RCVS Knowledge</p> <p>Examples of what assessors might look at - policy, medical records, poster, meetings where they created perioperative antibiotic protocol. Assessors will also talk to team members.</p>		<p>This requirement already has a strong link with sustainability and should be included in the module.</p>
<p>A practice must be able to demonstrate that when using endoparasiticides, it does so responsibly, and is accountable for the choices made in such use.</p> <p>New requirement</p>	<p>Endoparasiticides are linked to various environmental concerns such as the development of resistance.</p> <p>In particular, the resistance to anthelmintics in animals is serious and on the increase; veterinary surgeons must use these products responsibly to minimise resistance development.</p> <p>Examples of what assessors might look at include: policy, medical records, poster, meetings where anthelmintics has been discussed. Assessors will also talk to practice team members.</p> <p>https://www.esccap.org/guidelines/</p>		<p>Farm animal specific resources required</p>
<p>A practice must be able to demonstrate that when using</p>	<p>Ectoparasiticides are linked to various environmental concerns such as the development of resistance and damage to ecosystems.</p>		

<p>ectoparasiticides, it does so responsibly, and is accountable for the choices made in such use.</p> <p><i>New requirement.</i></p>	<p>For example, a recent study highlighted ectoparasiticides as a source of pollution for aquatic ecosystems (Potential role of veterinary flea products in widespread pesticide contamination of English rivers - ScienceDirect).</p> <p>(Guidance from VMD to be added when available)</p>	<p>VMD-led UK Equine Anthelmintic Stakeholder group are proposing to produce Best Practice Guidelines for parasite control and anthelmintic use, but not available yet - should be added once the guidelines are published.</p>
<p>There must be an efficient stock control system to ensure a continuous supply of all medicines and removal of out-of-date medicines in accordance with current legislation.</p> <p><i>This is an existing requirement: medicines 8.1.9</i></p>	<p>Overstocking and poor medicine management can lead to drug wastage, unnecessary disposal and as a result an increase in greenhouse gas emissions. Efficient stock control can reduce medicine wastage.</p> <p>Procedures should be in place to quarantine, and ultimately dispose of, out of date medicines and leaking, broken or unwanted containers and to deal with spillages and leakages.</p>	<p>Existing core requirement.</p> <p>Additional guidance notes added (in blue) highlighting the link with environmental sustainability.</p>
<p>Medicines should be disposed of in accordance with current legislation.</p> <p><i>This is an existing requirement medicines 8.1.11</i></p>	<p>Improper disposal of medicines causes environmental damage such as ecotoxicity.</p> <p>Stock of Schedule 2 Controlled Drugs must be destroyed in the presence of an authorised witness and the resulting destroyed products and containers appropriately disposed of.</p> <p>Authorised witnesses include:</p> <ul style="list-style-type: none"> - An inspector appointed under regulation 33 of the Veterinary Medicines Regulations - A veterinary surgeon independent of a practice where the destruction takes place. This would include those who have no personal, professional or financial interest in the veterinary practice where the drug is being destroyed. Temporary team members and family members are specifically excluded - A person authorised to witness the destruction of Controlled Drugs under the MDR 2001 or the MDR (NI) 2002 such as a Police 	<p>Existing core requirement.</p> <p>Additional guidance notes added (in blue) highlighting the link with environmental sustainability.</p>

	<p>CD Liaison Officer; a list of Police CD Liaison Officers can be found at: https://www.rcvs.org.uk/cdlos</p> <p>A record must be made of the date of destruction and the quantity destroyed, which the witness must sign. It is also good practice to record the name of the CD, form, strength and quantity.</p> <p>A separate record should be kept of client returned Schedule 2 Controlled Drugs and they should not be re-entered in the Controlled Drugs Register. They do not need to be destroyed in the presence of an authorised witness, but, it is considered good practice to do so.</p> <p>Any special handling or disposal requirements, such as for cytotoxic medicines, must be observed.</p> <p>If practices are denaturing Controlled Drugs prior to their disposal they must have a T28 exemption certificate from the environment agency. See GOV guidance https://www.rcvs.org.uk/t28.</p>		
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Farm - GP

Requirements	Guidance notes	Documents	Comments
<p>The practice has appointed a sustainability champion or created a sustainability team.</p>	<p>Evidence could be a nominated sustainability champion which is included in the sustainability policy.</p> <p>For solo vets having a written sustainability policy could be enough evidence.</p>	<p>Name of designated person(s).</p>	

Requirements	Guidance notes	Documents	Comments
<p>The practice must have a system in place for team members to suggest sustainability ideas and improvements.</p>	<p>Veterinary surgeons, nurses and team members in practices are best placed to make sustainability improvements within their own practices.</p> <p>The practice should encourage all team members to identify areas which could be improved or considered for improvement.</p> <p>This could be through raising suggestions via the sustainability team/sustainability champion, having a sustainability suggestions board/box for team members, a page on the practice website or adding it to the agenda of team meetings.</p> <p>Assessors will want to see evidence of a suggestions board/box for team members, team meeting agenda, a page on the practice website etc, and will talk to team members to understand how they raise sustainability improvement ideas at their practice.</p>	<p>Record of suggestions and actions as a result.</p>	
<p>The practice communicates its sustainability achievements to its clients.</p>	<p>Information could be provided on the practice website, in the client welcome pack, via social media or on waiting room displays.</p>	<p>Evidence of sustainability achievements being communicated.</p>	
<p>Routine appointments to and for clients are planned to reduce mileage.</p>	<p>Where possible, appointments in the same area are arranged on the same day to reduce mileage and save greenhouse gas emissions.</p> <p>Assessors will talk to team members to understand how routine appointments are planned.</p>		

Requirements	Guidance notes	Documents	Comments
<p>The area immediately surrounding the premises must be maintained in a clean and tidy state and should not negatively impact the environment.</p> <p><i>Existing requirement 15.2.1 but with an additional sustainability element (in blue).</i></p>	<p>Team members are aware of the need to provide a hygienic and tidy front practice. This includes practice signage.</p>		
<p>The practice advises clients to return unused medications to the practice for appropriate safe disposal.</p>	<p>Flushing medicines, pouring them down the sink or disposing of them via landfill (black bin) poses a risk to the environment.</p>		
<p>The practice demonstrates that they employ techniques to minimise anaesthetic gas usage.</p>	<p>Anaesthetic gases have a high environmental impact.</p> <p>Example techniques could include:</p> <ul style="list-style-type: none"> -The practice considers using local and regional anaesthetic where appropriate. -The practice is optimising the flow rate. -The practice is phasing out Nitrous Oxide -Practices regularly review their GA plan. -Partial Intravenous Anaesthesia (PIVA) / Total Intravenous Anaesthesia (TIVA) <p>Case study from Davies Veterinary Specialists: Reducing anaesthetic gas for environmental benefit - Davies Veterinary Specialists (vetspecialists.co.uk)</p>		

Requirements	Guidance notes	Documents	Comments
<p>The practice provides resources on preventative healthcare.</p>	<p>Reducing the demand for healthcare through prevention will reduce the greenhouse gas emissions associated with healthcare.</p> <p>Examples could include: providing a page on the website with resources on preventative healthcare; diabetes clinics, vaccinations, worming programmes, routine dental check-ups for horses horse health plans and herd health plans where members of the vet led team advise on preventative measures.</p>		
<p>The practice undertakes a waste survey at least annually and can demonstrate that the results are analysed and, where appropriate, action has been taken as a result.</p>	<p>Clinical and domestic waste streams are more costly and carbon intensive than recycling streams.</p> <p>Carrying out a waste survey helps practices analyse their waste streams and ensures correct waste segregation.</p> <p>It also enables practices to identify items that are being thrown away frequently and highlights opportunities for reducing this item or swapping this item for reusables.</p> <p>How to conduct a waste survey (example):</p> <ol style="list-style-type: none"> 1. Review your practices waste facilities - do you have enough recycling bins? Are bins labelled with what can/can't be disposed of. 2. Domestic and recycling waste streams: wear appropriate PPE and have a look through the bins. Record the type of waste within them and identify the types of waste you have most and least of. Is there waste in the domestic bins that could be recycled? What is the most commonly disposed item? 3. For clinical waste streams, talk to team members to understand what they are disposing of and ensure they are not putting anything into clinical waste streams that could go into domestic or recycling bins. <p>Use your results to take action on improving waste segregation and/or reducing waste.</p>	<p>Evidence a survey was undertaken</p>	<p>A waste survey allows practices to identify whether they are following the waste hierarchy as best they are able. It should also allow practice teams to check that they are following their waste management policy.</p>

Farm - AWARDS

Total points available: 470

Outstanding (80%): 370

Good (60%): 280

Points	Requirements	Guidance notes (including why this links to sustainability)	Behaviours	Documents
10	The practice has joined a sustainability network.	<p>At least one current team member from the practice has joined a sustainability network.</p> <p>Understanding sustainable best practice and sharing ideas between practices is key if the veterinary sector is to become more sustainable and reduce its impact on the environment.</p> <p>Veterinary professionals must work together to find solutions - collaboration is key.</p> <p>Example networks: Vet Sustain Facebook group, Vet Sustain mailing list for the monthly newsletter, Sustainable Vet Nurse Facebook group, zero waste veterinary Facebook group, The Centre for Sustainable Healthcare's sustainable operating theatres network or any other group with sustainability as its focus.</p>	At least one current team member regularly checks the sustainability network.	
20	The practice regularly shares the information learned through a sustainability network with the rest of the practice.	<p>Team members share ideas on sustainable best practice with the team.</p> <p>This could be at team meetings, via emails, intranet pages, or social media groups which could serve as evidence for the assessors.</p>	The practice updates team members regularly.	
10	The practice has a system in place for clients to suggest	By engaging the local community in discussions about sustainability, the practice's efforts can be more far reaching.	One team member to check	Record of suggestions and actions

	sustainability ideas and improvements.	Examples could include a sustainability suggestion box in reception, a sustainability question added to a feedback form or a section on the website.	monthly to see if sustainability ideas have been suggested by clients.	
10	The practice measures and monitors its annual energy consumption.	<p>Understanding your practice's energy consumption is crucial to identifying opportunities for reduction - you can't manage what you don't measure.</p> <p>The data should be collected on a document and include:</p> <ul style="list-style-type: none"> - Month of consumption - Electricity consumption recorded in kWh - Energy use for hot water and heating recorded in kWh <p>Energy consumption data for your practice can be found on invoices.</p> <p>If your practice is located in a building owned by another company such as a pet shop, you can estimate your energy consumption based on the m2 of your practice space. To do this you'll need to know the annual energy consumption in kWh for the whole premises, floor space of the premises in m2, and the floor space of your practice area in m2. Divide the annual kWh by the total m2 of the whole premises, this will give you kWh per m2. Finally, multiply this figure by the floor space of your practice.</p> <p>If there are different vet companies using the same space at different time you would also need to calculate the energy usage per hour.</p>		Record of annual energy consumption or annual meter readings or copy of energy invoices.
10	The practice has undertaken an energy saving project over the last PSS reporting period.	<p>Examples could include:</p> <p>Carrying out a 'switch off campaign' to ensure everything that can be switched off at the end of the day, is. A lot of energy is wasted when lights and equipment such as AC units are left on unnecessarily or overnight.</p> <p>Installing LED lights. Switching inefficient bulbs to LEDs helps lower electricity bills and Greenhouse Gas emissions. Every traditional halogen bulb replaced with an LED saves £2-3 and 5 kgCO2e per year.</p>	All team members understand and if appropriate contribute to the energy saving project.	

		Installing motion sensing light controls where appropriate.		
		Upgrading inefficient equipment.		
10	The practice uses a green electricity supplier.	Review your practice's current electricity contract and supplier. If you are on a standard tariff, switch to a renewable tariff or switch to a supplier who produces renewable electricity.		Electricity contract or copy of green electricity certificate (REGO).
10	The practice generates some of its own electricity through onsite renewables.	Examples could include solar panels and wind turbines, investment in a local hydroelectric power scheme.		Amount of electricity generated.
10	The practice uses sustainable technologies to provide some of its heating and hot water.	Examples could include ground source heat pumps, air source heat pumps, solar hot water, biogas.		
20	The practice measures its scope 1 and 2 carbon footprint.	<p>Scope 1 emissions include: fuels used for heating and hot water, anaesthetic gases, petrol/diesel used for fleet vehicles.</p> <p>Scope 2 emissions include: electricity purchased from the grid.</p> <p>Carbon emission factors from the Department for Business, Energy and Industrial Strategy (BEIS) can be used to calculate the carbon emissions associated with scopes 1 and 2: Government conversion factors for company reporting of greenhouse gas emissions - GOV.UK (www.gov.uk)</p> <p>See resource list for further information and guidance.</p>	All team members understand their practice's carbon hotspots.	Record of scope 1 and 2 carbon footprint calculation.
10	The practice sets an annual carbon reduction target (for scopes 1 and 2), and it	The UK has committed to a legally binding target of net zero emissions by 2050 . For this target to be met, all organisations must play their part in reducing their carbon footprint.		Evidence a target has been set and records showing

	<p>has been met each year.</p>	<p>Step 1: calculate your practices scope 1 and 2 annual carbon footprint. This could be for the previous year or a year you have the most available data for (see above requirement for how to calculate this and resource list for further information).</p> <p>Step 2: once you have measured your annual scope 1 and 2 carbon footprint, review this to understand your practices carbon hotspots. What is your practice’s largest contributor to your carbon footprint? Identifying carbon hotspots will help you to understand the potential scale of the target you could achieve.</p> <p>Reducing carbon emissions can be done by either decarbonising sources (e.g., renewable energy generation or electric vehicles) or by reducing consumption of carbon sources (e.g., reducing energy consumption or reducing volatile anaesthetic gases). Can you start to identify opportunities for reduction?</p> <p>Step 3: set a carbon reduction target which you think is achievable (e.g., 5% or 10%). To find out if you have met your target at the end of the year, measure and review your new annual carbon footprint and compare with the previous years.</p> <p>You might want to include Key Performance Indicators (KPIs) such as carbon footprint per m2 or carbon footprint per animal treated. If you have increased the size of your practice or number of clients, KPIs can take this into account. For example, your carbon footprint could increase if you increase the size of your practice but might have decreased overall when you look at carbon footprint per m2. KPIs can be calculated by dividing your practice’s carbon footprint by either the size of your practice (in m2) or by the number of animals treated last year.</p>		<p>comparison of annual energy consumption.</p>
<p>10</p>	<p>The practice measures its scope 3 carbon footprint.</p>	<p>Scope 3 emissions include: water, waste, staff commuting and business travel (non-fleet), procurement, Well-to-Tank and transmission and distribution losses.</p> <p>For water, waste, well-to-tank/transmission and distribution and staff commuting use latest Department for Business, Energy and Industrial Strategy (BEIS) emission factors: Government conversion factors for company reporting of greenhouse gas emissions - GOV.UK (www.gov.uk)</p> <p>For business travel and procurement use [<i>CSH to copy in link once database has been uploaded to CSH networks</i>].</p>	<p>All team members understand their practices scope 3 carbon hotspots.</p>	<p>Record of scope 3 carbon footprint calculation.</p>

20	The practice has developed an action plan which will be reviewed and updated at regular interval (at least annually).	<p>An action plan should detail all of the sustainability initiatives you're currently working on, planning for the future, or have already completed.</p> <p>The action plan should be a 'live' document that is regularly updated with new actions and progress on ongoing actions and should include:</p> <ul style="list-style-type: none"> - The person/persons responsible for completing the action - The status of each action e.g., completed, ongoing, not started <p>The action plan could be discussed at quarterly team meetings.</p>	All team members should be aware of the actions the practice needs to undertake.	Evidence of an up-to-date action plan.
10	The practice takes measures to avoid water wastage.	<p>The practice takes measures to minimise water wastage, for example through:</p> <ul style="list-style-type: none"> -The installation of water saving devices such as low flow taps, toilets and fixtures -The regular inspection and repair of water pipes to reduce leakages. 		
10	The practice reduces the number of face to face appointments by combining appointments into one single visit.	This refers to clients coming into the practice rather than team members going out to see clients.	All team members should follow the guidelines on combining appointments	
10	The practice has undertaken an employee travel survey around commuting within the past year.	<p>A travel survey is a good way of engaging team members to think about their travel habits.</p> <p>The results of the travel survey should also be disseminated to team members at the practice.</p>	Team members take part in the travel survey	Travel survey analysis and feedback.
10	The practice has a sustainable travel policy.	<p>The sustainable travel policy is an opportunity to outline how the practice might reduce unnecessary travel and promote sustainable travel options including:</p> <ul style="list-style-type: none"> -How veterinary practices will inform its team members and clients about travel options to the veterinary practice, including active transport routes and public transport. This could be provided to team members in induction packs and be part of the welcome pack for clients. 		Travel policy.

		<p>-How the practice encourages the use of sustainable travel options for team members travelling to conferences, meetings, external events and CPD. This could also include consideration of virtual vs face to face where appropriate and where the quality of the delegate experience is not unduly compromised.</p> <p>-How travel to routine appointments is planned to reduce mileage.</p> <p>For further guidance see: Driving Tips for (Ecologically) Driven Vets - Fourth Sustainability Tip for Practices British Equine Veterinary Association (beva.org.uk)</p>		
20	Some of the practice's fleet are low carbon vehicles.	<p>The practice has either switched at least one of its fleet vehicles to a low carbon alternative or has a written policy demonstrating that when procuring new vehicles, the practice will only procure low carbon vehicles.</p> <p>Low carbon vehicles include all electric, hybrid and hydrogen.</p>		
10	The practice can demonstrate evidence of consolidating its orders and deliveries.	<p>Practices should focus on consolidating its orders and deliveries from pet food, toys, PPE, etc.</p> <p>Veterinary groups with practices in the same geographical location could ensure they all get deliveries from the same supplier on the same day.</p>		
20	The practice can demonstrate measures they have implemented to reduce waste.	<p>Completed projects could be included in the action plan.</p>		
10	<p>The practice can demonstrate evidence of waste reduction.</p> <p><i>This is an existing requirement 16.5.42 that has been split into two (see above requirement)</i></p>	<p>Examples of this could include the practice tracking and measuring its domestic waste, as well as its recycling waste and clinical waste.</p>		<p>Comparison of annual waste reduction.</p>

10	The practice uses reusable sharps bins.	<p>Switching to reusable sharps containers reduces greenhouse gas emissions associated with manufacturing, transportation and packaging of new containers whilst reducing single-use plastic.</p> <p>See the NHS reusable vs disposable sharps case study: Before/after intervention study to determine impact on life-cycle carbon footprint of converting from single-use to reusable sharps containers in 40 UK NHS trusts BMJ Open</p>		
30	The practice takes active steps to reduce medicine over prescribing.	<p>Practices should be following clinical guidelines.</p> <p>Examples could include:</p> <ul style="list-style-type: none"> -The practice policy on dispensing addresses overprescribing/overstocking. -The use of BSAVA no antibiotic required 'non prescription' form and practice poster. Or the use of BEVA non prescription forms (No antibiotic prescription form.pdf (beva.org.uk)) -Farm vet champion in practice. -Kennel cough protocol. -Following up with clients that medication has been given. 		
20	The practice minimises drug wastage.	<p>Overstocking and poor medicine management can lead to drug wastage, unnecessary disposal and as a result in an increase in greenhouse gas emissions.</p> <p>Practices should review their medicine order habits and look to at reducing/consolidating their medicine deliveries.</p> <p>There are systems utilised to minimise waste e.g., identification of short dated stock, centrally held stock for cars, active management of stock held in vehicles</p>		
10	The practice can demonstrate it has considered the environmental	<p>Examples could include:</p> <ul style="list-style-type: none"> -Practices changing a product to a more sustainable product. -Reviewing the sustainability credentials of some of its products e.g. pet food 		

	sustainability of its products.	-Highlighting to suppliers where packaging is excessive or non-recyclable encourages change.		
10	Where clinically appropriate, the practice avoids single use items.	<p>This could include switching from disposable to reusable; gowns, drapes, hats and/or equipment.</p> <p>Reusable gowns and drapes sustainability benefits evidence paper: A comparison of reusable and disposable perioperative textiles: sustainability state-of-the-art 2012 - PubMed (nih.gov)</p> <p>Reusable gowns and drapes clinical benefits evidence paper: Disposable versus reusable medical gowns: A performance comparison - PubMed (nih.gov)</p> <p>NHS case study: switching from disposable to reusable gowns in surgery Introducing team 5 of the Green Surgery Challenge Centre for Sustainable Healthcare</p> <p>RCVS Knowledge: reducing-veterinary-waste.pdf</p>		
20	The practice can demonstrate that part of their business runs paperless.	Review the practice's current processes to see which already run paperless and which could be run paperless.	According to client preference	
10	The practice has integrated sustainability into quality improvement.	<p>Sustainability in Quality Improvement (SusQI) is an approach to improving healthcare in a holistic way. It measures health outcomes of a service against its environmental, social and economic costs and impacts to determine its 'sustainable value'. SusQI embeds the Centre for Sustainable Healthcare (CSH) principles of sustainable clinical practice: prevention, patient empowerment and self-care, lean clinical pathways and low carbon alternatives.</p> <p>We can improve the sustainability of a procedure/clinical pathway by:</p> <ul style="list-style-type: none"> • Improving preventative steps that can be taken to avoid the procedure in the first place • Offering support which will help the owner of the animal to improve the care they can provide themselves 		

		<ul style="list-style-type: none"> ● Reviewing all the steps carried out while implementing a procedure. Are there any unnecessary steps? For example, do we take blood without using the results of the blood test. Undertaking a clinical audit might highlight unnecessary resource use or opportunities for lean clinical pathways. ● Reviewing the resources used to carry out the procedure. Are there resources used though not needed, e.g. does the surgical pack include items which are no used by most veterinary surgeons? Are there more sustainable options to the resources we use? E.g. can we use reusable scissors instead of disposable ones? <p>Assessors will expect to see evidence of SusQI activities.</p> <p>SusQI explained in a short video: Sustainability in Quality Improvement (SusQI) explained - YouTube</p> <p>SusQI website and resources: Home Sustainable Quality Improvement (susqi.org)</p> <p>Link to CSH Green Surgery challenge case studies: Green Surgery Challenge Centre for Sustainable Healthcare</p>		
40	The practice actively promotes biodiversity onsite or in the local community.	<p>Biodiversity plays an important role in sustainability.</p> <p>Examples could include planting trees onsite, wildflower meadows, hanging bird boxes/bird food or join the bee friendly practice scheme (https://britishbeevets.com/how-to-get-involved/)</p> <p>Where practices do not have access to land, examples could include window boxes, insect houses, hanging baskets. Examples could also include community involvement projects such as beach cleans or litter picking in parks.</p>		Evidence of how the practice is promoting biodiversity.
20	At least one current team member in the practice must have undergone sustainability training.	<p>This might include an external course, webinar, online resources or documented self-study. Course length should be one day if given by a course provider or 5 hours in length if self-study or webinar is undertaken.</p> <p>Assessors will expect team members to be able to discuss what they have learnt from CPD and what changes to practice have been made as a result.</p>		Proof of environmental sustainability training.

10	The practice team has been trained in sustainability.	<p>Team members that receive the training must ensure that the knowledge is transferred to other members of the practice team.</p> <p>There is evidence that the information from training and sustainability initiatives is disseminated to the whole team. This may be via dedicated team meetings, events, including sustainability on practice meeting agenda, sharing knowledge from sustainability CPD.</p>	It should be evident in discussion that all team members are aware of their role in improving the sustainability of the practice.	
20	Sustainable veterinary topics are regularly promoted to clients and the public.	Sustainability topics could be featured in practice newsletters or via social media posts.		Evidence of promoted topics.
20	The practice provides training events on key sustainability topics to enable farmers to develop their skills in sustainable farming practices.			

Core Standards

1. **MOVED LEVEL** - The practice has a written environmental sustainability policy.
2. **EXISTING** - The practice must have a policy for how they segregate, store, and dispose of all forms of waste.
3. **EXISTING** - Equipment used within the practice is well maintained and regularly serviced according to manufacturers' recommendations.
4. **EXISTING** - A practice must be able to demonstrate that when using antimicrobials, it does so responsibly, and is accountable for the choices made in such use.
5. **NEW** - A practice must be able to demonstrate that when using endoparasiticides, it does so responsibly, and is accountable for the choices made in such use.
6. **NEW** - A practice must be able to demonstrate that when using ectoparasiticides, it does so responsibly, and is accountable for the choices made in such use.
7. **EXISTING** - There must be an efficient stock control system to ensure a continuous supply of all medicines and removal of out-of-date medicines in accordance with current legislation.
8. **EXISTING** - Medicines should be disposed of in accordance with current legislation.

General Practice

1. **NEW** - The practice has appointed a sustainability champion *or* created a sustainability team.
2. **NEW** - The practice must have a system in place for team members to suggest sustainability ideas and improvements.
3. **NEW** - The practice communicates its sustainability achievements to its clients.
4. **NEW** - Routine appointments to and for clients are planned to reduce mileage.
5. **EXISTING** - The area immediately surrounding the premises must be maintained in a clean and tidy state [and should not negatively impact the environment](#).
6. **NEW** - The practice advises clients to return unused medications to the practice for appropriate safe disposal.
7. **NEW** - The practice demonstrates that they employ techniques to minimise anaesthetic gas usage.
8. **NEW** - The practice provides resources on preventative healthcare.
9. **EXISTING** - Original diagnostic images should be retained for an appropriate period.
10. **NEW** - The practice undertakes a waste survey at least annually and can demonstrate that the results are analysed and, where appropriate, action has been taken as a result.

AWARDS (ALL NEW)

1. The practice has joined a sustainability network.
2. The practice regularly shares the information learned through a sustainability network with the rest of the practice.
3. The practice has a system in place for clients to suggest sustainability ideas and improvements.
4. The practice measures and monitors its annual energy consumption.
5. The practice has undertaken an energy saving project over the last PSS reporting period.
6. The practice uses a green electricity supplier.
7. The practice generates some of its own electricity through onsite renewables.
8. The practice uses sustainable technologies to provide some of its heating and hot water.
9. The practice measures its scope 1 and 2 carbon footprint.
10. The practice sets an annual carbon reduction target (for scopes 1 and 2), and it has been met each year.
11. The practice measures its scope 3 carbon footprint.
12. The practice has developed an action plan which will be reviewed and updated at regular intervals (at least annually).
13. The practice takes measures to avoid water wastage.

14. The practice reduces the number of face to face appointments by combining appointments into one single visit.
15. The practice has undertaken an employee travel survey around commuting within the past year.
16. The practice has a sustainable travel policy.
17. Some of the practice's fleet are low carbon vehicles.
18. **(NOT EQ OR FA)** The practice has a salary sacrifice scheme for bikes or electric cars.
19. The practice can demonstrate evidence of consolidating its orders and deliveries.
20. The practice can demonstrate measures they have implemented to reduce waste.
21. The practice can demonstrate evidence of waste reduction.
22. The practice uses reusable sharps bins.
23. The practice takes active steps to reduce medicine over prescribing.
24. The practice minimises drug wastage.
25. The practice can demonstrate it has considered the environmental sustainability of its products.
26. Where clinically appropriate, the practice avoids single use items.
27. The practice can demonstrate that part of their business runs paperless.
28. The practice has integrated sustainability into quality improvement.
29. The practice actively promotes biodiversity onsite or in the local community.
30. At least one current team member in the practice must have undergone sustainability training.
31. The practice team has been trained in sustainability.
32. Sustainable veterinary topics are regularly promoted to clients and the public.

Blue text = new wording for existing requirement

Proposed changes to PSS social sustainability requirements

Module		Client Experience	
Index number	Requirements	Current guidance notes wording	Proposed guidance notes additions/changes (additions / changes in bold)
SA / FA / EQ 3.1.1	The practice must have effective means of communication	<p>The practices should provide clients, particularly those new to the practice, with comprehensive written information on the nature and scope of their services, including:</p> <ul style="list-style-type: none"> - The provision, initial cost and location of the out-of-hours emergency service - Information on the care of in-patients - The practice's complaints handling policy - Full terms and conditions of business to include, for example: <ul style="list-style-type: none"> • Surgery opening times • Normal consulting hours operating times • Fee or charging structures • Procedures for second opinions and referrals • Use of client data • Access to and ownership of records - The practice's privacy policy notice to include, for example: <ul style="list-style-type: none"> • Practice contact details • How client data will be used and processed • The purposes for which the client data is being processed and the legal basis for doing so • The circumstances in which personal data may be shared with third parties e.g. debt recovery agencies, laboratories etc. • The data retention period or how such period is determined • The client's rights as a data subject (e.g. the right to withdraw consent to the processing of his/her data, the to access the data, the right to rectification or erasure, the right to data portability and the right to restrict processing) <p>The data subjects rights and any relevant information needed to lodge a complaint with the Information Commissioners Office</p>	<p>Update guidance notes (additions in bold):</p> <p>Where requested practices must provide information in alternative formats to accommodate disability, neurodiversity and learning differences. Consideration should be given to font size and colours used. Web pages should be presented in an accessible format and written in plain English.</p> <p>See guidance on accessible communication formats:</p> <p>https://www.gov.uk/government/publications/inclusive-communication/accessible-communication-formats https://www.gov.uk/service-manual/helping-people-to-use-your-service/making-your-service-accessible-an-introduction</p> <p>https://www.gov.uk/service-manual/helping-people-to-use-your-service/understanding-wcag Home - UK Association for Accessible formats (ukaaf.org) https://siteimprove.com/en-gb/accessibility/uk-accessibility-laws/</p> <p>Assessors will want to see evidence of this provided through web links to practice information or in the form of document upload.</p> <p>Information should be available in a way that demonstrates awareness of the community which the practice serves. This may include providing key information in a different language(s), especially where the practice is located in an area with a high ethnic diversity. Language apps can help with this. Local councils may have access to interpretation and translation services. There are also companies who specialise in providing</p>

		<p>Evidence could include client information leaflets, newsletters, emails to clients and reminders. This information should be displayed on the website, provided to new clients and displayed in the surgery.</p> <p>In keeping with GDPR regulations, practices must have a 'lawful basis' for sending or presenting electronic marketing communications to the client (see https://www.rcvs.org.uk/ico-lawful-basis). Where the lawful basis relied upon is consent, practices should ensure that communications are only sent where (a) the client has given clear and specific consent, and (b) they were given the opportunity to opt out of email marketing at the time their email address was collected, and each time an email is sent. Consent should be freely given and there should be a specific opt-in by the client. It is not acceptable to rely on a pre-ticked box or infer consent from silence. There should be systems and processes in place to keep the consent up to date and veterinary surgeons and veterinary nurses should comply promptly if the individual withdraws their consent.</p> <p>For further information please refer to: https://www.rcvs.org.uk/gdpr.</p>	<p>these services for the healthcare sector, the police and government agencies (see list of resources below). For list of resources and services see: Resource link to be produced by RCVS APC Team and link inserted when available</p> <p>Information about disabled access to buildings and facilities should be provided on the practice website.</p> <p>Assessors will want to see evidence of this, for example, provided through web links to practice information or in the form of document upload.</p>
Module		Practice Team	
Index number	Requirements	Current guidance notes wording	Proposed guidance notes additions/changes
<p>SA 16.1.10, FA 14.1.9, EQ 15.1.10</p>	<p>Team members understand the practice's responsibilities to their employees, potential employees, clients and external parties under the Equality Act 2010 and how it impacts their role in the practice.</p>	<p>See the Government's guidance on the Equality Act: https://www.rcvs.org.uk/equality-act. Assessors will ask to see the policy and will want to speak to the management and team members about the policy and how it is implemented.</p> <p>The practice should demonstrate compliance with the Equality Act in making reasonable adjustments for team members with disabilities (including mental health conditions).</p>	<p>Update guidance notes (additions in bold):</p> <p>See the Government's guidance on the Equality Act: https://www.rcvs.org.uk/equality-act. See also the Equality and Human Rights Commission: https://www.equalityhumanrights.com/en/advice-and-guidance/guidance-employers</p> <p>The practice should develop a written EDI Policy which all employees are made aware of as part of their induction. This should cover staff, external parties and clients. This</p>

		<p>The practice should demonstrate a commitment to diversity and that it has taken steps, where possible, to recruit a diverse workforce.</p> <p>The practice should demonstrate a zero-tolerance approach to discrimination and harassment.</p> <p>The practice should communicate clearly in adverts and interviews that it values staff mental health, as this sends a strong signal that disclosure will not lead to discrimination. For example, the practice could include a statement such as: 'As an employer, we are committed to promoting and protecting the physical and mental health of all our staff.'</p>	<p>should be made available on the staff intranet and practice website and displayed in prominent areas on the premises.</p> <p>Assessors will ask to see the policy and will want to speak to the management and team members about the policy and how it is implemented.</p> <p>For guidance on producing an EDI policy, see: https://www.acas.org.uk/improving-equality-diversity-and-inclusion/making-your-workplace-inclusive and https://www.acas.org.uk/equality-policy-template</p> <p>Employees should understand the importance of treating clients and colleagues with dignity and respect, regardless of protected characteristics or other personal differences such as socio-economic status.</p> <p>The practice should demonstrate a commitment to diversity and that it has taken steps, where possible, to recruit a diverse workforce.</p> <p>Team members involved with recruitment should be provided with guidance on inclusive recruitment practices. The CIPD provides some useful resources: https://www.cipd.co.uk/knowledge/fundamentals/relations/diversity/factsheet#gref and https://www.cipd.co.uk/knowledge/fundamentals/relations/diversity#gref</p> <p>The practice should demonstrate compliance with the Equality Act in making reasonable adjustments for team members and potential employees with disabilities (including mental health conditions).</p> <p>Information and advice is available from the following sources: https://www.gov.uk/government/publications/reasonable-adjustments-a-legal-duty/reasonable-adjustments-a-legal-duty</p>
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		<p>https://www.acas.org.uk/reasonable-adjustments Reasonable adjustments for workers with disabilities or health conditions - GOV.UK (www.gov.uk)</p> <p>https://www.citizensadvice.org.uk/law-and-courts/discrimination/what-are-the-different-types-of-discrimination/duty-to-make-reasonable-adjustments-for-disabled-people/</p> <p>Access to Work factsheet for employers - GOV.UK (www.gov.uk)</p> <p>https://www.equalityhumanrights.com/en/multipage-guide/building-or-other-place-where-services-are-delivered</p> <p>https://www.citizensadvice.org.uk/law-and-courts/discrimination/what-are-the-different-types-of-discrimination/duty-to-make-reasonable-adjustments-for-disabled-people/ Disabled Access to Public Buildings Important Information (goaccess.co.uk)</p> <p>The practice should communicate clearly in adverts and interviews that it values staff mental health, as this sends a strong signal that disclosure will not lead to discrimination. For example, the practice could include a statement such as: 'As an employer, we are committed to promoting and protecting the physical and mental health of all our staff.'</p> <p>Where possible, the practice should be prepared to make reasonable accommodations for reasons of religious belief where these are requested by employees, including students on EMS placements. This may include the accommodation of religious clothing and articles, where this does not contravene local infection control policies and health and safety regulations, which must take precedence. Requests for time off for religious observances should be considered and granted if this can be reasonably accommodated by the business.</p>
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			<p>A generic guidance document on religious clothing and belief which can be adapted for local use is provided by the RCVS/VSC: Resource link to be produced by RCVS APC Team and link inserted when available See also: religion-belief-discrimination-guide.pdf (acas.org.uk)</p> <p>The practice should demonstrate a zero-tolerance approach to discrimination, harassment and bullying.</p> <p>The practice should have a system in place to deal with reports of discrimination, harassment and bullying.</p> <p>See guidance from the government and ACAS: https://www.gov.uk/workplace-bullying-and-harassment https://www.acas.org.uk/discrimination-bullying-and-harassment https://www.acas.org.uk/handling-a-bullying-harassment-discrimination-complaint</p>
<p>SA 16.5.25, EQ 15.5.25, FA 14.5.24</p> <p>MOVE FROM AWARDS TO CORE</p>	<p>A protocol is in place to address the management of conflict and bullying in the workplace.</p>	<p>This should include a written policy explicitly stating that the workplace has a zero-tolerance approach to bullying and harassment.</p> <p>Team members can describe a zero-tolerance approach to bullying and harassment in their workplace and know how to recognise and report such behaviours.</p>	<p>Move requirement from Awards to Core Standards.</p> <p>Amend requirement wording to:</p> <p>The practice should demonstrate a zero-tolerance policy on harassment and bullying in the workplace. This should be stated explicitly as a written policy, with all employees being made aware of this as part of their induction.</p> <p>Add to guidance notes:</p> <p>The policy should define harassment and bullying behaviours and provide clear guidance on what employees should do if they are subjected to or witness behaviour of this nature. The policy should also provide details of the protocol in place to manage instances of harassment and bullying.</p>

			<p>The policy should be made available on the practice intranet or practice website and displayed in prominent areas on the premises.</p> <p>Assessors will ask to see the policy and evidence of how this implemented.</p>
<p>SA 16.1.24, FA 14.1.24, EQ 15.1.25</p>	<p>Team members understand the fire evacuation protocol and to alert others</p>	<p>Team members have received training and have practised fire evacuation. Evidence should be provided of suitable hazard training.</p> <p>Team members who are permitted to use fire equipment e.g. extinguishers have been trained to do so.</p>	<p>Add to guidance notes:</p> <p>If a person is unable to leave the building unaided for example, due to impaired mobility, the practice should ensure that they should have their own Personal Emergency Evacuation Plan (PEEP), an individualised plan for employees who may need assistance to evacuate a building or reach a place of safety in the event of an emergency. A PEEP should be in place for someone with an impairment or disability, for example such as:</p> <ul style="list-style-type: none"> • Mobility impairment • Sight impairment • Hearing impairment • Cognitive impairment • A medical condition or injury which might cause them to need assistance to evacuate safely. <p>The requirement for a PEEP should be considered as part of induction and when there is a long-term change circumstance. A PEEP may be required temporarily, for instance, someone who is using a wheelchair because of a broken leg.</p> <p>For further information see: https://www.gov.uk/government/publications/fire-safety-risk-assessment-means-of-escape-for-disabled-people/fire-safety-risk-assessment-means-of-escape-for-disabled-people-accessible-version Disabled workers - Resources - HSE</p> <p>https://www.worksafe.uk.com/emergency-planning-for-employees-with-a-</p>

			<p>disability/#:~:text=Under%20current%20fire%20safety%20legislation,plan%20or%20PEEP%20is%20require</p> <p>Assessors will ask to see any PEEPs drawn up for employees by the practice.</p>
SA 16.2.7	Line managers should have clear guidance on how to deal with mental health issues in the workplace.	<p>Any internal training / induction for new line managers explicitly addresses mental health in the workplace.</p> <p>All team members with line management responsibility should have undertaken some form of training on mental health awareness.</p> <p>Line managers can describe their responsibilities with regard to the mental health and wellbeing of those they line manage, especially with regards to the Equality Act. See the Government's guidance on the Equality Act: https://www.rcvs.org.uk/equality-act.</p> <p>Policies and procedures are in place to assist managers in dealing with mental health issues, including crisis scenarios (self-harm, suicidal ideation, psychosis), and these are understood. Managers can describe where they would seek additional advice and guidance on issues around mental health.</p> <p>Advice and guidance is available from Mind (https://www.rcvs.org.uk/mind), ACAS (https://www.rcvs.org.uk/acas), HSE (https://www.rcvs.org.uk/hse-mh), and the RCVS Mind Matters Initiative Managers' training.</p>	<p>Any internal training / induction for new line managers explicitly addresses mental health in the workplace.</p> <p>All team members with line management responsibility should have undertaken some form of training on mental health awareness.</p> <p>Line managers can describe their responsibilities with regard to the mental health and wellbeing of those they line manage, especially with regards to the Equality Act. See the Government's guidance on the Equality Act: https://www.rcvs.org.uk/equality-act.</p> <p>Policies and procedures are in place to assist managers in dealing with mental health issues, including crisis scenarios (self-harm, suicidal ideation, psychosis), and these are understood. Managers can describe where they would seek additional advice and guidance on issues around mental health.</p> <p>Team members and line managers should be able to describe discriminatory behaviour and understand it's impact on mental health and well-being.</p> <p>Advice and guidance is available from Mind (https://www.rcvs.org.uk/mind), ACAS (https://www.rcvs.org.uk/acas), HSE (https://www.rcvs.org.uk/hse-mh), and the RCVS Mind Matters Initiative Managers' training.</p>
NEW GP REQUIREMENT	<p>Requirement</p> <p>The practice employs positive action statements as part of its recruitment policy, to encourage applications from under-represented groups.</p>		

	<p>Guidance notes</p> <p>Positive action statements can be general or they can focus on a particular characteristic (e.g. disability) to increase applications from this group if representation is low.</p> <p>An example of a general statement could be: 'We are committed to equality of opportunity for all and welcome applicants from diverse backgrounds.'</p> <p>An example of a statement specific to a particular characteristic which is known to be under-represented (in this case race and ethnic diversity) could be: 'We particularly welcome applications from Black, Asian and minority ethnic candidates as they are currently under-represented in our practice'.</p> <p>Positive action can take different forms. Practices are only required to consider the use of positive action statements to meet this requirement. See below for information on the positive action approach.</p> <p>https://www.equalityhumanrights.com/en/advice-and-guidance/employers-what-positive-action-workplace</p> <p>https://www.acas.org.uk/improving-equality-diversity-and-inclusion/making-your-workplace-inclusive</p> <p>Employers: quick start guide to positive action in recruitment and promotion - GOV.UK (www.gov.uk)</p>		
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Meeting	RCVS Council
Date	9 June 2022
Title	Updated Delegation Scheme
Classification	Unclassified
Summary	<p>This paper recommends changes to the Delegation Scheme to bring it up to date – presented as tracked changes. It includes the inclusion of a new Accreditation Appeals Committee. An appeals policy, which will bring together all of the various appeals mechanisms in one place, and cross-reference to this wider delegation scheme, is under development (as per the strategic plan action A8).</p> <p>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.</p>
Decisions required	To approve the recommended changes.
Attachments	None
Author	Lizzie Lockett / CEO l.lockett@rcvs.org.uk / 020 7202 0725

Scheme of delegation from the RCVS Council to committees – with proposed updates

Operative date

1. The following delegations shall have effect from ~~14~~xx June 20224.

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. The Council is also responsible for the appointment of the CEO and Registrar, and the ratification of the Assistant Registrars. Appointment of all other staff members is the responsibility of the CEO and relevant members of the Senior Team.

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.

4.5. Add here the 'how we work' statement that will be before Council for consideration at its June meeting.

5.6. This scheme outlines how Council's functions are currently delegated.

Committees

6.7. 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).

7.8. 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.

9. 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 Chairs of the standing committees, with the exception of the

VN Council, shall be members of RCVS Council. The Chairs of the Statutory and non-statutory disciplinary, investigation and appeals committees shall be non-Council members. The Chair of the Audit and Risk Committee should be an external member, independent of Council, but elected by Council. Chairs of subcommittees and other groups do not need to be Council members unless otherwise stated.

10. Chairs of the standing committees will generally hold the office for a three-year period and will be re-elected by Council annually.

8-11. Standing committees will select their own Vice-Chairs, unless otherwise specified. The Vice-Chairs can be any full member of the committee (ie not an observer, but does not have to be a Council member) apart from the Vice-Chair of the Finance and Resources Committee, who should be a full member and a Council member. They will be re-elected every year.

12. 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. Small amounts of business can also be conducted by email if there is not sufficient time to mount a meeting and full discussion is not required, but this should be the exception. The quorum for standing committees will generally be a simple majority of the total number of full voting members (ie not observers), unless otherwise specified (eg VN Council, see below). For more detail about the operation of a meeting, see the role specification for an RCVS Committee Chair.

9-13. Where a joint meeting is held of two committees, each committee must be quorate in its own right. Where such joint meetings take place, the Chair of the meeting may be the Chair of either committee, or another member of either committee, at the discretion of the President.

10-14. 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.

Accreditation Appeals Committee

15. The Accreditation Appeals Committee shall deal with appeals of the outcome of RCVS Accreditations of veterinary degrees or VN educational programmes, following review by PQSC/Education Committee/VN Education Committee, as appropriate.

Commented [LL1]: This is a new committee

Advancement of the Professions Committee

14-16. 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.

42-17. 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.

43-18. This will exclude work that is non-statutory but sufficiently covered by existing standing committees, such as postgraduate education.

44-19. 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~~ Committee members will review and input across all areas, with collective responsibility.

45-20. 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

46-21. 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.

17-22. 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.

18-23. 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.

Commented [LL2]: Par numbers to be updated in final version

19-24. 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.

20-25. 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. ~~Neither the President, a Vice-Presidents, nor 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.

21-26. The Council will 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 in the absence of the Chair, the Vice-Chair will chair the meeting.

22-27. 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.

23-28. 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.

24-29. 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).

25-30. 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.

26-31. 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.

27-32. The Committee shall review the annual financial statements, focusing particularly on:

- a) 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.

28-33. 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.

29-34. The Committee shall meet not less than three times a year. The external auditors may request a meeting if they consider that one is necessary.

30-35. 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.

31-36. 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.

32-37. 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.

33-38. The senior representatives of 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 auditors.

34-39. 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.

35-40. 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 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

36-41. 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.

37-42. 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.

38-43. 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.

39-44. 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

40-45. 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-Conduct and Disciplinary Rules 2014.

Education Committee

41-46. 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.

42-47. Under normal circumstances Council members will form the majority on non-statutory committees, but on Education Committee (and the Primary Qualifications Subcommittee (PQSC)) a minimum of one third and a maximum of one half of members will be co-opted external members with education expertise, for example, Heads of the Veterinary Schools or other veterinary school staff members. Two students will also sit on the Education Committee (and two on PQSC). In addition, the Chairs of the Education Subcommittees and a member of the Officer Team will sit as non-voting observers.

43-48. 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 (to be changed to 'accreditation panel members' and 'accreditation event reports' effective 1 January 2023), 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.

44-49. 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 / 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.

45-50. The Committee shall recommend fees to the Finance and Resources Committee for candidates, examiners and visitors, Advanced Practitioners and Specialists.

Examination Appeals Committee

46-51. The Examination Appeals Committee shall deal with appeals relating to the conduct of examinations administered by the College.

Finance and Resources Committee

52. 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.

47-53. The representatives from the Committees will be selected by the Committee as soon as possible after RCVS Day and will hold the role for a three-year period or until they come off the Committee that they are representing, or off Council.

48-54. It shall make recommendations to Council as appropriate.

49-55. 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, unless another dedicated group exists;
- 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

50-56. 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-Conduct](#) and Disciplinary Rules 2014.

Preliminary Investigation Committee and Disciplinary Committee Liaison Committee

51-57. 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.

52-58. 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) 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.~~

Commented [LL3]: This committee related to registrants coming in under the Mutual Recognition of Professional Qualifications Directive and is therefore no longer required and this section of the Act has been repealed. The Registration Committee will consider what mechanism may be needed to replace it and report back in due course.

Registration Committee

54-59. 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.

55-60. 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.

56-61. 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 relevant Appeal panels, ie
 - i. The Examination Appeals Committee

~~ii. Registration Appeals Committee (EU)~~

Commented [LL4]: New mechanism under consideration, see above

- ~~h) Considering applications for Temporary Registration in accordance with the VSA 1966.~~
- ~~i) 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

~~57-62.~~ 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

~~58-63.~~ 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

~~59-64.~~ 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.

60-65. 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.

61-66. 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.

62-67. 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.

63-68. 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.

64-69. 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.

65-70. 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.

66-71. 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

67-72. 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

68-73. 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

69-74. 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.

70-75. 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.

74-76. The Officer Team will also act as the **Nominations Subcommittee**, together with the Chair of VN Council, CEO and Registrar, and one 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).

72-77. 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 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.

Senior Team

73-78. 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.

74-79. 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.

75-80. 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.

76-81. 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 ~~10 June~~XX June 2022-2024

Summary	
Meeting	Council
Date	9 June 2022
Title	Advancement of the Professions Committee Report 10 May 2022.
Summary	<p>To note the attached minutes of the meeting held on 10 May 2022.</p> <p>In particular, to note the following:</p> <ul style="list-style-type: none"> The Committee thanked Dr Mandisa Greene, Dr Christopher Tufnell and Prof Susan Dawson for their time and dedication to the Advancement of the Professions Committee, as they retire from their roles this summer.
Decisions required	None
Attachments	n/a
Author	Ceri Chick Secretary APC c.chick@rcvs.org.uk / 0207 856 1034

Classifications		
Document	Classification¹	Rationales²
Paper	Unclassified	n/a

¹Classifications explained

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

²Classification rationales

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

Minutes of the Advancement of the Professions Committee meeting held on Tuesday, 10 May 2022 at 2:30pm via Microsoft Teams.

Members:

Ms A Boag	Chair, Board of Trustees for RCVS Knowledge
Dr N Connell	Chair, Diversity and Inclusion Group
Prof S Dawson	Chair, Mind Matters Initiative
Dr J Dyer	Council member
Dr M Gardiner	Deputy Lead for Global Development
Dr M Greene (Chair)	Senior Vice-President
Professor J Innes*	Chair, RCVS Fellowship Board
Ms L Lockett	Chief Executive Officer
Dr S Paterson	Environment and Sustainability Lead
Mr M Rendle	VN Futures Project Board liaison point
Dr C Tufnell	Innovation and Global Lead
Mr T Walker	Lay Council Member
Dr C Whiting	Deputy Lead for Innovation

In attendance: Mrs A Belcher	Director for Advancement of the Professions
Ms C Chick	Senior Leadership Officer
Miss G Gill	Leadership and Inclusion Manager
Miss R Greaves	Policy and Public Affairs Officer
Miss A Hanson	Mind Matters Initiative Officer
Mr I Holloway	Director of Communications
Miss J Macdonald	Vet Nurse Futures Project Manager
Mr B Myring	Policy and Public Affairs Manager
Miss L Pitcher	MMI Outreach and Engagement Senior Officer
Ms L Quigley	MMI Manager
Miss S Rogers	ViVet Manager

Welcome and apologies for absence

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

Declarations of Interest

3. No new declarations of interest were received.

Minutes of the last meeting held on 8 February 2022

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

Matters Arising

5. No new matters were discussed.

Updates from APC workstreams

6. The responsible Committee members or the relevant staff lead provided an update on each of the eight workstreams within the scope of the APC; this reflected the contents of the paper (APC May 22 AI01).
7. The Committee considered these updates, as well as other specific matters raised that were brought to it for discussion and, in some cases, decision. These are highlighted below, in addition to the main questions and comments prompted by each update.

Diversity and Inclusion Working Group

8. It was noted that the BAME Student Support Working Group had presented their report to the Diversity and Inclusion Group (DIG), which subsequently had been sent for publication. The Religious Clothing and Belief document had been completed. The Group thanked the University of Surrey and their students who volunteered to assist in a photoshoot, and to Mr J Cook for taking the photos, to complete the document.
9. The DIG had discussed the College's membership to Stonewall and had favoured extending the membership for another year.
10. An initial discussion around the forthcoming work on Focused Licensure / Limited Licensure and Reasonable Adjustment had taken place. A new working party, chaired by Dr S Paterson, was set to be established to explore these topics.
11. It was noted that work was underway to review the Sustainability recommendations for the

Practice Standards Scheme (PSS) and work on Social Sustainability had also begun. It was also noted that the Chronic Illness survey was due to be launched later in the year.

Fellowship

12. The Fellowship application deadline had passed, with 32 applications received. The applications conformed new requirements agreed by the Committee in 2021. No issues had been reported with the new format. The applications saw a good gender balance between men and women, which was encouraging.
13. The Committee discussed the number of applications and agreed that, although a higher number of applications received in 2019 was an outlier, it would be a useful exercise to revisit the communication strategies for that year, to determine if there would be a method of driving up applications in future years.
14. A new Credentials Panel member had been recruited to assess through the Meritorious Contributions to Knowledge route. All Credentials Panel assessors, and members of the the Fellowship Board, had been offered Equality, Diversity and Unconscious Bias training, which had been well received. The Chief Executive Officer noted that this training had also been offered to all new Council and Committee members. Assessors were also provided with a training video detailing how to assess Fellowship applications to ensure applications were assessed appropriately and consistently. As the Committee agreed in 2021, each Fellowship application would be assessed by five assessors rather than three to reduce interobserver variance.
15. Content was being collated in preparation for the next edition of the Fellowship newsletter, due to be published in June.
16. The Committee was informed that Dr Mary Fraser had stepped down as Chair of the Fellowship Science Advisory Panel (FSAP). The Panel was seeking an interim Chair prior to the Fellowship Board elections in June. The Committee thanked Dr Fraser for her work as FSAP Chair and Fellowship Board member.
17. It was noted that three topic subgroups had formed from the main FSAP Panel, and were beginning work. These topics were:
 - a) The economic contributions of the veterinary professions
 - b) Quality of life
 - c) Is behavioural therapy an Act of Veterinary Surgery?
18. It was noted that the Fellowship Board had been discussing a review of the Fellowship Terms of Reference. A draft document was being reviewed by the College legal team, after feedback from the last document and would be presented to the Fellowship Board for final approval before the summer.

19. Work was underway to organise the 2022 Fellowship Day, which was due to take place in person at the Royal Institution on 29 September. This would be the first in-person Fellowship Day since September 2019.
20. Fellowship Board elections were due to take place in June 2022. The roles up for election were the Fellowship Board Chair, and two Projects and Engagement Officer roles. The Committee was given an outline of the proposed election dates, which would begin in June. The proposed dates were;
 - a) w/c 20 June = Posts advertised
 - b) w/c 18 July = Deadline for applications
 - c) w/c 25 July = Elections open, manifestos published
 - d) w/c 29 August = Poll shuts, winners announced
21. It was noted that the Discourse platform continued to run. The Committee was asked to encourage Fellows to engage with the forum and add their own topics to it to drive interest.

Global Strategy

22. It was noted that preparations for the Federation of Veterinarians Europe (FVE) General Assembly, due to be held in June, were underway.
23. Work was also underway to create an Overseas Member communications strategy. An interview with Chris Gray MRCVS, former RCVS Council Member and Chief Executive of the Veterinary Emergency and Critical Care Society (VECCS) in the United States, had been published, and a call for volunteers for additional individuals to feature on this had been released.
24. Dr Tufnell thanked the Policy and Public Affairs team for their hard work and suggested that some of these workstreams should be revisited at Council.

Innovation

25. A series of design thinking webinars had been launched, with the first one rescheduled due to low numbers on the day. Emphasis was placed during the advertisement that these initiatives could count as CPD.
26. The ViVet website had been updated to include content such as a blog on creative thinking and a case study on how design thinking was used for the workforce summit. A dedicated page was created to house all resources from the day. Content continued to be added to show the ongoing work and positive outcomes from the Summit.
27. Blogs focussing on automation, Artificial Intelligence, Big Data, genomic sequencing etc. had been produced and were awaiting approval. The initiative was exploring ways of signposting to resources without endorsing particular companies.

28. A report of the day of the Workforce Summit had been released in February and had since received 2,677 views (at the time of writing). An action plan that would pull together ideas and a list of actions from the day was underway. This would also include themes and challenges regularly faced across the career of veterinary professionals. Information was being received from key stakeholders detailing activities they currently have in place that support positive outcomes in recruitment, retention and return.
29. For all of those who come off the practising and non-practising categories of the Register, there will be an exit survey, which would help develop an understanding of why people were leaving in greater detail. It was suggested that signposting to mental health resources should be added to the end of the survey, and this was to be actioned.
30. It was suggested that ViVet could collaborate with RCVS Education to support the work on Extra-Mural Studies (EMS).

Leadership

31. The committee was informed that the Edward Jenner Veterinary Leadership Programme had been updated by the NHS Academy, and thus discussions had taken longer to ensure that the new programme would be suitable for the new delegated. This new version will be on-demand with facilitated elements. It is hoped that this new version can be launched in the autumn.
32. There will be a meeting with the NHS Edward Jenner Course Lead to discuss the updates to the programme and assessment options. The new version of the course was aimed to be launched in September 2022, subject to a revised contract.
33. The Leadership Library had added two further topics; Quality Improvement and Leading and Working in a Team. More content was planned which would tackle Leading through Challenging Times and Mentoring/Coaching. This could all count as CPD, if it met individuals' learning needs.
34. A Principles of Delegation Course was being produced for the RCVS Academy. Further Leadership courses were being planned.
35. The Leadership Role Models showcase, released in 2019, was being relaunched as "Leadership Stories". This would take a mixed media content approach, with the content being released every four-six weeks. The initiative would feature people from diverse, underrepresented and more unconventional backgrounds. It was suggested that this work could also correlate with the Reasonable Adjustment workstream.

Mind Matters Initiative

36. The Mind Matters Initiative (MMI) had attended the British Small Animal Veterinary Association (BSAVA) Congress in March 2022, which saw various opportunities for the initiative to

showcase their work, present on EDI, and host workshops on the MMI Kite app and activities for Neurodiversity Celebration Week were also launched on the MMI website.

37. The Kite app had changed platform and continued to be promoted. Plans for a student version of the app were underway in conjunction with one of the vet schools, as part of research into whether this type of app would be well received by students.
38. An MMI International Roundtable had been hosted in March, which received good feedback, and a further event was planned for the autumn..
39. During Neurodiversity Celebration Week, along with other resources, a blog had been produced that detailed how to support neurodiversity in the workplace. This was written by a professional who had previously been supported through the Sarah Brown Research Grant.
40. The Sarah Brown Research Grant was accepting applications until 20 May 2022. A Panel meeting had been organised to review applications in June.
41. The spring Campfire Chat season was coming to an end. The sessions were described as a success and had reached a wide audience. Work had begun to plan this autumn's series.
42. Work continued concerning the new MMI training program. The shortlisted training providers were currently running sessions as part of a pilot scheme. Delegates could attend for free, with a request for detailed feedback. This data was being collected from pilot sessions, to collate this into a final programme to be launched in the autumn and run for at least two years.
43. Work was underway to tackle themes around incivility in the workplace following a survey in conjunction with Vetled and the British Veterinary Nursing Association (BVNA).

RCVS Knowledge

44. RCVS Knowledge had been extending its offering to the professions around Evidence-Based Veterinary Medicine. A smaller, more accessible course that could be used in practice had been released and well-received.
45. Support for the farming community around antimicrobial research continued, with the website providing 42 hours of continued professional development on Antimicrobial Resistance and responsible use of antibiotics in vet practice. This also included links to the most recent and accurate guidance.
46. Work continued to support the professions in how to record data and review audits.
47. The RCVS Knowledge Journal was to be reviewed, making it more intuitive and accessible.

Sustainability

48. Draft sustainability requirements for the PSS update had been approved by the Practice Standards Group (PSG) and awaiting approval from the RCVS Standards Committee, and then from Council.
49. It was noted that collaboration with the UK Health Alliance on Climate Change (UKHACC) project on Net-zero surgery was underway.
50. The RCVS was proud to have achieved the Investors in the Environment (IIE) Bronze award and was beginning further work to be able to achieve the Silver award.
51. The Committee thanked Mrs G Gill for her support and hard work in introducing Social Sustainability content to the PSS review.
52. RCVS Knowledge noted that they would be available to assist with any Quality Improvement work in reducing carbon footprint.

VN Futures

53. Collaborative work with the BVNA was being reviewed to ensure that all parties were appropriately supported and able to work effectively.
54. It was noted that the Vet Nurses School Ambassadors scheme was going well, with plenty of applications.

Any other business

55. It was noted that this was the final APC meeting for Dr C Tufnell, Prof S Dawson and Chair, Dr Mandisa Greene.
56. Dr Tufnell and Prof Dawson were thanked for their dedication and tireless efforts in supporting the professions through the work of the Committee. They were commended for their expert guidance and the Committee wished them the best in their future endeavours.
57. The Committee thanked its Chair, Dr M Greene, for her dedication and inspiring leadership. Dr Greene was commended for her steadfast support and valued her efforts in leading the Committee.

Date of next meeting

58. The Chair closed the meeting noting the next meeting would be in the afternoon of 13 September 2022, in person.

Summary		
Meeting	RCVS Council	
Date	9 June 2022	
Title	Audit and Risk Committee (ARC) Minutes 12 May 2022	
Summary	Minutes of the ARC 12 May 2022	
Decisions required	N/A	
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	<ol style="list-style-type: none"> 1. To allow the Committee or Council to come to a view itself, before presenting to and/or consulting with others 2. To maintain the confidence of another organisation 3. To protect commercially sensitive information 4. To maintain public confidence in and/or uphold the reputation of the veterinary professions and/or the RCVS
Private	<ol style="list-style-type: none"> 5. To protect information which may contain personal data, special category data, and/or criminal offence data, as listed under the General Data Protection Regulation

Minutes of the Audit and Risk Committee (ARC) held online via Microsoft Teams on 12 May 2022

Members:

Ms J Shardlow	Lay member, Chair
Prof D Bray	Lay member of RCVS Council
Mr V Olowe	Lay member
*Mr K Gill	Lay member
Dr M M S Gardiner	Council Member

In attendance:

Dr N T Connell	Treasurer
Ms L Lockett	CEO
Ms C McCann	Director of Operations (DoO)
Mr A Quinn-Byrne	Secretary to ARC / Governance Officer
Mr D Tysoe	Chief Digital Officer (CDO)
Ms K Williams	Education Quality Improvement Manager

*denotes absent

Apologies for absence

1. Apologies for absence were received from Mr Gill.

Declarations of interest

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

Minutes of the meeting held on 10 February 2021

3. It was noted that paragraph 4 of the Unclassified minutes needed to be adjusted, there was a hanging sentence that could create confusion to the reader. The Committee asked for this to be reworded.
4. A discussion took place on the disclosure of unclassified versus confidential items within the minutes and it was noted that as much as possible should be in the public domain.

CEO Update

5. The CEO provided the Committee with an update, it was noted:

- A report outlining preliminary findings from the Workforce Summit that took place in November 2021 had been published in February of this year. An action plan was underway. A summary of the action plan would be provided to the Committee at its next meeting.
- The interim report on the Council Culture project had been discussed at an RCVS Council in April. The project had been implemented to address some issues within the governance structure and further updates on this would be provided to the Committee at its next meeting.
- It was noted that the Legislation Working Party reform work on the creation of a new Veterinary Surgeons Act (VSA) 1966 was continuing, with ongoing dialogue with various stakeholders, an event being held at the Houses of Parliament in June and a further event being planned in September.
- A new group had been established to discuss and implement actions for the refurbishment of Hardwick Street to become the RCVS's new headquarters; further developments of this project would be provided to the Committee as and when required.
- Confidential information is available in the classified appendix at paragraphs 1-2.
- It was confirmed that RCVS Council election results had been published and the RCVS Junior Vice-President elect had topped the poll and was re-elected along with two new veterinary surgeon members.
- A paper on the Under Care / Out of Hours provisions was going to June Council.

Corporate Risk Register

4. The Governance Officer introduced the Corporate Risk Register and outlined changes to the Register and various risks since the last Committee meeting.
5. It was confirmed that the RCVS Risk Policy had been approved by Council in March 2022 and it would be rolled out to all staff via training, with ongoing monitoring of how well it was being adhered to.
6. It was queried whether risk: "**R0235 Management of a Pandemic**" should remain on the top ten risk register as Covid-19 restrictions had lifted. However, it was felt that the pandemic might return in the winter months, and warnings from the World Health Organisation (WHO) indicated that Covid-19 could have another surge. Therefore, it was decided to keep the management of the pandemic on the top ten list.
7. It was confirmed that the risk to data deriving from cybersecurity incidents had been placed on the top ten risk register. Currently phishing and cyber-related attacks were at an all-time high globally. The Committee was satisfied to see this risk and its mitigations being reflected on the top ten risk register.

8. It was confirmed that RCVS Auditors Crowe LLP had carried out an audit review of the IT systems and further discussion would take place at the joint Audit and Risk, and Finance and Resources, Committees meeting later that day.
9. Confidential information is available in the classified appendix at paragraphs 3

Digital Team Risk Register

10. The new RCVS Chief Digital Officer (CDO) introduced himself and presented the Digital Team Risk Register. He highlighted some of the key risks and mitigations involved and the Committee praised the work that had gone into the register to date.
11. Confidential information is available in the classified appendix at paragraphs 4-7.
12. It was confirmed that it was envisaged that the new CDO would reach out to other similar organisations and Royal Colleges and try to re-engage the Royal College IT group to share methods of working and discuss what collaboration opportunities and resources sharing might be available.
13. The Committee reiterated their praise for the work that had gone into the risk register and risk report and wished the CDO best wishes in his new role at the RCVS.

European Association for Quality Assurance in Higher Education (ENQA)

14. The Education Quality Improvement Manager (EQIM) presented the ENQA update to the Committee.
15. It was noted the next review for ENQA would be spring 2023. It would consist of a two and half day visit from ENQA and the exact date was yet to be confirmed. A timeline and terms of reference would be provided by ENQA to the RCVS in the coming weeks.
16. It was confirmed that the EQIM had undergone training to be an ENQA panel reviewer
17. The Committee queried what risks were involved with the review process and what the mitigations were for those risks. Risks had been identified informally but there was no formal process yet. The EQIM and Governance Officer would be working together to formalise these risks within a risk register. This register would be presented to the Committee at the next ARC meeting.
18. It was queried from a business continuity point of view whether the work of this review was solely being managed by one individual or was there a structured team in place. It was noted that although the EQIM was leading this project there was support in place from the wider education and veterinary nurse team.

19. The thematic analysis policy was shared with the Committee and the Committee was content that this was an appropriate approach.
20. The internal Quality Assurance Policy was shared with the Committee. The Committee was content with this policy. It was queried whether there was a quality assurance process in place for education and veterinary nursing committees that made decisions on the accreditation reports. It was noted that this query would be raised with RCVS Senior Team for discussion and an update would be provided to the ARC at the next meeting.
21. The Committee praised the work that had gone into the ENQA review and wished the EQIM best wishes with the continued work going forward. An ENQA update would be provided at the next ARC meeting.

Action: Quality assurance query from Senior Team, EQIM to update ARC in September

Any other business

22. There was no other business to note.

Date of next meeting

23. The date of the next meeting would be Thursday, 15 September 2022.

Summary	
Meeting	Council
Date	9 June 2022
Title	Education Committee Minutes 10 May 2022
Summary	Education Committee Minutes 10 May 2022
Decisions required	To note
Attachments	None
Author	Britta Crawford b.crawford@rcvs.org.uk/ 020 7202 0777

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

Education Committee

Minutes of the meeting held on 10 May 2022

Members:	Dr Niall Connell	
	Ms Linda Ford	- Lay member
	Professor Tim Parkin	
	Mrs Susan Howarth	
	Dr Susan (Sue) Paterson	- Chair
	*Professor Chris Proudman	
	Professor Stuart Reid	
	Professor Susan Rhind	
	Dr Colin Whiting	
	Ms Anna Bradbury	- Student representative
Ms Kate Dakin	- Student representative	
By invitation:	Dr Melissa Donald	- CertAVP Subcommittee Chair
	Mr Danny Chambers	- Adv Practitioner Panel Chair
	Dr Joanne Dyer	- PQSC Chair
	Dr Mandisa Greene	- VetGDP subcommittee Chair
	Professor Nigel Gibbens	- Chair of Accreditation Review Group
In attendance:	Mr Duncan Ash	- Senior Education Officer
	Dr Jude Bradbury	- Examinations Manager
	Dr Linda Prescott-Clements	- Director of Education
	Mrs Britta Crawford	- Senior Education Officer
	Miss Claire Holliday	- Senior Education Officer
	Mr Jordan Nicholls	- Lead for Undergraduate Education
	Ms Jenny Soreskog-Turp	- Lead for Postgraduate Education
	Mr Kieran Thakrar	- Education Officer
	Ms Lizzie Lockett	- CEO
	Dr Kate Richards	- Officer Team Observer
Mr Darren Tysoe	- Chief Technology Officer	

Apologies for absence and welcome

1. Apologies were sent from Chris Proudman

Declarations of interest

2. Dr Greene declared that she was part of the visitor team for Bristol and Dr Connell declared that he had acted as one of the admissions interviewers for new students at Nottingham University.

Minutes

3. The minutes of the meeting held on 8 February 2022 were agreed as an accurate record.

Matters arising

4. The Committee heard that the Finance and Resources Committee (FRC) had not yet approved the matter of specialist subcommittee honoraria but that this would be considered at a future meeting. All other matters had been dealt with or were part of the papers for this Committee.
5. There was a discussion about the conflict-of-interest policy and whether this should be extended and applied to members of Education Committee and Primary Qualification Subcommittee as well. It was agreed that the issue should be put on the agenda for the September meeting.

Action: Add conflict of interest policy to EC September agenda

Education Department update

6. The Director of Education, Dr Prescott-Clements, gave an oral update on the work of the Education Department. The Committee heard that the work on EMS which had previously been agreed was undertaken by Mr Ash and the RCVS Communications Department, updating the guidance for students and practices into a more engaging medium, involving real life stories and examples of “what good looks like”. The final report from the EMS stakeholder meeting is being published imminently and the EMS database has been discussed with the new Chief Technology Officer, Mr Tysoe.

Primary Qualifications Sub-Committee (PQSC)

Report of the sub-committee meetings held on the 14 April

7. The report of meeting held on 14 April were received and noted.

Nottingham Visitation

8. Before turning to the Nottingham report, it was noted that PQSC had taken a new approach to the consideration of visitation reports. Each report was presented standard by standard, detailing the commendations, recommendations, and suggestions, along with the evidence that supported each of these. The University response to each of the findings from the report, as well as the visitation panel’s comments on this response, were also presented. Following each standard, the committee were asked to consider and discuss each point before moving on to the next standard. It was noted by Education Committee that this led to a greater level of detail in the minutes, demonstrating the thoroughness of PQSC’s discussions.
9. The RCVS visitation to the University of Nottingham, School of Veterinary Medicine and Science (SVMS) took place in October 2021. Education Committee were presented with the report of the

visitors' findings and the School's response, along with comments from the visitation panel responding to the School's response.

10. A high-level summary of the commendations, recommendations and suggestions was presented, and Education Committee were directed to the relevant section of the PQSC minutes which detailed the considerations of the sub-committee. It was noted that whilst PQSC agreed on the need for monitoring progress with addressing the minor deficiencies from the report, they had been content that this could be achieved through annual reports rather than a revisit.
11. Following discussion, Education Committee agreed with the recommendation from PQSC that the BVM BVS programme at Nottingham University be granted 'Accreditation for seven years' subject to satisfactory annual monitoring reports.

ACTION: RCVS to communicate accreditation decision to Nottingham SVMS.

Bristol Visitation

12. The RCVS/AVBC visitation to the University of Bristol Veterinary School took place in November 2021, and the report of visitors' findings and the School's response to the report were considered by Education Committee.
13. A high-level summary of the lengthy discussions which took place at PQSC was given, detailing the commendations, recommendations, suggestions and the University comments to the findings.
14. Education Committee agreed with the recommendation from PQSC that the BVSc and AGEP programmes at Bristol University be awarded 'Accreditation for a shorter period' with a focussed revisit to take place within two years. The focus of this visit would be to look at Bristol's progress with addressing the findings of the 2021 visitation report. It was also requested that detailed progress be presented in Bristol's annual monitoring report.
15. It was asked whether a revisit would be conducted against the new standards which come into effect in 2023. It was explained that since the old standards would not be applicable after 2022, any accreditation event after this point would be conducted in line with the new standards. It was also pointed out that all of the old standards had been mapped to the new standards, and that whilst the focus and wording may look different, it covered the same areas.
16. Some members of the committee expressed unease at this proposal and requested that where a focussed revisit was to take place, that this be conducted against the standards in place at the time of the original visitation. It was agreed that this issue be taken back for consideration outside of the meeting.

ACTION: Consider which version of accreditation standards are used for revisitations

Appeal Update

17. The committee were presented with an update regarding the accreditation appeal from Massey University in New Zealand. It was noted that RCVS had communicated the outcome of the appeal to the Head of School, following decision by Education Committee, but was yet to receive

acknowledgement. Through later correspondence with the Head of School on a separate issue, RCVS learned that the School had received the outcome, however no formal response or acknowledgement has been sent from Massey.

Covid Plans

18. The confidential updates to school covid plans, which had been reviewed by both RCVS and PQSC, were received and noted, along with the responses to any clarifications that had been sought. It was reported that further clarifications had been sent to St. George's University (SGU) over their covid plans, however the deadline for response was after Education Committee so nothing had been received yet.

Covid Temporary Policy Review

Students Visiting Abattoirs

19. During the pandemic, many temporary amendments were made to educational policies and standards, most of which had reverted following the easing of restrictions. The accreditation standard requiring schools to provide students with an in-person abattoir experience had been amended whilst abattoir access had been challenging due to high Covid infection rates, allowing for teaching in this area to be delivered entirely through virtual methods.
20. At its November 2021 meeting, Education Committee had been asked to consider whether this temporary amendment to policy was still necessary, with the country removing pandemic restrictions. Conversations with the Food Standards Agency (FSA) and Food Standards Scotland (FSS) at that time had indicated that they were no longer advising abattoirs to restrict access.
21. Whilst there had been no initial objections to reverting this standard to pre-pandemic requirements, vet school representatives argued that the pandemic was not yet over, and that for some schools, abattoir access remained a challenge. It was therefore agreed that this temporary policy change would remain in place and be reviewed in 2022.
22. Following that meeting, RCVS reached out again to the FSA and FSS, to ask whether more could be done to encourage abattoirs to open their doors to students, as well as consulting with the veterinary schools to enquire what steps they had been taking to get their students these experiences. From these conversations, it became apparent that it was time to revert this temporary policy change back to the requirements set out in the RCVS accreditation standards.
23. Professor Reid argued that the FSA and FSS do not own the private abattoirs and that access remained challenging, which meant that the policy to allow abattoir experience to be delivered via virtual resources should remain under review, though it was reported that RVC students were starting to get back to in-person visits. It was also reported that Edinburgh students would be returning to abattoirs in June 2022.
24. Education Committee were reminded that the proposal was to revert this policy at the end of 2022, when the new RCVS accreditation standards would come into effect. At that stage, the

accreditation standard would require students to gain an in-person experience in either a red or white meat abattoir, instead of red and white meat. It was agreed that this would be more attainable.

25. Education Committee agreed that this temporary policy amendment should revert to normal by the end of the year, however it was also agreed that if challenges remained, vet school representatives could bring their concerns back to Education Committee in November for consideration.

ACTION: Temporary Covid policy on abattoir teaching to revert at the end of 2022.

EMS Policy

26. Education Committee was asked to consider EMS completion data submitted from schools at the end of April as part of the on-going three-monthly reviews of the temporary EMS Policy put in place to make allowances for restrictions and knock-on effects of placement availability caused by the Covid-19 pandemic. It was noted that a reduction of 3 weeks to the current 3rd years' requirement had been agreed in February 2022, with the reduced requirement now set at 23 weeks.
27. It was noted that only 4 of the 8 schools had returned data, however this could have been a result of the timing of the review in that schools may have either been on, or just returning from the Easter breaks. As a result, it made it difficult to be able to make a judgement and therefore there were no proposals made for further reductions at this time. The committee were asked to consider whether or not to hold the next review at the next meeting in September as would be normal, or to wait slightly longer and hold the next review at the November meeting, on the proviso that allowing more time between the reviews could allow for more accurate data to be returned.
28. There was a comment on the some of the range data that had been returned, in that some students appeared to have completed very few weeks in the final years compared to others who had already met their reduced requirements. It was reported that this could be explained due to either differing timetables, or students possibly not yet formally recording their completed weeks.
29. Although there was general agreement that the data may have suggested that there were no immediate concerns with completion rates, the student representatives on the committee however did report that they were both still finding it difficult to book placements in, with practices giving priority to students in later years.
30. With this in mind, it was agreed that the next review should take place in September. It was also agreed that schools should be requested to submit any data on placements that were booked in and scheduled to take place, as well as data on completed placements.

Action: RCVS to hold next review in September

31. It was also noted that careful consideration would need to be given to proposals around the future of EMS, in that there could be a sequence of 3 cohorts entering their clinical years, and each having differing levels of required EMS.

ENQA Update

32. Dr Prescott-Clements, on behalf of Mrs Williams, updated the Committee on the accreditation review of RCVS by the European Association for Quality Assurance in Higher Education (ENQA), taking place next year. The final, printed, Self-Assessment Report (SAR) needed to be submitted in November, and it was reported that this was currently being developed. Additionally, plans had been drawn up for monthly meetings between the Veterinary Nursing and Education Teams to consider and update relevant policies and procedures. It was reported that RCVS Audit and Risk Committee would consider and sign-off the SAR once complete, and that Education Committee would receive further updates at future meetings.

Accreditation Review Working Party (ARWP)

Accreditation Classifications

33. Following revisions made by both the Accreditation Review Working Party (ARWP) and the Primary Qualifications Sub-Committee (PQSC) aimed at improving clarity, proposed amendments to two of the RCVS accreditation classifications were presented to Education Committee for agreement.
34. It was noted that move to 'Conditional accreditation' and its associated description was in-line with classifications used by other professions, however it was questioned whether schools would understand this classification and what it meant, and it was asked whether the proposal should be sense-checked by the veterinary schools. Other members of the committee felt that the meanings were clear and that they should be used and adjusted over time if necessary.
35. Following discussion, it was agreed to amend the accreditation classifications as presented.

ACTION: Update accreditation classifications.

36. Education Committee were also asked to consider the point at which accreditation is applied, as it was currently unclear whether accreditation is granted from the date of the accreditation visit, or the date of the decision from Education Committee. It was argued that accreditation should apply from the date of decision by Education Committee rather than the accreditation visit, as the length of the reporting process could vary.
37. Following discussion, Education Committee agreed with the recommendation from PQSC that the period of accreditation should start from the date of decision by Education Committee.

ACTION: Update classifications with clarification on accreditation periods.

Accreditation Panel Member Training PID

38. A project initiation document (PID) for the development of panel member training on accreditation events was presented to Education Committee for discussion. The PID had previously been

considered by the ARWP and PQSC, and it was reported that the GANNT chart had been updated since that meeting to reflect the fast-moving nature of this project.

39. It was asked whether Heads of Veterinary Schools (HOVS) would be permitted to undergo this training so that they could be clear on how their programmes would be assessed. It was pointed out that anyone that agreed to remain on the list of panel members and help with accreditation events would be welcome to apply.
40. It was also asked whether there was an appraisal system in place and exit strategy for any panel members that may behave inappropriately on a visitation. It was explained that the RCVS had an internal quality assurance role that attended all visitations to ensure that RCVS was following its own processes, and that this included gathering feedback from both visitation panels and those at the vet school who interacted with the panel. However, it was agreed that a formal exit strategy for panel could be useful and it was agreed to explore the feasibility of such a policy.

ACTION: RCVS to consider a formal policy for removing names from the list of accreditation panel members.

Accreditation evidence repository

41. New accreditation standards and a new accreditation methodology are being introduced in 2023. Within these new processes, it had been agreed that data submitted by schools to evidence that they have met the accreditation standards will be collected using a new approach. The RCVS will host a data repository to which schools will be able to upload evidence against each standard at any time, thereby offering schools more flexibility than the current system.
42. The RCVS, after extensive testing, recommended SecureDocs as the software to use for the evidence repository and sought approval from Education Committee. This proposal was shared with the Veterinary Schools Council (VSC) for feedback and comment ahead of consideration by Education Committee. It was noted that VSC had no general concerns with SecureDocs as the host platform but had enquired about the usability of the software.
43. The RCVS had responded to the queries raised by VSC, ensuring that the system would be useable for both schools and panel members. Furthermore, the schools who have visitations earlier on in the visitation cycle would be granted access to the repository earlier than other Schools to ensure sufficient time to upload evidence.
44. The committee noted that SecureDocs was already in use for RCVS Council papers and had received positive feedback. Following consideration, Education Committee approved SecureDocs to be the platform of the new evidence repository.

CPD

45. The Committee received and noted a report detailing the analysis of the 2021 audit of CPD records of Veterinary Surgeons. There was a lower response rate and compliance overall this year but evidence of successful use of the pause function for those on parental leave.

Statutory Membership Exam (SME)

Exam Update

46. Education Committee were provided with an update on the SME. Ninety-three candidates sat the written examinations last week, 90 from the RCVS and 3 for the VCI.
47. It was commented that this was an increase in numbers from 65 last year and that part of the reason for this was an increase in European graduates. The majority of candidates are still reported to have graduated from India/Pakistan followed by Africa (Nigeria, Egypt) and the middle east (Iran, Iraq, Afghanistan).
48. The Committee were informed that despite all candidates sitting and successfully completing a hardware test prior to the exam, there were still technical issues on the exam days which may result in appeals. It was reported that investigations into these issues are underway but no further information was available at present.
49. An update on refugee numbers was given, with 18 currently on the active list and no Ukrainian vets at present. It was noted that FRC had agreed to an increase in funding for refugees for the 2023 exam however, this may need to be increased again.

Policy on eligibility to sit the SME

50. Education Committee were presented with two proposed protocols to follow when making decisions on a candidate's ability to sit the SME, the current policy, and a potential policy for consideration. It was highlighted that regardless of which policy is chosen any candidate taking the SME would have to subsequently pass the SME to be admitted onto the register, and that any other route to registration would be automatically closed. Additionally, that once a vet has been admitted to the register the option to take the SME is unavailable.
51. The Committee were informed that at present this policy affects very few candidates but had been highlighted at the previous meeting that the current policy of making decisions on an individual basis could come under scrutiny and as such should be reviewed.
52. The Committee were advised that the outcome of the decision may have an impact on relations with AVBC given one of the reasons candidates wish to sit the SME is to provide a route to work in Australia. The cost of the SME is considerably less than the cost of the AVBC National Veterinary Examination which may play a driving force in these requests.
53. There was discussion that given the low numbers of candidates impacted by this policy making decisions individually is feasible, however a consistent policy would be beneficial and more appropriate.
54. It was asked whether applicants for the SME are also required to undertake EMS as part of the process. The Committee were advised that as the SME is a licensing exam there are no

stipulations to experience beyond having a recognised veterinary degree, adequate English language skills and appropriate professional good standing.

55. The Committee decided to adopt policy option 2, allowing any eligible candidate to sit the SME.

Veterinary Graduate Development Programme (VetGDP) update

56. The Committee heard an update of the recent work surrounding the VetGDP, including the 1-2-1 meeting sessions with Graduates and Advisers, the work on peer review training and the development work on the e-portfolio platform. The Committee were delighted to hear of the large take up of peer reviewers, which is a good example of how engaged the profession are with the VetGDP.

Advanced Practitioner Status (AP)

57. The Committee heard that two task and finish groups had been set up. The first is looking at what it means to be an AP, and a possible name change, the second is looking at career pathways. Both groups have met once and will meeting again in June. These groups are coming up with ideas to be discussed at a larger stakeholder event towards the end of the year.

Specialist subcommittee: Adding a new Specialist designation

58. An application for Specialist status had been received for listing in a new designation of Veterinary Pain Medicine (Small Animal). All new designations require approval from Education Committee, and therefore the committee was asked to consider approving the designation. It was clarified that the applicant would also be required to submit some further information to the Specialist Sub-Committee (SSC) to fully satisfy them that they met the criteria, therefore any agreement to the new title would be in principle until the application was fully accepted by SSC.
59. The concerns from SSC around the title possibly being too close to the existing Specialist title of Veterinary Anaesthesia and Analgesia, however there were opinions that although similar there was enough of a difference to be able to have a separate designation.
60. However, there were comments around the wording of the title, and that "Veterinary Pain Management" may be more appropriate as it would capture the holistic nature of pain management, rather than a specific pharmacological aspect of it being based around medicine.
61. There were also comments around the possible further demand for such a title, in that allowing a new designation which would seemingly only be awarded to one individual could set a precedent. Other members also had concerns that such a designation would be creating a specialist designation in too much of a narrow area.
62. Therefore, it was agreed to defer to the decision on approving the designation to SSC, with the recommendation that if it was ultimately approved, it should be for "Veterinary Pain Management (Small Animal)".

Action: EC defers decision to SSC

Risk Register

63. The risks discussed can be found in the confidential appendix.

Any other business

64. The Committee and Education Team thanked Sue Paterson for her time as Chair of Education Committee and her unstinting support of all matters education.

Date of Next Meeting

September 2022

Britta Crawford

May 2022

b.crawford@rcvs.org.uk

Summary	
Meeting	RCVS Council
Date	9 June 2022
Title	Finance and Resources Committee (FRC) Minutes 12 May 2022
Summary	Minutes of the FRC 12 May 2022
Decisions required	N/A
Attachments	Confidential 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
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'.
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	general issues which can be disclosed, for example in reports to committees and Council.
²Classification rationales	
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Private	<ol style="list-style-type: none"> 5. To protect information which may contain personal data, special category data, and/or criminal offence data, as listed under the General Data Protection Regulation

Minutes of the Finance and Resources Committee (FRC) meeting held online via Microsoft Teams on Thursday, 12 May 2022.

Members:

Dr N T Connell	Chair / RCVS Treasurer
Dr S Paterson	Representative from Education Committee
*Dr M O Greene	Representative from Advancement of Professions Committee
Ms J S M Worthington	Lay Member RCVS Council
Ms C-L McLaughlan	Representative from Standards Committee
Mr M E Rendle	RCVS Council / Veterinary Nurses Council 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
Professor S A May	Elected member RCVS Council
Ms L Ford	Lay Member RCVS Council

*Denotes absent.

In attendance:

Dr K Richards	RCVS President
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
Ms J Delaloye	Head of Finance
Mr D Tysoe	Chief Digital Officer (CDO)
Ms L Hall	People Director
Mr R Grover	Pension Consultant (Pension Review Item Only)

Apologies for absence

1. Apologies were received from Dr M O Greene.

Declarations of interest

2. There were no new declarations of interest.

Minutes of the meeting held on 10 February 2022

3. The minutes of the meeting held on 10 February 2022 were confirmed as a true record of the meeting.

Director of Operations Update

4. The Director of Operations (DoO) gave an update to the Committee, the following was noted:
5. There were no frauds to report since the last meeting of FRC in February 2022.
6. On recruitment, there had been nine new starters and seven leavers since February 2022.
7. On veterinary surgeon fees 93% of veterinary surgeon fees had been paid and the finance team had worked hard in collecting these fees.
8. In relation to the estates update. It was confirmed that the RCVS had now completed its temporary move to a WeWork Office on Cursitor Street in London. A new group had been established for the refurbishment of the new Hardwick Street Office
9. Confidential information is available in the classified appendix at paragraph 1.

Reports of Committees

10. It was confirmed that there were no reports from any of the standing committees to note for this Committee.

Corporate Risk Register

11. The Committee was provided with an update on the corporate risk register.
12. Confidential information is available in the classified appendix at paragraphs 2-3.

Investment update

13. The Committee was provided with a written update from RCVS's portfolio manager from Investec.
14. Confidential information is available in the classified appendix at paragraph 5.

Fee discussion

15. Confidential information is available in the classified appendix at paragraphs 5-13.

Digital Departmental update

16. The newly appointed CDO (Chief Digital Officer) provided an update on plans for the future of the department and team structure.
17. It was noted that hybrid working had initially been a risk at the start of the pandemic, however, this risk and the threat to business continuity had subsided. Furthermore, the technology had been updated and adapted to support hybrid working, which had dramatically reduced any risks within this area.
18. Confidential information is available in the classified appendix at paragraph 15.
19. The CDO presented a paper that made comments on the digital strategy that had been written by his predecessor and that had been approved by the Committee previously. The paper highlighted areas for future consideration but broadly recommended that the current direction of travel be maintained. The Committee was satisfied with the trajectory the Digital department was taking and approved the way forward recommended within the Director's paper. It was noted that a further paper and roadmap would be coming to this Committee in the future.

Decision: Committee approved of current digital strategy's trajectory

Pension Review Update

20. In February 2022, the Committee agreed to review the current AEGON staff pension scheme to ensure it still met the requirements of the RCVS, following a recommendation by Wingate Benefit Solutions, the RCVS employee benefits and workplace pensions advisor.
21. Confidential information is available in the classified appendix at paragraphs 15-19.

Any other business

22. There was no other business to raise.

Date of Next Meeting

23. The date of the next meeting would be Thursday, 15 September 2022.

Summary	
Meeting	Council
Date	9 June 2022
Title	Standards Committee Minutes
Summary	<p>Minutes of Standards Committee held remotely on Thursday 31st March 2022, 5pm</p> <p>The Committee's attention is drawn to paragraphs 1 – 13 in the classified appendix.</p>
Decisions required	None
Attachments	Classified appendix
Author	<p>Beth Jinks</p> <p>Standards and Advice Lead</p> <p>b.jinks@rcvs.org.uk</p>

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

1Classifications explained

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2Classification rationales

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

Minutes of the Standards Committee Meeting held remotely on Thursday 31 March 2022 at 5pm

Members:	Dr M A Donald	Chair
	Dr L Allum	
	Ms B Andrews-Jones	
	Miss L Belton	Vice Chair
	Mr M Castle	
	Dr D Chambers	
	Dr M Gardiner	
	Ms C-L McLaughlan	
	Prof T Parkin	
	Mrs C Roberts	
In attendance:	Ms E C Ferguson	Registrar
	Ms L Lockett	CEO
	Ms G Kingswell	Head of Legal Services (Standards)
	Ms B Jinks	Standards and Advisory Lead
	Dr N Sampson	Head of Veterinary and Meat Hygiene Policy, FSA
	Dr J Clark	Director of Veterinary Services, FSA
	Mr S Tunnicliffe	Operations Director, FSA
	Mr R Locker	Head of Operations, FSA

AI 1 Apologies for absence and declarations of interest

1. The Chair welcomed the CEO to the meeting as an observer.
2. Apologies were received from Mrs Roberts and Prof Parkin.

AI 2(a) Under Care and out of hours – confidential

3. Confidential information is available in the classified appendix at paragraphs 1-8

AI 3(a) FSA update on temporary registered novice OV's (TRNOV's) in the meat hygiene sector – confidential

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

Summary	
Meeting	Council
Date	9 June 2022
Title	Veterinary Nurses Council Report to Council
Summary	To note the minutes of the meeting of Veterinary Nurses Council (VNC) held on 11 May 2022.
Decisions required	None
Attachments	Classified appendix
Author	Annette Amato Committee Secretary a.amato@rcvs.org.uk / 020 7202 0713

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

¹Classifications explained

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²Classification rationales

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

Veterinary Nurses Council

Minutes of the meeting held on Wednesday 11 May 2022 at Harper Adams University

Members:	Mrs Belinda Andrews-Jones	-	Vice-Chair
	Miss Alison Carr		
	Dr Niall Connell	-	Officer Team observer (non-voting)
	* Ms Elizabeth Cox		
	Miss Jane Davidson		
	* Mr Dominic Dyer		
	^ Ms Sarah Fox		
	Mrs Susan Howarth		
	Mrs Katherine Kissick		
	^ Mrs Donna Lewis		
	* Dr Susan Paterson		
	Mr Matthew Rendle	-	Chair
	Dr Katherine Richards		
	Ms Stephanie Richardson		
	Mrs Claire Roberts		

^Denotes remote participant

*Absent

In attendance:	Mrs Annette Amato	-	Committee Secretary
	Mrs Julie Dugmore	-	Director of Veterinary Nursing
	Miss Shirley Gibbins	-	Qualifications Manager
	Mrs Suzanne Edwards	-	Chair, Registered Veterinary Nurse Preliminary Investigation Committee
Remote:	Mr Luke Bishop	-	Media and Publications Manager
	Ms Eleanor Ferguson	-	Registrar
	Mrs Tash Goodwin Roberts	-	Veterinary Nursing Registration Lead
	Mrs Victoria Hedges	-	Examinations Manager
	Mr Robert Hewes	-	Head of Insight and Engagement
	Ms Lizzie Lockett	-	Chief Executive Officer
	Mr Ben Myring	-	Policy and Public Affairs Manager
	Kirsty Williams	-	Education Quality Improvement Manager
Guests:			
	<i>Ms Caitlin Frances</i>	-	<i>VNOnline</i>
	<i>Ms Georgina Mills</i>	-	<i>VetRecord</i>

Apologies for absence

1. Apologies for absence were received from Dominic Dyer and Susan Paterson.

Declarations of interest

2. There were no new declarations of interest.

Obituaries

3. Council observed a minute's silence for all members of the professions who had passed away since the last meeting, and the people of Ukraine.

Minutes of the meeting held on 9 February 2022

4. The Minutes of the meeting held on 9 February 2022 were approved as a correct record.

Matters arising

5. There were no matters arising on the previous Minutes.

CEO update

6. The CEO provided an oral update on a number of operational matters and recent activities since the previous meeting.
7. The staff had settled into the shared office space in Chancery Lane and the system was working well. A new working group had been set up to look at the requirements for the refurbishment of the new permanent headquarters. A staff awayday would take place at the end of June and would include discussion on creating a positive working environment and culture, and interaction between staff and Council and Committee members. The Officer team would be reviewing the meeting plan for the coming year, and the pros and cons of hybrid and in-person meetings, going forward.
8. The Workforce project for the professions was continuing. The report from the event in November 2021 had been published in February and the Vivet team was now working on an action plan which would be published shortly.
9. The results of the elections for VN Council and RCVS Council members had been published, and the new Officer team had been elected at the previous meeting of RCVS Council, to take effect from the AGM in July.
10. The Annual report was currently being prepared and would be published at the Annual General Meeting in July. It was confirmed that all VN Council members would be invited.

11. Work had continued on the Mind Matters Initiative (MMI) with the British Veterinary Nursing Association (BVNA) and VetLed, on a campaign around incivility in the workplace and how workplace culture can be improved, particularly for veterinary nurses.
12. The launch of the RCVS Academy, the online portal for learning that supports veterinary professionals meeting the standards, was planned for the June with a suite of courses, some of which were relevant for veterinary nurses.
13. The refugee support package proposal for veterinary nurses who hold refugee status, which had been recommended to the Finance and Resources Committee by VN Council, had been approved.
14. The RCVS had recently achieved the Investors in the Environment Bronze Award, as part of the work of the RCVS Green Team.
15. A new working party had been set up to look at how to expand the possibilities for people with disabilities and chronic illness to join the veterinary professions. The BVNA would be represented on the working party to look at this from the nursing perspective.

E-Certificate for Veterinary Nurse Registration

16. The Veterinary Nursing Registration Lead presented a paper summarising the outcome of the extended trial of the use of e-certificates for newly registered veterinary nurses, and provided updated figures. Since its commencement in November 2021 there had been 851 RVNs included in the trial, 430 of whom had requested a hard copy of their certificate. It had been clear from the survey feedback that the hard copy was valued. Whilst veterinary nurses appreciated the environmental positives and convenience of the e-certificate, a large proportion had indicated that they would also like to have the option to receive a physical copy. It was important to be able to demonstrate to the veterinary nursing population that their feedback had been listened to and acted upon, and it was therefore proposed that the option to receive a hard copy certificate should continue.
17. In order to offer the most effective option in terms of staff time and postage costs, it was proposed that as part of the initial registration process, applicants should be given the option to opt in or out of receiving a hard copy of their certificate, which would be posted along with the badge which is sent out to all new registrants. The application would clearly outline the benefits of the e-certificate, which would be issued to all new registrants as standard. There would be no charge for the first hard copy, although there would be a charge for replacements, as is currently the case.
18. Council was unanimous in its agreement to the proposal, which it was felt was a good compromise, and it was agreed that it was important to continue to expand the communications message around the environmental benefits of the e-certificate. It was also reiterated that any communications, while supporting the use of the e-certificate, should include reminders that employers should check the online Register for confirmation of a nurse's registration status, as the certificate is not a proof of current registration status.

19. It was confirmed that going forward, the intention was to introduce e-certificates for other areas such as the Certificate in Advanced Veterinary Nursing.

Veterinary Nurse Education Committee (VNEC)

20. **Meeting held on 16 February 2022.** Susan Howarth, Chair of the VNEC, presented the minutes of the meeting of the VNEC held on 16 February 2022, and drew attention to the following points:
21. The RCVS would continue to keep in place the provision to review registration applications on a case-by-case basis for students who had completed their qualification, but had been unable to complete the required 1,800 required practice training hours due to the effect of the Covid pandemic. No further such applications had been received since the previous meeting.
22. The Committee had received a considerable number of reports and updates on action plan monitoring and quality monitoring activities carried out by the qualifications team. It had been confirmed that the RCVS standards do not require students to undergo a mock OSCE, although the students are required to be appropriately assessed and a discussion on the assessment always forms part of the accreditation process.
23. The Committee had commented on the increased trend towards the inclusion of suggestions and actions around wellbeing in the monitoring reports and had noted that wellbeing had been incorporated more fully into the revised Day One Competences, Day One Skills and Professional Behaviours. The focus on wellbeing would be included as part of the new pre-accreditation support process which had been approved by the Committee.
24. The VN Education digital newsletter for AElS, centres and training practices, and the meetings for educators had now been reinstated, enabling communication of key themes and updates to all educators. The Committee would encourage centres to set realistic timescales for meeting their actions, which should be sensible and achievable.
25. A new examination venue for the pre-registration examinations, MYF training, had been contracted for a period of three years, and the first examinations had been held there in March 2022. The Chair of the Pre-registration Examination Board, Professor Elizabeth Mossop, had retired from the Board, and a new Chair was being sought from the VNEC.
26. **Meeting held on 14 April 2022.** A very brief oral report was provided on the meeting held on 14 April 2022, which had included routine quality monitoring reports. One small module change had been agreed. The minutes would be circulated with the agenda for the next meeting of Council.

Report on registrations and enrolments from overseas

27. **Annual update report.** The Examinations Manager presented the report summarising the applications for registration and assessment of qualifications from nurses educated outside the UK, covering the period between 1 April 2021 and 31 March 2022, with figures for the previous

- year shown for comparison. It was noted that the overall number of applications (58) for the reporting period had been low, as had been the case for the previous year, and this was likely to have been due to the combined effect of the Covid pandemic and the exit from the EU. There had been a significant increase in applications from the USA and South Africa. Most applications had been received in the latter half of the reporting period when travelling restrictions had been lifted, and it was predicted that there would continue to be an increase in applications for the remainder of the year.
28. It was noted that due to legislative changes, most applicants are now required to take the pre-registration examination. There had been some changes in the payment system, allowing candidates to pay online by credit card. This had been appreciated by candidates, allowing them to spread the costs.
29. It was noted that to date there had been no applications through the refugee support programme which had been approved earlier in the year. The Refugee Council would ensure that any eligible applicants were made aware of the scheme, and the registration and education teams were liaising with the veterinary practices which had expressed an interest in employing veterinary surgeons and nurses from Ukraine.
30. **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 similar to those in the previous year.
31. **Translation of documents.** The Examinations Manager presented a paper outlining details of a proposed process, making use of translation software, for translating documents for applicants educated outside the UK applying to join the Register of Veterinary Nurses. The current requirement for applicants to provide an official translation of syllabus and curriculum documents which are not in English is costly and can be a barrier to some candidates. The proposal was that the VN department would use free translation software to translate these documents, which would be relatively quick and would not add significantly to the workload of the department. The cost saving to applicants would be significant and was expected to assist around 10 - 20 applicants per year.
32. It was confirmed that the system would be kept under constant review to ensure it was fit for purpose, and that the RCVS would need to reserve the right to require an official translation to be provided in certain cases. With these conditions, Council agreed unanimously to accept the proposal, which it was felt was in line with the RCVS intention to be a supportive regulator. A formal review should be carried out after 12 months, and would be reported back to VN Council at its May 2023 meeting.

ENQA (European Association for Quality Assurance in Higher Education)

33. The Education Quality Improvement Manager informed Council of the activities being undertaken in readiness for the next ENQA (European Association for Quality Assurance in Higher Education) review. The last ENQA review had taken place in 2018, and is a cyclical five-year review, the next

being due in 2023.

34. The RCVS application had been acknowledged and terms of reference were awaited. The Self-Assessment Review (SAR) was due to be completed by November, and was currently being worked on, with regular meetings taking place between the veterinary nursing and education teams. Some policies had been updated and were being looked at by the Audit and Risk Committee. The Comms team would be working on the presentation and accessibility aspects of the SAR.
35. The Education Quality Improvement Manager had recently undergone training to become an ENQA reviewer and was now on the list of panel members for ENQA accreditation events, along with the VN Qualifications Manager, who undertook the training in 2021.

Reports from RCVS Committees

Registered Veterinary Nurse Preliminary Investigation Committee (RVN PIC)

36. The Chair welcomed the Chair of the RVN PIC, Suzanne Edwards, 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. Two of the recent scheduled meetings had been cancelled due to there being no cases, and the forthcoming meeting would just have one case to consider.
37. Mrs Edwards expressed her thanks to the PIC and in particular to Arun Midha, who had served as a member for the last eight years and whose term would end in June.

Standards Committee

38. There were no items to report from the Standards Committee.

Policy and Public Affairs update

39. The Policy and Public Affairs Manager provided an oral update on recent activities and developments.
40. **Legislation review.** Defra had been actively engaging with the RCVS on the review, and regular constructive meetings were taking place to explore the complexities and details. A scoping exercise was being carried out by the RCVS, with legal advice, to ascertain which areas should be included in primary and secondary legislation, and what should be included within the rules and regulations.
41. Lobbying activities were continuing, including a recent meeting with Tobias Elwood MP, facilitated by the VNC Vice-Chair. The Comms Department continued to work on simple straightforward messaging including case studies and videos, to demonstrate the benefits of the vet let team, for use in the various lobbying campaigns and parliamentary events which were due to take place in the forthcoming months. Council members were encouraged to engage with their MPs on this if

possible.

42. **Nurse Prescriber role.** The first stage of the nurse prescriber research had now been completed. The next stage would be the development of the findings into a shorter survey for review by an expert panel, followed by a final stage to look at the impact on animal health and welfare, and potential training required. The project was now well underway, led by Professor Stephen May, and there should be more to report at the end of the year.
43. **Limited Licensure – Reasonable adjustment working party.** As mentioned in the CEO's update, a working party had been established to look at suitable mechanisms for access to the professions for disabled people. A range of options would be considered ranging from limited licensure to reasonable adjustment mechanisms. It was hoped that the first meeting would take place in the summer. In response to a question, it was confirmed that this was a complex area and that legal advice would be taken, including relating to protected characteristics. The Registrar added that although this was complex, the aim was to find ways to provide more access to entry to the professions in future.

Communications report

44. The Media and Publications Manager provided an overview of recent VN-related activities in the Comms Department.
45. The department was currently working on the web version of the Day One Skills, Day One Competences and Professional Behaviours.
46. A number of features were being prepared for various publications around what constitutes CPD, and the use of the 1CPD platform. The uptake of the 1CPD platform by veterinary nurses has been very high, being currently used by 91% of nurses.
47. Following on from the publication of the Workforce Summit report, a series of feature articles were being prepared, ahead of the publication of the action plan. These would focus on a variety of current activities around recruitment and retention, including the VN Futures Project school ambassadors scheme which was being launched in May to tie in with Veterinary Nursing Awareness month.
48. A number of publications were currently being updated for the website, including the Certificate in Advanced Veterinary Nursing handbook.
49. Forthcoming veterinary nursing events included a VN day in Manchester on 28 July and in Oxford on 19 August. The guest list for the VN Diamond Jubilee event, to be held at the Oxford Museum of Natural History on 19 August, was being prepared and invitations would be sent out within the next month.
50. RCVS day would be held on 8 July and would include the AGM and RCVS Awards.

VN Register report update

51. Council was provided with an updated version of the paper which it had received in February 2022, with the addition of figures on annual removals due to non-payment of the annual fee. It had not been possible to provide this information in February due to an extension of the annual fee payment period due to Covid-19.

VN Council membership

52. The Chair confirmed that Jessica Beckett and Holly Witchell had been elected for a three-year term with effect from the AGM in July.
53. The Chair also confirmed that this would be the last VN Council meeting for Jane Davidson and Elizabeth Cox, and thanked them both on behalf of Council for all their contributions.
54. Jane had served a three-year term on VN Council since July 2019, and had represented Council on the CPD Committees, and currently on the Finance and Resources Committee.
54. Elizabeth Cox was first elected as a member of VN Council in 2011 and had served for 12 years during which she had represented Council on numerous committees and working parties, including the Communications and Public Affairs Board, the Practice Standards Group, Standards Committee, Schedule 3 Working Party, Legislation Working Party, CPD Policy and CPD review groups. Liz was Chair of VN Council from 2015 to 2018 and during that time was a member of RCVS Council and the Operational Board.
55. A formal farewell and thanks would be made at the Annual General Meeting in July.

Any other business (unclassified)

56. It was commented by several members that the unconscious bias training provided for Council and VN Council members had been very useful and relevant.

Date of next meeting

57. Wednesday 14 September 2022 in-person in London, at a venue to be confirmed.

Summary	
Meeting	Council
Date	9 June 2022
Title	May 2022 PIC / DC Liaison Committee minutes
Summary	Minutes of the meeting held on Thursday, 19 May 2022
Decisions required	To approve the unclassified minutes and classified appendix
Attachments	Classified appendix (confidential)
Author	Dawn Wiggins PA to Registrar 020 7202 0737 / d.wiggins@rcvs.org.uk

Classifications		
Document	Classification¹	Rationales²
Paper	Unclassified	n/a
Classified appendix	Confidential	1, 3, 4, 5

¹Classifications explained

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²Classification rationales

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Preliminary Investigation Committee and Disciplinary Committee Liaison Committee

Minutes of the remote meeting held by MS Teams on Thursday, 19 May 2022 at 10:00 am

Members:

Dr K A Richards (Chair)	President
*Mr I Arundale	Chair, Disciplinary Committee (DC)
Dr N T Connell	Treasurer
Dr M A Donald	Chair, Standards Committee (SC)
Mrs S K Edwards	Chair, RVN Preliminary Investigation Committee (RVN PIC)
Col N C Smith	Council member
Dr B P Viner	Chair, Preliminary Investigation Committee (PIC)
Dr C M Whiting	Council member
Ms J S M Worthington	Council member

In attendance:

Ms G Crossley	Head of Professional Conduct (HoPC)
Ms E C Ferguson	Registrar
Dr A P Kirwan	Incoming Vice-Chair, Disciplinary Committee (Observer)
*Ms L Lockett	CEO
Mrs D Wiggins	PA to Registrar (minutes only)
Ms Y Yusuph	DC Clerk

*Denotes absent

Apologies for absence

1. Apologies for absence were received from Mr Arundale and Ms Lockett. Dr Kirwan was welcomed to the meeting as an Observer.

Declarations of interest

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

Minutes of the meeting held on Thursday, 17 February 2022

3. In paragraph 4 of the minutes, it was noted that the PIC audit was almost complete but noted that there was no paper in the current meeting pack. It was confirmed that this paper would be before the Committee at its next meeting.
4. It was further noted that, at paragraph 5, it was unclear which committee the recruitment for Chair and Vice-Chair referred to and clarified that the roles related to the Disciplinary Committee.
5. With this minor amendment, the minutes and classified appendix of the meeting held on 17 February 2022 were approved as a true record.

Action: Secretary to amend minute

Updates – general

6. The Registrar updated the Committee on the following matters:
 - PIC audit: this was ongoing, the HoPC was liaising with the Chair, PIC, and a paper would be before the Committee at its next meeting;
 - recruitment of Chair and Vice-Chair, DC: a call had been put out within DC for members to apply for these positions; convention was that the Chair was a lay member and the Vice-Chair a veterinary surgeon. Two people with huge experience had applied and had been appointed to commence their new roles on 1 July 2022: Ms Judith Way as Chair, and Dr Kirwan MRCVS as Vice-Chair. It was noted that each member had already served seven years on DC, so each appointment would only be for one year as the maximum term allowed on the Committee under the Legislative Reform Order (LRO) was eight years. Members of the Committee would be encouraged to put their names forward for future recruitment;
 - Veterinary Defence Society (VDS): the Registrar and HoPC had bi-annual meetings with the VDS to discuss matters that arose from within the College's disciplinary process. There had been little raised by VDS at the recent meeting: it had been noted that there had been a high level of enquiries going to them, which mirrored those coming into the RCVS; two points in individual cases had been referred and were being followed up; and, they had also been updated on the proposed changes to the process to commence shortly. The Registrar highlighted the challenge of dealing with concerns that required experience from call handlers – for example, this week one Case Manager (CM) had three consecutive people screaming and being very aggressive towards them;
 - DC Chair training: there was a date scheduled to undertake the next round of training that a number of people were due to attend;
 - disciplinary appeal: the Committee had noted at its last meeting that an appeal against a decision made by the DC had been submitted to the Privy Council; there was now a second

case that had also gone to appeal. It was noted that matters submitted to the Privy Council tended to take a very long time and that, in the meantime, both members remained on the *RCVS Register of Members* until their individual appeals had been heard;

- ProfCon Investigation Support: the support service for veterinary professionals going through the complaints process had sought refresher training for its staff from the College in order to help members that were going through the investigative process; improved communication of the service would also be discussed;
- review of website data: DC data on the website was under review, particularly in relation to the General Data Protection Regulation (GDPR) and the 'right to be forgotten'; this would come back to the Committee for noting in due course;
- working title: the 'Charter Case Committee' remained the working title for the group under the new professional conduct processes; previous suggestions had been noted and if committee members thought of any more to forward them to the Registrar.

7. Comments and questions included:

- it was troubling to hear the abuse levelled at staff and questioned whether calls were recorded and, if not, whether this could commence even if only used for training purposes?
 - o CMs were polite and tried not to terminate calls unless it was absolutely necessary, and it was the volume of calls that made it appear that the abusive ones came in 'waves'. Recording functionality was under investigation and was currently with Senior Team; the logistics were being considered as it could mean assisting with one issue but creating another, for example, editing calls for Subject Access Requests (SARs);
- did caller behaviour impact on the case?
 - o just because a caller might act in such a way did not mean there was not an aspect of the case to be taken into account; there was a lot of frustration in all spheres at the moment and it was to make the Committee aware of what staff faced. Contents of the calls were logged and included in the information before PIC so that committee was appraised of the nature of the correspondence to the College;
- recording of calls had been discussed some years ago but the College should have a clear policy that stated that such abuse was not acceptable, and that any future correspondence should be made in writing, particularly as there was an issue with staff turnover. It could be particularly stressful for staff working at home in an isolated environment;
 - o the problem of insisting matters be put in writing was that some people had difficulty in expressing themselves in writing and it could be perceived as discriminatory; the College needed to be accessible and provide the opportunity to take concerns from people in the manner they were able to do so. Additionally, callers might not recognise when they were being aggressive whilst trying to explain their frustrations;

- was there an opportunity to have a pre-recorded message a caller had to listen to prior to getting through to a CM stating that abuse was not acceptable?
 - o this could be considered in terms of call processes;
- Action: Registrar to raise at ST**
- in staff training was there a module of how to deal with difficult people, or practice such as role play?
 - o it was difficult to find suitable training as it was challenging to explain the College processes to external trainers and, often, it meant telling callers what they did not want to hear;
 - hospital Accident and Emergency Departments had signs stating that unacceptable behaviour would not be tolerated and might mean someone could get turned away from receiving medical treatment; so [I] would not object to the College having similar signposting.

8. The President recognised that the College had a duty of care to its staff and asked the Registrar to express the Committee's thanks for the difficult work undertaken.

Action: Registrar to convey thanks to ProfCon Team

Monitoring / performance / working methods / outcomes / dashboard / KPIs (confidential item)

9. The HoPC outlined the paper and annexes. Numbers of enquiries remained high, and this was also reflected by the figures reported by the Veterinary Client Mediation Service (VCMS).
10. Further information is available in the classified appendix at paragraphs 1 – 5.

Disciplinary Committee report

11. There were no comments, and the report was noted.

Veterinary Client Mediation Service (VCMS) feedback

12. The Registrar outlined the paper and confirmed an annual report would come to the next meeting – the Annual Report appeared to be out of sync with the College year and it was confirmed this was because it was based on when the contract began.

Action: Secretary to add item to next agenda

13. It was questioned when the VCMS contract was due for renewal? The Registrar would check report back to the Committee following the meeting.

Action: Registrar to forward details

14. There were no comments, and the paper was noted.

Implementation of process changes (confidential item)

15. This information is available in the classified appendix at paragraphs 6 – 8.

Disciplinary Committee audit (confidential item)

16. This information is available in the classified appendix at paragraphs 9 – 12.

Feedback to Standards Committee v.v. PIC / DC Liaison Committee

17. The Chair, PIC, raised the issue of interpretation of the law and asked if it could be clarified in the College's guidance, around Schedule 3 of the Veterinary Surgeons Act (VSA) 1966, and the position for lay people with regard not only to small animals, but to equine and farm animals.
18. The Registrar responded that the issues around Schedule 3 had been before Standards Committee and there was discussion with Defra ongoing re: Exemption Orders. The outcome of discussions would be reported to the Committee in due course.

Any other business

19. Following a recent report published by the General Medical Council (GMC) on its website that detailed suicide numbers of its professionals during investigations, it was questioned whether the RCVS could do something similar.
20. It was suggested that the College could look at such figures relating to members before DC for, example, for the last 10 years. Regrettably, however, it would not be possible to source accurate figures for the entire process as, for example, the College was not always informed. Caution was expressed when interpreting figures as it was difficult to unpick causal effect and to look at what could be done to prevent suicides within the profession. It was noted that the Chair was attending a forthcoming suicide risk, prevention and recovery discussion with the University of Manchester, which had undertaken extensive research on the matter within the National Health Service (NHS), and she would report back to the College thereafter.

Action: HoPC / DC Clerk to provide figures of known member suicides whilst DC process ongoing

Risk Register, equality and diversity

21. The matter of equality and diversity of statutory committees was raised as requiring regular review. It was suggested that a paper could be produced for the same meeting where the annual DC statistic report was considered; this was agreed.

Action: Secretary to add as standing item to February meeting

Date of next meeting

22. The date of the next meeting would be Thursday, 22 September 2022 at 10:00 am. It was agreed that the meeting continue to be virtual.

23. Mrs Edwards submitted her apologies for the next meeting.

Action: Secretary to note apology for next meeting

24. The Chair brought the meeting to a close. She thanked members for their input and, in particular, for Col Smith for his contributions over a number of years both as a founding member of the Committee and as a previous Chair.

Summary	
Meeting	Council
Date	9 June 2022
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	<p>Chris Murdoch Senior Case Manager c.murdoch@rcvs.org.uk</p> <p>Gemma Crossley Head of Professional Conduct g.crossley@rcvs.org.uk</p>

Classifications		
Document	Classification¹	Rationales²
Paper	Unclassified	n/a

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Preliminary Investigation Committee

Report to Council June 2022

Introduction

1. This report provides information about the activities of the Preliminary Investigation Committee in March, April and May 2022 (30 May 2022 being the date of writing the report).
2. Since the last Report to Council (which gave information to 4 March 2022), there have been six Preliminary Investigation Committee (PIC) meetings: 9 and 23 March, 13 and 27 April and 11 and 25 May.

New cases considered by the PIC

3. The total number of new cases considered by the Committee at the six meetings referred to above is 32. Of the 32 new cases considered:
 - 15 were concluded at first consideration by the Committee. Of these:
 - 11 cases were closed with no further action, and
 - 3 cases were closed with advice issued to the veterinary surgeon.
 - 1 case was held open with advice issued to the veterinary surgeon.
 - 17 were referred for further investigation, that is, further enquiries, visits and/or preliminary expert reports.
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 46 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 5 March to 30 May 2022,

- the number of matters registered as Enquiries was 786, and
- the number of formal Concerns registered in the same period was 153.

10. The table below shows the categories of matters registered as Concerns between 5 March and 30 May 2022.

Concerns registered between 5 March and 30 May 2022

Description of Category	Number of Cases
- Advertising and publicity	0
- Appeal against DC decision	2
- Certification	0
- Client confidentiality	0
- Clinical and client records	1
- Clinical governance	0
- Communication and consent	5
- Communication between professional colleagues	0
- Conviction/notifiable occupation notification	8
- CPD compliance	0
- Delegation to veterinary nurses	0
- Equine pre-purchase examinations	0
- Euthanasia of animals	3
- Giving evidence for court	0
- Health case (<i>potential</i>)	4
- Microchipping	0
- Miscellaneous	1
- Practice information, fees & animal insurance	2
- Performance case (<i>potential</i>)	0
- Recognised veterinary practice	1
- Referrals and second opinions	0
- Registration investigation	3
- Restoration application	0
- Social media and networking forums	1
- Treatment of animals by unqualified persons	1
- Use of samples, images, post-mortems and disposal	0
- Veterinary care	113
- Veterinary medicines	4
- Veterinary teams and leaders	0

- Whistle-blowing	0
- 24-hour emergency first aid and pain relief	4
- Unassigned	0
Total	153

Data source – Profcon computer system concerns data.

Referral to Disciplinary Committee

11. In the period 5 March 2022 to 30 May 2022, the Committee has referred 2 cases involving 1 veterinary surgeon to the Disciplinary Committee.

Veterinary Investigators

12. The Chief Investigator has undertaken two visits since the last report. The first was a follow up announced visit to a Complainant and Respondent on a case to check the issues raised by a previous RCVS joint visit with the VMD. The second was a joint announced visit with the Police, VMD and DEFRA Investigation Services to a Canine Fertility premises where alleged offences under the Veterinary Surgeons Act and Veterinary Medicines Regulations were being committed. Investigations are ongoing.

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). In the three months since the last Report to Council the KPI has been met in 76%, 74% and 97% of cases respectively. As explained in the last report, changes have been made in the department and new members of staff recruited, and these steps are having an effect. We are delighted with this improvement and hope that this will persist, now that we have an expanded team.
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 5 March to 30 May 2022, the PIC reached a decision (to close, hold open or refer to DC) within the relevant KPI in 10 out of 15 simple cases.
16. 7 complex cases were decided, of which 2 met the 12-month KPI. In accordance with normal practice, these cases (and KPI's in general) have been reported and discussed in detail at the PIC/DC Liaison Committee meeting.

Operational matters

17. We have made some changes within the administrative set-up of the department, now that we have expanded the team, and we are cautiously optimistic that these steps have improved our efficiency and that the improvement in KPI compliance will continue.
18. Now that restrictions have been lifted, PIC meetings are alternating between remote and face-to-face. As mentioned in previous reports, training will be held later in the year for staff members and new and existing PIC members, to introduce the changes in process.

Summary	
Meeting	Council
Date	9 June 2022
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	<p>Sandra Neary Professional Conduct Officer s.neary@rcvs.org.uk / 020 7202 0730</p> <p>Gemma Crossley Head of Professional Conduct g.crossley@rcvs.org.uk / 020 7202 0740</p>

Classifications		
Document	Classification¹	Rationales²
Paper	Unclassified	N/A

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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 17 May 2022.

RVN Concerns received / registered

2. In the period 4 March to 24 May 2022, there were 8 new Concerns relating to RVNs. Of these 8 new Concerns:
 - 7 are currently under investigation by the Case Examiner Group (a veterinary nurse and lay member on RVN PIC and a Case Manager).
 - 1 case has been referred to the RVN Preliminary Investigation Committee for consideration at the next meeting in June.

RVN Preliminary Investigation Committee

3. There has been 1 new case considered by the RVN PIC between 4 March and 24 May. This case was adjourned to obtain additional information.

Ongoing Investigations

4. One concern is 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, two cases have been referred to the RVN Disciplinary Committee.

Disciplinary Hearings

8. A disciplinary hearing took place between 24 March and 1 April 2022. As at the date of this report, the decision has not been published.

Summary

Meeting	Council
Date	9 June 2022
Title	Disciplinary Committee Report
Summary	Update of Disciplinary Committee since the last Council meeting on 17 March 2022
Decisions required	None
Attachments	None
Author	Yemisi Yusuph Disciplinary Committee Clerk Tel: 020 7202 0729 / Email: y.yusuph@rcvs.org.uk

Classifications

Document	Classification ¹	Rationales ²
Paper	Unclassified	n/a

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Report of Disciplinary Committee hearings since the last Council meeting on 17 March 2022

Background

1. Since the last update to Council, the Disciplinary Committee ('the Committee') have met on four occasions.

Hearings

Anke Hill

2. The Disciplinary Committee met for an online hearing of on 7 - 8 March 2022.
3. The charges against the respondent were in relation to a conviction for conspiracy to kidnap which resulted in an extended sentence of 19 years and 5 months imprisonment, a restraining order for an indefinite period and a £190 victim surcharge.
4. The Committee were invited to proceed in the absence of the Respondent. The Committee were satisfied that Dr Hill had been given sufficient opportunity to attend the hearing which she refused.
5. The Committee was presented with the sentencing remarks in relation to Dr Hill's the charges of Dr Hills conviction at Mold Crown court. The Judge had highlighted that Dr Hill was central figure in the conspiracy to kidnap. This was a particularly violent abduction of a child at knife point and with the help of several other individuals planned to leave the country. The judge in her sentencing had established that the premeditated conspiracy had been carefully organised over the course of several months and had involved elaborate and intricate planning to avoid any possibility of detection. The use of specially modified mobile phone equipment and encryption messaging tools and applications, false documents, the use of more than one car and disguises were used as methods to avoid detection.
6. It was established by the Judge that Dr Hill was the leader of the conspiracy with another individual and the kidnap and in the judges words caused "unspeakable misery and considerable harm" to the victim of the kidnap and those who were caring for the victim. The Judge concluded that Dr Hill presented a significant risk of causing serious harm by committing further specified offences.
7. The Certificate of Conviction was considered by Committee as proof of the fact of conviction.
8. The Committee concluded that this conviction was clearly such as to bring the profession into disrepute and undermine public confidence in the profession. the Committee therefore concluded that the fact of the conviction rendered the respondent unfit to practise veterinary surgery.
9. In regard to sanction, the Committee concluded that the only appropriate and proportionate sanction in this case was that of the Respondents removal from the register of veterinary surgeons. The Committee noted that this was a case involving serious harm to members of the public; it involved an offence the commission of which included violence; and a reasonable and fully informed member of the public would consider that it also evidence a harmful deep-seated

personality or attitude problem. It was concluded that all of these factors indicated that the behaviour which resulted in the conviction was fundamentally incompatible with being a veterinary surgeon and that removal from the register was necessary to uphold proper standards of conduct and to maintain public confidence in the profession.

10. The full decision of the Committee can be found here: [Hill, Dr Anke March 2022 Decision of the Disciplinary Committee - Professionals \(rcvs.org.uk\)](#)

Claudia Elena Surdila

11. The Disciplinary Committee met for a hearing for Claudia Elena Surdila on 9 – 10 March 2022.
12. In December 2019 It was submitted by Ms Nicole Curtis that while registered as Veterinary Surgeon Dr Surdila pleaded guilty to the offence of obtaining funds from the EU for a bee-keeping enterprise by providing false, inaccurate, or incomplete, false statements and documents.
13. An email was presented to the Committee and a statement from Dr Surdila which gave her account of what led to her conviction. Dr Surdila and her family had owned a few beehives and applied to the EU for funding to assist the expansion of their operation into a business. A condition of the funding is that Dr Surdila and her sister had to belong to a bee-keeping co-operative a consultant was paid to manage their funding application which also included them signing up to local co-operative. Dr Surdila confirmed that she signed documents that were presented to her without thoroughly checking what those documents were.
14. Dr Surdila continued the business with her sister and after three years gave notice on the scheme to continue on their studies, the funding period was actually meant to run for five years. After enduring a very difficult winter during this period many of the bees did survive.
15. Dr Surdila made the move to the move to Motherwell, Scotland and joined a practice. Four years after moving to the UK Dr Surdila was informed that her and her sister were due to be prosecuted after investigation by the National department of Anti-corruption that funds were claimed incorrectly. Dr Surdila was informed that during their participation in the scheme their membership had been switched to a co-op which was owned by another party who after investigation turned out to be unlicensed which made her funding applications invalid from the beginning. Other recipients of funding through the unlicensed co-operative had also been prosecuted.
16. Dr Surdila had stated that everything she signed for the unlicensed was in good faith, she was advised by her solicitor that the documents that she had signed were legally binding for the funding. The consultant she had worked with had passed away which left her with no other option was to plead guilty. She was sentenced to two years imprisonment, suspended for two years, and 60 days of community service and was required to pay 19,544.7 Romanian Lei (approximately £3,300) in damages. She was advised to appeal her sentence which was unduly harsh under the circumstances that existed. Due to Covid-19 her appeal was postponed on a number of occasions and was unsuccessful.

17. In conclusion the conviction rendered Dr Surdila unfit to practise, Committee chair Judith Way said Dr Surdila's conviction was of a nature and seriousness that required a finding of her being unfit to practise as a veterinary surgeon on the grounds of public interest.
18. The Committee reached its decision in sanction that the of the serious nature of the conviction involved an element of bad faith. It was noted by the Committee that Dr Surdila should have been more aware of what she was signing. The Committee noted that the offence was committed a long time ago when Dr Surdila lacked experience and before she qualified as a veterinary surgeon. There was never any risk or danger posed to any animals.
19. Dr Surdila demonstrated significant insight into her failures and displayed genuine remorse. The Committee were satisfied that that it was unlikely that she wouldn't ever commit this offence again.
20. The Committee's full findings can be viewed: <https://www.rcvs.org.uk/concerns/disciplinary-hearings/>

Craig Mostert

21. The Committee met for a meeting virtually on 21-23 March 2022.
22. The Respondents charges were in relation to a conviction in the USA for providing false statements about imported flea and tick medicines and subsequently not declaring the conviction when applying to register with the RCVS and in subsequent annual renewals.
23. The conviction was admitted but it was denied that it rendered the Respondent unfit to practice. The non-disclosure to the RCVS was also admitted but it rendering him guilty of disgraceful conduct in a professional respect was denied.
24. In considering whether the conviction rendered Dr Mostert unfit to practise, the Committee considered whether Dr Mostert's conviction affected the public interest, which included the need to maintain public confidence in the profession by upholding proper standards of conduct and behaviour for members of the profession. The Committee noted that the conviction involved dishonesty in that the offence related to the making of false statements in relation to the value of the goods which were being despatched to the USA. The Committee considered that a conviction for a serious offence involving dishonesty would have a negative impact on public confidence in the profession, and that its reputation would be damaged if proper standards of conduct and behaviour were not upheld. The Committee also noted that as the products that Dr Mostert imported into the USA were not labelled as coming from a foreign market and were not labelled as needing to be administered by a vet, his conviction also related to animal safety, as anyone who accessed the medications could believe that it was safe for them to be given to an animal.
25. The Committee then considered Dr Mostert's failure to declare the conviction to the College on three separate occasions. The Committee noted Dr Mostert's evidence that, at the time, he did not believe that he had to disclose his conviction as it occurred in a country where he had not practised as a veterinary surgeon. Further, he had not taken the time to read and interpret the application form accurately. The Committee considered that the wording around convictions on

the application and annual renewal forms were very clear and that, as a veterinary surgeon, Dr Mostert would be familiar with such documents. The Committee considered that it was inconceivable that an experienced veterinary surgeon, making a declaration of this kind to his regulator, would not have understood that a serious conviction in the USA, dating from June 2017, was a conviction that he was obliged to disclose. The Committee therefore found Dr Mostert's failures to declare his conviction dishonest.

26. All of the facts were found proved. The Committee also found the Respondent unfit to practice veterinary surgery and guilty of disgraceful conduct in a professional respect.
27. In relation to sanction, the Committee considered the aggravating and mitigating factors and concluded that in all the circumstances, a lengthy period of suspension would properly reflect the gravity of the case and satisfy the public interest. The Committee directed the Registrar to remove the Respondents name from the Register for a period of 18 months.

Paul Roger

28. The Committee met between 15 and 19 November 2021 and on 25 April 2022 to hear the Inquiry into Mr Roger. He found himself faced with three charges which related to his treatment of Honey, a Shih Tzu dog who was in his care on 30 January 2019. The charges also related to his failure to provide appropriate and adequate care when investigating and managing her hyperglycaemia, had failed to adequately communicate with Honey's owner and had failed to keep adequate clinical records in relation to Honey.
29. Mr Roger's initial assessment of Honey included taking a blood sample, the results of which showed that there was an elevated blood glucose, an elevated white blood cell count, an elevated ALT and an elevated ALP (which Mr Roger took to be indicative of liver damage secondary to infection). He prescribed a chologogue (ursodeoxycholic acid), an antibiotic (Synulox) and a diuretic (Frusemide).
30. In its findings of fact, the Committee found it likely that Mr Roger would have realised that Honey had a potential diabetes mellitus diagnosis with an elevated blood glucose of 28. Mr Roger explained he had believed that the elevated blood glucose was due to the stress Honey had undergone in taking the blood samples. The Committee found that Mr Roger's actions on 30 January 2019 did not indicate a complete failure by him to notice the elevated blood glucose because he had explained he believed at the time it was due to stress.
31. Honey's owner took her back to the veterinary practice that Mr Roger worked at three days later. A different veterinary surgeon examined Honey and flagged that her blood sugar was high and that her liver was damaged. She was taken to an alternative veterinary practice for follow-up but died later that day.
32. Mr Roger made a number of admissions at the outset of the hearing. These admissions were failing to ask Honey's owner if there was a history of diabetes mellitus, failing to take repeat blood glucose tests or carry out urine analysis or carry out additional blood tests, failing to communicate adequately with Honey's owner about the significance of the hyperglycaemia and the options for

investigation/management and failing to keep adequate clinical records in regard to Honey's blood glucose levels. The Committee found the admitted facts proved.

33. The evidence presented to the Committee included the clinical notes taken during Honey's consultations, emails sent from Honey's owner to the RCVS outlining the complaint, and evidence from experts in small animal veterinary practice. Although the Committee found some matters not proved, it did find proved that Mr Roger had failed to recognise and/or pay adequate regard to Honey's elevated blood glucose levels, had failed to manage Honey's hyperglycaemia either by treating it or by documenting an appropriate plan to do so and had failed to communicate adequately with Honey's owner about the significance of her elevated glucose and the reason for it.
34. The full decision on facts can be found here: [Roger, Paul Anderson April 2022 Decision of Disciplinary Committee on Findings of Facts - Professionals \(rcvs.org.uk\)](#)
35. Having reached its decision in relation to the facts, the Committee went on to consider whether the facts it had found proved either individually or cumulatively amounted to serious professional misconduct.
36. Judith Way, Chairing the Committee and speaking on its behalf said: "The Committee found that the charges and particulars it had found proved did not amount to disgraceful conduct in a professional respect either individually or cumulatively. In its judgment, the conduct found proved fell short of the standard to be expected of a reasonably competent veterinary surgeon but not far short of the standard which is expected of the reasonably competent veterinary surgeon."
37. The full decision on disgraceful misconduct can be found here: [Roger, Paul Anderson April 2022 Decision of Disciplinary Committee on Disgraceful Conduct in a Professional Respect - Professionals \(rcvs.org.uk\)](#)
38. After considering all the mitigating and aggravating factors, the Committee found that Mr Roger was not guilty of serious professional misconduct on any of the proven charges, either individually or in any combination, the hearing did not proceed further.

[Daniel Doherty](#)

39. The Disciplinary Committee met for a hearing in person on 4 – 6 April and then again on 24 – 25 May. The charges against the Respondent were in relation to a conviction of Conspiracy to Commit Fraud by False Representation. The offence resulted in a sentence of 24 months imprisonment suspended for 18 months, 150 hours of unpaid work and pay of victim surcharge of £100.
40. The Committee found the facts of the charge proved by a certificate of conviction from the relevant Crown Court.
41. The Respondent submitted that despite the seriousness of the offence, such conviction did not render him unfit to practice veterinary surgery.

42. The Committee took into account many aggravating and mitigating factors, as well as the mitigating factors laid out by HHJ Johnson, including his finding at para 32 that “it was that obsessive commitment to animal welfare that overwhelmed your judgement resulting in you acting dishonestly”. However, the Committee had a duty to consider the wider public interest, taking into account the view of the reasonable member of the public who was well informed of all the facts and evidence in the case. Such a person should not expect perfection in a veterinary surgeon, but the Respondent’s conduct was liable to have a seriously detrimental effect on the reputation of the profession. The Committee considered that members of the public would rightly be troubled that a veterinary surgeon had committed an offence of this kind. Veterinary surgeons’ duties extend beyond the care of animals. Here, individual members of the public who purchased these mis-described puppies were adversely affected. The Respondent’s conduct enabled those individuals to be defrauded.
43. The Committee was satisfied that this conduct, fell far below the standard expected of a Registered Veterinary Surgeon and that this conviction was of a nature and seriousness that renders him unfit to practise as a Veterinary Surgeon. To find otherwise would undermine public confidence in the profession and fail to uphold proper standards of conduct and behaviour in veterinary surgeons. Accordingly, it is the judgement of this Committee that the conviction, as set out in the charge, renders the Respondent unfit to practise veterinary surgery.
44. The full decision on finding of facts and sanction can be found here: [Doherty, Daniel May 2022 Decision of Disciplinary Committee on Facts and Unfitness to Practise - Professionals \(rcvs.org.uk\)](#)
45. At this stage an application was made by the Respondent’s Counsel for the Committee to recuse itself from the case. In essence, it was contended that what was stated in paragraph 31 of the Committee’s Decision was inaccurate and did not accord with the evidence contained in the documentation that had been placed before the Committee.
46. In the circumstances the Committee did not accept the submission that paragraph 31 is unclear or inaccurate. The Committee considered that when read in context and in its entirety, it is clear and reflects the evidence before the Committee. In regards to the submission about the Appearance of Justice, the Committee considered that, there being nothing inaccurate in the content of paragraph 31, this submission had no foundation or substance.
47. In the circumstances, the Respondent’s application was refused.
48. The full decision can be found here: [doherty-daniel-may-2022-decision-of-disciplinary-committee-on-respondent-s-application-for-recusal \(1\).pdf](#)
49. In regard to sanction, the Committee considered that this case was much too serious to be disposed of by way of a reprimand about the Respondent’s past conduct or a warning as to his future behaviour. The aggravating factors identified in the Committee’s Decision on Facts and Unfitness to Practise confirmed the correctness of this conclusion. The Committee accepted that the Respondent was exploited by his co-conspirators and that his decision to vaccinate the puppies in question did not cause them any harm; indeed, it benefited them as puppies. He

gained no financial benefit from his decision to vaccinate these puppies – he simply recouped the cost of the vaccines in question. His motivation for vaccinating them was his obsessive commitment to animal welfare. He maintained full and proper records of the vaccinations he had undertaken which assisted the authorities to successfully prosecute his co-conspirators.

50. The Committee accepted that by reason of the time the Respondent served in prison, he has been the subject of a de facto period of suspension from practice and has also undertaken a significant number of hours of Community Service (some 230 hours in all). In these circumstances the Committee concludes that the deterrent factor in a sanction of suspension has been partially met. In the Committees view, the seriousness of the Respondents conduct which resulted in his criminal conviction merited a period of suspension of 9 months. However, the Committee considered that it is right that the period during which the Respondent was unable to practise during his incarceration should be fully reflected and should serve to reduce the period that would otherwise have been the appropriate period of suspension from practice.
51. In the result the decision of the Committee was that, having regard to the unusual and, in some respects unique, features of this case, the ultimate period of suspension should be that of one month.
52. The full decision in regards to sanction can be found here: [doherty-daniel-may-2022-decision-of-disciplinary-committee-on-sanction \(1\).pdf](#)

Upcoming DC cases

53. There are currently three DC's that have been listed to take place on the following dates:
- 13-24 June 2022
 - 11-22 July 2022
 - 4-12 October 2022
54. There are three Inquires that have been referred to DC. The Clerk is currently working on listing them.
55. There is one restoration application listed to be heard on 8 June 2022.