Council Meeting

Thursday, 2 November 2017 at 10:00 am to be held at the RCVS, Belgravia House, 62/64 Horseferry Road, London SW1P 2AF

Agenda

1. President's introduction
   Oral report

2. Apologies for absence
   Oral report

3. Declarations of interest
   Oral report

4. Minutes of the meetings held on 28 September 2017
   Refer to Council minutes

5. Matters arising
   a. Obituaries
   Oral report
   b. Council correspondence and matters for report
   Oral report
   c. (A)CEO update & review of operational priorities for 2017 and plan for 2018
   Unclassified

6. Matters for decision by Council (unclassified items)
   a. Complementary and alternative medicines
      Unclassified
   b. Practice Standards Scheme Rules - amendment
      Unclassified
   c. VN Council governance review
      Unclassified
   d. VN Registration Rules
      Unclassified
   e. RCVS Delegation Scheme 2017
      Unclassified

7. Reports of committees – to note
   a. Audit and Risk Committee
      (Ms E Butler)
      Confidential (until agreed)
   b. Education Committee
      (Professor S Dawson)
      Unclassified
   c. Standards Committee
      (Dr K A Richards)
      Unclassified
   d. Veterinary Nurses Council
      (Mrs E K Cox)
      Unclassified
   e. PIC / DC Liaison Committee
      (Ms A K Boag)
      Unclassified
8. **Reports of statutory committees – to note**
   a. Preliminary Investigation Committee (including annual report)  
      (Mr R A Ash)  
      Unclassified
   b. VN Preliminary Investigation Committee  
      (Ms S K May)  
      Unclassified
   c. Disciplinary Committee and VN Disciplinary Committee (including annual report)  
      (Mr I R Green)  
      Unclassified

9. **Notices of motion**  
   Oral report

10. **Questions**  
    Oral report

11. **Dates of next meetings**  
    Oral report

   Thursday, 18 January 2018 at 10:00 am (reconvening in afternoon 2:00 – 4:00 pm) – **to be held in committee**

   Thursday, 8 March 2018 at 10:00 am (reconvening in afternoon 2:00 – 4:00 pm)

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

12. **Matters for decision by Council (confidential items)**

   a. 2018 Budget  
      Confidential
   b. Telemedicine  
      Confidential

13. **Any other College business**  
    Oral report

   a. Estates Strategy – update
   b. CEO recruitment – update

14. **Risk Register, equality and diversity**  
    Oral report

Dawn Wiggins  
Secretary, RCVS Council  
020 7202 0737  
d.wiggins@rcvs.org.uk
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<td>Date</td>
<td>November 2017</td>
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<tr>
<td>Title</td>
<td>CEO Update</td>
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<td>Decisions required</td>
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<td>Attachments</td>
<td>Annex – summary of objectives for 2017 and 2018</td>
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| Author      | Lizzie Lockett  
Acting CEO 
[l.lockett@rcvs.org.uk](mailto:l.lockett@rcvs.org.uk) |
Summary

The Strategic Plan 2017-19 outlines 39 actions arranged under five ambitions:

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

We are making good progress on the 15 objectives that were agreed by Council in November 2016 and form our operational plan for 2017. It is testament to our strong and talented teams at Belgravia House that such challenging objectives are being met alongside high levels of service on our ‘business as usual’ activities.

This paper outlines progress in each area, and we also update the profession on progress on a quarterly basis.

The highlights since the June 2017 meeting of Council are:

- We developed a compelling day with great speakers for the Innovation Symposium at the Shard on 20 September, and launched the ViVet innovation hub (www.vivet.org.uk)

- We continue to work with the British Veterinary Association (BVA) and Department for Environment, Food and Rural Affairs (Defra) around our Brexit priorities, including a joint reception at the House of Commons with the BVA during June

- We held a positive meeting with the American Veterinary Medical Association regarding collaboration on our Mind Matters Initiative in August

- We have made strong progress across many of our Vet Futures and VN Futures initiatives, such as the Graduate Outcomes project and activity to develop One Health initiatives with the human medical nursing profession

- We have recruited a new Chief Technology Officer to develop our digital strategy to leverage technology and information management best practice to deliver services to all of our stakeholders of which we can be proud

- We have completed a successful second trial of an Alternative Dispute Resolution (ADR) service and are now moving to a permanent service to mediate an outcome around concerns which, while not amounting to serious professional conduct, do raise issues to be addressed

The Operational Plan provides us with direction and focus while not restricting our involvement in other areas. There are a number of issues that sit outside the plan but remain key projects to be delivered by the teams at Belgravia House, many of which form part of Committees’ strategic plans.

For example:

- A number of reviews in education: outcomes-based continuing professional development, Professional Development Phase, Advanced Practitioner status and the Statutory
Membership Exam. More detail about these can be found in the Education Committee minutes.

- Important housekeeping: reviewing our data-handling procedures in line with the forthcoming General Data Protection Regulation (GDPR), a review of our auditors has been completed, and implementing a cost improvement programme.

- IT review and refresh: work is ongoing to support teams internally more effectively and begin to deliver improvements to our to the way we work and collaborate right across the organisation, there is also a renewed focus on digital security.

Looking ahead
Meanwhile, it is time we turn our attention to 2018. In the annex at the end of this paper can be found a summary of all of the objectives from the Strategic Plan, with an indication of which were started in 2017, which of those will continue into 2018, and which new objectives we will start to tackle next.

Strategic Plan Year One
In November 2016, Council agreed to the following areas of focus for 2017.

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

   The RCVS, along with the BVA, and Defra, has established the Veterinary Capacity and Capability Project (VCCP) to ensure that workforce needs continue to be met, regardless of which Brexit scenario eventually becomes reality.

   The VCCP consists of three workstreams. The first focuses on the fundamental workforce needs and will feature a joint RCVS-BVA submission to the Migration Advisory Committee’s consultation on the post-Brexit workforce, including a call for the inclusion of the veterinary profession on the Shortage Occupation List. The second workstream focuses on recruitment and retention issues (embracing several Vet Futures projects), while the third incorporates the RCVS-led review of veterinary legislation.

   Our Brexit Taskforce has continued to meet, focusing its attention on which RCVS projects and ideas might be expedited as part of the VCCP project.

   In the summer, the Taskforce also published the results of the survey of EU-qualified veterinary surgeons working in the UK, which can be found at www.rcvs.org.uk/brexit, and held a joint reception at the House of Commons with the BVA.

   We continue to work with our European colleagues at the Federation of Veterinarians of Europe (FVE) and the European Association of Establishments for Veterinary Education (EAEVE) to form common positions and influence the Brexit negotiations.

   The Legislation Working Party has continued to meet to discuss, among other issues, how we can increase the role of the veterinary nurse and help to reshape the veterinary team. Meanwhile, we
continue to work closely with Government officials at Defra, Business, Energy and Industrial Strategy, and the Department of Exiting the EU, as well as liaising with the wider veterinary profession.

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

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

An online survey was completed by 7,349 people and the responses will be augmented by qualitative research. This work remains in a pipeline behind work ongoing around the impact of the Professional Conduct process on mental health.

Sessions around learning culture will be held at the RCVS Knowledge Quality Improvement Day in November and at BSAVA Congress in April 2018, and at a session around support for medical, dental and veterinary students at the University of Leeds in December.

Blame/learning culture has started to permeate the agenda at many events and conferences, and RCVS Knowledge work around quality improvement will contribute to the tools available to practices to move towards a more learning-focused approach.

Meanwhile, our review of CPD towards a more outcomes-based approach is also ongoing (see Education Committee minutes) and is contributing to a focus on a reflective approach to learning.

3. Review the impact of our concerns-handling and disciplinary framework on the mental health and wellbeing of the veterinary professions, and take appropriate actions

An independent research organisation has been commissioned to carry out this review. A series of interviews has already taken place with stakeholders such as Vetlife and the Veterinary Defence Society, and some of those who have been through our disciplinary process. Meanwhile, qualitative data have been gathered as part of the blame culture survey outlined above.

A draft report has been produced by the researchers and is currently being reviewed to ensure the evidence base for recommendations is clear. It will be published as part of the Mind Matters Initiative, allowing the RCVS Professional Conduct Department to respond to the recommendations, alongside other relevant organisations who play a part in supporting those going through our complaints process.

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

Submission of a report to Defra reviewing the objectives and impact of the LRO is required in early 2018. Work has begun on scoping this process and the review will take place alongside a broader review of our concerns handling and disciplinary processes.
The review will provide an opportunity to consider all aspects of our processes; what we do and how we do it, the potential of ADR, and lessons from the mental health impact review, and it will also allow us to identify potential areas for change [in areas such as the standard of proof, sanctions, interim orders].

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

With the introduction of our new Director of HR, Kim Cleland, earlier in the year, we have begun to review a range of processes within the department to ensure clarity around roles, potential career pathways, and staff benefits.

A new approach to appraisals is set to be launched from January 2018 – this sees a shift to a focus on the whole person and it is hoped it will enable staff to develop in their roles, as well as identify potential career moves at the College. This approach is complemented by a new mentoring scheme which has seen 13 individuals paired with a Senior Team mentor with the objective of focusing on their development goals.

A new benefits portal is on track to be launched in November, the purpose of this is to fully engage employees in the benefits currently available to them at the College, the platform will be further developed in the first half of next year to incorporate recognition modules in order to drive further emphasis on and engagement with our values.

The first step of a job mapping exercise is in progress. The HR team is working across the organisation to implement an approach that will help us to identify the relative value of different roles, which will enable us to look at career paths in a new way and help us to retain talented individuals within the organisation. Longer term it will also assist in developing a more transparent approach to salary levels.

6. Continue to review our Estates Strategy so that we have appropriate spaces in which to work effectively and creatively, and a building that reflects the status of a Royal College

The planning application has been submitted to Westminster City Council (WCC). The proposal is still being considered by WCC and our advisors are liaising with them.

A paper will be brought to Council when planning permission has been obtained. It will revisit the options, including looking at changes in the property market, and if it is agreed that we go ahead with the build, a full tendering exercise for the building works will be carried out. The results will then go back to Council in order to appoint contractors for the works.

7. If appropriate following the completion of trials, introduce an Alternative Dispute Resolution service.

At its September 2017 meeting, Council approved the continued existence of the ADR Scheme and for Nockolds Solicitors (Nockolds) to remain as its provider. The Veterinary Defence Society is supportive of the Scheme and the veterinary advisors have stated that the service is working well.
The Registrar is in contact with Nockolds about a short contract to run alongside the main proposal, to include provisions for maintenance of quality assurance and audit processes. The Communications Department has worked with Nockolds on a joint press release, and further joint communications are also underway, to show the profession and the public what options are available to them in respect of ADR. For example, a webinar with the Registrar and Nockolds is booked for 4 December 2017, and the animal owners section of the RCVS website will be updated.

Nockolds has also agreed that the RCVS can trademark™ ‘VCMS’ (Veterinary Client Mediation Service) and this is in hand. This should ensure minimal disruption should a different provider be used in the future.

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

On 13 February 2016, Standards Committee launched consultations aimed at both the veterinary professions and the public on the use of telemedicine in veterinary clinical practice. The consultations were designed to help us identify potential risks associated with telemedicine, identify areas where it may be useful to address the needs of both clinicians and the public, and to support the potential development of new professional standards and guidance.

These consultations received 1,230 responses from members of the profession, 229 responses from animal owners and 15 responses from veterinary organisations and stakeholders.

On 31 August a special meeting of Standards Committee was convened to consider the detailed consultation analysis. Following the meeting, given the complexity of the topic, it was proposed that the matter should be referred to Council for discussion in private session in order to guide the future work of the Committee on the issue. The item appears on the agenda for the November 2017 meeting.

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

In November 2016 the Legislative Reform Order (LRO) to reform RCVS Governance received Cabinet Office clearance and thus became official Government policy. The LRO is currently at the final stage of legal approval, which involves close liaison between Defra’s expert legal advisors and Parliamentary Counsel. This stage has taken longer than expected and therefore on the current timelines and subject to Parliamentary approval the LRO would come into force in March 2018.

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

On 20 September 2017, the inaugural Innovation Symposium was held at the Warwick Business School campus in the Shard, London. This event brought together around 120 thought-leaders from the profession and those involved in innovative veterinary technologies/business models, to highlight the innovations likely to have the most profound impact on the profession and how it is regulated.
At the event we launched ViVet, an ambitious and wide-ranging programme to ensure veterinary professionals are at the forefront of innovation in the animal health sector. ViVet (derived from the Latin word ‘vivet’ meaning ‘it will thrive’) will provide a variety of resources and support to help the professions keep pace with change and remain at the forefront of animal healthcare provision. Further details about the RCVS Innovation Symposium, including the full programme and speaker profiles, are available at www.rcvs.org.uk/innovation. Videos of speakers and a written report of the proceedings will be available from www.vivet.org.uk.

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

Following a meeting of the Vet Futures Board in November 2016 work was completed to research existing leadership education programmes for the veterinary professions, to pilot the gateway Edward Jenner programme of the NHS Leadership Academy, and to develop outline proposals for an online leadership hub.

The RCVS has subsequently been working closely with the NHS Leadership Academy to assess how their online Edward Jenner programme could be adapted to provide a gateway programme for veterinary professionals wishing to improve their leadership skills. Such a collaboration would address the RCVS strategic ambition regarding supporting leadership development, at the same time as helping to further the one-health agenda by working closely with the human health professions. A meeting is being organised in late November to scope and cost the project.

Meanwhile a successful training day took place for the first group of Vet Futures Student Ambassadors, jointly with the Association of Veterinary Students and the BVA, on 20 October. Two students from each of the UK veterinary schools, and Dublin, came to the College to receive training around leadership, presentation and communication skills. Their role will be to encourage engagement with Vet Futures amongst students, and to develop and run some specific projects aligned to the Action Plan.

12. Help to change public expectations around their interactions with veterinary professionals, including around risk, uncertainty and value (VF ambition five, recommendation 27, action M)

The RCVS and BVA communications teams met to discuss options for a joint campaign to help meet this objective, and mapped out a range of actions that could be included. A further meeting is being planned for November to develop these ideas further.

In the meantime, the new-look RCVS website was launched in August and has been well received by its different user groups, including veterinary professionals and animal owners alike. Monthly traffic across all the whole site from August to September has increased compared to the same time last year. Work continues on increasing dedicated content to help and advise animal owners.

We attended BBC Countryfile Live again in August, and spent the time talking to the public about veterinary careers, the different roles and responsibilities of practice staff, RCVS-accredited practices and our Find A Vet service. We distributed 1,500 canvas bags with leaflets across the four days.
Following the sentencing of repeat offender and bogus vet Peter Keniry, the RCVS Registrar appeared on both BBC and ITV regional news to explain the College’s involvement in his arrest and advise on what to do if fraudulent activity is suspected. This work helps the public to better understand the role of the College and the importance of regulation of the profession.

A poster that outlines key elements of the veterinary/owner partnership has been approved by Standards Committee and will be made available to practices shortly.

13. Support the Federation of Veterinarians of Europe’s Vet Futures Europe initiative (VF ambition six, recommendation 33, action W)
A report outlining Vet Futures Europe will be presented to the European Chief Veterinary Officers at the end of October and published thereafter. RCVS designed the report for FVE. A blog from Christoph Kiefer, who is leading the Swiss Vet Futures project, will be published on www.vetfutures.org.uk shortly.

FVE has called for countries willing to lead on VF Europe activities to volunteer and the RCVS has made itself available to support wherever needed, particularly around innovation, leadership and mental health.

At the November 2017 General Assembly in Brussels, the RCVS and BVA will submit a statement of intent to host the FVE General Assembly in the UK in summer 2020, an important signal to our European colleagues that the UK veterinary professions intend to remain fully engaged in Europe and beyond.

14. Improve communication with veterinary and veterinary nursing students, in order to clarify our role and function
Veterinary students have been invited to attend three flagship RCVS events this year – RCVS Day, RCVS Innovation Symposium and RCVS Fellowship Day – in order to explain more about the College’s role and varied activities. This involved around 60 students in total, feedback was very positive and further engagement is being sought through the establishment of a working group.

See also note ref Vet Futures Student Ambassadors, above.

15. Develop a strategy for regulating allied professionals, either via Associate status or updated Exemption Orders (VF ambition six, recommendations four and six, action U)
Following the review of Exemption Orders by the Exemption Orders and Associates Working Party as requested by Defra, the Working Party’s recommendations were presented at June Council and approved in their entirety.

The Chair of the Working Party has since met with the Chief Veterinary Officer to discuss their findings and Defra’s appetite to move forward. The meeting was extremely useful and positive on all fronts and Defra was supportive of the recommendations, but made it clear that, due to Brexit, there is limited parliamentary time and new legislation will not be made in the short-term.
In light of this, it was agreed that the Working Party would finalise its recommendations in a report to Defra, and continue to research the outstanding areas where recommendations have not yet been made, so that informed decisions can be made in due course. The Working Party has since met and is currently in the process of formalising the report to Defra, setting up various meetings with industry groups affected by the recommendations made and speaking with industries from which we wish to gain more information.

In addition, the Working Party explored ways of bringing allied professionals under the RCVS regulatory umbrella. At June Council, two regulatory models were approved and we will shortly be contacting a number of these allied professional groups to discuss the options.
Strategic plan – operational priorities 2017-8 [x = areas started although not 2017 operational priorities]

A Learning culture

<table>
<thead>
<tr>
<th>1. Establish the extent to which a blame culture is present within the veterinary and veterinary nursing professions, and set a baseline against which any change can be measured, as we move towards a culture where learning and reflection is encouraged</th>
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<th>2. Develop an evidence-based series of actions that the veterinary team (starting at undergraduate level) can take to reduce blame culture and ensure that a culture of continual learning is established, including an exploration of reflective practice, mentoring, clinical governance and the development of checklists (VF ambitions one and three, recommendations two, 15 and 34, action O)</th>
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<th>3. Help to change the public’s expectations around their interactions with veterinary professionals, including around risk, uncertainty and value (VF ambition five, recommendation 27, action M) [see also E4]</th>
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<th>4. Review the impact of our concerns-handling and disciplinary framework on the mental health and wellbeing of the veterinary professions, and take appropriate actions</th>
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<th>5. Review the impact of the Mind Matters Initiative with respect to mitigating the effects of blame culture and ensure that the project is well enough funded and resourced to address the issues (VF ambition three, recommendations 10, 12, 15 and 15, action N)</th>
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<th>6. If appropriate following the completion of trials, introduce an Alternative Dispute Resolution service [see also C3]</th>
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<th>7. Consult upon, and implement as appropriate, an outcomes-based approach to continuing professional development</th>
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<th>8. Extend our concept of life-long learning to include mentorship (VF ambitions three / six, recommendations 12, 15 and 34, action P)</th>
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<th>9. Help to ensure that prospective veterinary students have a clear idea of the reality and opportunities of a career in veterinary science, and assist the veterinary schools in providing support for them (links to VF action H)</th>
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<th>10. Improve communication with veterinary and veterinary nursing students, in order to clarify our role and function</th>
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## B Leadership and innovation

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<tr>
<td>1. Continue to support the Vet Futures and VN Futures initiatives, working collaboratively across professions to ensure actions are met</td>
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<td>2. Through completion of our governance review, ensure that we are an effective and efficient organisation, better able to lead the profession and serve the needs of the public, including the carrying out of training and the provision of coaching for RCVS Council members who take, or are considering taking, leadership roles</td>
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<td>3. Define role of the new Fellowship, to advise &amp; support the RCVS, and act as ambassadors for the profession within society at large</td>
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<td>4. Identify and support the next generation of veterinary leaders and develop leadership opportunities across the veterinary and veterinary nursing professions, within all branches of the professions, at all levels - locally, nationally and internationally (VF ambition six, recommendations 12, 17, 31, 32 and 34, action Q)</td>
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<td>5. Develop a biennial Innovation Symposium, to showcase new technologies, educational and business models etc from within veterinary and related fields, and encourage a culture of innovation (VF ambition five, recommendation 24, action R) [see also C4 and D2]</td>
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<td>6. Encourage diversity in our Council, our staff and other groups allied to the RCVS</td>
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C Continuing to be a FRR

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<tr>
<td>1. Review Schedule 3 to the Veterinary Surgeons Act, and the relevant parts of the RCVS Code of Professional Conduct, to clarify and bolster the role of the veterinary nurse (VNF ambition six, actions 29-31)</td>
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<td>2. Develop a strategy for regulating allied professionals, either via Associate status or updated Exemption Orders (VF ambition six, recommendations four and six, action U)</td>
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<td>3. Review our concerns-handling and disciplinary processes, including the impact of the Legislative Reform Order that separated the membership of the Preliminary Investigation and Disciplinary Committees from Council, the standard of proof that we set, and our sanctions [see also A6]</td>
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<td>4. Review the regulatory framework surrounding new technologies, to ensure it is proportionate, enforceable and encourages innovation, while maintaining high standards of animal health and welfare (VF ambitions five, recommendations four and 23, action S) [see B5 / D2]</td>
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<td>5. Explore compulsory practice inspection (VF ambition five, recommendation 26, action T)</td>
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<td>6. Review outcomes for graduates, with consideration of the likely requirements from the profession and the public of the vets of tomorrow (including the structure and provision of extra-mural studies) (VF actions I and J)</td>
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## D Global reach

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<tbody>
<tr>
<td>1. Develop a strategy to make sure that the profession is in charge of its future by maximising the opportunities and minimising the risks of Brexit</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>2. Collaborate with other competent authorities, associations, educational bodies and the commercial sector to establish a framework for the management of the impact of new technologies, such that animal health and welfare remains centre stage, regardless of from where veterinary services are being delivered into the UK and beyond (VF ambition five, recommendations four and 23, action S) [see also B5 and C4]</td>
<td>✓</td>
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<tr>
<td>3. Improve our support for, and communication with, overseas graduates working in the UK and those considering working in the UK (VF ambition three, recommendation 13, action K)</td>
<td></td>
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<tr>
<td>4. Clarify our offer for overseas members and consider expanding the number of members in this category, revising the Registration Regulations, if required</td>
<td></td>
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<tr>
<td>5. Investigate the global market for RCVS qualifications and Advanced Practitioner and Specialist status</td>
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<tr>
<td>6. Consider the global market for the RCVS accreditation of undergraduate veterinary education, particularly in the light of Brexit</td>
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<td>7. Investigate the global market for the RCVS accreditation of veterinary practices</td>
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<tr>
<td>8. Share knowledge with developing world countries to help raise standards around regulation and also animal health and welfare</td>
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<tr>
<td>9. Stimulate and communicate global career opportunities for UK graduates, including around One Health (VF ambitions two and four, recommendations seven, eight, 17-22, action G)</td>
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<tr>
<td>10. Support the Federation of Veterinarians of Europe’s Vet Futures Europe initiative (VF ambition six, recommendation 33, action W)</td>
<td>✓</td>
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## E Service agenda

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<tr>
<th></th>
<th>2017</th>
<th>2018</th>
<th>2019</th>
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<tbody>
<tr>
<td>1. Recognising that staff who are highly engaged will deliver the best service for our stakeholders, we will continue to review the way we work, with particular emphasis on cross-departmental working, involving Council members where appropriate</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>2. Continue to review our Estates Strategy so that we have appropriate spaces in which to work effectively and creatively, and a building that reflects the status of a Royal College</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>3. Embrace the opportunities of technology to fully engage with ‘generation mobile’ and make interactions with the College as accessible and easy as possible, including the development of innovative ways for us to share our knowledge and communicate our services with all of our key audiences</td>
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<td>✓</td>
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<tr>
<td>4. Develop and improve the advice we offer to animal owners and others to ensure they get the best out of their interaction with veterinary surgeons and veterinary nurses [see also A3]</td>
<td></td>
<td>✓</td>
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<tr>
<td>5. Review our Service Charter and associated Service Standards, making changes to our core services to ensure these promises are met, including reviewing resources and funding, where appropriate</td>
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<td>✓</td>
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<td>6. Develop a mechanism via which members of the veterinary and veterinary nursing professions can proactively engage with the College so that their issues and concerns are fed into discussions at an early enough stage to influence our agenda, where appropriate</td>
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<td>✓</td>
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<td>7. Carry out a stakeholder mapping exercise to measure perceptions of the College and see what progress has been made since the research carried out as part of the First-rate Regulator exercise (2013); make appropriate recommendations for change</td>
<td></td>
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<td>✓</td>
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<tr>
<td>Meeting</td>
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<tr>
<td>Date</td>
<td>2 November 2017</td>
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<tr>
<td>Title</td>
<td>Complementary and Alternative Medicine/Therapies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Classification</td>
<td>Unclassified</td>
<td></td>
<td></td>
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<tr>
<td>Summary</td>
<td>Following Council’s meeting on 28 September 2017, views have been taken into account and a further draft statement proposed for Council’s consideration.</td>
<td></td>
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<tr>
<td>Decisions required</td>
<td>To consider and approve the potential terms of the statement to be issued.</td>
<td></td>
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</tr>
<tr>
<td>Attachments</td>
<td>Annex A: draft proposed statement as considered by Council on 28 September 2017 and further amended draft statement for consideration; Annex B: Summary of comments and suggestions received with commentary (confidential); Annex C: Opinion (confidential); Annex D: Paper as submitted to Council on 28 September 2017</td>
<td></td>
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</table>
| Author      | Eleanor Ferguson
Registrar / Director of Legal Services
020 7202 0718
e.ferguson@rcvs.org.uk |
Complementary and alternative medicine (CAM) / therapies

Background
1. At its meeting on 15 June 2017, Council considered the current legislative position, the Code of Professional Conduct (CoPC) and Supplementary Guidance (SG), as well as opinion regarding possible options for a position statement. Council agreed that a statement should be issued strongly supportive of veterinary surgery as a science-based profession and supportive of evidence-based veterinary medicine.

2. Council accepted the view that current RCVS SG notes were appropriate and that widely drawn amendment could weaken rather than strengthen the guidance, and that it was necessary to consider the possibility of unintended consequences potentially arising out of any lack of an evidence base in some accepted treatments. As a result, amendment to the proposed statement was made to take into account the views expressed and a further statement considered by Council on 28 September 2017.

3. On 28 September, there was a lack of consensus around the terms of the proposed statement, with particular reference to the nature of language to be incorporated to reflect the varying views put forward.

4. To reflect the further views of Council since the meeting in September, a further draft statement taking into account the comments is now proposed (see Annex A). The papers and past draft statements to Council on 15 June and 28 September are annexed for reference.

Decision required
5. Council is asked to consider the summary of comments and suggestions, and to approve the terms of a statement to be issued.
Amended Draft Statement following June Council Meeting

RCVS statement

We have recently been asked questions about complementary and alternative medicines and treatments in general, and homeopathy in particular.

We would like to highlight our commitment to promoting the advancement of veterinary medicine along scientific principles, and to re-iterate the fundamental obligation upon our members, as practitioners within a science-based profession, which is to make animal welfare their first consideration.

In fulfilling this obligation, we expect that treatments offered by veterinary surgeons are underpinned by a recognised evidence base or sound scientific principles. Veterinary surgeons should not make unproven claims about any treatments, including prophylactic treatments.

Homeopathy is currently recognised under UK medicines legislation. However, for as long as homeopathic treatments remain without recognised evidence or sound scientific principles, we regard such treatments as being complementary, rather than alternative, to those based on a recognised evidence base or sound scientific principles. This is vital if animal health and welfare are to be protected and public confidence in the veterinary profession maintained.

Latest draft of proposed Statement following September Council Meeting

RCVS statement

We have recently been asked questions about complementary and alternative medicines and treatments in general and homeopathy in particular.

We would like to highlight our commitment to promoting the advancement of veterinary medicine upon sound scientific principles and to re-iterate the fundamental obligation upon our members as practitioners within a science-based profession which is to make animal welfare their first consideration.

In fulfilling this obligation, we expect that treatments offered by veterinary surgeons are underpinned by a recognised evidence base or sound scientific principles. Veterinary surgeons should not make unproven claims about any treatments, including prophylactic treatments.

Homeopathy exists without a recognised body of evidence for its use. Furthermore, it is not based on sound scientific principles. In order to protect animal welfare, we regard such treatments as being complementary rather than alternative to treatments for which there is a recognised evidence base or
which are based in sound scientific principles. It is vital to protect the welfare of animals committed to
the care of the veterinary profession and the public’s confidence in the profession that any treatments
not underpinned by a recognised evidence base or sound scientific principles do not delay or replace
those that do.
**Annex D**

<table>
<thead>
<tr>
<th><strong>Meeting</strong></th>
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<tr>
<td><strong>Date</strong></td>
<td>28 September 2017</td>
</tr>
<tr>
<td><strong>Title</strong></td>
<td>Complementary and alternative medicines (CAMs)</td>
</tr>
<tr>
<td><strong>Classification</strong></td>
<td>Confidential</td>
</tr>
<tr>
<td><strong>Summary</strong></td>
<td>Draft statement for consideration</td>
</tr>
<tr>
<td><strong>Decisions required</strong></td>
<td>To approve the terms of the draft Position Statement as annexed at Annex C.</td>
</tr>
</tbody>
</table>
| **Attachments** | Annex A: Current statement on alternative and complementary therapies, including homeopathy;  
Annex B: Draft statement as considered by Council June 2017;  
Annex C: Proposed Position Statement;  
Annex D: Paper with annexes as circulated prior to June 2017 meeting of RCVS Council. *(Please note: Legal opinion remains confidential)* |
| **Author**  | Eleanor Ferguson  
Registrar / Director of Legal Services  
020 7202 0718  
e.ferguson@rcvs.org.uk |
Background
1. Matters relating to CAMs / homeopathy were discussed by Standards Committee on 25 January and 26 April 2017, and by Council at its meeting held on 15 June 2017. For papers circulated in connection with that meeting, see Annex D.

2. At that time, it was accepted that the relevant terms of the current Code of Professional Conduct (CoPC) and Supporting Guidance (SG) were appropriate and should remain unchanged. The position of homeopathic medicines under the Veterinary Medicines Regulations (VMRs) was noted and that this would be raised with the Veterinary Medicines Directorate (VMD).

3. There was broad support for the issuing of a statement, highlighting the science-based nature of the veterinary professions and adherence to scientific principles. It was suggested that a statement should be general although set within the context of the recent questioning of complementary and alternative medicines.

Proposal
4. Council’s comments were considered and taken into account by Operational Board, and an amended statement is set out at Annex C for Council’s consideration. (For reference, the existing Position Statement and that considered at the June 2017 Council meeting are annexed respectively at Annex A and Annex B.)

Decision required
5. Council is asked to consider and approve the amended statement.
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<th>Meeting</th>
<th>Council</th>
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<tr>
<td>Date</td>
<td>2 November 2017</td>
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<tr>
<td>Title</td>
<td>Proposed amendments to the Practice Standards Scheme Rules</td>
</tr>
<tr>
<td>Classification</td>
<td>Unclassified</td>
</tr>
<tr>
<td>Summary</td>
<td>Outlining a proposed amendment to the Practice Standards Scheme Rules regarding charging practices when they cancel assessments at short notice.</td>
</tr>
<tr>
<td>Decisions required</td>
<td>Council is asked to approve the amendment to the PSS Rules detailed in paragraph seven of this paper.</td>
</tr>
<tr>
<td>Attachments</td>
<td>Annex A: The Practice Standards Scheme Rules 2015</td>
</tr>
</tbody>
</table>
| Author | Lisa Grannell  
Senior Manager, Practice Standards Scheme  
l.grannell@rcvs.org.uk |
Proposed amendment to the Practice Standards Scheme Rules 2015

Introduction
1. The Practice Standards Scheme (‘PSS’) Rules (attached at Annex A) set out how the scheme works together with other administrative matters. The Rules also contain provisions relating to fees, both in terms of amount and when they may be charged.

2. In recent months there has been an increasing problem with practices cancelling assessments at short notice, causing financial loss to the RCVS. Assessment dates are arranged between the assessor and the practice a maximum of three months before the assessment is due. As a result, the assessment date is one that the assessor and practice have agreed is mutually convenient.

3. This paper proposes an amendment which would allow the RCVS to charge a ‘cancellation fee’ in a wider range of circumstances than is currently permitted. This amendment was considered and approved by the Practice Standards Group (‘PSG’) on 24 August 2017 and by Standards Committee on 27 September 2017. It is therefore before Council for ratification.

The current situation
4. At present, paragraph 49 of the PSS Rules states as follows:

“The RCVS reserves the right to charge a cancellation fee where an assessment is cancelled by the practice less than 7 days before the assessment date agreed by the practice.”

5. As can be seen, the rules only permit the RCVS to charge for assessments cancelled by the practice when less than seven days notice is given. However, in practice, the assessor allocated to assess the practice will have incurred travel and accommodation expenses more than seven days before the assessment which the RCVS must reimburse. Further, the RCVS is obliged to pay the assessor for the day(s) allocated to the cancelled assessment whether or not the PSS team has been able to find the assessor alternative work. The more notice of cancellation is given; the easier it is to find alternative work and prevent the RCVS suffering any loss.

6. It is appreciated that in some circumstances, a cancellation cannot be helped and in some instances it may not be appropriate to charge the practice, for example where there has been a fire at the practice or where a key member of staff has been taken ill unexpectedly. However, reasons for cancellation more commonly relate to the fact that the date is no longer convenient rather than due to unexpected circumstances out of the control of the practice.

7. In light of the above, it is suggested that the PSS Rules be amended in the following way:

“Apart from in exceptional circumstances, the RCVS will charge a cancellation fee where an assessment is cancelled by the practice less than 14 days before the assessment date agreed by the practice. For assessments cancelled less than 28 days before the assessment date agreed by the practice, the RCVS reserves the right to charge a cancellation fee where appropriate.”
8. On 27 September, Standards Committee considered the above proposal and decided that it was appropriate to recommend the amendment to Council.

**Decision required**

9. Council is therefore asked to approve the amendment to the PSS Rules detailed in paragraph seven, above.
PSS Rules
07 October 2015

The RCVS Practice Standards Scheme ("the Scheme") has been in effect since 1 January 2005. It provides a mechanism for accreditation for different types of veterinary practices.

What Standards apply?
1. The Standards to be met are set out in the RCVS Practice Standards Modules Documents. There is a separate document for each species type. Full details of this are available on the RCVS website http://www.rcvs.org.uk/practice-standards-scheme/. For any additional information please contact Practice Standards, RCVS, Belgravia House, 62-64 Horseferry Road, London, SW1P 2AF. Tel 020 7202 0767 / 020 7202 0796; Email pss@rcvs.org.uk

2. Practices may apply for accreditation in the following categories:

- **Core Standards**
  These standards are relevant to all veterinary practices and reflect mainly legal requirements which must be met in running a veterinary practice, together with guidance as set out in the RCVS Code for Professional Conduct.

- **General Practice**
  Small Animal, Equine and Farm Animal. For Small Animal and Equine practices the standards reflect the requirements of a primary care practice which aims to facilitate the achievement of high standards of clinical care, and encompasses many of the facilities required for veterinary nurse Training Practice (TP) standards. For Farm Animal General Practices, the standards reflect both the requirements of a primary care practice which promotes the achievement of high standards of clinical care, and also a proactive approach to management, through the use of health planning, client training and communication.

- **Equine Ambulatory GP**
  This recognises there are equine practices that provide a GP level service, albeit they do not have stabling facilities or premises where horses are treated.

- **Emergency Service Clinic (ESC)**
  For Small Animal Emergency Service Clinics, the standards reflect the requirements of a designated out-of-hours provider. A Small Animal Emergency Service Clinic must fulfill the requirements for a Small Animal...
General Practice as well as additional ESC standards.

Hospital/Veterinary Hospital

Small Animal and Equine. For Small Animal and Equine Veterinary Hospitals, the standards reflect the requirements of a General Practice (above) allied with additional facilities and protocols for the investigation and treatment of more complex cases.

3. General Practice and Veterinary Hospital accreditation are cumulative. For General Practice accreditation Core Standards are mandatory. For Veterinary Hospital accreditation, Core Standards and General Practice standards are mandatory.

4. The Scheme requires that all practice premises open to members of the public to bring animals for veterinary treatment and care, or from which ambulatory services are provided, must be assessed and comply with at least Core Standards for all species treated.

5. At Core Standards, requirements only apply if they are undertaken at the premises. If for example the premises does not undertake surgery, the Surgery module would not be applicable.

6. Different premises within a practice may apply for different categories of accreditation (e.g. a Main premises could be a Small Animal Veterinary Hospital with its branch an Equine General Practice). Also one premises may apply for multiple accreditations (e.g. as an Equine Veterinary Hospital and a Small Animal General Practice).

7. A full list of the modules can be found in the PSS handbook on the PSS website www.rcvs.org.uk/practicestandards

Veterinary nursing Training Practices (TPs)

8. General Practice accreditation includes many of the requirements under the TP Scheme. It should be noted however that additional resources are also required in order to meet TP criteria and that inspection of these resources and the training capabilities of a practice will be carried out by the relevant veterinary nursing approved Centre. The current list of Centres (with contact numbers) is available on the RCVS website http://awardingbody.rcvs.org.uk/centres/what-is-an-rcvs-centre/ or via the Veterinary Nursing Department vetnursing@rcvs.org.uk

Awards

9. Voluntary awards are available for each practice premises which are over and above the accreditations levels of Core, General Practice, Equine Ambulatory GP, Emergency Service Clinic and Veterinary Hospital. Requirements are set out in the Awards section of each module.

10. Practices can choose if they want to be assessed for none, for some, or for all of the Awards.

11. Awards are available at either ‘Good’ or ‘Outstanding’. Awards have been specifically tailored to take into account the differences between Small Animal, Equine and Farm Animal practices. A full list of the Awards available can be found in the PSS handbook.

How does the Scheme work?

Who is eligible to join?

12. Eligible organisations are those running veterinary practices from premises that are open to members of the public to bring animals for veterinary treatment and care, or where the veterinary treatment and care of animals is provided to members of the public via ambulatory services. All
premises within the organisation must achieve accreditation, following assessment by an RCVS assessor. A premises must be accredited to at least Core Standards for all species treated.

**PSS IT system**
13. The Practice Standards Scheme is administered from a bespoke IT System which takes practices through the assessment process. Practices are required to upload pre-assessment documents which will be checked by their allocated assessor before a date for the visit is agreed. Practices are required to use this system in order to gain accreditation and the optional Awards.

14. In exceptional circumstances where particular IT difficulties arise, a paper based process may be permitted, subject to the payment of an administration charge.

**Who makes the application?**
15. The application to join must be made by the legal entity running the veterinary practice (e.g. partnership, limited company or sole trader).

16. Where the individual with authority to sign on behalf of the legal entity is not a MRCVS, the practice must state the name of the veterinary surgeon nominated to have overall responsibility for veterinary matters in the practice. Each premises or premises group must nominate a veterinary surgeon who will have responsibility for that group and will be present during the visit by the allocated assessor.

17. The practice must also provide details of the person responsible for coordinating Practice Standards at the practice if this is different to the Veterinary Surgeon who has overall responsibility at the practice.

**Main and Branch practice premises**
18. A practice must nominate one Principal practice premises. It may then have one or more Main practice premises associated with the Principal practice premises and also have any number of Branch practice premises associated with either the Principal or Main practice premises. Where a practice has administration offices at a separate location to its other practice premises please notify the RCVS PSS Team. When determining if a practice premises is a ‘Branch’ as opposed to a Main premises, the Practice Standards Scheme will take into account factors such as shared staff, shared clinical governance, shared clerical services, shared out-of-hours and geographical location.

**The assessment visit**
19. Practices will be assessed, at least every four years for their accreditations and optional Awards. Any practice premises may be subject to interim ‘spot checks’. These may be without prior warning and could include candidate premises which have not yet been accredited.

20. Where a practice acquires any additional premises, the practice may choose to have these premises assessed immediately (in which case an assessment fee, to cover costs, will be levied), or may ask for assessment of the premises to take place at the practice’s next four yearly assessment. Pending accreditation, the additional premises may not use the logo of the Scheme, or otherwise be promoted as an accredited premises. Where a practice has already received accreditation and, before its four yearly assessment is due, wishes to apply for accreditation for another category/species, an assessment fee will be payable.

21. Where possible, the routine and initial assessment of a Principal or Main practice premises and its branches will be completed within one day. The RCVS reserves the right to levy an additional fee in the event that more than one day is required.
22. Practices can request to have an award assessment at any time and will be charged based upon assessor time, which will be charged at a minimum in half-day blocks plus travel time and expenses. Awards requested during years one to three of the routine assessment cycle will expire at the next routine assessment. Awards requested in year four of the routine assessment cycle, may be extended until the next but one routine assessment.

23. In the course of their visit, assessors will expect to speak to a cross section of team members involved in the normal activities of an operational day. The purpose of such discussions is so that assessors can be satisfied that actions and practice policies are not only in place but are understood by relevant staff and are applied in the day to day operation of the practice, and to encourage better practice. Assessors will also wish to discuss levels of expertise and training for roles undertaken. Assessors will record the number of veterinary surgeons, veterinary nurses and other members of staff spoken to in the course of an assessment. Assessors may also wish to assess practice vehicles. When assessing Awards, assessors will expect where relevant, to observe the normal activities taking place in the practice. Depending on the nature of the Award this may include observation of a surgical procedure, anaesthesia, consultation, inpatient care and waiting room/reception interaction with clients.

24. Some Modules contribute to more than one Award. If a practice has already achieved an award and wishes to apply for another Award which includes overlapping modules, as long as the second Award is being assessed within six months of the previous Award, then the overlapping Modules would not be reassessed. If, however, the subsequent Award is being assessed more than six months after the previous Award, then all the Modules would need to be reassessed. Moreover, if in the process one of the Modules was found to be of a lower standard than at the previous assessment, all relevant Awards would be affected. Thus a practice may have its earlier Award downgraded or removed.

Confirmation of compliance

25. Practices will be required to confirm annually that they remain compliant with the standards of their accreditation and Awards.

26. Practices will be required to notify any material change in circumstances which affects accreditation to the RCVS Practice Standards Scheme, for example; new species treated, major building works or refurbishment, or key personnel leaving.

Use of accreditation titles/Awards/logos/promotions

27. The titles ‘Hospital’ and ‘Veterinary Hospital’ on their own, or as part of any practice signage or practice advertising, may only be used by practices accredited as Veterinary Hospitals.

28. A practice shall only use the logo to promote practice premises accredited or the award achieved under the Scheme.

29. No amendment, alteration or addition may be made to the logo as supplied to members when used in promotional or other documents or materials generated by the practice or on its behalf.

30. The terms ‘Good’ and ‘Outstanding’ can only be used in conjunction with the Award name eg ‘Good in In-patient Service’.
31. A practice cannot promote a module on its own e.g. ‘Outstanding in Surgery’.

32. A practice may be required to cease any promotion considered to be inconsistent with the Scheme.

33. A practice should display their accreditation certificate and awards summary (excluding the annex) in a prominent public place of the practice, or make them available on request.

34. If a practice leaves the Scheme or its Accredication is withdrawn then it must immediately cease to display the accreditation certificate and cease to use the logo or refer to the Scheme in all promotional activities. Where an Award is withdrawn the practice must also cease to display the award, the award summary or to refer to the award in all promotional activities.

Registration of premises under the Veterinary Medicines Regulations

35. The supply of veterinary medicinal products must be from premises registered with the RCVS as Veterinary Practice Premises.

36. Practices will be asked annually to confirm that the details of the Principal, Main and Branch premises held by the RCVS under the Scheme are correct and, as appropriate, agree that premises are included in the statutory Register of Veterinary Practice Premises. (See paragraph 45 below re fees.)

37. Practice premises that are not eligible for accreditation under the Scheme may need to be registered as Veterinary Practice Premises (and pay the statutory fee) under the Veterinary Medicines Regulations.

38. Further details of the requirements under the Veterinary Medicines Regulations can be found via the links to the RCVS and VMD websites below;

39. When a practice opens new premises they must register them with the RCVS and pay the applicable fee. See the Register of Veterinary Practice Premises area on the website for further information.

40. When a premises is closed down or sold practices must notify the RCVS Registration Department in writing (registration@rcvs.org.uk).

Fees

Application Fee

41. An application/joining fee is payable for any Principal or Main practice premises and each branch practice premises. This is a non-refundable fee payable to cover initial assessment costs. The initial assessment must take place within six months of the RCVS receiving the initial application. If the assessment does not take place within six months the practice will need to re-apply to join the Scheme and pay the application fee again.
42. Where assessment of a Principal or Main practice premises and each branch practice premises cannot be concluded within one day, the RCVS reserves the right to levy an additional fee. If relevant, this may include an overnight fee.

43. In the event a premises requires a re-assessment an additional fee will apply.

**Annual Fees**

44. An annual fee is payable for every Principal or Main practice premises and each branch practice premises.

45. The annual fee is due each year for the period 1st April to 31st March. Invoices will be issued to indicate when the fee is due to be paid. Direct Debit forms are available from the RCVS Finance Department.

46. Fees are reviewed annually. Details are available on the RCVS website. The annual fee for each PSS premises accredited includes the fee due under the Veterinary Medicines Regulation for those premises which have been registered.

47. Non-payment of annual fees following one warning notification, will result in accreditation being withdrawn. Any application for re-instatement should be made to the RCVS, together with payment of the joining fee. The RCVS reserves the right to require re-assessment of the practice and the cost of re-assessment will be charged to the practice.

48. A practice may notify the RCVS at any time that it wishes to withdraw from the application process or membership of the Scheme. No refund of fees already paid will be made.

49. The RCVS reserves the right to charge a cancellation fee where an assessment is cancelled by the practice less than 7 days before the assessment date agreed by the practice. Following withdrawal the RCVS will notify the Veterinary Medicines Directorate regarding medicines assessment.

**Award Fees**

50. Practices who apply for Awards assessments will be charged based upon assessor time, which will be charged at a minimum in half-day blocks plus travel time and expenses.

51. All fees must be paid before accreditation and/or Awards are granted and before the premises’ entry on Find a Vet is updated to display the accreditations and/or Awards achieved.

**The assessors**

**Who are the assessors?**

52. The criteria for appointment as an assessor are as follows:

   a. To be at least five years qualified as an MRCVS;
   b. To be in full or part-time veterinary practice (or to have been so within the previous three years);
   c. To have been approved by the RCVS as having suitable experience for assessments to be undertaken.

53. There shall be no restriction either geographically or with regard to the number of occasions on which an individual assessor is chosen to assess practices.
54. Assessors will be expected to attend annual training as directed by the RCVS. Failure to do so, without valid cause, may result in their status as an assessor being suspended or withdrawn.

55. In order to assure quality and consistency in assessments, assessors will from time to time be subject to review by the Lead Assessor or another member of the Review Group who will monitor them in the course of an assessment visit. A copy of the report will be provided to the assessor which will advise the assessor of any follow-up recommendations.

The Lead Assessor
56. There will be a Lead Assessor appointed by the RCVS whose role will include the provision of support and guidance to the assessors. The Lead Assessor will consider all recommendations from assessors following assessments. He/she may approve such recommendations or refer them to the Review Group for decision. All decisions of the Lead Assessor will be recorded with reasons for such decisions.

Composition and role of the RCVS Practice Standards Group (PSG)
57. The PSG comprises eleven members, one to be nominated by each of the British Veterinary Association (BVA); the British Small Animal Veterinary Association (BSAVA); the British Veterinary Hospital Association (BVHA); the British Equine Veterinary Association (BEVA); the British Cattle Veterinary Association (BCVA); RCVS (who shall be the Chairman of the Group); the Society of Practising Veterinary Surgeons (SPVS); the Veterinary Practice Management Association (VPMA); the British Association of Veterinary Emergency Clinics (BAVEC); Veterinary Nurses Council; British Veterinary Nursing Association (BVNA) and a lay person.

58. The Chairman may co-opt individuals to the PSG on an ad-hoc basis. Such individuals will have no voting rights.

59. The PSG shall be responsible for the ongoing development of the Scheme and the Standards and shall report to RCVS Council through the Standards Committee (and through the Operational Board in respect of budgets and fees).

Composition and role of the Review Group
60. The composition of the Review Group will be approved by the Practice Standards Group. It will comprise up to five members including the Lead Assessor.

61. The Review Group will review any decision disputed by an applicant as set out in the Appeals Procedure.

62. The Review Group may direct that specific Standards are targeted as a result of (i) a practice’s previous non-compliance; (ii) areas of common non-compliance identified through feedback from assessors; (iii) areas of non-compliance identified through the RCVS complaints procedure.

63. The Review Group may direct that specific RCVS or other relevant advice is discussed during an assessment to encourage compliance with professional responsibilities.

64. All decisions of the Review Group shall be recorded together with reasons for such decisions.

65. The Review Group may recommend to the Standards Committee possible changes to the Scheme.

Role of the RCVS Standards Committee in the context of the RCVS Practice Standards Scheme
66. To recommend to RCVS Council changes to the Scheme requiring authorisation by RCVS Council, following consideration by the PSG.

67. To act as an appeal body in relation to individual applications to the Scheme and complaints against individual practices, so far as they relate to complaints within the Scheme.

68. In considering any matter related to the Scheme, a quorum of Standards Committee shall be four members.

Outcome of assessment

Accreditation (Core/GP/ESC/VH) assessments

69. Following accreditation assessments (i.e. Core/GP/ESC/VH) practice premises will be provided with a Requirements and Recommendations Report. Requirements highlight those areas where the practice needs to provide further evidence to demonstrate compliance with the Scheme. It is mandatory that a practice provides such evidence within a certain period in order to achieve accreditation. Recommendations are suggestions for best practice or improvement which go beyond the requirements of the Scheme. They are not mandatory.

70. In the event that evidence of compliance with Standards is required post-assessment, the requested evidence should be uploaded to the the PSS IT system by the practice as soon as possible within the stipulated period of either two, four, 12 or 24 weeks from the date of receiving the outcome report. Within five days of the evidence being uploaded to the PSS IT System, assessors will review the evidence and notify the PSS Team of their comments. Where assessors are not satisfied that the evidence provided is sufficient, the PSS Team will notify the practice of reasons and the information that is required within five working days.

71. In some cases a re-assessment of the premises may be required. This may, for example, be due to the original visit highlighting a large number of issues or if the practice needs to undergo refurbishment/structural changes in order to comply with the Scheme requirements.

72. A re-assessment fee will be levied to cover the costs of the visit.

Awards assessments

73. The Awards focus on behaviours and outcomes, as opposed to facilities and equipment. As such they are assessed in a different manner. The Award is based upon what assessors find on the day of assessment and practices cannot therefore provide post-assessment evidence of compliance. It is expected that the practice will be able to demonstrate that the behaviours required to achieve the Awards are a recognised part of the culture of the practice and have been in place and implemented over time. It is unlikely that an Award will be granted where behaviours have been implemented for less than three months and cannot be evidenced as part of the routine for the practice.

Appeals procedure

Disputing a decision of the Lead Assessor

74. In the event that a practice disputes a decision of the Lead Assessor, it should notify the RCVS in writing of the grounds of their dispute and submit any additional material it wishes considered within 21 days. This, together with all relevant documents, shall be submitted to the Review Group for a decision, which shall be notified to the practice within 21 days.

Disputing a decision of the Review Group
75. In the event that a practice disputes a decision of the Review Group, and wishes to lodge an 
appeal, it should notify the RCVS in writing of its intention to appeal, within 21 days of the date of 
the Review Group notifying it of the decision.

76. Upon receipt of notification of intention to appeal, the practice shall be supplied with any additional 
reasons for the decision recorded that have not already been provided.

77. If the practice wishes to pursue the appeal then it should submit in writing full details of the 
grounds of the appeal to the RCVS, together with any supporting documentary/photographic 
material it wishes to be considered. (This must be done within 21 days of receipt of any additional 
reasons for the decision.)

78. The assessor who carried out the assessment shall be given the opportunity to comment upon the 
grounds of appeal and supporting material, and any comments received shall be supplied to the 
practice for further comment thereon. (All comments from the assessor or the practice must be 
submitted within 21 days of receipt of the date of the letter from the RCVS inviting comment.)

79. As soon as practicable, the grounds of appeal, supporting material, assessor’s comments and 
practice’s comments, together with copies of the original decisions and all correspondence, shall 
be submitted to the Review Group, which shall review the application and either:

a. Confirm the earlier decision and refer the matter to the next available meeting of the 
   Standards Committee;

   Or

b. Issue an amended decision.

80. The result of the review by the Review Group, and a copy of its decision, shall be notified to the 
practice within 14 days.

81. In the event that the practice disputes the amended decision it shall notify the RCVS and the 
matter shall be referred to the next available meeting of Standards Committee.

82. The decision of Standards Committee shall be final as to (i) whether or not to accredit a practice 
under the Scheme (ii) the appropriate level of accreditation and any conditions to be imposed (iii) 
whether or not to grant an award and (iv) the appropriate level of the award.

83. Following consideration by either the Review Group or the Standards Committee, if conditions are 
required to be fulfilled, an accreditation certificate will not be issued until assessors have 
confirmed the practice has complied with all conditions.

**Complaints**

84. If a complaint is received alleging a practice has not complied with the Standards of the Scheme, 
the Review Group will consider it after the practice has had the opportunity to comment on the 
complaint.

85. If in the course of an assessment assessors have concerns relating to a possible breach, they 
reserve the right to bring the matter to the attention of the Review Group or, where concerns relate 
to issues of professional conduct, to the RCVS Professional Conduct Department.
86. Practices agree to respond promptly to all requests for information and in respect of any complaints relating to the Scheme.

**Miscellaneous**

87. If any matter arises regarding the operation of the Scheme that is not provided for under the Rules, it shall be decided upon by the Review Group.

88. Although the Health and Safety requirements (and other legal requirements) may be extensive, and as far as possible up to date, fulfillment of these at assessment does not constitute a guarantee that each and every Health and Safety requirement (or other legal requirement) has been met, and does not preclude the necessity for each practice to check with the Health and Safety Executive (or other relevant authority) regarding their individual requirements.

**Feedback and improvements**

89. The RCVS welcomes feedback on the application/assessment process. Practices are therefore required to complete the online feedback form following assessment.

**Transitional arrangements for existing members**

90. Practices will automatically migrate to the new Scheme at their current accreditation level, for example, General Practice – Small Animal.

91. Routine assessment dates will not change under the new Scheme and practices do not need to delay or bring forward their routine assessment in order to be assessed for Awards.

92. Practices may apply to be assessed for optional Awards at anytime.

**Access to the PSS IT System, data security and privacy**

**IT system**

93. The PSS IT system is made available to accredited members of the Scheme to hold practice related documents as required for accreditation by the Scheme and reports and other relevant documents. It is also open for non-accredited practice to use to assist in ensuring they are working to the equivalent of Core Standards.

94. The system has been developed by a software company (Skillwise; www.skillwise.net) under contract to the RCVS and the technical oversight hosting and technical support for the system is managed by the software provider.

95. The information on the system is located on a remote server. All parties are bound by the principles of the Data Protection Act 1998 and take data privacy very seriously. RCVS may access the data as described below. Neither RCVS or Skillwise will make any data from the system available to other external users without the permission of the data owners, except in the circumstances as provided for under the Data Protection Act (e.g. may be passed to relevant enforcement agencies, including the Health and Safety Executive or Veterinary Medicines Directorate).

96. The following persons/entities have rights or may be granted rights to access the PSS IT system and the data it contains:

   a. Practices premises can access their own data and data in connection with their own branches.
b. Assessors appointed by the RCVS can view documents related to individual practices as directed by the PSS administration team for the purposes of carrying out an assessment. Practices are able to view assessor feedback to the practices.

c. The PSS team and Lead Assessor have full access to system and the data it contains on members and non-members of the Scheme.

d. The Review Group may be granted access as required by the Lead Assessor or PSS administration team.

e. RCVS staff members or committee members appointed by the Head of Legal Service for the purposes of investigating concerns about a veterinary surgeon/practice or in connection with an application to become a VN Training Practice may be granted access and use information relating to a practice obtained or recorded in connection with the Scheme. Such information will not be made available to external users without the permission of the data users, except in circumstances as provided for under the Data Protection Act (e.g. may be passed to relevant enforcement agencies, including the Health and Safety Executive or Veterinary Medicines Directorate).

97. The system is provided to assist practices in connection with obtaining PSS accreditation. The system enables users to upload documents/files (including photographs). Users must not attempt to upload any files or enter data that could potentially harm the system.
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<tr>
<th>Meeting</th>
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<tr>
<td>Date</td>
<td>2 November 2017</td>
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<tr>
<td>Title</td>
<td>VN Council Governance Review</td>
</tr>
<tr>
<td>Classification</td>
<td>Unclassified</td>
</tr>
<tr>
<td>Summary</td>
<td>Following detailed discussion on governance reform, this paper sets out proposed amendments to the VN Council Terms of Reference</td>
</tr>
<tr>
<td>Decisions required</td>
<td>RCVS Council is invited to approve changes to the constitution of VN Council and amend the delegation scheme accordingly.</td>
</tr>
</tbody>
</table>
| Attachments | Annex A: VNC Governance review paper  
Annex B: VN Council Terms of Reference 2017 |
| Author      | Julie Dugmore  
Director of Veterinary Nursing  
0207 2020 775  
j.dugmore@rcvs.org.uk |
Introduction

1. In 2016, RCVS Council embraced the need for governance reform and following a Defra consultation approved the adoption of a smaller council (roughly half the current number) meeting more frequently.

2. The new Royal Charter and VN Futures puts an onus on Council to ensure it is fit-for-purpose and can effectively lead and govern the professions. With this in mind, and to reflect best practice, VN Council discussed its governance arrangement and leadership along with the impact and implications of RCVS Council reform at its January 2017 meeting.

3. RCVS Veterinary Nurses Council currently comprises 16 members: eight elected veterinary nurses, four veterinary surgeon members, (including two from RCVS Council), and four lay members.

4. Whilst VN Council agree that the current constitution is not unreasonable in terms of size, discussions around the reform of VN Council were relevant and timely. Proposals for the reform of RCVS governance would have implications for VN Council and the latter needed to be in a position to drive forward the ambitious programme of work outlined in the VN Futures report.

5. Furthermore, the new RCVS Strategic Plan emphasises the importance of supporting the development of leadership skills and Brexit creates new challenges and opportunities that VN Council must be in a position to respond to.

Background

6. Through a series of workshops, during the January 2017 meeting, VN Council considered the current challenges including:
   - Size, composition and terms of office
   - Availability of appropriate skills and knowledge
   - Support and guidance available for council members
   - Training and development opportunities

7. At its May 2017 meeting, VNC considered proposals (see Annex A) that brought together points made by the discussion groups at the January workshops. Council discussed the proposals which included the following changes to the size, composition and terms of office:
   - six elected veterinary nurses
   - two veterinary nurses, to be appointed by the Veterinary Nurses’ Council for a twelve month appointment with an expectation of standing for election;
   - two veterinary surgeons (whether or not members of the Council), to be appointed by either RCVS Council or the Veterinary Nurses’ Council, taking into account skills and behaviours required;
   - four lay members, to be appointed by the Veterinary Nurses’ Council.

8. VNC were in favour of six elected veterinary nurses. However, there was some concern at the
suggestion appointed nurses would have an expectation of standing for election after twelve months. The need to build leadership skills and address skills gaps were recognised and it was agreed that there should be two appointed veterinary nurses, and that the appointments should be advertised based on required knowledge and skills.

9. It was considered that over a number of years the Veterinary nursing profession had developed in its own right as reflected in the granting of the new Royal Charter, while at the same time developing within the veterinary team and that VNC should be reflective of this position. It was felt that maintaining a strong veterinary surgeon presence was vital and that there should be two veterinary surgeons appointed by RCVS Council on VNC

10. VNC were in favour of four lay members

11. It was agreed that terms of office for all appointed posts should be for a period of up to three years. The terms of office for elected members should also be three years, with two members retiring each year, and a maximum of three terms. It was clarified that a member who had served the maximum three terms could apply again after a gap of two years.

12. On 10 July 2017, VN Council agreed to the revised Terms of Reference. (see Annex B attached)

Implementation

13. In order the revised Terms of Reference be implemented in July 2018, RCVS Council are required to approve changes to the constitution of VN Council and make amendments to the delegation scheme accordingly.

Decision

14. RCVS Council is invited to approve changes to the constitution of VN Council as set out in Annex B and amend the delegation scheme accordingly.
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<td>Date</td>
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<td>Title</td>
<td>Governance Review</td>
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<tr>
<td>Classification</td>
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<tr>
<td>Summary</td>
<td>Following discussions on governance arrangements at the January 2017 meeting of VN Council this paper brings back proposals for the restructuring of VN Council to address the issues raised.</td>
</tr>
<tr>
<td>Decisions required</td>
<td>To consider the implementation of the proposals for reform.</td>
</tr>
<tr>
<td>Attachments</td>
<td>Annex A: RCVS VN Council Terms of Reference 2013</td>
</tr>
<tr>
<td>Author</td>
<td>Julie Dugmore RVN</td>
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<td></td>
<td>Director of Veterinary Nursing</td>
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<td><a href="mailto:j.dugmore@rcvs.org.uk">j.dugmore@rcvs.org.uk</a></td>
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</tbody>
</table>
Introduction

1. In 2016, RCVS Council embraced the need for governance reform and following a Defra consultation approved the adoption of a smaller council (roughly half the current number) meeting more frequently.

2. The new format will comprise a Council of 25 members. The membership will include two veterinary nurses along with a higher proportion of lay members. The Council would be chaired by the President, whilst the CEO and Registrar would be in attendance at meetings. Implementation of these governance changes are due to come into effect 2018

3. The new Royal Charter and VN Futures puts an onus on Council to ensure it is fit-for-purpose and can effectively lead and govern the professions. With this in mind, and to reflect best practice, VN Council discussed its governance arrangement and leadership along with the impact and implications of RCVS Council reform at its January 2017 meeting.

Current arrangements and challenges

4. RCVS Veterinary Nurses Council comprises 16 members: eight elected veterinary nurses, four veterinary surgeon members, (including two from RCVS Council), and four lay members. The current Terms of Reference can be found at Annex A

5. Each elected VN member is appointed for a four-year term of office. Two members retire each year, but may stand for re-election if they wish. There is no limitation on the number of terms a member can serve.

6. The chairman and two vice-chairmen of the Veterinary Nurses’ Council are elected by the Veterinary Nurses’ Council, by secret ballot; provided that where the person elected as chairman is a veterinary surgeon or lay member at least one vice-chairman shall be a veterinary nurse. The election of the chairman shall be confirmed by the RCVS Council.

7. The term of office of the chairman shall be either two or three years and vice-chairmen shall serve for either one or three years, with the outgoing chairman normally serving one year as vice-chairman.

8. The new RCVS Strategic Plan emphasises the importance of supporting the development of leadership skills within the RCVS and wider profession. The current arrangements do not adequately ensure that committees benefit from the skills and knowledge that the RCVS needs to deliver on its strategy, both now and in the future. Therefore there is a need to consider the skills mix that is required by VN Council and the way in which committee members are appointed and supported.
9. RCVS Council reform has a direct impact on VN Council and the implications of the appointment of VNs to RCVS Council should be considered.

10. Increasing lay membership (currently 25%) should be considered if we want to mirror healthcare regulatory ‘best practice’ requirements of a majority or at least parity representation. However, although the new RCVS Council structure will have an increase in its lay membership veterinary surgeons will remain in the majority. This reflects the unique nature of the RCVS as a Royal College that regulates.

11. At its January 2017 meeting, VN Council considered the following questions:
   - How prepared for sitting on VNC do elected RVNs and appointed MRCVS/Lay members feel?
   - Did you feel prepared for attending committee meetings as part of your role with VNC?
   - What training and/or development would have benefited you prior to commencing your term?
   - Is the current composition and structure of VNC correct?
   - Should we review terms of office?
   - Should we review terms of office for VN Education Committee to include members and responsibilities – taking into count behaviours and skills?
   - Could we co-opt members onto VNEC?
   - What can be done to encourage VNC members to nominate themselves for Vice-Chair role?
   - What did you think the VNC role was before joining, and what do you think we should be doing that we aren't?

Conclusions

12. It was widely accepted that much more could be done to prepare all members for sitting on VNC and its Committees. Comprehensive inductions to include roles and responsibilities, appointing mentors and providing a glossary of terms/acronyms should be considered. Mandatory attendance to meet the RCVS day for those candidates thinking of standing was also discussed.

13. It was agreed that the Vice-Chair role needed to be better understood and more use made of this position. It was acknowledged that the time commitment could be a barrier and that more could be done to positively promote standing for election both to VNC in general and also the Vice-Chair role.

Proposal

14. In order to address the challenges raised and to ensure that VN Council provides effective governance of the veterinary nursing profession the following changes to size, composition and terms of office of VN Council are proposed:

15. Reducing the size of VN Council to comprise
   - six elected veterinary nurses
   - two veterinary nurses, to be appointed by the Veterinary Nurses’ Council for a twelve
month appointment with an expectation of standing for election;

- two veterinary surgeons (whether or not members of the Council), to be appointed by either RCVS Council or the Veterinary Nurses’ Council, taking into account skills and behaviours required;
- four lay members, to be appointed by the Veterinary Nurses’ Council.

16. Each elected VN member is appointed for a three-year term of office. Two members retire each year, but may stand for re-election if they wish, and can serve for a maximum of three terms.

17. Although there is no guarantee that they will be elected, it would be expected that the co-opted/appointed veterinary nurse stands for election following the twelve month appointment.

18. Although the above is not ‘best practice’ from a purely regulatory perspective, as this would require a fully appointed Council, it would ensure that the College has access to the expertise it needs to meet the challenges of the future, by widening the pool of potential committee members and bringing in ‘new blood’ (based on agreed skills gaps) to provide a wider experience and different perspective, which will greatly enhance the quality of debate and decision-making.

19. It is suggested that:
   - where skills/knowledge gaps exist, committee vacancies should be advertised widely and appointments made on the basis of application rather than nomination
   - consideration be given to including non-veterinary professionals as committee members, provided that they have the right skill-set
   - consideration be given to greater use of co-opted, non-voting members with particular expertise for limited time periods, which would allow access to appropriate knowledge without the need to increase committee size or lose continuity of committee membership.

20. Terms of office would be for three years, not four with a maximum of three terms being served. It is proposed that the new structure, should it be agreed, be implemented in 2018.

21. With the introduction of two veterinary nurses on RCVS Council, VN Council will need to reflect on, and agree, where these Council members come from, e.g. the Chair and Vice Chair. Should it be decided that the Chair would be one of these members then this will restrict election of the Chair person to one of the elected RVNs.

22. A comprehensive induction pack will be developed and a mentoring/buddying system implemented.

**Decision**

23. VN Council is invited to discuss and agree improvements to the above proposals for reform
<table>
<thead>
<tr>
<th>Meeting</th>
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<tr>
<td>Date</td>
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<tr>
<td>Title</td>
<td>Review of Terms of Reference</td>
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<tr>
<td>Classification</td>
<td>Unclassified</td>
</tr>
<tr>
<td>Summary</td>
<td>The membership and terms of reference of the Veterinary Nurses’ Council as reviewed at the May 2017 meeting.</td>
</tr>
<tr>
<td>Decisions required</td>
<td>VN Council is asked to agree the terms of reference</td>
</tr>
<tr>
<td>Attachments</td>
<td>Membership and terms of reference</td>
</tr>
<tr>
<td>Author</td>
<td>Julie Dugmore</td>
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<td></td>
<td>Director of Veterinary Nursing</td>
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<td><a href="mailto:j.dugmore@rcvs.org.uk">j.dugmore@rcvs.org.uk</a></td>
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Veterinary Nurses’ Council

1. The Veterinary Nurses’ Council shall consist of the following members:

   - 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;
   
   - two veterinary nurses practising or living wholly or mainly in the United Kingdom, to be appointed by the Veterinary Nurses’ Council;
   
   - two veterinary surgeons, to be appointed by the Veterinary Nurses’ Council in consultation with RCVS Council, and;
   
   - four lay members, to be appointed by the Veterinary Nurses’ Council.

2. 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.

3. 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-appointment after a gap of two years.

4. 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.

5. The chairman and two vice-chairmen of the Veterinary Nurses’ Council shall be elected by the Veterinary Nurses’ Council, by secret ballot. The chairman will be either an elected or appointed veterinary nurse. The election of the chairman shall be confirmed by the RCVS Council.

6. The term of office of the chairman shall usually be three years and vice-chairmen shall serve for either one or three years, with the outgoing chairman normally serving one year as vice-chairman.

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

   - maintain the register of veterinary nurses;
   
   - ensure compliance with the requirements of the relevant regulatory authorities relating to licence to practise qualifications in veterinary nursing;
- establish and keep under review schemes for post-qualification education 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;

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

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

8. In exercising its functions, the Veterinary Nurses’ Council shall ensure that the welfare of animals and good veterinary practice are central to its work.
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<tr>
<td>Date</td>
<td>2 November 2017</td>
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<tr>
<td>Title</td>
<td>Amendment of the Veterinary Nursing Registration Rules 2014</td>
</tr>
<tr>
<td>Classification</td>
<td>Unclassified</td>
</tr>
<tr>
<td>Summary</td>
<td>The Veterinary Nursing Registration Rules 2014 set out the College’s regulatory rules for the award of a Veterinary Nursing Certificate under the Charter i.e. the “licence to practise” necessary in order to enter the Register. The proposed amendments clarify the College’s requirement in relation to the training time required by student veterinary nurses, and accordingly a Licence to Practise as a veterinary nurse.</td>
</tr>
<tr>
<td>Decisions required</td>
<td>RCVS Council is invited to approve the proposed amendments to Schedule 1 of the rules (as set out in Annex A) as recommended by VNC</td>
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<tr>
<td>Attachments</td>
<td>Annex A: Registration Rules amendment incorporating changes</td>
</tr>
</tbody>
</table>
| Author   | Julie Dugmore  
  Director of Veterinary Nursing  
  0207 2020 775  
  j.dugmore@rcvs.org.uk |
Amendment of the Veterinary Nursing Registration Rules 2014

Introduction

1. This paper proposes amendments to Schedule 1 of the Veterinary Nursing Registration Rules ('the rules') following a review, by VN Council, of the training time required by student veterinary nurses, and accordingly a Licence to Practise as a veterinary nurse.

Background

2. The period of training for student veterinary nurses is set by RCVS. The 1961 Animal Nursing Auxiliary Trainee Guide included the requirement for trainees to have been registered for a period of two years prior to entering the final examination.

3. Over time, the period of total training has evolved. The 1978 syllabus required students to have completed two years training prior to application to registration and the 2014 Registration Rules currently require a student to carry out an approved programme of veterinary nurse education at an approved centre lasting at least 94 weeks (equivalent to 2,990 hours), excluding annual leave and absence.

4. When student applications for registration are checked, under the current procedure it is possible for a student to have met, or indeed exceed, the total number of required training hours but fall short of the ‘necessary’ required weeks and therefore be unable to register, despite having completed an approved programme of training. The reason for the inclusion of the 94 week stipulation is not known,

5. There is no RCVS accredited programme of training which runs for less than two academic years, and all accredited programmes must meet the RCVS criteria, as well as Ofqual or University accreditation criteria. Achieving the qualification includes education and practice.

6. With the move towards outcomes based and evidence based learning, then achievement of an RCVS licence to practise qualification should be sufficient to enable a student to register.

7. On 3 May 2017, VN Council agreed to remove the 94-week requirement from the RCVS VN Registration Rules. [see Annex A attached]

Implementation

8. In order the VN department to be able to apply this amendment, RCVS Council are required to approve the amendments to Schedule 1 of the Registration Rules at its November meeting.

Decision

RCVS Council is invited to approve amendments to Schedule 1 of the rules (as set out in Annex A).
VN Registration Rules 2014

Schedule 1

Requirements as to training and education

1. In order to be entered in the register of veterinary nurses a person must –

   - hold an approved vocational qualification and have completed practical training as specified below; or

   - hold an approved degree in veterinary nursing or other higher qualification in veterinary nursing and have completed practical training as specified below; or

   - have passed the Part II veterinary nursing examination formerly administered by the College and have completed practical training as specified below; or

   - hold the RCVS Certificate in Veterinary Nursing; or

   - have undertaken training and obtained a qualification outside the United Kingdom and acquired skill and knowledge commensurate with the standards set by the Veterinary Nurses' Council under article 14 of the Supplemental Charter for the training and education of persons wishing to be entered in the register of veterinary nurses.

2. The practical training mentioned above is an approved programme of veterinary nurse education at an approved centre lasting at least 2,990 hours, excluding annual leave and absence. The programme must include a period of practical training in an approved training practice equivalent to 1,800 hours, together with a theoretical programme accredited by the RCVS. The practical training, which need not be continuous, must be spent in gainful employment or educational practice placement.
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<td>Summary</td>
<td>This paper sets out proposed changes to delegations to Operational Board and Veterinary Nurses Council (VNC), as well as the 'disbanding' of the Science Advisory Panel (SAP)</td>
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<td>Decisions required</td>
<td>To approve the new Delegation Scheme</td>
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RCVS Delegation Scheme 2017

Background
1. The existing scheme of delegations from Council to committees has been in effect since November 2016. This scheme sets out the Terms of Reference for the Operational Board and committees. Functions in some respects have evolved and, as a result, the following changes are proposed and are summarised below but set out in the tracked changes document at Annex A.

Operational Board
2. The change here is to amend the Chair of the Board from the CEO / Secretary to the Senior-Vice President, to reflect the changes as agreed by Council at its meeting on 28 September 2017.

Veterinary Nurses Council (VNC)
3. To amend the constitution and terms of reference as described in the separate paper (VNC Governance) as set out in agenda item 06c.

Science Advisory Panel (SAP)
4. Following a request from the Chair of the Panel to the Operational Board in April 2017, it was agreed that the SAP should be disbanded after its meeting in September 2017. It was further agreed that a route to access necessary expertise remained but that this may be via RCVS Knowledge, the Fellowship, Standards Committee, etc.

Decision required
5. Council is invited to approve the amended delegations scheme as set out at Annex A.
Scheme of delegation from the RCVS Council to Operational Board and committees

Operative date

1. The following delegations shall have effect from 10 November 2016 to 2 November 2017.

Operational Board

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

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

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

Committees

4. There shall be the following statutory and appeals committees:
   - the Disciplinary Committee (statutory committee);
   - the Examination Appeals Committee (appeals committee);
   - the Preliminary Investigation Committee (statutory committee);
   - the Registration Appeals Committee (statutory appeals committee); and
   - the Specialist and Advanced Practitioner Appeals Committee (appeals committee).

5. There shall be the following other committees:
   - the Audit and Risk Committee;
   - the Education Committee;
   - the Preliminary Investigation Committee and Disciplinary Committee Liaison Committee;
     - the Science Advisory Panel;
   - the Selection Committee;
   - the Standards Committee; and
   - the Veterinary Nurses’ Council.
6. The committees shall report to Council and shall be constituted and work within the terms of reference set out below.

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

Audit and Risk Committee

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

9. The Committee has delegated authority to:

- monitor the Council’s risk management arrangements;
- approve the internal audit programme; and
- advise the Council on the comprehensiveness and reliability of assurances and internal controls, including internal and external audit arrangements, and on the implications of assurances provided in respect of risk and control.

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

11. 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 chairman of the Committee shall raise the matter at a formal Council meeting.

12. The Committee shall have five members, but may operate with fewer while a vacancy exists, provided the quorum is maintained. The members shall include two Council members, of whom one shall be a lay member and one a registrant member. The President, a Vice-President and the Treasurer shall not be members of the Committee. The members of the Committee who are not Council members (the “external members”) shall have appropriate audit and risk management experience.
13. The Council will appoint one of the external members serving on the Committee as chairman, based on relevant background and skills. In the absence of the chairman, the Committee shall elect another of its members to chair the meeting.

14. 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:

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

- 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;

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

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

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

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

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

- risk is inadequately controlled (action needed to improve control);

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

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

17. In relation to internal audit the Committee shall:

- 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;

- consider the appointment of advisers, the cost of the service and any questions of resignation or dismissal and make appropriate recommendations to the Council;
- ensure that the College makes adequate resource available to internal audit activity;
- review the internal audit strategy, operational plan and work programme;
- consider the major findings of internal audit work, and management’s response; and
- annually review the effectiveness of internal audit.

18. In relation to external audit the Committee shall:
- 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;
- 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;
- review the work and findings of the external auditor, consider the implications and management’s responses to their work; and
- 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.

19. The Committee shall review the annual financial statements, focusing particularly on:
- the statement on internal control and other disclosures relevant to the terms of reference of the Committee;
- changes in, and compliance with, accounting policies and practices;
- unadjusted mis-statements in the financial statements;
- major judgmental areas; and
- significant adjustments resulting from the audit.

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

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

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

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

24. The Committee may ask any or all non-members to withdraw for all or part of a meeting if it so decides. In such an instance, the chairman shall ensure that a proper record is made of the meeting.

25. The senior representatives of internal audit and external audit shall have free and confidential access to the chairman of the Committee. At least once a year, the Committee shall provide an opportunity to meet privately with the external and internal auditors.

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

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

Disciplinary Committee

28. The Disciplinary Committee shall be constituted in accordance with Schedule 2 to the Veterinary Surgeons Act 1966.

Education Committee

29. 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.

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

- define “day 1 competences” and advise on the content of the veterinary undergraduate curriculum;

- oversee the approval process and ongoing monitoring of veterinary degrees and international recognition agreements, considering sub-committee reports on appointment of visitors, visitation reports, follow-up reports and annual monitoring reports from veterinary schools,
sub-committee reports on overseas degrees from other accrediting bodies, and sub-committee reports on operation of the statutory membership examination; and

- 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.

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

- define "year 1 competences" and monitor the postgraduate development phase;

- set the requirements for and monitor continuing professional development within the profession;

- develop and maintain a framework of College postgraduate awards, receiving reports from sub-committees on the standards for College-awarded certificates, diplomas and fellowships, examinations and accreditation of other recognised postgraduate qualifications as part of the framework;

- define the requirements for RCVS Advanced Practitioner and RCVS Specialist status, receiving reports from sub-committees on the maintenance of lists for Advanced Practitioners and Specialists; and

- recommend to Council amendments to the certificate and diploma and Fellowship Rules.

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

Examination Appeals Committee

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

Preliminary Investigation Committee

34. The Preliminary Investigation Committee shall be constituted in accordance with Schedule 2 to the Veterinary Surgeons Act 1966.

Preliminary Investigation Committee and Disciplinary Committee Liaison Committee

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

36. The Preliminary Investigation Committee and Disciplinary Committee Liaison Committee shall
serve as a channel for communication between the Preliminary Investigation and Disciplinary
Committees and the Operational Board, discussing policy issues in connection with the
supervision of professional conduct. These shall include the following:
- the monitoring of performance, including key performance indicators and processes;
- working methods;
- budgeting and financial control;
- arrangements for the recruitment of members of the Committees, appraisal of their
  performance and selection for chairmanship;
- arrangements for the appointment of legal advisors (including legal assessors) in connection
  with the professional conduct function;
- planning for a public review of the implementation of the legislative reform order; and
- there would also be a ‘feedback loop’ between DC decisions, outcomes of the PIC and RVN
  PIC and the SC.

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

Registration Appeals Committee

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

Science Advisory Panel

39. The Science Advisory Panel shall provide the scientific underpinning for RCVS functions, and in
particular:

- advise on scientific issues relevant to the professional conduct of veterinary surgeons;
- advise on research-related issues relevant to the education of veterinary students in UK
  veterinary schools;
- advise on scientific issues relevant to recognised veterinary practice;
protect the interests of those dependent on animals and assure public health by ensuring that
the debate on veterinary issues is based on good evidence and sound advice; and
advise on scientific issues at the request of Council or any of its committees or
subcommittees.

40. The Science Advisory Panel shall report to the Operational Board.

Selection Committee

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

Specialist and Advanced Practitioner Appeals Committee

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

Standards Committee

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

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

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

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

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

- 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

44.42. The Veterinary Nurses’ Council shall consist of the following members:

- eight 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;

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

- two veterinary surgeons, to be appointed by the Veterinary Nurses' Council in consultation with RCVS Council;

- four lay members to be appointed by the Veterinary Nurses' Council, and a maximum of two veterinary surgeons (whether or not members of the Council), to be co-opted by the Veterinary Nurses' Council, and

- two members of the Council.

43. The term of office of elected and appointed members of the Veterinary Nurses' Council shall be four years in each case, and one-quarter 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.

44. 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.

45. The quorum for meetings of the Veterinary Nurses' Council shall be seven members, which must include four veterinary nurse members, two veterinary surgeon members (one of whom must be a member of the Council), and one lay member.

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

47. The Veterinary Nurses' Council may also elect a Finance Officer from amongst its number to oversee the financial affairs relating to the veterinary nursing activities of the College and to work alongside the College Treasurer. The term of office of the Chair shall usually be three years and Vice-Chairs shall serve for either one or three years, with the outgoing Chair normally serving one year as Vice-Chair.

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

- maintain the register of veterinary nurses;

- ensure compliance with the requirements of the relevant regulatory authorities relating to vocational licence to practise qualifications in veterinary nursing.
- 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;

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

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

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

Approved by Council 10 November 20162 November 2017
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<td><strong>Title</strong></td>
<td>Education Committee Report</td>
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<td><strong>Summary</strong></td>
<td>Minutes of the meeting of Education Committee held on 3 October 2017</td>
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<td><strong>Decisions required</strong></td>
<td>By Council: To receive and note the minutes.</td>
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<tr>
<td><strong>Author</strong></td>
<td>Britta Crawford Committee Secretary 020 7202 0777 <a href="mailto:b.crawford@rcvs.org.uk">b.crawford@rcvs.org.uk</a></td>
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Education Committee
Minutes of the meeting held on 3 October 2017

Present:  Professor Ewan Cameron
*Mr David Catlow
Dr Niall Connell
Professor Susan Dawson   -  Chair
Professor Gary England
*Professor Tim Greet
Dr Jacqui Molyneux
Dr Susan (Sue) Paterson

Dr Chris Tufnell   -  Operational Board

By invitation:  Dr Clare Tapsfield-Wright   -  PQSC Chairman
**Professor Jill Maddison   -  CertAVP Sub-Committee Chair
Professor Stephen May   -  Chair of CPD policy working party
Professor Mike Herrtage   -  Chair of Diploma Sub-Committee
**Dr Tom Witte   -  Advanced Practitioner Working Party

In attendance:  Mr Duncan Ash   -  Senior Education Officer
Mrs Britta Crawford   -  Committee Secretary
Ms Naila Hassanali   -  Senior Education Officer
Mrs Victoria Hedges   -  Examinations Manager
Miss Laura Hogg   -  Education Officer
Miss Anne Jermey   -  Education Manager
Mrs Jenny Soreskog-Turp   -  Senior Education Officer
Ms Ellen Salisbury   -  Education Officer PDP
Ms Chris Warman   -  Director of Education

* Absent
** By telephone

Apologies for absence and welcome

1. There were apologies received from Tim Greet and David Catlow. Naila Hassanali was welcomed to the education team and will be covering Jenny Soreskog-Turp’s maternity leave. Jenny was thanked for all her hard work to date and we look forward to welcoming her back after her leave.

Declarations of interest

2. Ewan Cameron declared that he is an executive on the Association of American Veterinary Medical Colleges (AAVMC) board. Chris Tufnell declared that he is undertaking some work for the RVC.
Minutes

3. The minutes of the meeting held on 3 May 2017 were received and approved. Susan Paterson pointed out that she is “Junior” vice president of the BSAVA.

Matters arising

4. There were no matters arising.

Education department update

5. The Director of Education, Ms Chris Warman, gave an oral update on the work of the Education department. The Committee heard that 552 graduates had completed the PDP review survey with a further 205 completing a portion of it. 112 employers had completed the survey with a further 88 completing a portion. In addition to this 9 employers and 23 graduates had been interviewed and the Education department were very pleased with the response rate which displayed a good representation across all areas of the profession. A full report will be given at the February meeting and it is hoped that the research will give a solid platform for recommendations on the development of the PDP.

6. The committee noted that Fellowship day is on the 20th October at the Royal Institution and that all were welcome. Heads of Schools had been contacted to invite students to attend and spare places had also been offered to the profession in order to attract aspiring Fellows.

CPD Update on Disciplinary Case

7. The Committee noted the Disciplinary Committee’s findings in the case against the veterinary surgeon that failed to respond to any CPD audit requests for records from the RCVS.

8. The Disciplinary Committee felt that this case differed from that against the RVN in December last year because the veterinary surgeon had some insight into his actions and there were some mitigating circumstances, such as his language skills.

9. The CPD Referral Group has recommended that when a veterinary surgeon is phoned as part of the referral process any issues with their communication skills should be noted, such that this can be used as evidence in any similar cases.

10. The Committee felt that it was important that the veterinary surgeon had been found guilty of disgraceful behaviour for not responding to their regulator and hoped that it would send a strong message to the profession about the need to respond to any communication from the RCVS.

CPD Pilot update

11. Professor Stephen May presented the paper about the CPD pilot update with feedback from the first five months of the pilot.
12. The Committee was pleased with the feedback from the pilot and noted that 51% of respondents had found it easy or very easy to implement the CPD proposal while only 10% thought that it was difficult or very difficult. These numbers are very positive compared to last year’s consultation when only 15% thought it would be easy or very easy to implement the proposal and 61% thought it would be difficult or very difficult.

13. The CPD Policy Working Party recommended that the pilot should be extended and broadened. The work would include the development of an IT structure to support the CPD proposal. The group suggested that some of the volunteers should form a small IT group to help the College develop a ‘user-friendly’ IT system for CPD recording and reflection – this was likely to involve a re-development of the existing system in line with the CPD proposals. The timeline for the extension to the pilot would be to some extent dependent on when IT developments could be completed and the new Chief Technology Officer would be consulted on this issue.

14. Education Committee supported the recommendations from the CPD Policy Working Party. Progress will be reported to Council at its next meeting.

CPD Compliance

15. The Committee received the paper about CPD non-compliance issues. The Education Committee has previously discussed the issue of non-compliance with the CPD requirement and has expressed some frustration with the process of dealing with veterinary surgeons who are serially non-compliant or non-respondent. In part, this difficulty stems from a very flexible and permissive CPD requirement, which is not easily compatible with a disciplinary system that requires precision and a legal standard of proof.

16. Also, under the Veterinary Surgeons Act, RCVS is obliged to register a veterinary surgeon when they pay their annual renewal fee and cannot refuse to renew their registration because they are not compliant with the CPD requirement, or because they have not completed their CPD declaration.

17. The paper made the distinction between two different groups of veterinary surgeons that have previously been dealt with through the CPD audit process; veterinary surgeons that are known to be non-compliant and veterinary surgeons that do not respond to the RCVS and do not complete their annual declaration form, but may have completed their CPD.

18. Following discussion, the Committee agreed that the Registration/Professional Conduct Departments should deal with any vets that do not complete the annual declaration form rather than handling these through the CPD audit process. The Committee agreed the approach outlined in the paper and noted that some additional resource would be needed in order to take this forward.

19. Committee members felt that it was the responsibility of each veterinary surgeon to confirm their CPD compliance and thus did not wish to explore a solution similar to that operated by the SRA.
20. The Committee agreed that, as part of the CPD audit processes, non-compliant vets should complete a proforma to explain their reasons for non-compliance and fill in a development plan template for how they will make up the hours so that they are once again CPD compliant.

21. The Committee discussed potential changes to the current, flexible, CPD requirement, in particular the RCVS CPD requirement of a rolling three year cycle. It thought that it might be worth considering changing the requirement to a three year cycle with a set start and end date to make it easier to sanction serially non-compliant veterinary surgeons. The committee felt that it would be helpful to look at options for how this might be introduced and ensure that there were no ‘unforeseen consequences’ before making a final decision and asked for a paper to explore how the system would work for its next meeting.

Strategic Plan

22. The Committee noted the minor revisions to the strategic plan and the progress updates provided.

Graduate Outcomes

23. The Committee noted the update paper which provided the minutes of the first Working Group meeting, the draft principles for the project and a project timeline with an estimation of the necessary resources. The next meeting will be on the 9th November where the group is expecting some initial thoughts from the VSC regarding EMS and how they feel this should be shaped in the future. The immediate priority is to commission a series of literature reviews and pieces of desk research which can be discussed by the Working Group at its meetings in November 2017 and January 2018.

CertAVP review

24. Jill Maddison, by telephone, outlined the proposal for a review of the CertAVP now that it had been operational for over 10 years. The CertAVP sub-committee set out a series of questions which it wished to be answered by the review, relating to: the aims and values of the CertAVP; the educational/post-graduate landscape and the structure and governance of the Certificate.

25. The Committee questioned whether a review was necessary at this time, given that the programme was running successfully. However, it was felt that the landscape of the qualification had changed quite dramatically over the last 10 years with many more certificates available from varying providers, in addition to the introduction of Advanced Practitioner status. The committee accepted the proposal with some review of the proposed questions.

CertAVP minutes

26. The Committee noted the minutes of the CertAVP sub-committee from 3 July 2017.

Statutory Exam Update

27. The Committee received an update on the progress of the statutory membership exam review. The Committee had already been informed by email that, following the issue of the tender documents, a number of veterinary schools showed an interest in delivering the examination but
none felt in a position to commit fully. The vet schools were, however, very keen to support the RCVS in reviewing and redesigning the assessment and suggested that the VSC Education Committee should work with RCVS to develop a new assessment which RCVS would then administer. A meeting was held on 15 August between the RCVS and the VSCEC to discuss joint working. It was agreed that the written paper could be formulated from existing university question banks but that there would be a need for help, through the VSC, to identify suitable questions and formulate the question papers. With regard to the OSCE, new examination material would need to be produced. This would enable the exam to be richer and more domain based than those used by a majority of the schools, in order to cover as many of the Day One Competences as possible. It was suggested that the majority of the development work could be undertaken by a Research Assistant (RA) employed by the RCVS for 2-3 days a week for 6 months, supported by an assessment consultant who would work for 1 day a week and an RCVS project manager.

28. These arrangements are being put in place: discussions have commenced on the shape of an agreement for RCVS access to the MCQ question bank and the RA is being recruited. RCVS wished to acknowledge the help of the VSCEC and in particular it’s Chair, Professor Susan Rhind, who has been extremely helpful and supportive.

29. The committee noted this update.

**Primary Qualifications Sub-Committee (PQSC)**

**Report of sub-committee meetings**

30. The committee received and noted the minutes of the meeting of PQSC held on 27 June 2017.

31. Mrs Tapsfield-Wright also gave an oral update on the meeting held on 29 September in advance of the minutes being finalised.

32. At its meeting in September, PQSC received a letter from Ross University, based in Saint Kitts and Nevis, which requested an exploration of the possibility of extending the current agreement with AVMA to include the degree from Ross University School of Veterinary Medicine.

33. The current agreement that RCVS has with AVMA is restricted to schools on the US and Canadian mainland. To include Ross University within this agreement would require a re-negotiation with AVMA, and Education Committee confirmed PQSC’s view that there was no appetite to open such discussions at the current time.

34. Therefore, if Ross University wishes its veterinary degree to be recognised by RCVS for registration purposes then it would be welcome to submit an application for a full visitation.

35. Therefore, Education Committee agreed with PQSC’s recommendation to respond to Ross University declining the request.
Interim Visit to University of Surrey 2018

36. Education Committee ratified the nominations for the team to carry out the interim visit to the University of Surrey.

37. The Head of School had submitted a progress report as requested by Education Committee, following discussion of the year 3 report at its meeting in May. PQSC had discussed the report and felt that it was constructive and helpful. Key roles have been filled and information that was not available at the year 3 visit, such as training programmes for those who will be teaching students in year 5 and for the Veterinary Clinical Teaching Fellows, who have a pivotal role in overseeing year 5 rotations have now been developed and provided.

38. Planning for the visit next year is underway and dates in March (5th-9th) agreed with the school. Education committee supported PQSC’s view that the progress report was positive and agreed that the next step would be to conduct the visit next year to see how plans had been put into practice.

39. PQSC also recommended that RCVS should move forward with planning to embed RCVS external examiners in Surrey’s final year assessments, as it did with Nottingham, and also to run a final exam for Surrey students, should the need arise. In that way, RCVS will be prepared for all eventualities and the students will have a route to registration. Discussions have also begun with Defra colleagues on the arrangements for the Privy Council recognition order. Education Committee supported this recommendation.

ENQA

40. At its meeting in May 2017, the Committee was informed that some questions had arisen on the scope of the ENQA review and that it had become apparent that this may need to include processes for the management of CertAVP and DipAVN. The Education department had sought further clarification from ENQA and EQAR, which had raised the questions, and PQSC had been presented with a series of options on how to proceed.

41. PQSC recommended to Education Committee that RCVS should apply for ENQA accreditation as planned, on the basis of the RCVS accreditation procedures and consider listing on the EQAR register at a later date. Education Committee supported this approach.

Consultative Visits

42. Education Committee was presented with a proposal for a system of consultative visits, as recommended by PQSC. There had been a number of recent occasions when such a process would have been helpful and other international accreditors offered consultative visitations. The point was made that a discussion at the International Accreditors Working Group might be helpful, as there may be room to consider a more co-ordinated approach to conducting such visits.
43. There was some debate over whether this needed to be referred to Council for final decision, as related to the College’s overall strategy to further educational standards worldwide. However, as the proposal was to link consultative visits to the accreditation process, it was agreed that it was within the committee’s remit. The link would also ensure that feedback offered to schools would be consistent and not open to potential challenge.

44. Members agreed with the proposal from PQSC to introduce consultative visits.

Advanced Practitioner

List of approved Advanced Practitioners

45. The sub-committee noted the list of Advanced Practitioners approved by the panel in July 2017.

Revised criteria and guidance

46. The Committee noted the proposed amendments to the guidance and criteria and the results of the consultation with the Advanced Practitioner panel. It was noted that the feedback was largely supportive of most of the proposed revisions, but that there was some divide over the suggested requirement for submission of case logs.

47. The Committee discussed the proposed case log requirement and questioned why it was necessary. Case logs would have been produced as part of applicant’s certificate qualification and thus RCVS could be seen to be duplicating this requirement, and introducing an element that required some form of assessment, which it had moved away from as a matter of policy in the last decade. It was thought that this requirement would deter both new AP applicants and those who would be due to re-validate in 2019 and would not accurately reflect the applicant’s area of expertise.

48. It was noted that there is no current case log requirement for Specialists and, whilst AP status is separate from Specialist status and could have different criteria, this could be seen as inconsistent. It was agreed not to approve the case log requirement and to explain to the Working Group the reasoning behind this. All other amendments were approved and it was agreed that a consultation with all Advanced Practitioners should be conducted. A final proposal will be brought back to Education Committee in February 2018.

EBVS Diplomas Post-Brexit

49. The British Veterinary Association (BVA) has recently formalised its position on the continued recognition of European Board of Veterinary Specialists (EBVS) and support of European College Diplomas post-Brexit.

50. Education Committee was asked to consider a formal position on this issue, in advance of forthcoming discussions with FVE, with the possibility of agreeing a joint statement with BVA. It was agreed that RCVS should continue its recognition and support of the EBVS and European College Diplomas post-Brexit.
Fellowship Board

51. The committee received and noted the minutes of the meeting of the Fellowship Board held on 30 May 2017.

52. It was also reported that a roundtable meeting would be set up between the College and representatives from the Fellowship Board to discuss the direction of the Fellowship, before a report on progress was made to RCVS Council in 2018.

Fellowship Sub-committee

53. The committee received and noted the minutes of the meeting of the Fellowship Sub-Committee held on 14 September 2017.

Diploma Exam Update

54. The committee received and noted a summary of the 2017 round of Diploma examinations, where 8 candidates sat exams in 4 different subjects, with 5 being successful overall.

Any other business

55. Dr Paterson questioned whether distributed models of veterinary education as adopted, for example, by Nottingham and now Surrey, may in the long term affect how many EMS places practices are willing and able to offer. Dr Paterson was assured that this was being reviewed as part of the graduate outcomes project and that the VSCEC were currently considering a “think piece” on EMS and would be giving its views to the Graduate Outcomes Working Group.

Date of next meeting

56. 7 February 2018 at 10am

Britta Crawford
Committee Secretary
October 2017
b.crawford@rcvs.org.uk
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<td>Date</td>
<td>2 November 2017</td>
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<tr>
<td>Title</td>
<td>Standards Committee Report</td>
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<tr>
<td>Classification</td>
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<td>Summary</td>
<td>Minutes of the meeting held on 27 September 2017</td>
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<td>Decisions required</td>
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<td>Attachments</td>
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| Author | Dawn Wiggins  
Secretary (minutes only)  
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d.wiggins@rcvs.org.uk |
Minutes of the Standards Committee held on Wednesday, 27 September 2017 at 10:15 am at Belgravia House, 62-64 Horseferry Road, London SW1P 2AF

Members: Mrs E Acaster
Dr M A Donald*
Mrs J M Dyer
Dr M O Greene
Professor R A Hammond*
Mr D C Hutchison
Miss R M Marshall
Dr K A Richards Chair

In attendance: Ms A K Boag Vice-President (Junior), Operational Board observer
For AI 03 b (taken out of order)
Ms E C Ferguson Registrar
Mr N Hidson Standards and Advisory Officer
Miss B Jinks Standards and Advisory Officer
Professor S A May President
Mr M L Peaty Council member
Mrs V Price Senior Advice Officer
Mrs R Rafferty Senior Advice Officer
Mr P B Robinson Council member
Mrs D Wiggins Secretary (minutes only)

*absent

Apologies for absence and welcome

1. Apologies for absence were received from Dr M A Donald and Professor R A Hammond. It was noted that Ms A K Boag’s flight had been delayed by fog and she would arrive be late for the meeting.

2. The Chair welcomed Professor May, Mr Peaty and Mr Robinson to the meeting as observers.

Declarations of interest

3. Declarations of interest were received from:

Dr Greene: now worked for Harper Adams;
Miss Marshall: she worked for Vets Now, who had pet blood bank (re: agenda item 03b).
Minutes of last meetings

Minutes of the meeting held on 26 April 2017
4. The minutes were agreed as a true record of the meeting.

Minutes of the extraordinary meeting held on 31 August 2017
5. It was noted there are a few points being investigated that would be brought back to Council in November.
6. The minutes were agreed as a true record of the meeting.

Standards and Advice update

7. There were no comments and the update was noted.

Matters for decision

Informed consent
8. The Registrar introduced the paper and explained that it had been raised with the PIC / DC Liaison Committee that the Preliminary Investigation Committee (PIC) was experiencing a large number of cases where informed consent / communication were issues. Some were arising from a lack of informed consent re: medicines, but also that a number were where assumptions had been made; and there was a lack of options offered / recorded (including referrals). It had been noted that in a number of responses the reason given for this was that the client had not asked any questions.

9. The use of templates for consent forms, and the language used on them, was discussed and it was questioned whether reliance on forms facilitated client understanding. The Committee noted that some members of the public considered consent forms to be about ‘covering’ the veterinary surgeon in case of issues, and that the more information put into the forms could increase that perception. It was argued that forms were used to communicate to owners and empower them to make a decision about their animal with as much knowledge as possible at that time.

10. Guidance on 24/7 was used as an example of where additional information on what was expected of veterinary surgeons, had assisted a reduction in concerns being raised on a topic. As regards current guidance on informed consent, it was noted that there was a lot of information but that it was somewhat fragmented and it was queried whether committee thought it should be signposted differently; whether case studies or flow charts were options to consider, or was there anything that could be more useful in practice.

11. The Committee noted the the annex to the paper regarding the General Medical Council (GMC) and the emphasis here for the practitioner to note that the patient had understood and this was
cross-checked. It was questioned what would happen in the instance of telemedicine in that situation as the client would not be present to sign a consent form.

12. It was noted that Carol Gray was doing a pilot study on informed consent and might be able to provide information, and that the College was aware of her details.

13. A lack of direct guidance regarding implied consent was noted and it was questioned whether information should be provided on this. On balance, it was felt that this could potentially cause problems if it gave the impression there was not need to ‘bother’ with consent.

14. It was agreed:

- that there was already a lot of strong guidance available, but that it needed to be grouped together in order to find it more easily, and the language used checked;

- anonymised case studies from PIC could be used in RCVS News;

- to enquire whether RCVS Knowledge, who were currently doing a study on communications, be able to pick up on the issue of informed consent to make it clearer for practitioners?

Action: Standards & Advice Team / Registrar

Practice Standards Scheme (PSS) Review

15. The Registrar outlined the paper and it was noted that the proposed change in charging practices for short notice cancellations of assessments was not about whether, for example, a practice had a flood and had to cancel, but rather that when an assessment had been booked in advance for two months and cancelled without good reason at the last minute, when costs for the assessor had already been incurred and it was not possible to find that assessor other work. The suggestion of within 28 days was purely for practical purposes, as less than that the assessor may not be able to be booked for another job.

16. The Committee agreed with the suggested changes.

Action: PSS team

17. It was noted that the RCVS was currently advertising for PSS Assessors and that veterinary nurses were not eligible under the current Rules. It was noted that when the new scheme / awards were launched, some of the new Assessors were recruited. However, since then, there had been sickness, maternity leave, and a few leaving as a result of other commitments which meant that something had to be done straight away. It was anticipated that out of the recruitment process four Assessors would begin immediately, and two would be held in reserve. There was acknowledgement of the hugely instrumental role that veterinary nurses played within practice in relation to PSS. For the future, the possibility of nurse assessors remained; however, the Practice Standards Group (PSG) also felt that there was some division of thought on this and had agreed that the question of VN assessors was one to raise with the profession as a whole before any future recruitment.
Matters for report

DC report

18. The Committee noted the report and discussed the following aspects:

19. There was discussion around Mr M’s case (where misconduct had not been found). The Registrar outlined the differing thresholds for PIC and DC, as well as the differences between PIC’s consideration (paper only) in contrast to DC where the evidence was tested via witnesses, including expert witnesses.

20. Whether non-UK veterinary surgeons formed a disproportionate number of DC cases was questioned. Whilst recognising that some cases related to conventions, it was asked if there was anything that could be done by the RCVS to support them before it got to such a stage / were there cultural issues? It was questioned what ‘foreign’ meant (i.e. place of qualification or nationality – would a UK vet qualifying in a non-UK European vet school be considered foreign?). It was indicated that when considered previously, there had not been evidence that non-UK veterinary surgeons were over-represented at DC but that the Registrar would review this and come back to the committee with up to date figures.

Action: Registrar

21. It was questioned whether overseas veterinarians were assisted in preparation for UK practice. It was confirmed that there was a 2-day course available for overseas veterinary surgeons working in the UK (one day paid for by them and one day not charged for), but that they were not obliged to attend. It was noted following going on to the Register that there was information about the Code of Professional Conduct (CoPC); and general instruction at point of registration with the RCVS.

22. The proportion of concerns raised to go to PIC, and also the cases from PIC to go on to DC were questioned. It was noted that historically cases going to PIC were c. 18 – 20% and of those thereon to DC c. 1 – 2%.

23. A recent case relating to failings in Continuing Professional Development (CPD) was also discussed, and the difficulties in bringing such a case were highlighted and noted. It was also noted that issues of misconduct in this case arose from total failure to communicate with the RCVS over a protracted period. Notwithstanding these issues, it was considered that bringing such cases highlighted the importance placed on CPD by the RCVS and sent out such a message to the profession. It was noted that practicalities re: CPD were to be discussed by Education Committee.

Riding Establishments Sub-committee Report

24. There were no comments and the report was noted.

25. Unrelated to the Report, a concern was raised that riding establishments could get a list of inspectors from local authorities and, apparently, ‘choose’ which one they wanted and thereafter the invoicing would be done directly with riding establishment and not with the local Council. It was agreed that this would be looked into.
Confidential matters for report

Certification Sub-committee Report
26. There were no comments and the report was noted.

Recognised Veterinary Practice Sub-committee Report
27. This report was taken in conjunction with the agenda item on Feline Blood Banks (AI 03b).

Ethics Review Panel Report
28. There were no comments and the report was noted.

Matter for decision (taken out of order)

Feline Blood Banks
29. The President declared an interest in this item: the RVC had called for blood donors. Mrs Acaster similarly declared an interest by association as she was an RVC representative on Council. Miss Marshall also declared an interest as Pet Blood Banks (PBB) have an association with her employer, VetsNow.

(Me Boag arrived at the meeting and apologised for her delay)

30. Ms Boag declared the following interests:

- she was the President of the European Society of Veterinary Emergency and Critical care;

- she set up the pet blood bank at RVC 15 years ago;

- PBB still had a relationship with her employer, Vets-Now.

31. Comments and questions regarding feline blood banks included but were not limited to:

- a feline blood bank would require a colony which opened up its own issues;

- blood from a donor to a recipient was one thing, but it was another to put blood into storage; there needed to be a health profile, welfare considerations and restrictions on amounts taken;

- the main issue was with regards to sedation:

  - it was likely that sedation would be required of the donor animal; this was different from canine and equine, where selected animals could tolerate donation without sedation, whereas it was unlikely that feline donors would do likewise;
o it was not explicitly stated about sedation but PBB had said they would sedate where necessary;

o the guidance was arguably inconsistent in that sedation was potentially acceptable in an emergency situation one on one, but not in a wider sense;

o welfare issues to be considered for conscious versus sedated donation;

o sedation of camelids seemed to be deemed acceptable;

- it was happening already, so why was it not recognised?

o just because it was happening did not necessarily mean that it was ethical. Was there enough information before Committee to be able to make a decision?

o there had been tacit approval from the RCVS in the past by allowing a colony at RVC;

o blood regenerated within six weeks which enabled donors to replace blood constituents, however, it was important to clarify the length of time before any subsequent donations could take place. This also was one argument against blood donation being regarded as transplantation;

o if it was not Recognised Veterinary Practice (RVP), there was the issue of permitted imports from other countries – were we content to be ‘displacing’ an ethical issue elsewhere?

- what about informed consent in an emergency situation? Often donation was from a staff member pet where you might look for the largest animal, which created a potential welfare issue for the donor cat;

o could the Committee hear from RVP Sub-Committee’s point of view regarding their issues;

- taking a step back, there were two pieces of legislation that allowed harm to animals: the Animals (Scientific Procedures) Act (ASPA) 1986 which required a Home Office Licence; and the Veterinary Surgeons Act (VSA) 1966 under Recognised Veterinary Practice (RVP), when no licence was required. The main concern for the College was that RVP related to a procedure not being in the best interest of the donor animal;

- a lot of the issue related to societal views and what owners regarded as OK.

32. Going forward, it was noted that there was a danger of going round in circles. It was agreed:

- that whilst the Committee had had a good preliminary discussion it could not make a decision and should hear from RVP members to explain their conclusions;
- there were a number of perspectives coming through that needed to be appropriately balanced and fully documented before either Standards Committee (or Council) could make a decision;

- the RCVS also had innovation as part of its Strategic Plan and did not want to be seen as stifling that;

- the Committee should give thought to what other people could be approached who were able to inform the Committee on this issue;

  o Ms Boag indicated she was aware of a student researching in this area and would forward their details to the Registrar;

  o the President also stated that Martin Whiting has looked at ethics within ASPA and VSA for his thesis so might be in a position to assist.

  **Action: Registrar / Committee / Standards & Advice Team**

**Risk register, equality and diversity**

33. It was agreed that the numbers of foreign veterinarians before the statutory committees should be considered under diversity.

34. It was further agreed that feline pet blood banks both doing, or not doing, should be added to the risk register as potentially impacting the RCVS.

  **Action: Registrar / Standards & Advice Team**

**Any other business**

**Skills**

35. It was noted that some committee members had been asked to input what skills they had in relation to a skills matrix. However, the Standards and Advice Team requested consent to contact committee members to assist with day to day queries particularly from a practice perspective. It would also be an opportunity for the Team to make new contacts and if committee members were unable to assist, then they may be able to direct them to the right people. This was agreed.

**Veterinary Medicines Directorate (VMD)**

36. Regarding discarding open medicine bottles it was queried whether the 28 day rule had been discussed at the recent meeting with VMD? It was confirmed that this had been discussed but the issue remained one for the manufacturers / testing at the time of licensing. It was noted that 5ml bottles of Ketamine were due on the market shortly.
Date of next meeting

37. The date of the next meeting was confirmed as Wednesday, 24 January 2018 at 10:15 am.

Dawn Wiggins
Secretary (minutes only)
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<tr>
<td>Title</td>
<td>Veterinary Nurses Council Report to Council</td>
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<td>Summary</td>
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| Author          | Annette Amato  
|                 | Committee Secretary  
|                 | 0207 202 0713  
|                 | a.amato@rcvs.org.uk                           |
Veterinary Nurses Council
Minutes of the meeting held on 3 October 2017

Members:
Mrs Victoria Aspinall
Mrs Lucy Bellwood
Miss Alison Carr
Dr Niall Connell
Mrs Elizabeth Cox - Chair
Mr Dominic Dyer
Mrs Susan Howarth
Mrs Andrea Jeffery
Miss Racheal Marshall - Vice-Chair
Miss Hiliary Orpet
Professor Susan Proctor
Mr Matthew Rendle
Miss Amber Richards

*absent

In attendance:
Mrs Annette Amato - Committee Secretary
Mr Luke Bishop - Senior Communications Officer
Mrs Julie Dugmore - Director of Veterinary Nursing
Mrs Suzanne Edwards - Chair, VN Preliminary Investigation Committee
Ms Eleanor Ferguson - Registrar
Ms Lisa Grannell - Practice Standards Manager
Mrs Victoria Hedges - Examinations Manager
Mrs Lily Lipman - Qualifications Manager
Ms Lizzie Lockett - Acting Chief Executive
Mr Ben Myring - Senior Policy and Public Affairs Officer

Apologies for absence

1. There were no apologies for absence. The Chair welcomed Mrs Susan Howarth to her first meeting as an elected member.

Declarations of interest

2. Mrs Jeffery reported that she has been appointed as external examiner for the new Masters in Advanced Practice in Veterinary Nursing programme at the University of Glasgow.
Minutes of the meeting held on 2 May 2017

3. The Minutes of the meeting held on 2 May 2017 were accepted as a correct record.

Matters arising

4. **Visitation Appeals procedure.** It was confirmed that the revised RCVS visitation appeals procedure was annexed to the papers on the European Association for Quality Assurance in Higher Education (ENQA), which would be considered later in the agenda.

5. **Apprenticeships.** The Director of Veterinary Nursing reported that there would be a meeting of the sub-group to refine the assessment proposal, later in the week. The final version would be put to the VN Education Committee at its meeting in December. The standard has been approved and published.

6. **Legislative Reform Order (LRO) 2015.** The Registrar reported that this is still a work in progress. In response to a query, it was clarified that the LRO refers to the separation of the College's Disciplinary and Preliminary Investigation Committees from RCVS Council membership under the Veterinary Surgeons Act. It was confirmed that although the LRO (and therefore the review) relates to the VSA and hence to the activities of veterinary surgeons - the principle of separation had also been applied to VN PIC and VN DC.

7. **VN Council Governance Review.** It was reported that the proposals for the new VN Council structure agreed at the last meeting were not put to RCVS Council in September, as originally planned, but would be submitted to the November meeting of Council.

8. **Accreditation Visitor panel.** The Qualifications Manager reported that a number of checks regarding employment issues had to be carried out before the posts of accreditation visitors could be advertised. These had now been completed and a flier was being prepared with the Comms department, for distribution to universities and colleges, and at various events.

Update on operational matters

9. The Acting CEO provided an update on a number of key developments:

10. **Senior Staff.** The former CEO, Nick Stace, had left the College the previous week and the recruitment process for his successor was well under way. There had been two new appointments to the Senior Team – Kim Cleland as the Director of Human Resources, and Richard Burley as the Chief Technology Officer.

11. **RCVS Strategic Plan 2017 – 2019.** There had been many activities as part of the strategic plan. The Innovation Symposium held the previous week was well attended, with many nurses attending. Work was now being carried out on a Leadership programme, which it was hoped would be launched at BSAVA congress.

12. **Alternative Dispute Resolution scheme (ADR).** There had been a considerable amount of
work on the ADR scheme, which had been very successful. The trial was continuing.

13. **Brexit.** A joint project with BVA and DEFRA was being established to discuss workforce planning, and would link in with the Schedule 3 discussions. It was hoped that this would result in nurses having a greater part to play in the veterinary team in the future.

**VN Education Committee (VNEC)**

14. Miss Orpet presented the report of the meeting of the Education Committee held on 17 July and drew Council’s attention to a few points in the report.

15. The Committee had considered and accepted proposals for a quantitative approach to determining the risk banding of Awarding Organisations (AOs) and Higher Education Institutions (HEIs).

16. It had been identified that there was a need to change the wording of the guidance on external examiners, to make clear that evidence must be provided to show that examiners appointed by AOs/HEIs are meeting RCVS Accreditation Standards.

17. The Committee had granted full accreditation status to the Royal Agricultural University (RAU) for the FdSc in veterinary nursing delivered at Askham Bryan College. Due to the 5-year reaccreditation cycle, the university would need to apply for re-accreditation in 2018, as it had been operating with provisional accreditation for number of years. It was suggested that this procedure might be reviewed, and a request was made that this should be considered at the next meeting of the VNEC. It was also suggested that there should be parity with the system used for veterinary accreditations.

18. It was noted that there are two new training practices (TPs) overseas, one in Sweden and one in Singapore. The total number of overseas TPs is now three. The Director of Veterinary Nursing confirmed that these TPs meet all the requirements in the accreditation handbook.

19. In discussion of the future membership of the VNEC using the skills matrix, it had been agreed that it was important for there to be a member of the VNEC sitting on the Veterinary Education Committee, and vice versa. The Director of Veterinary Nursing confirmed that she had raised this with the Director of Education and it would be further discussed at the next meeting of the VNEC.


**PSP exemption policy**

21. The Examinations Manager presented a paper outlining a proposal to exempt some nurses from the Period of Supervised Practice. The current requirements are that any veterinary nurse who wishes to return to the register after an absence of five years or more must undertake a Period of Supervised Practice (PSP), in order to refresh his/her skills, before applying to re-join the register. There is an assumption that the person wishing to return to the
The proposal was that there might be an exemption policy for those who have been off the RCVS register for more than five years but who have, for a significant period of time, been registered as a veterinary nurse outside the UK. It was envisaged that this would apply only to those who had been on a professional register and were able to provide evidence of CPD. It was thought that this may be particularly likely to affect nurses who have been working in the Republic of Ireland, on the Irish register, then wishing to work in Northern Ireland.

It was noted that this situation should only occur for veterinary nurses who had not been registered due to working overseas, as in order to practise as a veterinary nurse in the UK, veterinary nurses must be on the RCVS VN register.

There was some agreement with the proposal in the paper and it was commented that if a nurse had been working overseas and had continued to practise, and could provide evidence and a reference from their employer, it would be reasonable to have some flexibility. There was some concern that this would penalise those nurses who had been working in countries or states where there is no register, and it was also pointed out that some overseas registers may be merely a list of names which is not regulated or enforced in any way. Evidence would be needed that the nurse had been working to a high standard and the criteria would need to be very clear.

A suggestion was made that consideration might be given again to the creation of a non-practising part of the VN register. However, the Registrar pointed out that this would not make a difference to the PSP situation, as by definition those on a non-practising register would not have been practising and would still need to refresh their skills. A further suggestion was made that applications should be looked at on an individual basis, with reference to the day one skills and day one competences, and there was support for the idea of the provision of a portfolio of evidence. It was agreed that the review of these could be time consuming.

A comment was made that the current required time period for the PSP (a minimum of 17 weeks, equivalent to 595 hours) is not long, but it was pointed out that during this time the nurse is not registered therefore unable to teach or to work as a locum.

At the conclusion of the discussion, it was agreed that the Council members should send any further thoughts and comments by email, and the Examinations Manager would prepare a revised proposal taking the discussion and any further comments into account, for consideration at the next meeting.

CPD Policy Group

Council received and noted a paper containing a summary of the findings from the CPD Pilot feedback together with recommendations from the CPD Policy Working Group. The pilot had been launched in March 2017 and had run for 7 months. The recommendations were based
on feedback which was provided by 54 of the 115 volunteers, after a five month period.

29. The recommendations of the CPD Policy working group were that the pilot should be extended and broadened, with investment in IT systems. It was also suggested that the volunteers should be invited to take part in a workshop to discuss the feedback and to develop further guidance, with a small IT group to help develop and trial the new system, as well as the development of an RCVS CPD App.

30. It was confirmed that approximately 30% of the pilot volunteers had been veterinary nurses. The feedback on the reflection aspect of the CPD had been generally positive.

31. It was commented that as the timeframe for the broadened pilot and the recommendations for the future were dependent on the development of the IT system, it was important that resources would be available for this project. With this comment in mind, Council confirmed its support for the recommendations.

**CPD Review – maternity leave**

32. Council noted a paper summarising the VN CPD audit data on maternity leave as a reason for non-compliance. The data from the audits suggests that a majority of RVNs are able to make up the required hours even if they are non-compliant for a year, although some RVNs are struggling to reach the hours after maternity leave. The CPD group has suggested that as well as providing clear information on the obligation to undertake CPD while on maternity leave, supportive advice on activities that can be counted as CPD, as well as examples from other RVNs on how they achieved this, should be provided perhaps in the form of articles or podcasts. Ms Richards volunteered to assist with this.

33. It was commented by a member of the CPD referral group that there seemed to be definite improvements in the approach towards CPD by both professions, although there were still some members of both professions with less than positive attitudes to the audit process.

34. Some members of Council again pointed out the disparity between veterinary surgeons and veterinary nurses, in respect of a non-practising register. It was believed that veterinary surgeons who are taking a career break for maternity leave are able to move to the non-practising register and therefore are not required to carry out CPD during this period, whereas there is no similar arrangement for veterinary nurses. It was not clear, however, whether the figures shown in the paper on maternity leave for veterinary surgeons included those on the non-practising register.

35. There was further discussion on the advisability of a non-practising register and the Registrar confirmed that it is not generally thought to be good practice. The Veterinary Surgeons’ Register currently has many different categories of membership, although these are under review. Some members of Council expressed the view that it would be timely to reconsider the situation for veterinary nurses, whereas others felt that this would be a backward step. It was agreed that there should be a paper for discussion at a future meeting to look at the situation in a creative light, and it was felt that it was important to retain contact with those on maternity
Registration Rules

36. The Director of Veterinary Nursing presented a paper setting out proposed amendments to clarify the College’s requirements in relation to the training time required by student veterinary nurses, and accordingly a Licence to Practise as a veterinary nurse, as set out in the Veterinary Nursing Registration Rules 2014. The rules currently require a student to carry out an approved programme of veterinary nurse education at an approved centre lasting at least 94 weeks (equivalent to 2,990 hours), excluding annual leave and absence. The programme must include a period of practical training in an approved training practice equivalent to 1,800 hours, together with a theoretical programme accredited by the RCVS.

37. When student applications for registration are checked, under the current procedure it is possible for a student to have met, or indeed exceed, the total number of required training hours but fall short of the ‘necessary’ required weeks and therefore be unable to register, despite having completed an approved programme of training. The reason for the inclusion of the 94 week stipulation is not known, but the “two year” requirement was first noted in the 1978 syllabus and byelaws.

38. It was confirmed that there is no accredited programme of training which runs for less than two academic years, and all accredited programmes must meet the RCVS criteria, as well as Ofqual or University accreditation criteria. It was suggested that the additional stipulation of 94 weeks is not required and should be removed.

39. A number of comments were made in support of the proposal, with views being expressed that if a student has attended an accredited course and passed, this should be the evidence necessary to register. It was also added that the move is now more towards outcomes based and evidence based learning rather than time serving. There were some concerns regarding protection of students who may choose to opt out of the working time directive and potentially be working very long days.

40. Other points made in the discussion were that the Day One skills and the Day One competences are very comprehensive and it is unlikely that these could be achieved in less than two years. Achieving the qualification includes education and practice. It was pointed out that education can be tested in different ways and completed at a different pace by different individuals.

41. At the conclusion of the discussion, it was agreed that Schedule 1 to the Veterinary Nursing Rules 2014 should be amended, by the removal of reference to ‘94 weeks’. This amendment would be put to RCVS Council for approval at its next meeting. It was further agreed that the VN Education Committee should be asked to look into the pros and cons of the removal of the specified total number of hours, for future consideration.

European Association for Quality Assurance in Higher Education (ENQA)
42. The Qualifications Manager provided an update on the position regarding the RCVS application for ENQA membership. The ENQA review uncovered the potential requirement for the DipAVN and the CertAVP to be included, in parallel with this process, in an application for listing on the European Quality Assurance Register for Higher Education (EQAR). The RCVS application had not originally included the processes surrounding these qualifications as these are not licence to practise qualifications, and are both due to be reviewed in the near future.

43. The situation regarding the requirements has now been clarified, and Council was provided, for information, with a paper summarising the options to be considered by the RCVS which was discussed at the Primary Qualifications Sub-Committee (PQSC) meeting on 28 September. PQSC had considered the options and had agreed to recommend to Education Committee that the RCVS should apply for ENQA accreditation as planned, on the basis of the RCVS accreditation procedures, and consider listing on the EQAR register at a later date.

44. Council noted the revised RCVS Visitation Appeals procedure, as agreed by the RCVS Education Committee, and it was clarified that this procedure is applicable in relation to both veterinary schools and veterinary nursing higher education and further education qualifications.

Reports from Committees

VN Preliminary Investigation Committee (VN PIC)

45. The Chair of the VN PIC presented the annual report of the Committee which included a chart showing the total number, category and stages of the concerns raised against veterinary nurses since 1 April 2011, the date when RVNs became subject to regulation under the Rules agreed by VN and RCVS Council in November 2010. The total number of concerns raised in the period was 191, representing 1.25% of the current number of RVNs. Seven of these cases, representing 3.6% of the total concerns raised, have been referred to the RVN Disciplinary Committee. Three RVNs have been removed from the Register and a further four have been suspended.

46. It was confirmed that there has been a rise in the number of concerns raised regarding criminal convictions, which is also the case for veterinary surgeons. A further point noted by the VNC Chair was that eight concerns have been raised in total regarding treatment of animals by a non-RVN, where a veterinary nurse has delegated to a non-veterinary nurse, and it was suggested that maybe a reminder could be made on this point.

47. Council also noted the overview of the work of the VN PIC in the past year, and the thanks of its Chair for the work they do and for their positive and supporting comments.

Practice Standards Group (PSG)

48. The Practice Standards Manager provided an update on the Practice Standards Scheme (PSS). 3225 practice premises are now part of the Scheme, representing 60.5% of all eligible practice premises. This represents an increase of nearly 70 practices since March 2017, the reason mainly being existing premises changing ownership and in most cases smaller
practices being bought up by larger practices that are already in the PSS scheme. Small animal still represents the biggest type of species accredited - 2622 Small animal, 528 Equine and 464 Farm practices. At present, 91 practices hold 146 awards. The next PSS Awards Ceremony will be held at at the SPVS/VPMVA Congress on Thursday 25 January 2018.

49. Discussions were taking place regarding the possibility of charities joining the PSS, although clarification was needed on the use of the term "hospital".

50. The ‘Stanley’ IT system went live in late July and practices are beginning to use the system, which seems to be working well so far, although it is too early to give any detailed feedback.

51. PSG met at the end of August and, as a result of the meeting, agreed some amendments to the standards. There had also been discussion on the potential recruitment of RVNs as assessors, for the forthcoming recruitment exercise for four new assessors and two reserves. It had been agreed, however, that to include RVNs at this stage would require a change in the rules which could not happen until later in the year, therefore RVNs will not be able to be included in the upcoming recruitment. A survey would be sent to the profession to gauge their opinions on RVNs as assessors.

52. There was considerable concern expressed by Council members on this issue, which has been raised on several occasions in the past. It was commented that many veterinary nurses have been trained and qualified as assessors and have been conducting practice inspections for many years, before the introduction of the practice standards scheme. In many cases the veterinary nurses are responsible for the practice standards scheme compliance within their practice. Council agreed that its views and concerns on this issue should be put to the PSG.

Standards Committee

53. Racheal Marshall provided an update on issues considered by the Standards Committee which had met the previous week.

54. It had been agreed that a fee should be charged to practices which cancel a PSS visit at short notice, except under certain extenuating circumstances.

55. It had been agreed that guidance, including the use of case studies, should be prepared on informed consent, as the information on this subject has previously been spread through various sources.

VN Disciplinary Committee

56. Council noted the report of the disciplinary hearing held on 19 June 2017. The case was reported in full on the RCVS website.

VN Futures

57. The Director of Veterinary Nursing provided an update on the activities of the different development groups created by the VN Futures Action Group.
58. The Post-registration Group had held several productive meetings, reviewing the current Diploma in Advanced Veterinary Nursing and developing a framework that is more accessible, flexible, cost effective and easier to deliver than the current programme. A further meeting would be held to flesh out the proposals and these would be submitted to the VN Education Committee in December, followed by a consultation. A number of organisations had already expressed an interest in delivering the programme.

59. The Career Progression Group had arranged its first CPD event in July, focussing on the role of RVNs as managers, and this was well attended. The plan was to hold further events on a quarterly basis. The next event in early 2018 would focus on flexible working and job sharing.

60. The first meeting of the Training Practice Group will take place on 14 December, and will discuss funding and TP requirements.

61. The Sustainable Workforce Group is looking at careers materials and pooling resources with BVNA and BVA to provide an online careers hub.

62. The VN Schools Council held its first meeting in September to discuss the remit and structure of the group, and will meet again in the New Year.

**Schedule 3 Working Party**

63. The Senior Policy and Public Affairs Officer provided an update on the progress of the Schedule 3 Working Party. A consultation with veterinary surgeons and veterinary nurses to obtain views on the current and future role of veterinary nurses, specifically in relation to delegation of duties under Schedule 3, was carried out over the summer. The response rate was very high, with views being received from 27% of veterinary nurses and 21% of veterinary surgeons (more than 11,500 responses in total) and the results will be published in the next few weeks.

64. There were two key points arising from the responses. Both professions have concerns surrounding delegation and would like more guidance. It had been suggested that a user friendly guide to delegation should be prepared, to include case studies and examples. There had been support for allowing veterinary nurses to carry out more delegated tasks than currently. Some of these may be achieved by a change in the guidance, and others would require secondary legislation.

65. The impact of Brexit on veterinary surgeon numbers could be significant, especially in a “no deal” situation, and discussions would be taking place with DEFRA on how to remedy any possible shortages, which may involve review of the VN role. This may be an opportunity to fulfil the points supported by the professions in the survey. Concern was expressed by some members on this point, and it was pointed out that the role of VNs and veterinary surgeons is different, and VNs wish to grow and develop as a profession rather than to be seen as “mini vets”. It was agreed that any expansion of the VN role must be in relation to the needs of animal welfare.
66. Other points made in the discussion included a suggestion that the role of advanced veterinary nurse practitioner may be advantageous and could be a focus for those undertaking post-registration qualifications, and that allowing VNs to develop their role within the team would have a positive impact on animal wellness. It was also pointed out that there is a need to provide more education for veterinary students on what VNs can do, with many VNs currently feeling underused and undervalued.

Communications report

67. The Senior Communications Officer reported on a number of recent and forthcoming activities.

68. **Innovation symposium.** The inaugural Innovation Symposium was held on 20 September, with the launch of ViVet, an ambitious and wide-ranging programme designed to ensure veterinary professionals are at the forefront of innovation in the animal health sector.

69. **RCVS website.** The RCVS website had undergone a full re-design and went live at the end of August. Feedback was being requested via an online survey. A new webpage was being developed to provide information on the activities of the various college working parties.

70. **Events.** The RCVS stand at the forthcoming BVNA congress would include updates on the VN Futures project and Schedule 3. Other events in the autumn would include the Fellowship Day on 20 October at the Royal Institution, attendance at the London Vet Show on 16 and 17 November, and CPD days for veterinary surgeons and veterinary nurses.

71. **Mind Matters.** The ‘&me’ collaboration between the Mind Matters initiative and the Doctors’ Support Network, tackling the stigma of mental health, is keen to have a veterinary nursing input and contribution. There would be a Mind Matters stream at the BVNA congress.

72. **Publications.** RCVS News would be moving to an online format, with 10 editions per year. VN Education would continue in its current printed format and suggestions for items to be included in the December issue were welcomed.

Meeting with BVNA Officers

73. The Chair reported that the next meeting with the BVNA Officers was scheduled for April 2018, at the BSAVA Congress. The Chair and Vice-Chair had attended a meeting of BVNA Council, by invitation, and BVNA Council had been invited to attend the RCVS for a “meet the RCVS” event.

Date of next meeting

74. It was noted that the VN Council Strategic Plan was due to be reviewed in January 2018, and it was agreed that there should be a VN Strategic planning day on Monday 29 January, to include VN Council and VN Education Committee. This would be a full day meeting from 10.00am. The next meeting of VN Council would be on Tuesday 30 January, starting at 10.00am.
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<tr>
<td>Title</td>
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<td>Author</td>
<td>Dawn Wiggins</td>
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Minutes of the Preliminary Investigation Committee / Disciplinary Committee Liaison Committee meeting held on Thursday, 12 October 2017

Members: 
Mr R A Ash Chair, PIC 
Mr C T Barker Member of Council 
Ms A K Boag Member of Council / Junior Vice-President (Chair) 
Mrs S K Edwards* Chair, RVN PIC 
Mr I R Green Chair, DC 
Dr K A Richards Chair, SC 
Dr C P Sturgess* Members of Council / Treasurer 

In attendance: 
Mrs E C Ferguson Registrar / Director of Legal Services 
Ms L Lockett* Acting CEO 
Miss C Newbold Clerk to DC 
Mrs V Soames Head of Professional Conduct 
Mrs D Wiggins Secretary 

Apologies for absence and welcome

1. Apologies for absence were received from Mrs Edwards, Ms Lockett, and Dr Sturgess. The Chair welcomed new members to the Committee.

Declarations of interest

2. There were no declarations of interest.

Minutes of the meeting held on Thursday, 6 July 2017

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

Updates – General / matters of interest

4. The Registrar brought the following items to the Committee’s attention:

Bogus vet

5. It was noted that a bogus veterinarian was due for sentencing the following week, and that having already served a prior sentence, was likely to receive another prison term. The charge that the authorities were interested in related to fraud, which highlighted the differences in focus as the College was concerned with animal welfare / breaches of the Veterinary Surgeons Act (VSA). It was noted that a member of staff had worked closely with police on this matter.
6. The number of individuals breaching the VSA was questioned. It was noted that most of those individuals where this was alleged were not as extreme as holding themselves out as a vet in practice, but may relate, for example, to procedures that ‘overstepped the mark’ often offered via a website. Substantive evidence was often unclear and difficult to obtain. The police / trading standards were the authorities to deal with these matters but in resourcing terms these would often be a low priority. The College did not have the resources to take their place to investigate / ‘stake out’ this type of allegation to gather evidence.

Open Minds Consulting (OMC)
7. The draft report with particular questions around mental health had been returned to OMC as the evidence base for some conclusions / recommendations was not clear. It was hoped that it would be sent back to the College shortly.

Health and Performance Protocol
8. This continued to operate well and the Committee were pleased to note that there had been a member recently released from the Health Protocol after a three-year period, and that there was another member released the day prior to the meeting. However, it was also commented that cases may also progress to Disciplinary Committee (DC) where individuals had failed to adhere to the Protocol despite being given more than one ‘chance’.

9. From a cost perspective the Protocols were working well.

Informed consent
10. It was noted that a number of cases about informed consent were coming through the Preliminary Investigation Committee (PIC) and this matter had been passed to Standards Committee (SC) to consider at their recent meeting in September. SC agreed that there was a lot of information available on the website but that it was fragmented, so work was underway to pull the information together; they would also do case studies to help get the information out to the profession.

Legislative Reform Order (LRO) 2013 review
11. Under the disciplinary LRO, a five-yearly review was required. The Registrar had been in regular contact with Defra as it was their report that the College had input into – the College was awaiting a reply from Defra. Feedback from the College was expected but it was unknown in which format it would be required – in terms of the disciplinary process it may encompass where we were now, and how the legislation had changed the processes for members of the Committees / impact generally.

Professional Conduct IT system
12. The extra work had just been signed off to take into account the decision at September Council on Alternative Disputes Resolution (ADR) to fit in requirements for that. There would be a ‘show and tell’ c. end October / beginning November, and user testing would commence c. early 2018.

13. It was questioned if it would be possible to use the system for DC papers, but this was not specific to the system. It was noted that whilst DC were managing at the moment by using emails with secure passwords, it was not the ideal situation. It was noted that alternatives were currently
under consideration by the new RCVS Chief Technological Officer. Suggestions of system ‘add-ons’ were suggested: Ball Park; and Virtual Board Rooms.

Legal Assessor resignation
14. It was noted that David Pittaway, QC, had submitted his resignation as one of the RCVS Legal Assessors. The Committee wished to pass on their thanks for his years of service to the College.

Action: Registrar

15. It was commented that the newly appointed Legal Assessors were all sitting and working well.

Proposed article outlining PIC and DC processes
16. This was on-going and the Registrar was working with Communications Department to get the information out to the profession. A video was under consideration as an alternative to an article.

Alternative Disputes Resolution (ADR) – update
(Taken out of order of the agenda)
17. This item was pulled forward to discuss with the other updates. At its September 2017 meeting, Council approved ADR going forward as a concept and for Nockolds Solicitors (Nockolds) to continue as its provider at this time. Nockolds Partner, Jennie Jones; a Veterinary Defence Society (VDS) representative; and a consumer representative, were at Council for this item and were able to present their thoughts on the service and answer questions. It was noted that VDS had added their support and the veterinary advisors stated that the service was working well.

18. The Registrar was in contact with Ms Jones regarding a short contract to run alongside the main proposal, to include provisions for maintenance of quality assurance and audit processes. The four veterinary advisors used during the trial had all expressed a desire to continue and Nockolds had agreed. Looking to the future, it was further agreed that any replacement veterinary advisors had to be approved by the RCVS.

19. Joint communications were underway with Nockolds to show the profession and the public what options were available to them: Communications Department was working on a joint press release; there was a webinar with the Registrar and Ms Jones booked for Monday, 4 December 2017; and the animal owners section of the RCVS website would be updated.

20. Nockolds had agreed that the RCVS could trademark™ ‘VCMS’ (Veterinary Client Mediation Service) and that was on-going. This would ensure minimal disruption should a different provider be used in the future.

21. The Chair thanked the Registrar and the committee for the hard work on this matter and stated that the College had ended up something very good for the profession. The Committee agreed that a standard form of reporting for ADR should come back to each Committee meeting.

Action: Registrar / Secretary
Monitoring / performance / working methods / outcomes / dashboard

22. The Head of Professional Conduct (HoPC) introduced the paper. She highlighted that there were 12 months figures for enquiries, which averaged at 272 per month. It was noted that even when there were ‘spikes’ in the numbers of concerns Key Performance Indicators (KPIs) had been in the mid-80% so the team was able to manage them.

23. At 680 concerns over the last 12 months, it was down from the last period; the team was in a much better place and had sustained KPIs at a high 80% figure for approximately five months.

24. There were two corrections to the annexes to the paper:

   - Annex B: Mr Cortes had been listed and heard;

   - Annex C: Case 5 took 19 months rather than seven months, and the median was 17.5 rather than 14. There were some other minor inaccuracies in the annex (a corrected version could be sent on request), but apart from the error pointed out, other timings in paragraph 32 to the paper were correct.

25. Comparisons with other regulators were noted. There were a large number of figures from healthcare regulators, and also – as information from outside the sector – details from the Architects Registration Board (ARB). Their stated KPIs were not always achieved, for example: the General Medical Council (GMC) had a 90% KPI to conclude fitness to practise cases within 12 months but the median appeared to be almost two years; the General Dental Council (GDC) had a median time of 21 months to final hearing.

26. It was important to remember it was not possible to compare like to like and times to final hearings could not be benchmarked. It was, however, good to have an idea of how other regulators were performing.

27. PIC continue to meet fortnightly and work was in progress to improve performance against the KPI for processing cases but there was still some way to achieving the 9-month goal; Stage 1 was now a lot better but Stage 2 could be improved.

28. The Committee gave credit to the team and to PIC for reducing the median times for Stage 1, and questioned what planning was in place for Stage 2 processes. The HoPC stated that there were regular updates with senior RCVS solicitors and case investigators to discuss where times were slipping and where more pressure could be applied. It was noted that resources were reduced when the number of DCs increased as the senior solicitors were involved and their attention was taken away from PIC matters. It was about maintaining a good balance, but if there were delays to the process at Stage 1 then this would cause delays at Stage 2. A member of staff currently on maternity leave was due back shortly and would work part-time so there was consideration being given to use her as a resource for Stage 2.
29. It was commented that 680 concerns for a 12-month period was the least it had been for a considerable time. On a practical note, this should now allow the team to concentrate on the cases that it should be.

30. It was questioned if the quality of work or decisions had suffered with the improvement in speed as evidenced by improved KPIs. It was noted that it was the opposite and had improved.

31. A question of having smaller numbers at PIC meetings was raised about who would provide the consistency if the Chair, PIC was conflicted (as he attended every meeting). It did not happen often but there was not really a simple ‘fix’ and should be considered for the future. This was noted.

Discussion: clarification re: ‘advice’ from Case Examiner Group (CEG) / PIC / ‘appeals’ process

32. This was raised after a committee member had been approached by a member of the profession about how he was treated during the concerns process. Clarification was sought regarding the review / process, particularly as there was separation between the College and the statutory committees. It was questioned if a decision was reviewed and deemed not correct, what process was there to go back; also if the concern had been progressed and closed with a letter of advice, how would this be dealt with. The perception could be that a ‘stain’ remained on their character.

33. The Chair, PIC confirmed that only PIC were able to review a PIC decision, and that they and the complainant were the only people to know about a particular case, but that did not prevent the member concerned from using social media or talking to other people themselves.

34. Differences between the CEG and the PIC were explained. It was noted that the CEG decided whether there was an arguable case to answer or whether to close it with / without a letter of advice.

35. Any advice given was ‘general’ – something that could be given to any veterinary surgeon at any time, for example, labels on medications or record keeping. It was meant to be helpful and constructive; and not to be taken as a ‘warning’. Whilst care of phraseology was important for the letters going out to members, it was also a matter of how it was received.

DC report

36. The report was introduced by the Chair, DC. He highlighted that contrary to the paper he was speaking to the final member of DC the following day about their appraisal. It was felt that the current appraisal process was deemed too laborious and needed to change for 2018, also that the appraisal process for Legal Assessors’ should be considered at the same time.

Action: Director of HR
37. It was commented that the approach in a number of cases was for the members before DC to request voluntary removal from the RCVS Register of Members with no intention to re-apply in the future. The DC view was that this was a pragmatic solution but that not every case would be appropriate for that option. Most cases in paragraph 37 to the paper were all individuals nearing, or had passed, retirement age, had already given up their practice and would never work again. A person was required to propose the action; then make an application; the College wrote to the complainant; and all information was returned back to DC so they could make a fully informed decision whether the case still needed to be heard. It was stressed that if it was in the profession’s and public interest to proceed then they would do so, and that DC considered all its cases on an individual basis. It was noted that the heads of charge and disposal were in the public domain so it was very clear what the individual was charged with, and it was questioned whether it was worth publishing the costs incurred when a member before DC requested voluntary removal from the Register at the time of the hearing.

38. It was further questioned whether there were enough resources in place for DC. This was because that there were likely to be more cases coming through from PIC as they were seeing more social media cases, and the internet was bringing a number of cases directly relating to those. There were also Continuing Professional Development (CPD) issues coming through, and matters relating to Professional Indemnity Insurance (PII). Of the 30 cases under consideration by PIC it was estimated that c. 50% might be likely to progress to DC so there was an expected busy period to prepare for. In particular, there was one long DC case of 15 – 20 days coming up so resource allocation needed consideration.

39. It was noted that the DC could and had been sitting with five members rather than seven. Of the five members sitting, if, for example, there were only two lay members allocated, it would be stressed that they were the only two and to let the DC Clerk know as soon as possible if they had trouble sitting on the scheduled dates.

40. The report was noted.

Feedback: DC / PIC to Standards Committee (SC) and vice versa

41. This was a new standing item for the Committee and the Chair asked whether any feedback (DC or PIC) was required to go to SC in terms of areas of the Code of Professional Conduct (CoPC), for example, informed consent – this went to the last SC meeting. The CoPC was continually adapted.

42. The Chair, DC noted that there was nothing specific at this time but he was aware that DC training days were coming up in November so there may be something raised at that time.

43. The Chair, PIC stated that informed consent was still prevalent in a number of cases, particularly around dentistry. CPD and correspondence with the College regarding CPD was also noted. The matter of informed consent had been discussed at the recent SC meeting and work was on-going. It was agreed that any opportunity to get the information out to the profession was good including at the ‘recent graduate days’ that the Veterinary Defence Society (VDS) attend and took place at
each vet school annually. It was further agreed that the Chair, PIC and HoPC should consider which repeated issues coming before PIC would be most valuable to concentrate on for communication purposes.

Action: #PIC / HoPC / Comms Dept

Any other business

44. The Chair noted that the Committee had evolved over time, was well-functioning and important for the College and the profession, so if any member had input or ideas of how to structure it going forward then this would be considered.

45. The Chair, DC mentioned that there was some discussion regarding expenses when their cases ‘go short’ – there would be a discussion at the training days and any issues would be dealt with, however it was to make committee aware. The Registrar stated that the practical step of shifting the Case Management meeting back by a week had been taken so there would be more time beforehand to inform the committee about expected hearing length and so avoid difficulties.

46. The Chair, PIC read out some positive feedback received from a member released from the Health Protocol (referred to in paragraph 8 above): they said that they would be happy to provide help / feedback on the process for the future from a ‘subject’ point of view if it was required and that it was a far less stressful process.

Risk Register
47. It was commented that the only concern raised from this meeting was the people before DC who wished to voluntary remove themselves from the Register, but noted that this was being dealt with appropriately already.

Dawn Wiggins
Secretary, PIC / DC Liaison Committee
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d.wiggins@rcvs.org.uk
**Meeting**

Council

**Date**

2 November 2017

**Title**

Preliminary Investigation Committee Chairman’s Report to Council

**Classification**

Unclassified

**Summary**

This report sets out the work of the Preliminary Investigation Committee since RCVS Council’s last meeting and the work of the Veterinary and Lay Committee members at the different stages of the concerns process. It also describes common concerns themes and potential learning points which the Committee has noted over the past twelve months.

**Decisions required**

None

**Attachments**

None

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Preliminary Investigation Committee

Chairman’s Report to Council 2 November 2017

Introduction

Note: information covers the period 1 June to 17 October 2017 (the date of writing the report)

1. Since the last Report to Council (which gave information as at 25 May), there have been eight Preliminary Investigation Committee (PIC) meetings: 7 and 21 June, 12 July, 16 and 30 August, 13 and 26 September and 11 October 2017. A further PIC meeting is taking place on 26 October.

Preliminary Investigation Committee

2. The total number of new cases considered by the Committee between 1 June and 17 October 2017 is 46. Of the 46 cases considered,
   - 29 were closed at first consideration by the Committee. Of these,
     • 12 cases were closed with no further action
     • 13 cases were closed with advice issued to the veterinary surgeon
     • 4 cases were held open
   - 17 were referred for further investigation, including
     • 12 cases which were referred for enquiries, visits, preliminary expert report, and
     • 5 cases which were referred to solicitors, for formal statements to be taken.

No cases have been referred to the RCVS Health or Performance Protocols.

Ongoing Investigations

3. The PI Committee is investigating 31 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

4. There are seven veterinary surgeons either under assessment or currently on the RCVS Health Protocol. In the period 1 June to 17 October, three veterinary surgeons have been discharged from the Protocol after positive reports were received and the Committee felt that they had made significant progress. It was decided in each case
that supervision was no longer required, although one signified their intention to maintain independent contact with support services.

A further two veterinary surgeons who had been on the Health Protocol were referred to the Disciplinary Committee, because of concerns about their conduct, including breaches of their undertakings.

**Performance Protocol**

5. There are two veterinary surgeons either under assessment or currently on the RCVS Performance Protocol. A possible breach of undertakings by another veterinary surgeon has resulted in them being taken off the Protocol and returned to the investigation process.

**Professional Conduct Department**

6. Since the commencement of the ADR trial (the Veterinary Client Mediation Service - VCMS) in 2016, an Enquiries stage was introduced into the Concerns process. This means that matters are registered initially as written Enquiries and considered by Case Managers, who will have an initial discussion with potential complainants about the matter which has been raised. The Case Manager will then either invite the caller to raise a formal Concern, or direct them to the VCMS if appropriate to do so.

7. In the period 1 June to 17 October 2017, the total number of matters registered as written Enquiries was 739. The number of formal Concerns registered in the same period was 265\(^1\).

8. The table below shows the categories of matters registered between 1 June and 17 October 2017.

**Matters registered between 1 June and 17 October 2017**

<table>
<thead>
<tr>
<th>Category</th>
<th>Description of Category</th>
<th>Number of Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Client Confidentiality</td>
<td>47</td>
</tr>
<tr>
<td>B</td>
<td>Fees</td>
<td>85</td>
</tr>
<tr>
<td>C</td>
<td>Promoting the Practice</td>
<td>1</td>
</tr>
<tr>
<td>D/1</td>
<td>General</td>
<td>16</td>
</tr>
<tr>
<td>D/2</td>
<td>24 hour emergency cover</td>
<td>9</td>
</tr>
<tr>
<td>D/3</td>
<td>Euthanasia</td>
<td>9</td>
</tr>
<tr>
<td>D/4</td>
<td>Communication/ Consent</td>
<td>55</td>
</tr>
</tbody>
</table>

\(^1\) We do not have the data to determine what proportion of formal Concerns originated as written Enquiries. Formal Concerns can also originate as telephone Enquiries.
Running the business

1

Treatment of animals by non-veterinary surgeon

1

Certification

6

The use of Veterinary Medicine Products

13

Jurisdiction of RCVS

1

Negligence/Inadequate Care

408

Other (for example, fraudulent registration)

9

Convictions

16

Health

1

Appeals

0

Performance

0

Restoration

0

Unclassified

61

Total

739

1. Data source – Profcon computer system concerns data.
2. Category ‘X’ is a temporary field assigned to concerns files where a final category has not been identified, either because they are potential concerns or have not yet been assessed.

Referral to Disciplinary Committee

9. In the period 1 June to 17 October, the Committee referred seven cases to the Disciplinary Committee.

Veterinary Investigators

10. The Veterinary Investigators and the Chief Investigator carried out 8 announced visits in the reporting period and 10 unannounced visits. No health related or review visits were undertaken in the period.

Concerns procedure

11. Good progress has been made in achieving the Stage 1 target that cases should be decided by the Case Examiner Group within 4 months of registration of complaint. Since 1 June 2017, the monthly percentage of cases being decided within that four month target has ranged from 85% to 95%.

In the same period, the PIC reached a decision on 79% of the cases before it within the target time of 9 months. Where cases require more extensive investigation (for example, obtaining witness statements or preliminary expert reports), the time taken to reach a decision may exceed the 9 months. The improvement demonstrated in the stage 1 target time will have a positive impact on stage 2 KPI work and we will continue
to see how the stage 2 time can be further shortened, without compromising on the fairness or quality of the process.

**Operational matters**

12. Change in meeting format

In July 2016, the PIC changed from meeting once a month to meeting fortnightly, with five of the ten Committee members attending each meeting (the quorum is three). More than a year on, it is possible to say that overall the change in format has been beneficial. The greater number of meetings per month has assisted in bringing cases to the Committee more quickly. It has also meant that the number of cases for consideration at any one meeting is significantly less, reducing the overall volume for members (which had previously been an issue). There is no evidence that the reduction in size of the Committee or more frequent meetings has had a negative impact on the overall quality of decisions. It does however require a change in member preparation because, with less continuity from meeting to meeting, a full review of each case is needed. However, all members, notwithstanding reservations as to lack of continuity, have indicated that on the whole the new format is better, and we therefore plan to continue in this way.

13. Training

PIC members participated in two days of training in September and October 2016, alongside members of RVN PIC, veterinary investigators and staff. The training was led by solicitors from Penningtons, the College’s legal representatives in disciplinary cases, and included sessions on dealing with conflicts of evidence at the case examination/PIC stage, consideration of expert reports and defining and applying the relevant thresholds (arguable case and realistic prospect of success). Participants also received updates from other speakers on the ADR scheme and Vet Life.

Training will take place again in October and November 2017.

13. Health and performance cases

The Health and Performance Protocol sub-group (comprising the Chair of PIC, the Vice Chair of PIC and a lay member of PIC, supported by staff from the Professional Conduct department) continues to meet every two months to ensure health and performance cases are monitored and undertakings are running smoothly. The sub-group reports back to the full PIC, which continues to consider all decisions regarding these cases.

The aim is to treat those individuals who are on the Health Protocol in a manner appropriate to their needs and circumstances. We look forward to learning more from the Mind Matters Initiative so that the PIC’s procedures can take account of the experience of those veterinary surgeons whose ill health has led them into the disciplinary process.
The Performance Protocol continues to be used where appropriate; it appears to work most effectively where the respondent has shown at least a degree of insight into their levels of competence.

14. Staffing
The funds provided to recruit additional staff to manage the increased number of cases in 2016 has enabled good progress to be made in achieving KPIs and clearing the number of older cases in the system. During the course of the past 12 months, there has been some fluidity in staffing, particularly at case manager level, though there appears to be greater level of stability more recently. Notwithstanding staff changes, productivity overall does not seem to have been adversely affected, but the situation will continue to be carefully monitored from all perspectives.

Themes and learning for the profession
15. The Committee continues to consider concerns on a wide variety of topics. Particular issues have appeared as recurring themes over the past year, not necessarily the sole or indeed principal area of concerns but incidental to the main issues raised, and the Committee is aware that with some forethought practitioners might avoid having allegations raised against them.

A number of these themes are discussed below.

16. Dental treatments (also referred to in November 2016)
Veterinary surgeons should ensure that clients understand that it is not possible to accurately predict the full extent of any dental work required, including the number of extractions necessary, until a full examination under anaesthesia has taken place. This advice and the owner’s understanding should be recorded clearly in the clinical records and on consent forms. The obtaining of consent is a wider issue, discussed below.

17. Consent
The Committee has considered a number of cases in which complainants believe that they were not in a position to give informed consent, as they had not been made aware of a full range of treatment options, including referral or euthanasia where appropriate.

More generally, the issue of consent in healthcare continues to develop. This has perhaps led to an increased awareness among animal owners of their rights in respect of giving consent and also the practices of other professions. There may be some development needed in the veterinary profession in understanding the concept of consent, and then implementing it in practice. It is anticipated that Standards will clarify the guidance in the Code of Conduct.

18. Out of hours care
A number of concerns raised have related in part to the level of supervision provided to animals that are hospitalised overnight. Many clients believe that when a practice says they provide 24-hour care that this will mean that animals are subject to 24-hour
supervision. While the level of supervision necessary for any patient will always be a matter of clinical judgement, it is important that clients are fully aware of the care provided and options available. While there may be circumstances when it may be wholly appropriate to leave a stable patient alone in a practice, it is important that the owners understand if this is the case.

19. Pre Purchase Examinations and conflicts of interest
There continue to come before the PIC a number of cases involving PPEs where the purchaser is concerned about an undeclared conflict of interest on the part of the veterinary surgeon.

20. Common animal health issues
The Committee has also seen a number of concerns stemming from the problems which arise from certain increasingly common health issues, including elective caesarians in brachycephalic breeds and management of diabetes.

Conclusion

21. Progress has been made towards ensuring that cases are dealt with efficiently and promptly. PIC has identified learning points that may form helpful feedback to those dealing with Standards, and assist the members in avoiding complaints against them and improving client satisfaction.
**MEETING**  
VN Council & Council  

**DATE**  
3 October 2017  

**TITLE**  
RVN PI Committee Chairman’s Report to Council  

**CLASSIFICATION**  
Unclassified  

**SUMMARY**  
This report sets out the work of the Registered Veterinary Nurse (RVN) Preliminary Investigation (PI) Committee since VN Council’s last meeting and the work of the RVNs and lay members at the different stages of the concerns process.  

**DECISIONS REQUIRED**  
None  

**ATTACHMENTS**  
None  

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ROYAL COLLEGE OF VETERINARY SURGEONS

REGISTERED VETERINARY NURSES PRELIMINARY INVESTIGATION COMMITTEE

CHAIRMAN’S REPORT TO (VN) COUNCIL 3 October 2017

1. Introduction:
Since the last Report to Veterinary Nursing Council there have been three meetings of the RVN Preliminary Investigation Committee (30 May, 4 July and 5 September 2017)

2. RVN Concerns received:
Between 2 May 2017 and 5 September 2017 there were seven new concerns received against RVNs.

Three cases are under investigation by the Case Examiners Group (a veterinary and lay member on RVN PIC and a Case Manager) and three cases have been closed by the Case Examiner Group because there was ‘no arguable case’. One case has been referred and is currently under police investigation for allegations of insurance fraud – the outcome of this case will be included in a future report to VN Council.

3. RVN Preliminary Investigation Committee:
The total number of new cases considered by the Committee between 2 May 2017 and 5 September 2017 was five. Of these, two cases have been referred to the College’s solicitors for statements to be taken from relevant witnesses and three cases have been adjourned pending receipt of signed statements, signed undertakings and CPD records.

4. Ongoing Investigations:
The RVN PI Committee has six ongoing cases, including the two referred to above. Two cases have been adjourned pending the outcome of legal proceedings elsewhere; in one of these cases, the RVN was convicted for causing unnecessary suffering to an animal; sentencing is awaited and matters will then be taken forward. Two cases (as above) are referred to the College’s solicitors for statements; one case is referred to the RVN Disciplinary Committee for a formal hearing and the remaining case is subject to further investigation by the Professional Conduct Department. Information about these cases will be included in a future Report to VN Council.

5. Health Concerns:
There are currently no RVNs on the RCVS Health Protocol.
6. Professional Conduct Department:

The table below shows the number, categories and stages of the one hundred & ninety-one total number of Concerns received against RVNs between 1 April 2011 (the date that RVNs were subject to regulation under the Rules agreed by VN and RCVS Council in November 2010) and 5 September 2017.

<table>
<thead>
<tr>
<th>Category</th>
<th>Description of Category</th>
<th>Number of Concerns</th>
<th>Case Examiner Group</th>
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<tr>
<td>A</td>
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<td>5</td>
<td>3</td>
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<tr>
<td>B</td>
<td>Fees</td>
<td>2</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>C</td>
<td>Promoting the Practice</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>D/1</td>
<td>General</td>
<td>15</td>
<td>10</td>
<td>3</td>
</tr>
<tr>
<td>D/2</td>
<td>24 hour emergency cover</td>
<td>5</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>D/3</td>
<td>Euthanasia</td>
<td>4</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>D/4</td>
<td>Communication/Consent</td>
<td>34</td>
<td>27</td>
<td>8</td>
</tr>
<tr>
<td>E</td>
<td>Running the business</td>
<td>3</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>F</td>
<td>Treatment of animals by non-vet nurse</td>
<td>8</td>
<td>6</td>
<td>2</td>
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<tr>
<td>G</td>
<td>Certification</td>
<td>7</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>H</td>
<td>The use of Veterinary Medicine Products</td>
<td>9</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>I</td>
<td>Jurisdiction of RCVS</td>
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<td>1</td>
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<td>J</td>
<td>Negligence/Inadequate Care</td>
<td>39</td>
<td>29</td>
<td>10</td>
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<tr>
<td>K</td>
<td>Other (for example, fraudulent registration and investigations involving other agencies)</td>
<td>20</td>
<td>18</td>
<td>2</td>
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<tr>
<td>L</td>
<td>Convictions</td>
<td>26</td>
<td>20</td>
<td>3</td>
</tr>
<tr>
<td>M</td>
<td>Health</td>
<td>8</td>
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<td>Category</td>
<td>Description</td>
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<td>P</td>
<td>Performance</td>
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<td></td>
</tr>
<tr>
<td>X</td>
<td>Unclassified</td>
<td>0</td>
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<tr>
<td>Totals</td>
<td></td>
<td>191</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Data source – Profcon computer system complaints data. Category ‘X’ is a temporary field assigned to complaint files where a final category has not been identified. There are no cases in this category.

7. Referral to Disciplinary Committee:

Since the last report, the RVN PI Committee has referred one case referred to the RVN Disciplinary Committee for a formal hearing. This case is still to be listed and the outcome will be included in a future Report to VN Council.

Over the course of its existence, the RVN PI Committee has referred a total of five cases to the RVN Disciplinary Committee. This figure represents 3.6% of the total number of Concerns received against RVNs since they were subject to regulation (1 April 2011).

8. Breaches of the Veterinary Surgeons Act / Non-RVN practising:

The RCVS has no prosecution powers to deal with breaches of the Veterinary Surgeons Act 1966 but assists and liaises with appropriate enforcement agencies (Police & Trading Standards) to investigate and bring offenders before the criminal court (the legal apparatus currently available is to pursue a public prosecution through the criminal courts). Public prosecutions are those brought forward on behalf of the Crown, the onus being on the relevant Crown prosecuting authority to establish a case and pursue prosecution.

The RCVS Chief Investigator is currently liaising with one police force regarding an alleged fraud by misrepresentation, in this case, an unqualified person allegedly seeking employment and / or practising as an RVN. This case is currently under police investigation and the outcome will be included in a future Report to VN Council.

9. Year overview

As a Committee the RVN PIC continues to work well and during the year it has had face-to-face meetings and when required, members join the meeting via Skype.

In the almost twelve months from 1 October 2016 to 15 September 2017, a total of 29 concerns have been registered against RVNs. These have been on range of matters, with the majority involving...
clinical care, though failure to comply with CPD requirements, allegations of dishonesty in practice and allegations arising out of employment issues have also featured.

There have been three DC hearings involving RVNs in the past twelve months, the charges concerning matters of alcohol misuse/conviction for drunk driving, failure to comply with CPD requirements and using the practice ordering system for procuring drugs for the RVNs own use. In all cases the facts were found proved, misconduct was proved and the individuals removed from the Register.

RVN PIC members participated in two days of training in September and October 2016, alongside members of PIC, veterinary investigators and staff. The training was led by solicitors from Penningtons, the College’s legal representatives in disciplinary cases, and included sessions on dealing with conflicts of evidence at the case examination/PIC stage, consideration of expert reports and defining and applying the relevant thresholds (arguable case and realistic prospect of success). Participants also received updates from other speakers on the ADR scheme and VetLife.

Training will take place again in October and November 2017.

I would like to take this opportunity to express my thanks to the RVN Preliminary Investigation Committee. I am grateful to the Committee for the work they do and for their positive and supporting comments.

MDH/18/09/2017
<table>
<thead>
<tr>
<th>Meeting</th>
<th>RCVS Council</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
<td>2 November 2017</td>
</tr>
<tr>
<td>Title</td>
<td>Disciplinary Committee Report</td>
</tr>
<tr>
<td>Classification</td>
<td>Unclassified</td>
</tr>
<tr>
<td>Summary</td>
<td>Update of Disciplinary Committee since the last Council meeting on 15 June 2017</td>
</tr>
<tr>
<td>Decisions required</td>
<td>None</td>
</tr>
<tr>
<td>Attachments</td>
<td>None</td>
</tr>
</tbody>
</table>
| Author       | Chloe Newbold
Clerk to the Disciplinary Committee
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Email: c.newbold@rcvs.org.uk |
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Report of Disciplinary Committee hearings since the last Council meeting on 15 June 2017

Background

1. Since the last update to Council on 15 June 2017, the Disciplinary Committee (‘the Committee’) have met for eight hearings. Of which, all have been Inquiry hearings. The Veterinary Nurses’ Disciplinary Committee (‘VN DC’) have met once.

2. The Chair reports that all Committee members have partaken in the appraisal process whereby they provide feedback on whom they have sat with. In addition, the Chair has advised that all one to ones, between himself and the Committee members, have been completed.

3. Any recognised areas for training arising from the appraisal process will be fed into the annual training which has been scheduled for 15 and 16 November 2017.

4. A number of Committee members whose terms of appointment were due to expire have had their terms renewed. The renewed terms of appointment vary between two to four years.

Hearings

Mr Jose Messa

1. The Committee met for a five day hearing on 5 and 6 June and between 12 and 14 June 2017 to hear an Inquiry into Mr Jose Messa. The hearing had been split over two weeks due to the non-availability of the Respondent and the College’s expert, plus it is in the interests of all parties for cases to be listed expeditiously.

2. The allegations against Mr Messa were in respect to his clinical care of Barney, a Border Collie, who sustained a stick injury on 12 September 2015 and subsequently died on 15 September 2015. The first charge was that, on 13 September 2015, Mr Messa failed to provide adequate and appropriate care to Barney. The second charge was that on 14 September 2015 Mr Messa failed to ensure adequate and appropriate on-going care for Barney after his examination of him, including failing to take sufficient steps to ensure that Barney was referred urgently to the care of a referral practice and failing to ensure there were adequate arrangements in place for his ongoing care.


4. Mr Messa made a partial admission as to head of charge 2(ii) (I) b, in that he admitted that he failed to provide Barney with intravenous fluid therapy during the period after his examination of him and prior to his discharge from the practice on 14 September 2015. The remaining heads of charge were not admitted.
5. The Committee found Charge 1 (ii) not proved and the remainder of the charges proved. In relation to Charge 2 (i) the Committee stated:

“The Committee has found that Mr Messa made no further attempts to ensure a same-day referral had made and that Barney was to be admitted into the care of AMVS on that day. Mr Messa’s final interaction with Barney appears to be his conversation with Ms Seib to ask if a referral request had been made. Although Mr Messa may have interpreted this to mean that Barney was now under the care of AMVS, the Committee is satisfied that the duty is on him to ensure that this is, in fact, the case.

While it is acceptable and not uncommon to utilise the veterinary team to make such referral requests, it remains the responsibility of the veterinary surgeon in charge of the case to continue that animal’s care until it has been received at the referral practice, or to make provisions for its care in the interim period.’


7. After deciding on the facts, the Committee considered whether Mr Messa’s actions amounted to disgraceful conduct in a professional respect. The Committee decided that the conduct did not fall far below the requisite standard and the case was dismissed.

Miss Nicola Buttler RVN

8. On 19 June 2017, the VN DC met to hear an Inquiry into Miss Buttler in relation to a drink driving conviction and allegations of being under the influence of alcohol whilst working as a locum veterinary nurse at two separate practices.

9. Miss Buttler did not attend the hearing and was not legally represented. Prior to the hearing, she had not cooperated with the disciplinary process and had e-mailed the College stating that she no longer wanted to receive correspondence from them. The Committee was satisfied that Notice of Inquiry had been properly served and noted that Miss Buttler had responded most recently by email indicating that she was aware she was subject to disciplinary proceedings but expressing that she did not wish to engage with the process. Therefore, the Committee decided to proceed in Miss Buttler’s absence.

10. The Committee took into account the limited email contact from Miss Buttler and decided to proceed on the basis that she denied all the allegations. It chose not to draw any adverse inference from Miss Buttler’s absence when deciding on the case.

11. The Committee heard evidence from witnesses at both veterinary practices where Miss Buttler had worked and to which the charges relate. The committee accepted the evidence presented by the witnesses and found all heads of charges proved.

12. On deciding whether charges 1 and 2 amounted to disgraceful conduct in a professional respect, the Committee considered ‘that being under the influence of alcohol when working as a veterinary
nurse was conduct which fell far short of the standards to be expected of members of the veterinary nursing profession...by doing so, had put animals at increased risk'. The Committee did not consider that Miss Buttler had shown insight into drinking and although there was no evidence to show that at either practice she had actually caused harm to any animals, there was a clear risk. In light of these considerations, the Committee found Miss Buttler guilty of disgraceful conduct in a professional respect.

13. On considering whether charge 3 rendered Miss Buttler unfit to practise as a veterinary nurse, the Committee considered that the conviction alone would not necessarily of itself lead it to a finding of unfitness to practice. The Committee noted:

‘That she had no other criminal convictions or disciplinary findings against her and that she had worked in other practices as a locum veterinary nurse on two occasions with positive references. However, the Committee had to consider the conviction for drink drive in the context of later behaviour which it had found proved; whereby in 2016, Ms Buttler had repeated an activity (working) which required her to not be under the influence of alcohol.

Moreover, the Committee was satisfied that Ms Buttler’s lack of awareness generally regarding her alcohol intake and drinking alcohol when she was not meant to do so and the fact that the conduct which led to the charge did not appear to have been remediated, meant that the conviction for driving with excess alcohol in 2013 rendered Ms Buttler unfit to practice.’

14. On considering the possible sanctions, the Committee noted that Miss Buttler had worked for twenty years without any problem and she previously was of good character. However, as there was no evidence that she would not repeat the conduct with regards to working under the influence of alcohol, Miss Buttler remained a risk to animals. Therefore, the proportionate action was to instruct the Registrar to remove her name from the Register.


Dr Elena Marin Crespo

16. The Committee met on 17 and 18 July to hear an Inquiry into Dr Marin Crespo.

17. The College were notified by Sussex Police that, on 15 January 2015, Dr Marin Crespo had been convicted for failing to provide a specimen of breath for analysis. Following this conviction, on 16 November 2015 and 31 March 2016, Dr Marin Crespo made online representations to the College confirming that she had no criminal convictions.

19. At the outset of the hearing, Dr Marin Crespo indicated that she admitted the facts of the charges. Therefore it was for the Committee to decide whether she had been dishonest when making the representations or that she ought to have known that the representations were false.

20. On deciding whether Dr Marin Crespo was dishonest the Committee accepted Dr Marin Crespo’s oral evidence. She explained to the Committee that when she made the online representations, she did not think she had to disclose her conviction for a motoring related offence as she did not think that it was relevant to her professional practise as a veterinary surgeon. However, the Committee decided that she ought to have known that the representations were false and considered that she was naïve and acted carelessly when she made the declarations without checking what was required by the College. The Committee found Dr Marin Crespo clearly at fault in failing to do that and this limb of the charges was found proved.


22. On deciding whether Dr Marin Crespo was guilty of disgraceful conduct in a professional respect, the Committee stated:

‘...the false declarations made by the Respondent were born of a careless disregard for the disclosure process. The Committee notes that the Respondent could easily have checked online, and/or by telephone, as to what she was obliged to do when making the relevant declarations. She failed to do that.

In these circumstances, the Committee considers that the Respondent’s conduct fell far short of that which is to be expected of the veterinary profession. Therefore, in the judgement of the Committee, on the facts found proved, the Respondent is guilty of disgraceful conduct in a professional respect.’

23. In light of particularly strong mitigating factors including that Dr Marin Crespo had fully cooperated with the College and had displayed insight into her conduct, the Committee, on considering sanction, decided to issue a reprimand. In their decision, they emphasised that every veterinary surgeon must ensure that they adopt a careful and accurate approach to the self-certification exercise, which is crucial if the public and the College are to have trust in that process.

Dr Amir Kashiv

24. On 19 and 20 July, the Committee met to hear an Inquiry into Dr Amir Kashiv following convictions at Peterborough Magistrates Court. The convictions related to dogs held on his property and stood unconnected to his practise as a veterinary surgeon.

25. Dr Kashiv’s convictions included, not preventing the dogs on his property from straying in breach of a Community Protection Notice and on one occasion in breach of a Criminal Behaviour Order, and for not preventing a noise nuisance from their barking and howling in breach of an Abatement
Notice. Dr Kashiv was legally represented at the hearing and he admitted the facts of the charges. However, he did not accept that these convictions rendered him unfit to practise veterinary surgery.


27. In their decision on fitness to practise, the Committee regarded it as a serious matter that a veterinary surgeon should allow himself to be made subject to a Warning Notice, and owing to his failure to engage seriously with the problem identified in the Warning, a Community Protection Notice relating to his mismanagement of his animals. The Committee regards this as a case close to the borderline stating:

‘These…repeated offences demonstrate that Dr Kashiv had a less than adequate insight…into the seriousness of the situation or into the understandable concerns of his neighbours and of the authorities. They are capable of bringing the profession into disrepute so as to undermine public confidence in it.’

28. On consideration, the Committee concluded that the convictions, whether individually or in any combination, did not render Dr Kashiv unfit to practise veterinary surgery and in their reasoning stated:

‘Dr Kashiv is a dedicated veterinary surgeon whose life’s work has been devoted to the welfare of small animals and who has gone to extraordinary lengths, at his own expense, to do all that he possibly could to alleviate the suffering of, and rehabilitate, unloved and abandoned and unwell dogs…It is an important feature of the case that none of these offences involved any compromise of the welfare of his dogs.

The Committee is encouraged to note that there has been no repeat of the escapes and, from that fact and from Dr Kashiv’s willingness to accept that the number of dogs at the farm should not exceed 5 after the expiry of the Criminal Behaviour Order in April 2018. It is persuaded that Dr Kashiv, however belatedly, has developed insight into the need to have better relations with those where he lives and with those whose duty it is to enforce the law.’


Mr Carlos Egido Cortes

30. The Committee met on 7 and 8 August 2017 to decide whether Mr Carlos Egido Cortes, who had been convicted of a number of offences at Cardiff Crown Court on 8 February 2017, was fit to practise veterinary surgery.

31. The charges against Mr Cortes related to possession of indecent images of a child and an extreme pornographic image. The full charges can be found here: https://www.rcvs.org.uk/document-library/egido-cortes-carlos-august-2017-charges/
32. Mr Cortes had not engaged with the College prior to the Inquiry and did not appear before the Committee. Therefore, after being provided with documentation confirming that the Notice of Inquiry had been sent by a number of methods including recorded delivery post and e-mail, the Committee were satisfied that the Notice was properly served and it was in the interests of justice to proceed.

33. On deciding if the charges were proved, the Committee took advice from the Legal Assessor and relied on the certificate of conviction and documentation provided by the College from Cardiff Crown Court, such as Mr Cortes’ guilty plea and the transcripts of those proceedings.

34. As accepted in the cases of RCVS v Vockert (2016) and RCVS v Martin (2017), the test for considering whether a conviction renders a respondent unfit to practise is, to all intents and purposes, the same as that for assessing whether the behaviour amounts to disgraceful conduct in a professional respect, namely whether the conduct falls far short of that which is expected of a member of the veterinary profession. At this stage, there is no burden or standard of proof as it is a matter for the Committee’s judgement.

35. The Committee reached the conclusion that the possession of the material that led to Mr Cortes’ convictions was so reprehensible as to merit the description disgraceful. It considered that by possessing this material, he had brought disgrace on the profession and will have undermined confidence in it. It therefore found Mr Cortes unfit to practise veterinary surgery.

36. On summing up their decision on sanction, the Committee stated:

“...the Respondent’s behaviour, which concerned the exploitation of children and an animal to be so repugnant and deplorable as to make any sanction other than a direction to the Registrar to remove the Respondent’s name from the register wholly inappropriate.

“The Committee has determined that the Respondent’s behaviour is fundamentally incompatible with being a member of the veterinary profession. It therefore directs the Registrar to remove the Respondent’s name, Carlos Egido Cortes, from the Register of Veterinary Surgeons.


Dr Arturas Zukauskas

38. The Committee met for a two day hearing on 9 and 10 August to hear an Inquiry into Dr Arturas Zukauskas.

39. The charges raised against Dr Zukauskas related to his non-compliance with the College’s repeated requests for his Continuing Professional Development ("CPD"). The full charges, as
40. The facts of the amended charges were admitted by Dr Zukauskas. Counsel, acting on his behalf submitted the Committee should recognise there is a language barrier (a translator attended the hearing to assist him), in particular he had not understood the contents of the College’s letters, requesting completion of CPD courses. In addition, his representatives submitted that he had not shown blatant disregard of his obligations, as submitted by the College, as he had corresponded with the College on numerous occasions.

41. The Committee found the charges proved and their full decision can be found here: https://www.rcvs.org.uk/document-library/zukauskas-arturas-august-2017-decision-of-the-disciplinary/

42. The Committee found Dr Zukauskas guilty of disgraceful conduct in relation to both charges. In relation to Charge 1 the Committee took the view that he should have been concerned to understand English sufficiently well to address the correspondence from the College. The Committee stated in its reasoning in relation to Charge 2 that Dr Zukauskas “…did not finally disclose his complete CPD records until service of his witness statement…This caused the College a considerable amount of concern and extra work. Had he done so much earlier, much of this matter would have been avoided.’

43. At sanction stage, the Committee regarded the testimonial evidence advanced by Dr Zukauskas as very impressive and took into account that he has carried out sufficient CPD and since December 2016 has been communicating with the College. The Committee decided to reprimand Dr Zukauskas.

44. In addition, the Committee issued a warning to Dr Zukauskas as to his future conduct, explaining that they are “…mindful of the fact that other veterinary surgeons registered with the College have a duty to discharge their CPD obligations and they honour those obligations. Moreover the conduct of the Respondent has involved a considerable amount of work and expense for the College…In future you must respond in a timely and appropriate manner to any communications which you receive relating to your position as a Member of the Royal College of Veterinary Surgeons.”

45. The full decision can be found on the RCVS website at: https://www.rcvs.org.uk/document-library/zukauskas-arturas-august-2017-decision-of-the-disciplinary/

Dr Adrian Westwood

46. The Committee met to hear an Inquiry into Dr Westwood and his treatment of a cat called Fudge. No admissions in relation to the charges had been made prior to the hearing and these can be found at: https://www.rcvs.org.uk/document-library/westwood-adrian-john-august-2017-charges/

47. On commencement of the hearing, the Respondent was not present, however his solicitor had instructions to act on his behalf. The Committee had been presented with an application from Dr
Westwood to dispose of the case by allowing him to give undertakings that he would retire from practice and never apply for restoration. The application was not opposed by the College.

48. The Committee was referred to previous cases by way of precedent, namely RCVS v Cartmell (2012), RCVS v Oliver (2013), RCVS v Lindridge (2013), and RCVS v Rodale (2015) and RCVS v Denny (2017). The decision however, is one ultimately for the Committee having regard to the public interest and the particular circumstances of the individual case.

49. The Committee noted that the College and the complainant did not object to the application made by Dr Westwood. As a result, the Committee accepted Mr Westwood’s undertakings taking into account that he now lives in Australia and has no intention of returning to the UK.

50. Dr Westwood was removed from the Register of Veterinary Surgeons with immediate effect.

Dr Gerhard Schulze-Allen

51. The Committee met over two days to hear an Inquiry into Dr Schulze Allen. The charges against him related to failing to disclose to the College on three occasions a conviction from the Superior Court of California in 2013. The full charges can be found here: https://www.rcvs.org.uk/document-library/schulze-allen-gerhard-heinrich-josef-september-2017-charges/

52. Dr Schulze Allen was present at the hearing, however he was not represented. In light of this, before the commencement of the hearing the Legal Assessor ensured that the process had been explained.

53. Following the conclusion of the second day, the Committee adjourned the hearing due to a lack of time. The hearing has been relisted for January 2018.

Miss Bridget Gatehouse

54. The Committee met over two days in October, to hear an Inquiry into Miss Gatehouse.

55. At the outset of the hearing, Miss Gatehouse admitted the facts of the charges and that Charge 2 amounted to disgraceful conduct in a professional respect. The contents of the charges involved the sale of a horse that Miss Gatehouse had believed to be vaccinated and gave assurances to this effect without carrying out the adequate checks. On discovery the horse had not been vaccinated, Miss Gatehouse dishonestly made an entry on the horse’s clinical records.

56. The full charges can be found here: https://www.rcvs.org.uk/document-library/gatehouse-elizabeth-bridget-october-2017-charges/

57. Following the admissions from Miss Gatehouse, the Committee found her guilty of disgraceful conduct in a professional respect in relation to both charges and moved on to consider the appropriate sanction to impose. In mitigation, the Committee heard evidence from a number of
testimonial witnesses and from Miss Gatehouse, who drew upon her unblemished career of 22 years and the unusual circumstances of this particular case, such as the acrimonious and distressing relationship with her ex-partner who had been involved in the sale of the horse on this occasion.

58. The Committee decided to impose a two month suspension, concluding that:

‘...while the Respondent’s ex-partner’s conduct toward her during the period they resided together had an adverse effect on her emotional state and well-being and that the break-up was also deleterious to her mental health, her ability to respond appropriately to the question...put to her was not overborne by the fact that she knew that her ex-partner would be extremely annoyed if she had delayed providing an answer until she could check with her practice whether she had in fact vaccinated this Horse. In addition his behaviour towards her in the past and/or at the time in question did not cause her to feel that she had to create a false record. Furthermore she did have time for reflection; she did have a supportive professional partner...and accordingly she had avenues available to her to remedy...’

…the Committee considers that the period of suspension that would, in other circumstances, be entirely merited can properly be reduced in this instance to reflect the fact that this veterinary surgeon would not have acted as she did during this period but for the fact that her judgement was adversely affected by her experience at the hands of her then former partner.

In so concluding the Committee considers that it is taking an exceptional course but one that is justified in these highly unusual circumstances."

59. The public decision can be found here: https://www.rcvs.org.uk/document-library/gatehouse-elizabeth-bridget-october-2017-decision/

Upcoming Hearings

60. There are currently four Inquiry hearings listed before the Disciplinary Committee on the following dates:

- 6-10 November 2017
- 4-7 December 2017
- 13-14 December 2017
- 9-10 January 2018

61. A hearing listed for two days in October has been adjourned until next year. A date is yet to be fixed.

62. Two further cases have been referred to the Committee for Inquiry. The Clerk will list these cases as soon as possible.

63. In addition, the case that was adjourned in March 2017 will soon be relisted.
64. One case has been referred to VN DC and the Clerk will list this case as expeditiously as possible.

**Appeals**

65. No appeals have been heard since the last meeting.