

Meeting	Education Policy and Specialisation Committee
Date	Wednesday 8 February 2012
Title	Specialisation Working Party – Progress Report
Classification	Unclassified
Summary	The specialisation working party has met recently to consider responses to its consultation document. The attached paper provides an update on the working party's discussions.
Decisions required	To note the working party's current position
Attachments	
Author	Freda Andrews Head of Education 020 7202 0702 f.andrews@rcvs.org.uk

Specialisation Working Party – progress to date

1. The working party met on 10th January to consider the responses to its consultation document. It was encouraging to note that 290 responses had been received, 265 from individuals and 25 from organisations or groups of individuals. A wide range of views had been expressed in the responses, from both specialists and non-specialists alike. Many of the responses had not answered the 11 specific questions set out in the consultation document, and some appeared to have misinterpreted the proposals. However, this provided a useful indication of the concerns that would need to be addressed by the working party in its eventual recommendations to RCVS Council. Many of the responses received were detailed and carefully thought out and the working party would like to thank all those who took the time to respond to this important set of proposals.
2. Taking the responses into account, the working party is now working on drafting its revised proposals for consideration by RCVS Council later this year. In the meantime, it thought it would be helpful to set out its current position on some of the key issues, which have emerged from the consultation. There will no doubt need to be further iterations of ideas and further discussion is welcome. It is more important to produce the right proposals, than to rush things through to meet any pre-ordained committee timetable.

The principles underlying the proposals

3. Some respondents commented that they felt the consultation paper had been mistakenly based on the findings of the Lowe report, which had criticised the arrangements for specialisation in the context of production animal practice. Some respondents questioned the Lowe findings and their applicability to other areas of practice. To clarify: the Lowe findings were not the main impetus for establishing the working party but were coincidental to RCVS becoming aware of the growing complexity of the landscape, with recent changes to qualifications and anecdotal feedback indicating confusion over terminology and the position of specialists and others taking referrals. The working party confirms its opinion that this area was in need of review and firmly believes there is scope for clarification and improvement, but acknowledges that there is no statistical data on numbers of advice calls or complaints to RCVS received on this topic.
4. A frequent criticism of the consultation proposals was in relation to one of the principles set out in Chapter 3. This suggested that “clients should have access to the highest level of expertise for every case”, and later in Chapter 9 it was suggested that, when discussing whether to refer a case, clients should be presented with a range of choices with veterinary specialist “always being the preferred route”. The working party wants to make it clear that it was not its intention to suggest that every case should be referred to a specialist, nor that the role of the general practitioner veterinary surgeon should be diminished, nor that certificate holders aren’t doing excellent work and should not take referrals. The principle would be better expressed as clients having access to the most appropriate expertise that is available for each case. (The analogy of the cascade is perhaps better avoided in future.) The working party acknowledges that there are many shades of complexity involved in the referral process, with issues of cost, time, availability and geographical factors involved. In some cases, referral may not be an option for many reasons. It is also recognised that there are

some veterinary surgeons whose caseload is centred on particular procedures or in a narrow area of practice and referral to such “niche experts”, who may not be on the specialist list, may be an appropriate option for a given case. The key point that the working party wishes to emphasise at this stage is the importance of informed client consent – and hence, as set out in the principles, the importance of trust between the veterinary surgeon and the client.

Specialist practices and facilities

5. Another theme that emerged from responses was the role of the facilities and environment where specialists may be working – that it is not enough solely to look at an individual’s qualifications or status when deciding where to refer, but that specialists need access to appropriate support and equipment. Equally, it is accepted that referral to a specialist clinic, hospital or practice may not in itself ensure that the client sees a named specialist: the case may be handled by a resident or other staff in training under specialist direction or supervision. The working party of course acknowledges the link between facilities and the individuals working there, and suggests that further work may be needed by the RCVS Practice Standards Group on standards for specialist practices. In the meantime, however, the working party’s view is that this is still all a matter of informed client consent and the facilities available will be factors to be taken into account by the referring vet when recommending to the client the most appropriate referral route for a particular type of case. The working party is not proposing a prescriptive algorithm for referrals – but rather that referring vets should be able to explain the most appropriate options to their client. The fact that cases may be seen by a resident in a referral hospital would be a factor to be taken into consideration. It is otherwise a matter for the specialist to ensure that they have the appropriate equipment and support to be offering a specialist service.

Level of specialisation

6. There was considerable consensus among respondents that the level of specialist qualifications should be set at level 8 in the qualifications framework and there was general agreement that the level descriptor was appropriate. Some respondents commented that involvement in research should not be a requirement for specialist status, and the working party wishes to clarify that the descriptor does not require involvement in fundamental or lab based research, but “original research OR clinical studies”. However, the working party is of the view that the creation and interpretation of new knowledge in order to extend a discipline or area of practice is an important feature at this level. An understanding of techniques for research and clinical enquiry is also important if the specialist is to be able to interpret latest research.

A middle tier, qualification titles and postnominal letters

7. There appears to be general support, particularly from the organisations that responded, for the introduction of an accredited “middle tier” of veterinary surgeons to be subject to periodic re-accreditation. The question about qualification titles and postnominal letters also elicited general support for simplification, although some strong views were expressed about the need to retain ‘designations’ within qualification titles and postnominals so that vets and clients can see the subject of a vet’s further qualifications.

8. The working party believes these issues are linked. If there is agreement to the development of a middle tier (for which the term “advanced practitioner” received the most support), further work will be needed to set out the criteria and procedures for accreditation at this level, and this will need to include consideration of the list of subjects, disciplines and/or species designations to be included. It was always the working party’s intention that this middle tier status would include the subject area (eg. “Advanced Practitioner in Equine Practice”), in the same way that the current list of Recognised Specialists indicates a subject area. The question yet to be decided will be the degree of detail to be included. The working party was originally of the view that only broad areas of practice should be promoted at the middle tier, but acknowledges that there is a valid argument about the benefit of more specific descriptors (eg. “small animal dermatology”, rather than just “small animal practice”) – especially if this is to be the prime means of describing the veterinary surgeon’s area of expertise. Further discussion is needed on this.

9. It has not been proposed to restrict vets from listing their various qualifications on their personal stationery, but if a new middle tier of “advanced practitioner in xyz” is introduced, together with “RCVS specialist in xyz”, it will be of less importance for the public’s benefit to list the qualifications which led to accreditation at each level. Accreditation and continued accreditation as advanced practitioner or as specialist should be the trigger that allows the individual to include a particular ‘designation’ showing their area of practice or discipline. For example, it could be argued that those working towards CertAVP in the future should only be able to show their subject/species designation IF they are accredited as Advanced Practitioner. If they cease being active in the field, or do not apply for re-accreditation, they would retain their CertAVP but lose any additional subject designations.

FRCVS

10. The question of whether those who are accredited as specialists should also be entitled to be called Fellows of the Royal College elicited strong views both for and against. Most responses from organisations were against this proposal, as were many from existing Fellows, suggesting either that it added confusion, or that it undermined the efforts of those who had already achieved FRCVS by other means. The working party is still of the view that there would be great value in increasing the Fellowship of the College to include more clinically active veterinary surgeons who are accredited at the highest specialist level. However, it will explore further options, such as the Honorary Fellowship title, and the suggestion that it should only be awarded to those who have been active on the specialist list for a number of years. There would need to be a change to the RCVS bye-laws to enable to College to award more Honorary Fellowships than is currently the case.

Increasing the number of specialists

11. The consultation paper asked whether there was a need to increase the number of specialists, and if so, whether interim measures should be pursued (“grandparent rights”) through credentials committees. Some respondents were of the view that there was no need to increase the number of specialists; a few objected to the notion of “grandparent rights”. The working party accepts that, if the concept of the middle tier is agreed, there may not be a need to apply “grandparent rights” at the specialist level. Attention may be better focussed at the middle tier level to ensure that all those with appropriate qualifications and experience

become accredited at that level, and that clear criteria and procedures are defined to ensure fairness. However, the working party would like to explore further the notion of alternative routes to specialist status, especially in view of the feedback it has received of the difficulties for many practitioners in pursuing a Diploma qualification, whether RCVS or European. Given that the Fellowship is already one of the possible routes to specialist status, then achievement of the Fellowship (perhaps by examination), rather than Diplomas, may be a more accessible route for those who are otherwise unable to take follow the usual residency route. Again, this will require careful thought and more work by other RCVS committees/groups to see whether changes should or could be made to the Fellowship bye-laws. Whatever routes or qualifications are allowed for specialist status, however, the level 8 descriptor will need to be satisfied. It would be important, also, that any alternative route would need to incorporate a significant amount of supervised training under the guidance of an existing specialist in that field.

12. As regards the title for those accredited at specialist level: there needs to be further discussion on this point, but the working party is in favour of dropping the word "recognised" from the current title. The preference is for a simpler "veterinary specialist in...." designation. The working party is also in favour of bringing together the system for European specialists and RCVS specialists, such that those accredited as European Specialists should have an automatic route onto the RCVS list, and that the paperwork for re-accreditation might converge.

13. Finally, some respondents commented that whatever frameworks for specialisation are in place, it makes no difference unless RCVS regulates and enforces the Code of Conduct. It perhaps needs to be emphasised that RCVS's disciplinary process is reactive, ie. it is triggered when a complaint is received. It is for members of the profession as well as the public to use these systems. RCVS regulates and enforces, but it is up to individuals to use the systems in place.

12 January 2012