

Report and recommendations from the RCVS Specialisation Working Party

Introduction

1. The Specialisation Working Party was set up by RCVS Council “to consider veterinary specialist qualifications with a view to making recommendations for a simplified structure for possible inclusion in a new legislation and/or a new Charter.” (Full terms of reference are at Annex 1.) It held its first meeting under the chairmanship of Professor Sir Kenneth Calman in July 2010, and met a further six times between September 2010 and January 2012. A meeting with various stakeholders was held in March 2011, and a consultation document was published in October 2011, which elicited nearly 300 responses. Having considered the feedback from this consultation, the working party produced a progress report in January 2012 summarising its thinking to date. Education Policy & Specialisation Committee discussed this in February 2012 and encouraged the working party to finalise its proposals along the lines suggested in the progress report.
2. Those who responded to the consultation provided a wide range of views. Although many responses did not answer the specific questions that had been asked, the responses nevertheless provided a useful indication of the concerns that the working party needed to address. 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.
3. In the meantime, RCVS Council has agreed a revised Code of Professional Conduct and supporting guidance which were the subject of a separate consultation and discussions by RCVS committees in 2011. The new Code states at paragraph 3.5 that **“Veterinary surgeons must not hold out themselves or others as having expertise they cannot substantiate, or call themselves or others a ‘specialist’ or similar where to do so would be misleading or misrepresentative.”** The proposals that follow, if agreed by EPSC and Council, will need to be reflected in revisions to the Code and to its supporting guidance.
4. This paper summarises the working party’s conclusions and recommendations for Education Policy & Specialisation Committee’s consideration, and if appropriate, for Council’s ratification. It does not attempt to rehearse all the background to the specialisation debate, as this was fully described in the October 2011 consultation paper which can be accessed here:
<http://www.rcvs.org.uk/document-library/specialisation-in-the-veterinary-profession/>

5. Although it has set out the principles and recommends actions which it thinks should now be pursued, the working party suggests that further work needs to be done on the details by other committees or task groups within RCVS. Education Policy & Specialisation Committee may also wish to consider further some of the ideas concerning the Fellowship that emerged during the working party's discussions but which went slightly beyond the working party's remit.
6. The working party is aware that some of the terminology which it suggests should be adopted, first needs to be professionally 'market tested' with the public before final changes are implemented. This task needs to be undertaken by those with experience of qualitative market research and the working party suggests that this should be done if EPSC and Council agree to the proposals set out below. Fine-tuning of terminology can be agreed by EPSC and Council later if these proposals are accepted.
7. Finally, the working party's was tasked in its remit to consider which of its recommendations "could be implemented on a voluntary basis or under RCVS's current legislative framework". Given the recent change to the Code of Professional Conduct, and Counsel's legal advice on RCVS's jurisdiction, the working party is of the view that all its recommendations can be implemented without a change to primary legislation. Suggestions are made below concerning further changes to wording of the Code and its supporting guidance that will be needed to support the proposals.

Summary of recommendations

A summary of the working party's recommendations is listed below. These are reproduced from the sections on each of these issues described in the following paper.

8. The working party recommends to Education Policy and Specialisation Committee:

The specialist list and level of specialisation

(see page 10)

- a. RCVS should continue to publish and promote a list of veterinary specialists. The list should include all those who are currently accredited as specialists by RCVS, or by a European speciality College. The purpose of the list is to provide a clear indication to the profession and the public of those veterinary surgeons who have been accredited as specialists by the RCVS, by virtue of having demonstrated achievement at diploma level (doctorate level 8 in the national qualifications framework, FHEQ; Level 12 in the Scottish Credit

Qualifications Framework, SCQF)¹, who are currently active as referral specialists and leaders in their specialty.

- b. Those who are on the list should be entitled to call themselves “RCVS specialist in <subject area and/or species> (the title to be subject to further market research testing with members of the public and may be revised in the light of that feedback).
- c. Entry to the list will require individuals to hold a postgraduate qualification at level 8 (doctorate level) in the national qualifications framework (see Annex 2 below for a full definition of this level) and/or to present evidence to a credentials committee that they have the equivalent specialist experience and training at level 8. Evidence could take the form of a portfolio of work, which would be subject to examination including an oral assessment. Applicants must currently be practising in the specialty and available to provide their specialist service to the public and/or the profession.
- d. Continued inclusion on the list of specialists will require the individual to be periodically revalidated, at least every 5 years (as now). This will require evidence of a commitment to, and strong record of, continuing professional development, continued contribution to the specialty, as well as continued availability to provide their specialist service.
- e. Holders of European Specialist status who are practising in the UK should automatically be eligible for inclusion on the RCVS list, provided that they maintain their European Specialist status by being revalidated by their European College. Revalidation by a European College should be accepted as being equivalent to revalidation by RCVS and require no further evaluation by RCVS, apart from administrative checks to confirm continued availability to provide their service to the profession and/or public in the UK, and contact details.
- f. There should continue to be an application and revalidation fee payable by those applying to join or remain on the list to cover administrative costs.

The list of “advanced practitioners” – an accredited ‘middle tier’ of expertise

(see page 11)

¹ FHEQ = Further and Higher Education Qualifications framework, applying to England, Wales and Northern Ireland; SCQF = Scottish Credit Qualifications framework. The two frameworks are equivalent, but start at different points hence level 8 in the FHEQ equates to level 12 in the Scottish framework; level 7 in the FHEQ equates to level 11 in the Scottish framework. For ease of reference, the FHEQ numbers are used in this paper.

- g. RCVS should set up, publish and promote a new list of “advanced practitioners”. The purpose of the list will be to provide a clear indication to the profession and the public of those veterinary surgeons who have been accredited at postgraduate certificate level (Masters level 7) by the RCVS, by virtue of having demonstrated knowledge and experience in a particular area of veterinary practice (including general practice) beyond their initial primary veterinary degree. Inclusion on the list will demonstrate that the individual holds an appropriate qualification and that they have stayed up to date in their field of practice since achieving their certificate level qualification.
- h. Those who are on the list should be entitled to describe themselves as “advanced practitioner in <subject area and/or species>” (this title to be subject to further market research testing with the public and may be revised in the light of that feedback).
- i. Entry to the list of advanced practitioners will require individuals to hold an appropriate qualification at postgraduate level 7 in the national qualifications framework in their subject/species area (equivalent to level 11 in the Scottish Credit and Qualifications framework). Those on the list must currently be practising in the named subject/species area and demonstrate a commitment to, and strong record of, continuing professional development.
- j. Continued inclusion on the list of advanced practitioners will require the individual to be periodically revalidated, at least every 5 years, with evidence provided of ongoing continuous professional development as well as continued involvement in the subject/species area.
- k. RCVS should continue to liaise with the appropriate European associations that are developing the concept of the ‘European Acknowledged Veterinarian’, with the aim of establishing equivalence between the two systems in terms of level and purpose. If equivalence is eventually established to the satisfaction of RCVS, then holders of the European status who are practising in the UK should automatically be eligible to join the RCVS list of advanced practitioners, provided that they maintain their European acknowledged status by a process of revalidation by the appropriate European body. (This parallels the recommendation relating to European Specialist status above, but is dependent on ongoing work and agreement being reached on equivalence.)
- l. There should be an application and revalidation fee payable by those applying to join or remain on the list, but this fee should be kept as low as possible so as not to discourage eligible applicants.

Titles and designations

(see page 13)

- m. Only those who are on the list of specialists should describe themselves as specialists, and veterinary surgeons should not refer to another colleague as a specialist unless that colleague is on the list. Similar considerations should apply to those on the list of advanced practitioners.
- n. Veterinary surgeons who cease to be on the lists of either specialists or advanced practitioners should no longer describe themselves as specialists/advanced practitioners, nor describe themselves to clients or other professional colleagues as being specialists or having specialist expertise (or advanced practitioner status, as appropriate) in the subject/species area concerned.
- o. RCVS should simplify significantly the listing of postnominal letters for qualifications against Members' names in the published Register and on the RCVS website (Findavet). Official lists should show only the registerable degree (eg. BVMS, or DVM, or BVetMed etc), followed by either MRCVS or FRCVS, and indicating whether the individual is on the list of specialists or the list of advanced practitioners. Thus:
 - i. John Brown, BVSc, MRCVS
 - ii. Jane Smith, BVM&S, MRCVS, Advanced Practitioner in Small Animal Surgery
 - iii. Peter Jones, MVB, FRCVS, RCVS Specialist in Anaesthesia
- p. RCVS should cease awarding additional subject/species designations and subject/species specific postnominal letters with the Certificate in Advanced Veterinary Practice. Holders of the CertAVP who have achieved particular combinations of modules, and who are admitted to the list of advanced practitioners, may show the subject area with the advanced practitioner title (eg. advanced practitioner in equine medicine).

The number of specialists

(see page 15)

- q. RCVS should promote – both to the profession and to the public - the lists of specialists and advanced practitioners, to encourage all veterinary surgeons who are eligible to join one or other of the lists. With the introduction of a new tier of expertise - the advanced practitioner - the working party does not believe that additional measures, such as 'grandparenting', need to be taken to increase the number of veterinary specialists beyond those who may already be eligible, or who are able to present acceptable evidence and be assessed to show that they meet the level descriptor. All those who are currently qualified at level 8 and practising as specialists, or who are qualified

at certificate level (level 7) and taking referrals must be encouraged to join one or other of the lists. This will provide better assurance to the public and clearer information that those who are taking referrals at either level are up to date and active in their field.

The referral process

(see page 17)

- r. It should continue to be a matter of professional judgement for the veterinary surgeon as to whether a case would benefit from being referred to another veterinary surgeon. RCVS should not stipulate that particular types of cases should be referred, nor should it dictate to whom they should be referred. In making such judgements, the veterinary surgeon should take account of their responsibilities set out in the Code of Professional Conduct. In particular, the supporting guidance on referrals and second opinions, and on communication and **informed** consent will be important in this context. This guidance will need to be revised to reflect the new terminology for veterinary specialists and advanced practitioners, and to make it clear that only those on the lists should be referred to as specialists or advanced practitioners as appropriate. (The guidance with suggested amendments highlighted is reproduced below at Table 1.)

Specialist practices and facilities

(see page 22)

- s. The working party recommends that further work should be undertaken by the RCVS Practice Standards Group on standards for specialist practices.

RCVS Diploma of Fellowship – FRCVS and Honorary FRCVS

(see page 22)

- t. RCVS should actively promote – both to the profession and to the public - the Diploma of Fellowship as the highest award issued by the College. Achievement of the Fellowship should continue to be one of the routes for clinicians to gain veterinary specialist status. This is particularly important as RCVS phases out its Diplomas in favour of European Diplomas.

- u. Further work should be undertaken by RCVS to develop additional routes to the Fellowship to make it an award that more practising clinicians can achieve. For example, the existing routes of Fellowship by Thesis, and by Meritorious Contributions to Learning, could be supplemented by a new route to recognise “meritorious contributions to clinical practice”. A working group should be formed to develop the criteria for this new route to the Fellowship with a view to producing explicit statements on the standards required for each route and guidance for examiners, in line with the level 8 descriptor. Revised byelaws will also be needed to enact these changes. Periods of clinical training under supervision should be included in the requirements.
- v. Veterinary specialists who have been on the RCVS list of specialists for a continuous period of 10 years should be awarded the title of RCVS Honorary Fellow (HonFRCVS), to recognise their longstanding contribution to their specialty. This will require a change to the RCVS byelaws for the Fellowship, which currently restricts the award of Honorary Fellowships to three per year.

Promotion and publicity

(see page 24)

- w. The RCVS should make the list of specialists and the list of advanced practitioners readily available and searchable through its website, and consider developing some unique branding to set these lists apart from the standard Register of Members. The lists need to be more immediately visible for the public and not just be seen as an internal reference tool for the veterinary profession.
- x. The RCVS should publish some simple materials (eg. leaflets, posters) designed for the public explaining in simple terms the various levels of veterinary qualifications and the factors to be taken into account when considering a referral. Such materials should be made readily available for veterinary practices to give to their clients.
- y. In order to raise general awareness of the framework for specialisation, the RCVS should promote veterinary specialisation and the existence of the two lists on an ongoing basis, for example through published materials, news stories, press releases, at conferences and by social media as considered appropriate.

The RCVS subject boards

(see page 24)

- z. Drawing on the membership of the subject boards and other sub-committees within RCVS, a large panel – or pool of specialists and Fellows should be

appointed for a rolling fixed term, from which smaller sub-groups can be brought together to advise on subject specific matters when required by the College. Credentials committees should be formed from members of the panel, according to the subject areas under consideration, to evaluate applications for specialist status and advanced practitioner status. Ideally, the panel should comprise a broad range of veterinary surgeons who themselves have been accredited as specialists and/or Fellows.

Background to the recommendations

Principles

The following set of principles should apply to a framework for specialisation. A version of these was set out in the working party's consultation paper in October 2011. The principles below have been amended slightly to take account of feedback received and should be taken into account by future working groups/committees when considering how these proposals should be implemented in the future.

- Veterinary practice is grounded in ensuring first class animal welfare, and any proposals must see improving treatment for the benefit of animal patients as central to any changes in education and organisation.
- Clients should have access to the most appropriate level of expertise that is available for each case.
- There must be recognition of the importance of developing new methods of treatment and investigation and the pursuit of research to improve clinical practice.
- All veterinary practitioners should continue to learn and improve their practice through educational programmes and regular audit review of their work. This should form the basis of ensuring, for the public, the quality of care provided.
- Such programmes and audit reviews should also focus on ethical issues and on the ability to communicate to clients and the public. In particular the importance of clients' informed choice and consent in referring animals to specialists or other colleagues should be emphasised.
- This requires a process of regular revalidation of the specialist practitioner, and all practitioners who wish to promote the provision of their expertise to the profession at large on a regular basis.
- The vet-client relationship is based on trust and, when referring to others or when claiming specialist expertise, this is of paramount importance.
- The structures for veterinary specialisation should be understandable to the public and the profession. Clarity is required and the system adopted should be associated with full information and publicity for the public and the profession.

The specialist list and the level of specialisation

1. There was considerable consensus among respondents to the consultation that the level for specialist status and qualifications should be set at level 8 in the national qualifications framework. This is equivalent to 'doctorate' – including professional doctorates, but should not be interpreted simplistically as being the same as PhD. A full level descriptor has been provided, adapted from the QAA definition of level 8 in the Further and Higher Education Qualification framework (FHEQ) for England, Wales and Northern Ireland² and there was general agreement from those who responded to the consultation that this level was appropriate.
2. 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 laboratory based research, but “original research **OR clinical studies**”. 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 and use this to evidence developments in clinical practice.
3. **The working party therefore recommends that:**
 - a. **RCVS should continue to publish and promote a list of veterinary specialists. The list should include all those who are currently accredited as specialists by RCVS, or by a European speciality College. The purpose of the list is to provide a clear indication to the profession and the public of those veterinary surgeons who have been accredited as specialists by the RCVS, by virtue of having demonstrated achievement at diploma level (doctorate level 8 in the national qualifications framework, FHEQ; Level 12 SCQF), who are currently active as referral specialists and leaders in their specialty.**
 - b. **Those who are on the list should be entitled to call themselves “RCVS specialist in <subject area and/or species> (the title to be subject to further market research testing with members of the public and may be revised in the light of that feedback).**
 - c. **Entry to the list will require individuals to hold a postgraduate qualification at level 8 (doctorate level) in the national qualifications framework (see Annex 2 below for a full definition of this level) and/or to present evidence to a credentials committee that they have the equivalent specialist experience and training at level 8. Evidence could take the form of a**

² Level 8 in the FHEQ equates to level 12 in the Scottish Credit and Qualifications Framework (SCQF)

portfolio of work, which would be subject to examination including an oral assessment. Applicants must currently be practising in the specialty and available to provide their specialist service to the public and/or the profession.

- d. Continued inclusion on the list of specialists will require the individual to be periodically revalidated, at least every 5 years (as now). This will require evidence of a commitment to, and strong record of, continuing professional development, continued contribution to the specialty, as well as continued availability to provide their specialist service.
- e. Holders of European Specialist status who are practising in the UK should automatically be eligible for inclusion on the RCVS list, provided that they maintain their European Specialist status by being revalidated by their European College. Revalidation by a European College should be accepted as being equivalent to revalidation by RCVS and require no further evaluation by RCVS, apart from administrative checks to confirm continued availability to provide their service to the profession and/or public in the UK, and contact details.
- f. There should continue to be an application and revalidation fee payable by those applying to join or remain on the list to cover administrative costs.

The list of “advanced practitioners” – an accredited ‘middle tier’ of expertise

- 4. There was support, particularly from the organisations that responded to the consultation, for the introduction of an accredited “middle tier” of veterinary surgeons to be subject to periodic re-validation. This is in line with current thinking elsewhere in Europe, where systems to accredit “European Acknowledged Veterinarians” at certificate level are being developed. The working party is not comfortable with the proposed European terminology which may mean little to many people in the UK, but we are aware that discussions on this are continuing and that RCVS will be involved in piloting the draft European criteria for accreditation at this level.
- 5. The introduction of this new middle tier will enable the profession and their clients to see not only that someone has achieved a certificate level qualification, but more importantly that they have maintained their involvement in the named area of practice and continue to develop their professional skills and knowledge through a commitment to ongoing CPD. This is more informative than the current list of certificate holders which merely records that someone passed their certificate in the

past, although they may no longer be working in that area or may not have kept themselves up to date with the subject at certificate level.

6. The working party therefore recommends:

- a. RCVS should set up, publish and promote a new list of “advanced practitioners”. The purpose of the list will be to provide a clear indication to the profession and the public of those veterinary surgeons who have been accredited at postgraduate certificate level (Masters level 7) by the RCVS, by virtue of having demonstrated knowledge and experience in a particular area of veterinary practice (including general practice) beyond their initial primary veterinary degree. Inclusion on the list will demonstrate that the individual holds an appropriate qualification and that they have stayed up to date in their field of practice since achieving their certificate level qualification.**
- b. Those who are on the list should be entitled to describe themselves as “advanced practitioner in <subject area and/or species>” (this title to be subject to further market research testing with the public and may be revised in the light of that feedback).**
- c. Entry to the list of advanced practitioners will require individuals to hold an appropriate qualification at postgraduate level 7 in the national qualifications framework in their subject/species area (equivalent to level 11 in the Scottish Credit and Qualifications framework). Those on the list must currently be practising in the named subject/species area and demonstrate a commitment to, and strong record of, continuing professional development.**
- d. Continued inclusion on the list of advanced practitioners will require the individual to be periodically revalidated, at least every 5 years, with evidence provided of ongoing continuous professional development as well as continued involvement in the subject/species area.**
- e. RCVS should continue to liaise with the appropriate European associations that are developing the concept of the ‘European Acknowledged Veterinarian’, with the aim of establishing equivalence between the two systems in terms of level and purpose. If equivalence is eventually established to the satisfaction of RCVS, then holders of the European status who are practising in the UK should automatically be eligible to join the RCVS list of advanced practitioners, provided that they maintain their European acknowledged status by a process of revalidation by the appropriate European body. (This parallels the recommendation relating to European Specialist status above, but is dependent on ongoing work and agreement being reached on equivalence.)**

- f. **There should be an application and revalidation fee payable by those applying to join or remain on the list, but this fee should be kept as low as possible so as not to discourage eligible applicants.**

Titles and designations

7. 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 – particularly at Certificate level - 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 detailed 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 to be decided is 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.
9. It has not been proposed to restrict vets from listing their various qualifications on their personal stationery if they wish to do so, but if a new middle tier of "advanced practitioner" is introduced alongside the specialist list, with the subject or species area indicated as part of the title, it is not then necessary to list the details of 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' with the title showing their area of practice or discipline.
10. As regards the title for those accredited at specialist level: 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. However, this needs to be subjected to some market testing with the public and it is proposed that some research is undertaken before the final terminology is agreed. This will be done if EPSC and Council agree to the general principle.
11. 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 should converge. It has been reported that some European Specialists in some specialties may have slightly less experience in clinical practice when they first pass their European Diploma than those with RCVS Diplomas and that RCVS should therefore require them to gain additional experience before being accepted onto the RCVS list of specialists. However, the working party believes that they should automatically be eligible for RCVS listing, as it is in the general interest to work towards a single list of specialists practising in the UK, rather than the current confusing position. European Diploma holders are entitled to call themselves “European Specialists” whilst they are practising in the UK, whether they are on the RCVS list or not.

12. In the interests of transparency and clarity for the public, the working party is of the view that the RCVS Code of Professional Conduct and its supporting guidance should make it clear when it is acceptable for veterinary surgeons to describe themselves as specialists. This does not prevent veterinary surgeons referring cases to colleagues who are not specialists under this definition, but it would introduce greater clarity and remove any room for doubt or confusion on the part of the public as to the accredited level of expertise being presented. The working party does not believe it is necessary to push for new legislation to achieve this aim, as the same end could be met by greater clarity in the Code of Professional Conduct.

13. The working party therefore recommends that:

- a. **Only those who are on the list of specialists should describe themselves as specialists, and veterinary surgeons should not refer to another colleague as a specialist unless that colleague is on the list. Similar considerations should apply to those on the list of advanced practitioners.**
- b. **Veterinary surgeons who cease to be on the lists of either specialists or advanced practitioners should no longer describe themselves as specialists/advanced practitioners, nor describe themselves to clients or other professional colleagues as being specialists or having specialist expertise (or advanced practitioner status, as appropriate) in the subject/species area concerned.**
- c. **RCVS should simplify significantly the listing of postnominal letters for qualifications against Members’ names in the published Register and on the RCVS website (Findavet). Official lists should show only the registerable degree (eg. BVMS, or DVM, or BVetMed etc), followed by either MRCVS or FRCVS, and indicating whether the individual is on the list of specialists or the list of advanced practitioners. Thus:**
 - iv. **John Brown, BVSc, MRCVS**
 - v. **Jane Smith, BVM&S, MRCVS, Advanced Practitioner in Small Animal Surgery**
 - vi. **Peter Jones, MVB, FRCVS, RCVS Specialist in Anaesthesia**

- d. **RCVS should cease awarding additional subject/species designations and subject/species specific postnominal letters with the Certificate in Advanced Veterinary Practice. Holders of the CertAVP who have achieved particular combinations of modules, and who are admitted to the list of advanced practitioners, may show the subject area with the advanced practitioner title (eg. advanced practitioner in equine medicine).**

The number of specialists

14. 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. Whilst there was some support for an increase in numbers, this was not as strong as the support expressed for other aspects of the proposals. Some respondents were of the view that there was no need to increase the number of specialists; some objected to the notion of “grandparent rights”.
15. 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 will be better focused at the middle tier 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.
16. The working party is, however, of the view that those who believe they are working at specialist level and who wish to be admitted to the list, but who do not for various reasons hold a formal level 8 qualification, should be allowed to present a portfolio of evidence demonstrating how they meet the level descriptor, and undertake an oral examination to validate their application. This route to the specialist list should be allowed for a limited period only, until such time as a new route to the Fellowship is agreed.
17. There is still scope for confusion from the fact that there are a number of Diploma holders who may be working as referral specialists who do not appear on the RCVS list of specialists: they have either never applied, or have been on the list in the past but not renewed their formal specialist status. This should be regularised. RCVS needs to promote the list of specialists, as well as the list of advanced practitioners, so that it is worth their while joining it. The process for applying to be a specialist needs to be as simple as possible (provided all the eligibility criteria are met), as does the procedure for revalidation. Costs need to be kept as low as possible in order not to discourage applicants. Furthermore, if the Code of Professional Conduct

makes it clear that only those who are on the list of specialists may describe themselves as such, this will provide a further incentive for those who consider themselves to be specialists to become formally accredited.

18. The working party also suggests that alternative routes to specialist status should be opened up in order that practitioners can aspire to specialist status in the future. The working party noted comments from the consultation responses about the practical difficulties for some practitioners in pursuing a Diploma qualification, whether RCVS or European. The RCVS has recently agreed that RCVS Diplomas should be closed to new enrolments from November 2012 in favour of the European Diploma system, so this will no longer be an option for new candidates in the future. The European College system of Diplomas does allow an 'alternate' route for Diploma candidates in practice who are not following a traditional residency programme, but this is still at a relatively early stage of development and acceptance, and there is a perception that some practitioners may have difficulty having their alternate route approved by a European College. This route will need to be discussed with colleagues at a European level with the aim of protecting and developing it further and making it more achievable by those in practice.
19. The working party proposes that an alternative is for practitioners, who are unable to work towards a Diploma, to be encouraged to work instead towards the RCVS Fellowship. Given that the Fellowship is already one of the possible routes to specialist status, then achievement of the Fellowship (perhaps by thesis, or by a new route of 'meritorious contributions to clinical practice'), rather than Diplomas, may be a more accessible route for those who are otherwise unable to follow the usual residency path. This will require consideration by other RCVS committees/working groups to define the changes that would be needed to the Fellowship byelaws.
20. Whatever routes or qualifications are allowed for specialist status, however, the level 8 descriptor will need to be satisfied. It will be important that any alternative route normally includes a requirement for a significant amount of supervised training under the guidance of an existing specialist in that field.
21. Finally, some respondents commented that whatever frameworks for specialisation are in place, it makes no difference unless RCVS regulates and enforces the Code of Professional Conduct. It 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. Greater clarity in the Code of Professional Conduct and supporting guidance on these points will help to make it clear when lines have been crossed.
22. **The working party therefore recommends that:**
 - a. **RCVS should promote – both to the profession and to the public - the lists of specialists and advanced practitioners, to encourage all veterinary surgeons who are eligible to join one or other of the lists.**

With the introduction of a new tier of expertise - the advanced practitioner - the working party does not believe that any additional measures, such as 'grandparenting', need to be taken to increase the number of veterinary specialists beyond those who may already be eligible or who are able to present acceptable evidence and be assessed to show that they meet the level descriptor. All those who are currently qualified at level 8 and practising as specialists, or who are qualified at certificate level (level 7) and taking referrals must be encouraged to join one or other of the lists. This will provide better assurance to the public and clearer information that those who are taking referrals at either level are up to date and active in their field.

The referral process

23. In most cases, animal owners will first see their veterinary general practitioner – the “primary” veterinary surgeon - when their animal needs treatment. It will be the primary veterinary surgeon who will usually examine and treat the animal in the practice and, in most cases, will undertake whatever procedures might be necessary him or herself. If a case is complicated, the primary vet may still be able to treat the animal depending on their expertise; but occasionally they may recommend that the animal is seen by a ‘specialist’ or by someone who has had more experience of dealing with complex or unusual cases or may have special facilities or equipment. In some instances, the animal owner may generate the request for referral.
24. This is where confusion can sometimes arise and where clients may not be clear about their options or about the different levels of expertise that might be available. Some animal owners may be confused about the difference between getting a second opinion, and referring the case to a specialist.
25. If a client asks for a second opinion, it must be made clear that a second opinion is for confirmation or review of a diagnosis only, whereas a referral to a specialist or other colleagues with more expertise will be for diagnosis and possible subsequent treatment, after which the case will be referred back to the original practice. Neither a second opinion veterinary surgeon nor a referral practice should ever seek to take over the case, unless the client chooses to change practices. In most cases, referral practices will not be in a position to accept the permanent transfer of the case.
26. A frequent criticism of the working party’s consultation proposals was in relation to one of the principles originally 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 are not doing excellent work and should not take referrals. The principle is better expressed as clients being made aware and having access to the most appropriate expertise that is available for each case.

27. 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 must be emphasised 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.
28. The RCVS’s Code of Professional Conduct (revised and agreed by RCVS Council, March 2012) now encompasses many of the above principles endorsed by the working party. There are important emphases in the new Code on animal health and welfare, on vets keeping within their area of competence, and the importance of informed client consent. Breaches of these principles in the Code may lay a veterinary surgeon open to disciplinary proceedings.
- *“Veterinary surgeons must make animal health and welfare their first consideration when attending to animals.*
 - *Veterinary surgeons must keep within their own area of competence and refer cases responsibly.*
 - *Veterinary surgeons must provide veterinary care that is appropriate and adequate.*
 - *Veterinary surgeons must not hold out themselves, or others, as having expertise they cannot substantiate, **or call themselves or others a ‘specialist’ or similar where to do so would be misleading or misrepresentative.**”*
(paragraphs 1.1 – 1.3, and 3.5, Code of Professional Conduct for Veterinary Surgeons)

29. The supporting guidance published with the new Code of Professional Conduct sets out the expectations for referrals and second opinions (see Table 1). This guidance will need to be amended as indicated in the table to make reference to the new terminology for specialists and advanced practitioners, and to make it explicit that only those on the lists should describe themselves as specialists. The wording in the Code would also benefit from strengthening to make it clear that only those who are on the list may describe themselves or colleagues as specialists. The following is suggested:

“Veterinary surgeons must not hold out themselves, or others, as having expertise they cannot substantiate, or call themselves or others a ‘specialist’, or similar expression that implies specialist standing unless they have been

accredited as specialists³ and where to do so would be misleading or misrepresentative.

30. Nowhere within the new Code or supporting guidance does it indicate that referrals can only be made to specialists, nor does it constrain the professional clinical judgement of the primary veterinary surgeon as to when to refer, or to whom, provided the Code of Professional Conduct is followed. The Code and supporting guidance emphasises the importance of providing clients with clear information about the options available – and this must include clarity about the level of expertise available to treat the client's animal. Whilst this point is covered by the Code, the guidance on communication and consent would benefit from strengthening to make it explicit that the veterinary surgeon should include an explanation of the level of expertise and facilities available to treat an animal within the options presented to a client.

- *“Veterinary surgeons must be open and honest with clients and respect their needs and requirements.*
- *Veterinary surgeons must provide independent and impartial advice and inform a client of any conflict of interest.*
- *Veterinary surgeons must provide appropriate information to clients about the practice including the costs of services and medicines.*
- *Veterinary surgeons must communicate effectively with clients and ensure informed consent is obtained before treatments or procedures are carried out” (paragraphs 2.1 – 2.4, COPC)*

Supporting Guidance:

- *“Informed consent, which is an essential part of any contract, can only be given by a client who has had the opportunity to consider a range of reasonable treatment options, with associated fee estimates and had the significance and main risks explained to them, including the level of expertise of the treating veterinary surgeon” (para 11.1, supporting guidance)*

31. The working party therefore recommends that:

- a. It should continue to be a matter of professional judgement for the veterinary surgeon as to whether a case would benefit from being referred to another veterinary surgeon. RCVS should not stipulate that particular types of cases should be referred, nor should it dictate to whom they should be referred. In making such judgements, the veterinary surgeon should take account of their responsibilities set out in the Code of Professional Conduct. In particular, the supporting**

³ Terminology to be subject to market testing as described earlier.

guidance on referrals and second opinions, and on communication and informed consent will be important in this context. This guidance will need to be revised to reflect the new terminology for veterinary specialists and advanced practitioners, and to make it clear that only those on the lists should be referred to as specialists or advanced practitioners as appropriate. (The guidance with suggested amendments highlighted is reproduced below in Table 1)

Table 1 - Extract from the supporting guidance for the Code of Professional Conduct (2012) with proposed amendments

(Underlined italics indicates suggested change to wording)

1. Referrals and second opinions

Introduction

1.1 Veterinary surgeons should facilitate a client's request for a referral or second opinion.

1.2 Referral may be for a diagnosis, procedure and/or possible treatment, after which the case is returned to the referring veterinary surgeon, whereas a second opinion is only for the purpose of seeking the views of another veterinary surgeon.

When to refer

1.3 Veterinary surgeons should recognise when a case or a treatment option is outside their area of competence and be prepared to refer it to a colleague whom they are satisfied is competent to carry out the investigations or treatment involved.

1.4 The referring veterinary surgeon has a responsibility to ensure that the client is made aware of the level of expertise of appropriate and reasonably available referral veterinary surgeons, for example, whether they are ~~RCVS Recognised Specialists, European specialists or certificate holders;~~ veterinary specialists or advanced practitioners. They must not describe a referral veterinary surgeon as a specialist, or as an advanced practitioner, unless they are accredited as such and are listed on the respective RCVS list.

1.5 Both the referring veterinary surgeon and the referral veterinary surgeon have a responsibility to ensure that the client has an understanding of the likely cost arising from the referral.

Referring a case

1.6 The initial contact should be made by the referring (arranging) veterinary surgeon, ~~and the client and the referral veterinary surgeon should be asked to arrange the appointment.~~

1.7 The referring veterinary surgeon should provide the referral veterinary surgeon with the case history and any relevant laboratory results, radiographs, scans etc.: Any further information that may be requested should be supplied promptly.

1.8 The referral veterinary surgeon should discuss the case with the client including the likely costs of the referral work and promptly report back on the case to the primary veterinary surgeon.

Second opinions

1.9 Veterinary surgeons should follow similar procedures for second opinions and ensure that any differences of opinion between the veterinary surgeons are discussed and explained constructively.

Specialist practices and facilities

32. Another theme that emerged from responses was the part played by 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 is needed by the RCVS Practice Standards Group on standards for specialist practices.
33. In the meantime, however, the working party's view is that this is still 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 equally incumbent on the referral veterinary surgeon only to accept a case if they are satisfied that they have adequate facilities and support to deal with the case and its immediate aftercare.
- 34. The working party recommends that further work should be undertaken by the RCVS Practice Standards Group on standards for specialist practices.**

The RCVS Diploma of Fellowship – FRCVS and Honorary FRCVS

35. 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.

36. The working party is still of the view that there would be great value in increasing the Fellowship of the College to include greater numbers of clinically active veterinary surgeons who are accredited at the highest specialist level. To be accredited formally as a specialist indicates not only a high level achievement including the production of original work that is suitable for publication, but also demonstrates a continuing contribution to knowledge and leadership within the specialist field – characteristics which are entirely worthy of the title Fellow of the Royal College of Veterinary Surgeons. However, rather than propose an automatic FRCVS award upon accreditation as a specialist, as originally suggested, the working party proposes that the **Honorary Fellowship title should be considered** for those who have remained active on the specialist list for a number of years. This could provide an added incentive for some diplomates to join the list and keep their accredited specialist status active.

37. The working party therefore recommends that:

- a. **RCVS should actively promote – both to the profession and to the public - the Diploma of Fellowship as the highest award issued by the College. Achievement of the Fellowship should continue to be one of the routes for clinicians to gain veterinary specialist status. This is particularly important as RCVS phases out its Diplomas in favour of European Diplomas.**
- b. **Further work should be undertaken by RCVS to develop additional routes to the Fellowship to make it an award that more practising clinicians can achieve. For example, the existing routes of Fellowship by Thesis, and by Meritorious Contributions to Learning, could be supplemented by a new route to recognise “meritorious contributions to clinical practice”. A working group should be formed to develop the criteria for this new route to the Fellowship with a view to producing explicit statements on the standards required for each route and guidance for examiners, in line with the level 8 descriptor. Revised byelaws will also be needed to enact these changes. Periods of clinical training under supervision should be included in the requirements.**
- c. **Veterinary specialists who have been on the RCVS list of specialists for a continuous period of 10 years should be awarded the title of RCVS Honorary Fellow (HonFRCVS), to recognise their longstanding contribution to their specialty. This will require a change to the RCVS byelaws for the Fellowship, which currently restricts the award of Honorary Fellowships to three per year.**

Promotion and publicity

38. In order to support the framework for specialisation, including the new list of advanced practitioners, RCVS must ensure that the system is well promoted and publicised, both to the profession and to the public.
39. The working party recommends that:
- a. **The RCVS should make the list of specialists and the list of advanced practitioners readily available and searchable through its website, and consider developing some unique branding to set these lists apart from the standard Register of Members. The lists need to be more immediately visible for the public and not just be seen as an internal reference tool for the veterinary profession.**
 - b. **The RCVS should publish some simple materials (eg. leaflets, posters) designed for the public explaining in simple terms the various levels of veterinary qualifications and the factors to be taken into account when considering a referral. Such materials should be made readily available for veterinary practices to give to their clients.**
 - c. **In order to raise general awareness of the framework for specialisation, the RCVS should promote veterinary specialisation and the existence of the two lists on an ongoing basis, for example through published materials, news stories, press releases, at conferences and by social media as considered appropriate.**

Future of the RCVS Subject Boards

40. The working party's terms of reference invited us to consider the future of RCVS's subject boards. RCVS has a number of small subject boards that to date have managed the various subject specific certificate and diploma examinations. The old style RCVS certificates managed by these boards have been phased out (last examinations 2012), together with some Diplomas, which have given way to equivalent European College Diplomas. So the main role of many of these boards is coming to an end. There will still be a need, however, for some boards to continue to manage the ongoing Diploma examinations.
41. The boards are composed of small teams of experienced RCVS Certificate and Diploma holders and examiners who have brought significant expertise to the College. This expertise will continue to be important for RCVS and could continue to be used to consider veterinary surgeons' credentials for accreditation as a specialist or 'advanced practitioner'. It may be sensible to reconstitute these boards into a

more flexible panel or panels with a wider remit than the current boards. The tasks to be undertaken would include:

- managing the remaining Diploma examinations including appointing examiners and approving enrolments
- considering applications for specialist status and applications for revalidation
- if the idea is accepted – considering applications for ‘advanced practitioner’ status and associated revalidation processes
- approving enrolments for the Fellowship, overseeing candidates’ progress and appointing FRCVS examiners, including the new route of ‘meritorious contributions to practice’
- advising the CertAVP sub-committee on subject specific issues related to the Certificate in Advanced Veterinary Practice.

42. The working party recommends that:

- a. Drawing on the membership of the subject boards and other sub-committees within RCVS, a large panel – or pool of specialists and Fellows should be appointed for a rolling fixed term, from which smaller sub-groups can be brought together to advise on subject specific matters when required by the College. Credentials committees should be formed from members of the panel, according to the subject areas under consideration, to evaluate applications for specialist status and advanced practitioner status. Ideally, the panel should comprise a broad range of veterinary surgeons who themselves have been accredited as specialists and/or Fellows.**

Annex 1

Terms of reference and membership of the RCVS Specialisation Working Party

Prof Sir Kenneth **Calman**, KCB, DL, FRCP, FRCS, FRSE (Chairman)
Mr Ralph **Abercromby**, MRCVS – small animal practitioner and RCVS certificate holder
Mr David **Catlow**, MRCVS – large animal practitioner
Dr Jerry **Davies**, MRCVS – small animal practitioner and former RCVS Recognised Specialist, European Specialist
Mr Richard **Davis** – lay member of RCVS Council and dairy farmer
Prof Tim **Greet**, FRCVS – equine practitioner and RCVS Recognised Specialist, European Specialist
Prof Michael **Herrtage**, MRCVS – academic, RCVS Recognised Specialist, European Specialist
Prof Andrea **Nolan**, MRCVS – academic, RCVS and European Diplomate in anaesthesia
Mr Chris **Tufnell**, MRCVS – mixed practice general practitioner
Ms Judith **Webb** MBE - lay member of RCVS Council

The membership of the working party was selected to cover a range of representative designations: practitioners from small animal, large animal and equine practice; practitioners and academics with a knowledge of specialist training in the UK and Europe; those with additional postgraduate qualifications at certificate and diploma level, and those without; those with knowledge of the RCVS Fellowship as candidate and examiner, 'lay' members, and an independent chairman external to the veterinary profession but with experience of the development of the specialist hierarchy in human medicine. The working party was supported by Janet Etheridge, specialisation manager at RCVS, and Freda Andrews, Head of Education at RCVS.

Terms of Reference (agreed by RCVS Council, March 2010)

To consider the veterinary "specialist" qualifications with a view to making recommendations to Education Policy & Specialisation Committee for a simplified structure for possible inclusion in new legislation and/or a new Charter. Specifically, the working party should consider the following:

- seek to define the term specialist in the context of cognate professions, UK custom and practice, as well as against the wider EU legal definitions
- the operation of the current RCVS list of Recognised Specialists and what arrangements are needed to meet the future needs and diversity of the profession and its clients
- whether there is scope for greater and faster harmonisation of RCVS Diplomas with European College Diplomas

- the place of the RCVS Fellowship within RCVS's framework of qualifications, and whether there is a need for new, different or alternative routes to the RCVS Fellowship
- the future role and structure of subject boards:– what is the most appropriate structure to provide the College with access to advice on matters relating to species, subjects, disciplines; as well as subject specific advice on certificate module development & assessment, Fellowship and Specialist applications
- in the light of recommendations the working party makes about specialists, the amendments that will be needed to the Guide to Professional Conduct
- whether RCVS should pursue powers to establish a statutory register of specialists

In making its recommendations, the working party should identify which, if any, could be implemented on a voluntary basis or under RCVS's current legislative framework.

Annex 2

Level definitions for RCVS Certificate, Diploma and Fellowship

Diplomas and RCVS Fellowship – leading to Specialist status

The definition below is adapted from the Quality Assurance Agency's level descriptor for doctoral degrees.

RCVS Diplomas and Fellowships are awarded to veterinary surgeons who have advanced training in the specialty and have contributed significantly to the development of the specialty by teaching, research or practice.

RCVS Diplomates and Fellows will have demonstrated:

- a high level of competency through teaching, research or practice in the specialty
- acquisition and understanding of a substantial body of knowledge which is at the forefront of the area of veterinary professional practice
- the ability to apply high level knowledge and skills at the forefront of the specialist area to their own professional work
- a high level of clinical expertise in their specialty area including the ability to deal with non-routine and complex cases
- the creation and interpretation of new knowledge, through original research or clinical studies, of a quality to satisfy peer review, extend the forefront of the discipline or area of professional practice, and merit publication
- a detailed understanding of applicable techniques for research and clinical enquiry, including ability to design and implement a project for the generation of new knowledge, clinical methodologies and techniques at the forefront of the professional area.

Typically, holders of the Diploma and Fellowship will be able to:

- make informed judgements on complex issues in their specialist field, often in the absence of complete data, and be able to communicate their ideas and conclusions clearly and effectively to specialist and non-specialist audiences, including clients

- continue to undertake research and/or clinical studies in their field at an advanced level, contributing substantially to the development of new knowledge, techniques, ideas or approaches in the specialty.
- Achievement of this level of qualification would usually only be achieved after a considerable number of years experience of working in the veterinary profession.

Route to Diplomas and Fellowships:

- RCVS Diploma holders will have undertaken a programme of advanced level training under the supervision of another Diplomate. They will have passed an examination in their specialty area testing their knowledge, clinical and practical skills and will have presented either a dissertation or published papers as evidence of their original research.
- RCVS Fellows will have chosen their own field of study for their dissertation which must demonstrate all the characteristics outlined above.
- Alternatively, the Fellowship can be awarded for “Meritorious Contributions to Learning” upon examination of a collection of original work over a 15 year period, which overall must satisfy the above criteria.

Certificate In Advanced Veterinary Practice

This is the agreed definition for the level of the CertAVP upon which all assessments are based. It was adapted from the Quality Assurance Agency’s benchmark for university Masters level qualifications.

Candidates need to demonstrate:

- a thorough understanding of the knowledge base and a critical awareness of developments at the forefront of their area of professional practice;
- a comprehensive understanding of techniques applicable to their own area of practice;
- originality in the application of knowledge, together with a practical understanding of how established techniques of research and clinical enquiry are used to create and interpret knowledge in their professional area;
- conceptual understanding that enables them to
 - evaluate critically current literature and research in their professional area and
 - evaluate clinical methodologies and techniques, and develop critiques of them and, where appropriate to propose new approaches to professional practice.

Typically, holders of the qualification will be able to:

- deal with complex issues in an organised and creative manner, make sound judgements in the absence of complete data, and communicate their conclusions clearly to veterinary colleagues and to non-veterinary audiences, including clients;
- demonstrate self direction and originality in tackling and solving problems, and act autonomously in planning and implementing tasks in their professional area of work;
- continue to advance their knowledge and understanding, and to develop new skills to a high level;

and will have the qualities and transferable skills necessary for professional veterinary work requiring:

- the exercise of initiative and personal responsibility;
- decision-making in complex and unpredictable situations; and
- the independent learning ability required for continuing professional development.

Annex 3

Individuals and organisations that responded to the consultation

The responses will be available to read in full, through a link on the RCVS website, except where respondents have asked for their comments not to be published. Some respondents asked for their names to be withheld and these are accordingly not included in the lists below.

List of organisations and groups that responded to the consultation:

Amlin Plus
Association of Veterinary Specialist Practitioners
Association of Veterinary Anaesthetists
British Cattle Veterinary Association
British Equine Veterinary Association
British Small Animal Veterinary Association
British Veterinary Association
British Veterinary Hospitals Association
British Veterinary Nursing Association Council
British Veterinary Union
European Board of Veterinary Specialisation
Edinburgh Small Animal clinicians
Goat Society
Improve International
Kennel Club
National Farmers Union
North Downs Specialist Referrals
Peoples Dispensary for Sick Animals
Society of Practising Veterinary Surgeons
The World Association for Transport Animal Welfare Studies (TAWS)
Veterinary Defence Society
Veterinary Cardiology Board
Veterinary Ophthalmology Board
Veterinary Public Health Board

Two organisations asked to remain anonymous.

List of individuals who responded to the consultation

Kay Abbott	Keesjan Cornelisse	Adam Hargreaves
Twink Allen	Nuria Corzo	David Hassall
Anna Armitstead	Paul Coward	Rob Hilton
Davinia Arnott	Mark Crawshaw	Jane Hitchings
Neal Ashton	Gareth Cross	Laura Holm
Peter Attenburrow	Lisa Davies	Alasdair Hotston-Moore
Nicola Avery	Michael Davies	Alan Hughes
David Bardell	Tim Davies	Tom Hughes
David Barrett	Jude Dawson	Jon Huxley
David Bartram	Edward De Beukelaer	Vicky Ironside
Adam Bell	Sue Devereux	Hilary Jackson
David Bentley	David Dickson	Peter Jackson
Elis Best	Antonis Dimitriou	Jeremy Johnson
David Black	Stephen Divers	Nick Johnson
Thalia Blackling	Ivan Doran	Norman Johnston
Karen Blissett	Richard Drummond	Ron Jones
Roger Blowey	Marco Duz	Sanjaya Kanagasundaram
Mark Bowen	Kevin Eatwell	Donald Kelly
Carl Bradbrook	Roger Eddy	David Kemp
Jon Bray	Rod Else	Tim Knott
Martin Brice	Emmanuel Engeli	Richard Kock
Steve Bright	Gary England	David Kydd
Neil Brogan	Paul Evans	Lauren Lacorcica
Cameron Broome	Debra Fewes	Emily Lane
Gordon Brown	Bernice Fitzmaurice	Martin Lawton
Lydia Brown	Paul Flecknell	Chris Lewis
Damian Bush	Melanie Fleming	Matt Linnell
Candice Cadwallader	Neil Forbes	Chris Little
Bruce Campbell	Peter Forsythe	David Logue
John Carr	Kathleen Freeman	Ronald Lowe
Jonathan Carr	Jeremy French	Mark Lowrie
Domingo Casamian Sorrosal	Neil Geddes	Virginia Luis Fuentes
Guillaume Chanoit	Toby Gemmill	Ian Macqueen
Tim Charlesworth	Timothy Geraghty	Donald Mactaggart
James Christie	Colin Gilbert	Gethin Maddox
David Clarke	Ida Gilbert	Paul Mahoney
Tom Clarke	Simon Gilbert	David Main
Paul Cockerham	David Godfrey	Tim Mair
Brian Coles	Reg Goodwin	Frank Malone
Chris Colles	Alex Gough	Sara Manners Bell
Mark Collins	Danielle Gunn-Moore	Andrew Manton
David Connolly	Matthew Gurney	Celia Marr
Fiona Connolly	Ed Hall	Andy Matthews
Richard Coomer	Gayle Hallowell	Chris May
Jan Cormie	David Harding	Stephen May

Billy McCartney	Joan Rest	Kit Sturgess
Andrew McDiarmid	Wynne Richards	William Swann
Yvonne McGrotty	Patrick Ridge	Simon Swift
Malcolm McKee	Chris Riggs	Hannes Tanzer
Pauline McNeil	Veronica Roberts	Severine Tasker
Nicci Meadows	Tom Robertson	Bruce Tatton
Fraser Menzies	Matthew Robin	Des Thompson
Andrew Miller	Andrew Robinson	Colin Thomson
Marni Miller	Simon Roch	Andy Torrance
Jon Mills	Paul Roger	Sandy Trees
Andy Moores	Peter Rossdale	Chris Trickey
Tim Morris	Eric Rouviere-Almazan	Phil Tricklebank
Shane Morrison	Victoria Rudolph	Rachel Tucker
Liz Mossop	Clare Rusbridge	Glenys Vaughan
Kate Murphy	Scott Rutherford	Lorenzo Viora
Sue Murphy	Jane Sansom	Chris Vogt
Prue Neath	Neil Sargison	John Walmsley
Melanie Norris	Tobias Schwarz	Sheena Warman
Graham Oliver	Peter Scott	Sarah Warren
Mark Owen	Phil Scott	Charlotte Whatmough
John Parker	Cheryl Scudamore	Helena White
Kevin Parsons	Chris Shales	Colin Whiting
Bob Partridge	Stephen Shaw	Lizzy Whiting
Sue Paterson	Susana Silva	Andrew Whittingham
Brian Patterson	Geoff Skerritt	Roger Wilkinson
Mark Payne Johnson	Tim Skerry	Ruth Willis
Robin Peal	Alistair Smith	Anna Willmott
Chiara Penzo	Kent Smith	Jeremy Wills
Patrick Pollock	Matt Smith	Hamish Wilson
Jonathan Prior	Paul Smith	Neil Wilson
Jock Queen	Sionagh Smith	Roger Wilson
Ian Ramsey	Mary Stallbaumer	Agnes Winter
Nikki Reed	Paul Stevenson	Paul Wotton
Alasdair Renwick	Mark Straw	

[A further 25 individuals asked to remain anonymous.](#)