Veterinary Nurses Council  
Agenda for meeting to be held on Thursday 8 October 2015 at 11.00am  
at the Holiday Inn Hotel, Telford

1. Welcome to new members

2. Apologies for absence

3. Declarations of interest

4. Minutes of meeting held on 5 May 2015  
   Paper attached

5. Matters arising
   a. Fitness to practise  
      Oral report
   b. Centre and Training Practice handbooks  
      Oral report

6. Update on operational matters  
   Oral report

Matters for decision by VN Council and reports from Sub-Committees

7. Proposed amendment to VN Registration Rules  
   Paper attached

8. Golden Jubilee Award  
   Paper attached

9. Veterinary Nurses and Anaesthesia  
   Paper attached

10. English Language testing  
    Paper attached

11. VN Disciplinary Committee  
    Paper attached

12. Ethical Review Panel  
    Paper attached

13. VN Education Sub-Committee
   a. Minutes of meeting held on 29 June 2015  
      Paper attached
   b. Revised Terms of Reference  
      Paper attached
Matters of note

14. Reports from Committees
   a. Practice Standards Group
   b. Standards Committee
   c. VN Preliminary Investigation Committee
   d. VN Disciplinary Committee

15. VN Council Strategy Plan

16. Communications report

17. CPD monitoring

18. Meeting with BVNA Officers

19. Awarding Organisation update

20. Any other business

21. Date of next meeting
   Tuesday 2 February 2016 at 10.30am

Confidential and private items

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September 2015
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Veterinary Nurses Council
Minutes of the meeting held on 5 May 2015

Members:  
Mrs Katherine Kissick - Chairman
Mrs Elizabeth Armitage-Chan*
Mrs Victoria Aspinall
Miss Elizabeth Branscombe
Miss Alison Carr
Mr Niall Connell - Vice-Chairman
Mrs Elizabeth Cox - Vice-Chairman
Mr Dominic Dyer*
Mrs Elizabeth Figg
Mrs Andrea Jeffery*
Miss Hilary Orpet
Professor Susan Proctor
Miss Amber Richards*
Mrs Amy Robinson*
Colonel Neil Smith*
Mrs Penelope Swindlehurst

*absent

In attendance:  
Mrs Annette Amato - Committee Secretary
Mr Luke Bishop - Communications Officer
Mrs Julie Dugmore - Head of Veterinary Nursing
Mrs Victoria Hedges - Examinations Manager
Mr Gordon Hockey - Registrar
Ms Laura McClintock - Advisory Solicitor
Mr Ben Myring - Policy and Public Affairs Officer
Mrs Jenny Soreskog-Turp - Education Officer
Mr Nick Stace - Chief Executive

Apologies for absence

1. Apologies for absence were received from Mrs Elizabeth Armitage-Chan, Mr Dominic Dyer, Mrs Andrea Jeffery, Miss Amber Richards, Mrs Amy Robinson and Colonel Neil Smith.

Declarations of interest

2. There were no new declarations of interest.
Minutes of the meeting held on 3 February 2015

3. The Minutes of the meeting held on 3 February 2015 were accepted as a correct record.

Matters arising

4. **Fitness to Practise.** It was noted that a new Fitness to Practise group was now being formed to produce a guidance booklet tailored to veterinary nurses, along the lines of that recently adopted by the veterinary schools. The Head of Veterinary Nursing reported that there had been strong support for this at the recent meeting of Awarding Organisations (AOs) and Higher Education Institutions (HEIs) and that they would provide input and feedback.

5. **Promoting veterinary nurses.** The Chairman thanked the communications department for the production of the excellent animated film which had recently been launched on the website, promoting veterinary nurses to the public and calling on the title “veterinary nurse” to be protected in law. This had already received many positive comments.

6. **Joint Officers meeting with BVNA.** It was confirmed that the Chairman and Vice-Chairman would be meeting with BVNA President and Vice-President in the afternoon.

Update on operational matters

6. The Chief Executive reported on the areas of priority activity which were currently being undertaken.

7. The new Royal Charter had now been introduced and the next phase of the work was to attempt to strengthen and protect the title “veterinary nurse”.

8. The Alternative Dispute Resolution trial was now underway and was on track to have considered the target of 100 cases in time to report to RCVS Council in November. Cases were being concluded quickly, each case on average taking approximately one month to resolve.

9. The launch of the revised Practice Standards Scheme would take place in November. There would be fewer inspectors and assessors who would work more days, the aim being to ensure consistency and equality throughout the scheme. The new IT system for the PSS was still being developed.

10. Various initiatives were ongoing to maintain the current high levels of staff engagement, with the aim being to maintain the momentum in the coming year. There would also be discussions on the “one team” concept, to include and involve those working for the college, such as examiners and inspectors, as part of the wider RCVS team.

11. The core iMis database was currently being upgraded and improved and this should be completed by the end of the year. A new system was also being developed for the professional conduct department. The new college intranet system was also due to be
introduced in the new few months.

12. With effect from June the college's advice line would be open until 7pm each weekday evening.

13. Council would consider a draft consultation paper in June, which would review the composition of Council and aim to increase public and lay involvement across the College.

14. The arrangements for payment of fees had been reviewed and modernised, and it was now possible for members to pay annual fees by debit and credit card, as well as online and bank transfer.

15. The implementation of the Advanced Practitioner List for veterinary surgeons was now in progress.

16. The Mind Matters Initiative, reported at the last meeting, was now well under way and further details would be reported back to the next meeting.

17. The Joint RCVS/BVA Vet Futures project was currently in its research phase, with analysis due to take place in July and a report to RCVS Council in November.

**Delegation scheme (terms of reference)**

18. The Registrar presented a paper setting out proposed amendments to the remit of VN Council, together with suggested revised terms of reference. The remit of VN Council was unchanged under the delegation scheme approved by RCVS Council in 2014. However, the granting of the new RCVS Charter under which the College is required to keep the list, now known as the register, of veterinary nurses enables this function to be passed to VN Council under the delegation scheme.

19. It was noted that the references to awarding body functions in the present scheme could now be removed, in view of the forthcoming closure of the Awarding Body, and several other improvements to the wording were suggested in the paper.

20. It was confirmed that if changes are made as a result of the governance review to be discussed by RCVS Council in June, the delegation scheme would need to be reviewed.

21. There was some discussion on the provision for the election of the Chair and two Vice-Chairs. Formerly it had been stipulated that the Chair or Vice-Chair should be a veterinary nurse, whereas the new arrangements did not include this rule. It was generally agreed that the revised system would give Council more flexibility to take the best decision based on the membership of Council at the time.

22. A query was raised regarding the new provision that the Council may elect a Finance Officer, whereas it had previously been agreed that this role would be filled by one of the Council's Vice-Chairs. The Registrar pointed out that the wording of this provision enables rather than
forces this to happen, and will allow flexibility for the future without being a requirement.

23. It was agreed that without including these details within the delegation scheme, several of the current conventions should be maintained, these being:
   1. The normal term served by the Chair should be three years.
   2. The retiring Chair should then go on to serve one year as Vice-Chair.
   3. The Vice-Chair to be elected at the first meeting in the year.
   4. The Finance Officer should normally be one of the Vice-Chairs.

24. It was agreed that the revised terms of reference as set out in the paper should be recommended to RCVS Council in June.

Guidance on the use of titles: specialists, advanced practitioners and veterinary nurses

25. Council considered a paper which had been endorsed by the Standards Committee in April, setting out how the enforcement of titles is carried out through the RCVS Codes of Professional Conduct and how this could be strengthened. Council was asked to consider and approve a suggested change to the VN Code of Professional Conduct relating to the use of veterinary nurse titles, which was intended to ensure proper use of the title ‘veterinary nurse’ in practices until such time as the legal protection of the title could be achieved. The paper set out the potential implications and impact of the change, together with legal advice from the College’s solicitors.

26. Council accepted the argument to protect the title ‘veterinary nurse’, noting that it was clear already that only those on the register could call themselves ‘registered veterinary nurses’. However, it was suggested that this would need to be promoted carefully in order that the dropping of the use of “registered” was not perceived as a retrograde step.

27. It was reported that the forthcoming VN Education Newsletter would have an article on the use of the title “veterinary nurse” and it was noted that AOs and HEIs were requested to restrict the use in the naming of modules to only those which form part of an accredited qualification leading to registration. It was noted that while restricting course names can be encouraged, it cannot be enforced.

28. The Registrar indicated that in accordance with the RCVS strategy, work was ongoing on a bill to protect the title veterinary nurse, which would be circulated for information and endorsement.

29. Council confirmed its approval for the proposed change to paragraph 3.5 of the VN Code of Professional Conduct relating to veterinary nurse titles and seeking statutory protection of the title ‘veterinary nurse’.

VN Education Sub-Committee

30. Minutes of meeting held on 24 March 2014. The Head of Veterinary Nursing presented the report in the absence of the Chairman of the Sub-Committee, and drew Council’s attention to
the following points:

31. **Handbooks.** The new handbook for AOs and HEIs had now been published online and had been launched at the AI and HEI meeting the previous week. A small number of hard copies had been produced so that each AO/HEI could be provided with one copy. The handbook incorporates the standards and procedures, with guidance, which had previously been available as many separate documents. The handbook would be regularly reviewed and updated, and the first review would take place in 6 o 8 months. Centre and TP handbooks would be available very shortly, and would only be available online. A student handbook would be produced in due course.

32. **Day One Skills.** The Sub-Committee had agreed to the establishment of a working party to undertake a complete review of the skills within the current list, with the need to focus in particular on safe and effective clinical skills and Schedule 3 activities. The first meeting had taken place in April. It was hoped that the revised list would be ready for a consultation period in June. Following the development of the revised day one skills, the aim was then to produce a year one skills list.

33. **Nursing Progress Log (NPL) review and development.** The Sub-Committee had agreed that a project to review and develop the NPL should run in parallel with the review of the day one skills, and a focus group would be established.

34. **Apprenticeships.** Details had been reported of the changes taking place in the apprenticeship system, following government guidance at the end of 2014. Apprenticeships in the future will be employer led, and at least 10 employers must be actively involved, from a cross section of all practices, large and small. Medivet had already established an employer group and the RCVS was invited to support the process, and to ensure that the criteria for registration were included within the framework. The VNC Chairman and the course provider member of the Education Sub-Committee would be involved on behalf of the RCVS. The system will need to be in place, supported by the RCVS, for 2017.

35. **Higher Education Benchmarks.** It was noted that the HE benchmarks had now been issued by QAA. As the final version had been introduced before the new Charter came into effect, these refer to the byelaws rather than the registration rules. The Head of Veterinary Nursing would contact QAA and request that they be updated.

**CPD Audit**

36. The Education Officer presented a paper setting out the summary of results for the 2014 CPD audit. Council was pleased to note that more than 75% of the random sample of 525 nurses had met the overall requirements. The compliance rate for those who had been included in previous audits was not so high. There was considerable concern regarding twenty RVNs who had been included in the annual audits for 2012, 2013 and 2014, and who despite reminders, had failed to respond to any of these audits, even though remaining active on the Register, and Council discussed the possible reasons for this and the next steps which should be taken.
37. It was agreed that it was first necessary to ensure that the internal systems are completely robust and that these nurses are receiving other RCVS correspondence. Following this an individual approach should be taken to try to discover the reasons, and it was suggested that a small group should review the information before further referral where necessary. It was agreed that the investigation process should be consistent for veterinary surgeons and veterinary nurses, and it was noted that the Education Committee would be discussing a protocol for the non-compliant veterinary surgeons at its meeting the following day. It was felt that it was important that it should be seen that those who did not respond were followed up and that the outcome should be publicised, as well as the positive aspects arising from the audit.

38. A number of other suggestions were made during the discussion, including improving access to the online CPD recording tool (PDR) through the website and further contact with employers, in particular practices which are not TPs or within the Practice Standards Scheme. It was noted that there had been a good uptake level for the recent webinar on CPD.

English Language testing for EU registrants

39. The Policy and Public Affairs Officer presented a paper which provided an update on the developments regarding the English Language testing of EU veterinary registrants. It was noted that testing on the basis of language was previously ruled out due to the way the EU legislation has been implemented in the UK. A revised directive came into force in January 2014 which is not quite so restrictive. This could enable amendment of the Veterinary Surgeons Act, the impact being that although the RCVS will not be able to undertake blanket testing of all EU registrants, it will be possible to test applicants or those already on the register if there are serious doubts about the sufficiency of their English language knowledge. This would be a matter for decision by the Registrar.

40. In order to introduce the change to enable the testing, if required, for veterinary registrants, discussions have taken place with Defra and a Statutory Instrument has been drafted which will enable an amendment to the VSA. Although there is no need to change the law to enable the implementation of language testing for VN applicants, it is proposed to proceed along the same lines and within the same timeframe as for veterinary registrants.

41. Council confirmed its agreement with these proposals, and noted that the necessary amendments to the veterinary nurse registration rules would be presented at the next meeting.

Awarding Body Board

42. The Minutes of the meeting of the Awarding Body Board held on 24 March 2014 were noted. There are now some 75 students remaining in the system, and any students who fail to achieve by 31 November will need to apply to transfer to one of the other AOs to complete their Diploma. Members of VN department staff are in regular contact with the centres
regarding active students and assistance will be provided to discuss possible transfers where necessary.

43. The Head of Veterinary Nursing added that there is one candidate remaining at a Welsh centre, and a statement of compliance will need to be provided to the Welsh Board (DCELLS) if this student does not complete by 31 July. Ofqual will require a full statement of compliance if any English students have not completed or transferred to another AO by 1 September. The Awarding Body will close on 1 December 2015.

International Qualifications

44. The Examinations Manager presented the annual report summarising the applications for registration from nurses trained outside the UK, covering the period between 1 April 2014 and 31 March 2015, with figures for the same period in 2013/2014 shown for comparison. There had been a 20% increase in the number of applications received during this period, and the number of applications proceeding to registration has increased by 72%, partly due to the completion of pre-registration examinations or the required adaptation by applicants from the previous year.

45. It was noted that approximately 1.8% of veterinary nurses currently on the register were trained outside the UK, and six per cent of the new registrants between 1 April 2014 and 31 March 2015 were trained outside the UK.

Reports from Committees

46. **Practice Standards Group (PSG).** Mrs Cox reported that the between February and March the proposed new Practice Standards Scheme had been out for consultation with the profession. In response to the consultation exercise PSG had considered the feedback line-by-line and proposed amendments, together with the framework of the new Scheme were put to April meeting of Standards Committee. Standards approved the Scheme and it would now go to June meeting of RCVS Council for final approval. It was envisaged the new Scheme would be formally launched at the London Vet Show in November.

47. **Standards Committee.** Mrs Cox reported on areas of particular interest to VN Council which had been discussed at the recent Standards Committee meeting. Discussions in relation to veterinary nurses and anaesthesia are ongoing and work is being done to develop a proposal, which meets the requirements of Standards Committee and VN Council. A meeting has also been convened with key stakeholders on 23 June 2015 so that any comments / suggestions may be incorporated into the working draft.

48. Other topics discussed at the recent meeting included reporting adverse reactions to microchips as required by the new compulsory microchipping regulations, discussion on limited service providers and the period in which adverse reactions to vaccinations might arise, duty of candour, and guidance on situations when it may be necessary to breach client confidentiality.
49. **VN Preliminary Investigation Committee.** The Report from the Chairman of the RVN PI Committee on the activity of the Committee since the last VN Council meeting was noted. The Registrar added that the number of cases involving veterinary nurses are always small, but those few can be serious. In response to a query as to how we learn from complaints, the Registrar said that it was intended to re-introduce the publication of anonymised cases and stories where the provision of advice has averted complaints. It was noted that the Head of Veterinary Nursing and the Clerk to the Disciplinary Committee had made presentations to VN students at the RVC, and the Registrar offered to provide sessions similar to those provided to the veterinary schools, to VN course providers, indicating they would be looking for groups of approximately 100 student VNs. The Chairman suggested that it may be possible to arrange group sessions for a number of colleges in one region.

50. **VN Disciplinary Committee.** There have been no Disciplinary hearings against RVNs since the last meeting of VN Council.

**Unpaid work placements**

51. The Head of Veterinary Nursing introduced a paper clarifying the decision taken by VN Council following consideration at its previous meeting of how HMRC National Minimum Wage regulations (NMWR) affect the veterinary nursing practical training requirements. Council had subsequently decided to remove the current 60 week practical training requirement and amend Schedule 1 of the Veterinary Nurse Registration Rules 2014 to reflect this change. It was confirmed that the requirement to complete 2,100 hours of practical training remains in force.

52. It was also noted that students nearing the end of their training will not be expected to work unreasonable hours to complete the 2,100 hours of practical training, and where a student has completed the Day One Skills but not the 2,100 hours, their application will be assessed on a case by case basis on application to register. Council noted a letter which had been sent to all AOs, HEIs and centres to explain the amendment, together with an extract from the forthcoming issue of the VN education publication and a recent press release on the announcement.

53. It was reported that the VN department had received many queries following the issue of the letter, many of which could not be answered by the RCVS as they relate to the interpretation of the NMWR. It was clarified that the legislation only affects those students on a full-time course, as it relates to the payment of students on placements of more than 52 weeks. Students following the traditional apprenticeship training route would not be affected. It was also confirmed that students cannot undertake training by working in a TP on a volunteer basis. It was suggested that the majority of enquiries on the NMWR should be redirected to the centres, which would need to take their own advice from HMRC.

54. The Registrar reiterated the discretion in respect of the requirement for 2,100 hours, so that students are not expected to work unreasonable hours. The amendment to Schedule 1 of the Veterinary Nurse Registration Rules 2014 to reflect this change would need to be submitted to RCVS Council for ratification.
Communications report

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

55. **VN animation.** The new animation promoting registered veterinary nurses and bringing up the issue of ‘protection of title’ was launched on Friday 1 May to coincide with the beginning of the BVNA’s National Veterinary Nursing Awareness Month. The video had been a great success on social media with, at that time, almost 3,000 shares and over 1,000 likes on Facebook, over 3,000 views on YouTube and almost 200 people registering an interest with a campaign to protect the title veterinary nurse.

56. **BSAVA Congress.** The focus at the congress in April had been on the Vet Futures project with a ‘shapes game’, a session on Vet Futures and voting tubes with many veterinary nurses taking part in the games. The voting tubes encouraged people to vote for the topic they would like the Vet Futures project to focus on next and the highest scoring topic was ‘Less stressful, more varied career opportunities for a diverse profession’.

57. **London Pet Show.** The RCVS would be promoting VN Awareness Month, and the aforementioned animation, and our campaign for protection of title at the animal owner event. Two members of the VN Department, Vicky Hedges and Lily Lipman, would be on the stand demonstrating veterinary nursing tasks.

58. **Guildford Regional Question Time.** The RCVS had trialled two streams during the first half of the event – one for veterinary nursing issues and the other for veterinary surgeon issues. The veterinary nursing session, chaired by Liz Cox and Neil Smith, was attended by around 20 delegates and discussed topics such as acupuncture, promoting the profession with the public, and veterinary technician courses and whether they apply to veterinary nurses in the UK.

59. **Vet Futures roadshows.** Three roadshows had already taken place in April (Belfast, Exeter and Cambridge). These were well attended, but with few veterinary nurses. Upcoming events are in Manchester (18 May), Edinburgh (5 June) and Swansea (17 June). VN Council members are welcome to attend.

60. There was some discussion arising from comments made by a few members that veterinary nurses may not be engaging with the Vet Futures project due to the assumption from the title is that it relates only to veterinary surgeons. Reassurance was provided that the project is inclusive of the whole veterinary team, and that the BVNA is being more closely involved with the project.

61. It was also felt that veterinary nurses may be reluctant speak at regional meetings to which both professions are invited. It was suggested that consideration might be given to having separate streams or breakout groups at certain meetings. This format had proved successful at the recent regional meeting in Guildford.
62. **VN Education.** The next edition of *VN Education* was in its final sign-off stage and was due to be published in the week commencing 11 May.

**RCVS News.** This will be published after RCVS Council on 5 June. Suggestions for content should be made to the communications department.

**Council membership and appointments**

63. **VN Council election result.** The results of the election had been published on the website the previous week. The Chairman congratulated Elizabeth Cox on her re-election for a second term on Council, and looked forward to welcoming Lucy Bellwood to Council at the AGM in July.

64. **Appointment of Committee/Sub-Committee members.** The Chairman said that a form would be circulated to Council members in the next few weeks to enable members to indicate their preferences regarding inclusion in the various committees, sub-committees and working parties for the coming year.

65. **Appointment of Chairman and Vice-Chairmen for 2015/2016.** Council confirmed its wish that the current Chairman, Katherine Kissick, should take the role of Vice-Chair for the coming year and that Elizabeth Cox should become Chairman with effect from July. It was also agreed that Niall Connell should continue in the role of second Vice-Chair for the coming year. The Chairman thanked Mr Connell on behalf of Council for his support during the past year.

**Golden Jubilee Award**

66. The Chairman reported that four nominations had been received and had now been considered by the selection panel. Council was informed of the name of the recipient, who had not yet been contacted. There was discussion on a review of the criteria and guidance documents and a possible rebranding of the award. This should include consideration of ways in which the recipient would be provided with the opportunity to inspire others and act as an ambassador for the profession. The Head of Veterinary Nursing agreed to review the current paperwork and to bring forward suggestions to the next meeting.

**Any other business**

67. The Chairman warmly thanked Elizabeth Branscombe, who was retiring from Council, both personally for all her support, and on behalf of Council for all that she had done during her nine years as a member, including three years as its Chairman. Miss Branscombe was presented with a commemorative scroll.

68. Members were reminded that the date for the AGM would be Friday 10 July. Invitations would be sent out in the next few weeks and all members were encouraged to attend.
Date of next meeting

69. Tuesday 6 October 2015 at 10.30am.
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<th>Meeting</th>
<th>VN Council</th>
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<td>Date</td>
<td>8 October 2015</td>
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<tr>
<td>Title</td>
<td>Proposed amendments to the Veterinary Nursing Registration Rules</td>
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<tr>
<td>Classification</td>
<td>Unclassified</td>
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<tr>
<td>Summary</td>
<td>Outlining proposed amendments to the Veterinary Nursing Registration rules in order to reduce unfairness and reflect the approach taken in relation to Veterinary Surgeons.</td>
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<td>Decisions required</td>
<td>Whether or not to recommend the proposed amendments to the Veterinary Nursing Registration Rules to RCVS Council.</td>
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<td>Attachments</td>
<td>Annex A: The Veterinary Nursing Registration Rules with suggested amendments</td>
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<td>Author</td>
<td>Gemma Kingswell</td>
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Introduction

1. The Veterinary Nursing Registration Rules (“the rules”) govern the fees Veterinary Nurses (‘VNs’) must pay in order to register with the RCVS for the first time, to retain that registration and to be restored to the register should their registration lapse. A copy of the rules, together with the amendments proposed in this paper, can be found at Annex A.

2. In their current form, the rules have the potential to cause some VNs to be in a better position than others depending on what point in the year they register for the first time or seek to be restored. Further, there are discrepancies between the rules for Veterinary Surgeons (VS) and the rules for VNs in relation to those wishing to register for the first time and who seek to be restored to the register.

3. This paper proposes amendments to the rules which would not only bring the provisions relating to VNs in line with those relating to VS, but also ensure the position is the same for all VNs regardless of the time of year they seek to be registered or restored.

The current position

4. When a VN registers with the RCVS for the first time, he or she must pay a registration fee of £112.

5. The VN retention fee year (or ‘renewal year’) runs from 1 November to 31 October. At present, if a VN registers in the first two months of the renewal year, i.e. between 1 November and 31 December, he or she must pay the retention fee (or ‘annual renewal fee’) of £61 at the beginning of the next renewal year, i.e. the following November. However, if a VN registers between 1 January and 31 October, they are not required to pay the annual renewal fee until the following November. The effect of this is that VNs registering between 1 November and 31 December 2014 get their first renewal year free, whereas VNs registering between 1 November and 31 December of the same renewal year do not.

6. An illustration of this is as follows: a VN who registers between 1 November and 31 December 2014 must pay their first annual renewal fee at the beginning of the next renewal year, i.e. November 2015. However, a VN who registers between 1 January and 31 October 2015 (which is in the same renewal year as November and December 2014) does not have to pay their first annual renewal fee until November 2016.

7. This is different to the position in relation to VS. The renewal year for VS runs from 1 April to 31 March. A VS registering in the first half of the renewal year, i.e. between 1 April and 30 September, must pay a registration fee of £299. However, a VS registering in the second half of the renewal year, i.e. between 1 October and 31 March, receives a discount and pays only
£150. This is considered to be better ‘value for money’ as those registering in the second half of the year will spend less time on the register before the renewal fee becomes due than those registering in the first half.

8. A further difference between the rules relating to VNs and VS is in relation to the fees paid upon restoration. A VS who seeks to be restored to the register in the first half of the renewal year is required to pay the applicable restoration fee together with the full annual renewal fee. A VS who seeks to be restored in the second half of the renewal year is also required to pay the restoration fee but only half of the annual renewal fee. A VN seeking to be restored to the register must pay the restoration fee plus the full annual renewal fee regardless of the time of year they wish to be restored.

9. As a result, there are three reasons why the current system is unfair:

- VNs registering between 1 January and 31 October effectively get their first renewal year free whereas VNs registering between 1 November and 31 December of the same renewal year do not;

- VNs registering in the second half of the renewal year do not receive a discount on their registration fee however VS in the same position do; and

- VNs seeking to be restored to the register in the second half of the renewal year do not receive a discount on their annual renewal fee however VS in the same position do.

Proposal

Rule 7

10. Rule 7 governs retention fees. It states as follows:

“Retention is subject to payment of the retention fee set out in Schedule 2 at the beginning of each retention fee year; except that a registrant registered at any time between 1 January and 31 October shall not be required to pay a retention fee until 1 November in the following year."

11. It is proposed that Rule 7 is amended to read as follows:

““Retention is subject to payment of the retention fee set out in Schedule 2 at the beginning of each retention fee year.”"
12. It is suggested that this would remove the inconsistency between VNs registering in November and December and those registering in the rest of the year as the renewal fee for all new registrants would only become payable at the beginning of the renewal year following that in which they registered (and each year thereafter). This would also be consistent with the position for VS and mean that VNs who register between January and October will no longer receive their first renewal year free.

Schedule 2

13. Rule 5 sets out the conditions for entry to the VN register, and amongst those conditions is payment of the registration fee set out at Schedule 2. At present, Schedule 2 states that the registration fee is £112. It is proposed that this should be amended to £112 for those registering between 1 November and 31 April and £56 for those registering between 1 May and 31 October.

14. It is recognised that from time to time that the figures Schedule 2 will need to be amended, for example if there is an increase in fees. However, it is suggested that the principle of VNs paying half the registration fee if they register in the second half of the year should continue to apply regardless of any future amendment to the fee amounts.

15. The effect of this amendment would be to remove the unfairness to VNs who register in the second half of the renewal year as they would receive a discount to reflect the fact that they will spend less time on the register until the renewal fee becomes due than a VN registering in the first half. It would also bring the provisions in line with those relating to VS, levelling the playing field between the two professions.

Rule 15

16. Rule 15 governs restoration to the VN register. It states that:

“A former registrant whose name was removed at their request or with their consent, or for non-payment of a retention fee, or for failing to respond to an enquiry whether the details included in the register are up to date, shall be entitled to be restored to the register subject to -

- payment of the retention fee in Schedule 2 for the current retention year,

- payment of the restoration fee in Schedule 2,

- disclosure of matters relevant to good character, and

- if their name has not been entered in the register for five years or more, having completing a period of supervised practice lasting not less than 17 weeks (equivalent to 595 hours) and provided evidence of competence.”
17. It is proposed that Rule 15 is amended so that VNs seeking restoration in the second half of the renewal year, i.e. between 1 May and 31 October, are only required to pay half of the annual renewal fee. This amendment does not affect the restoration fee, which will remain payable in full by all VNs seeking to be restored.

18. The proposed amendments to the rules outlined above can be found at Annex A. Text to be deleted is shown in [square brackets] and text to be added or amended is shown in italics.

Decision required

19. Whether or not to recommend the proposed amendments to the rules to RCVS Council.
Draft revised rules, 30 September 2015

Note: text to be deleted shown [in square brackets]; amended text shown in italics

Veterinary nurse registration rules

Made by the Council of the Royal College of Veterinary Surgeons on 5 November 2015, to come into force on 1 January 2016. [the date when the Supplemental Royal Charter of 2014 comes into operation]

Citation

1. These rules may be cited as the Royal College of Veterinary Surgeons Veterinary Nurse Registration Rules 2015.

Interpretation

2. In these rules -

- "approved" means approved by the Veterinary Nurses' Council;

- "bye-law" means a bye-law of the College;

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

- "disclosure of matters relevant to good character" means a declaration whether the person making the declaration has been convicted of a criminal offence or cautioned for such an offence or removed from a register by any professional organisation or refused entry to such a register;

- "former registrant" means a person whose name was formerly entered in the register or in the list of veterinary nurses kept by the College;

- "Supplemental Charter" means the Supplemental Charter granted to the College in 2014;

- "register" means the register of veterinary nurses which article 12 of the Supplemental Charter requires the College to keep;

- "registrar" means the registrar of the College appointed in accordance with the Veterinary Surgeons Act 1966;

- "registrant" means a person whose name is entered in the register, and shall include a person who has applied for their name to be entered in the register;
- “registration” means the entry of a person’s name in the register for the first time, and the verb “register” shall be construed accordingly;

- “registration fee” means a fee charged to a registrant on registration;

- “removal” means the removal of a registrant’s name from the register, and “remove” shall be construed accordingly;

- “restoration” means the restoration of a name which has been removed from the register, and “restore” shall be construed accordingly;

- “restoration fee” means a fee charged on the restoration of a name to the register;

- “retention” means the retention of an existing registrant’s name in the register;

- “retention fee” means the fee charged in respect of the retention of a registrant’s name in the register for each retention fee year;

- “retention fee year” means the period running from 1 November following the date of registration until the following 31 October, and each period of 12 months thereafter;

- “Schedule” means one of the Schedules to these rules.

Keeping of the register

3. The register shall be kept by the registrar and shall be published.

4. The registrar shall correct any entry in the register if satisfied that it is incorrect.

Entry to the register

5. A person who -

   - satisfies the requirements as to training and education set out in Schedule 1,
   - makes a disclosure of matters relevant to good character, and
   - pays the registration fee set out in Schedule 2

is entitled to be registered.

6. If a person applies to be registered but registration is refused, or ceases to be registered because the registrar has corrected an entry in the register, that person may appeal to the Veterinary Nurses’ Council. The Council may remit any such appeal to a committee. The Council, or the committee, may-
- dismiss the appeal;
- allow the appeal and quash the decision appealed against;
- substitute for the decision appealed against any other decision which could have been made; or
- remit the case to the registrar to dispose of in accordance with the directions of the Council or the committee.

Retention in the register: fees

7. Retention is subject to payment of the retention fee set out in Schedule 2 at the beginning of each retention fee year. [; except that a registrant registered at any time between 1 January and 31 October shall not be required to pay a retention fee until 1 November in the following year.]

Removal from the register

8. The registrar shall remove from the register the name of any deceased person.
9. The registrar may remove a name from the register at the registrant's request or with the registrant's consent.
10. A registrant requesting their own removal must state the ground upon which the request is made, and declare that they are not aware of any reason for the institution of disciplinary proceedings in accordance with rules made under bye-law 13.
11. The registrar may remove a name from the register if the full retention fee for the registrant has not been received by 31 December of the relevant retention fee year.
12. The registrar must notify a registrant at least four weeks before removing the registrant's name from the register for non-payment of the retention fee. The registrar may proceed to remove the registrant’s name even if the notification is not received.
13. The registrar may remove the name of a registrant who does not respond within six months to a written enquiry asking whether the details of the registrant included in the register are up to date.
14. A registrant may be removed from the register, or their registration may be suspended for a period, at the direction of an independent disciplinary tribunal in accordance with rules made under bye-law 13.

Restoration to the register

15. A former registrant whose name was removed at their request or with their consent, or for non-payment of a retention fee, or for failing to respond to an enquiry whether the details included in the register are up to date, shall be entitled to be restored to the register subject to -
- payment of the retention fee in Schedule 2 for the current retention fee year except where restoration takes place between 1 May and 31 October in which case, 50% of the retention fee shall be payable,

- payment of the restoration fee in Schedule 2,

- disclosure of matters relevant to good character, and

- if their name has not been entered in the register for five years or more, having completing a period of supervised practice lasting not less than 17 weeks (equivalent to 595 hours) and provided evidence of competence.

16. If a disciplinary tribunal directs in accordance with rules made under bye-law 13 that a former registrant whose name was removed at the direction of the tribunal shall be restored to the register, the retention fee in Schedule 2 for the current retention fee year and the restoration fee in Schedule 2 shall be payable.

**Revocation**

17. The Royal College of Veterinary Surgeons Veterinary Nurse Registration Rules 2014 are revoked.

**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 94 weeks (equivalent to 3,290 hours), excluding annual leave and absence. The programme must include a full-time period of practical training in an approved training practice of not less than 60 weeks, equivalent to 2,100 hours, or an equivalent part-time period, together with a theoretical programme of not less than 700 guided learning hours. The practical training, which need not be continuous, must be spent in gainful employment or educational practice placement for at least 15 hours a week.

Schedule 2

Registration, retention and restoration fees

Registration fee, on registration between 1 November and 31 April in the following year: £112

Registration fee, on registration between 1 May and 31 October: £56

Retention fee: £61

Restoration fee: £51
<table>
<thead>
<tr>
<th>Meeting</th>
<th>Veterinary Nurses Council</th>
</tr>
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<tbody>
<tr>
<td>Date</td>
<td>8 October 2015</td>
</tr>
<tr>
<td>Title</td>
<td>VN Golden Jubilee Award</td>
</tr>
<tr>
<td>Classification</td>
<td>Unclassified</td>
</tr>
<tr>
<td>Summary</td>
<td>This paper sets out the current nomination criteria and awarding process for the VN Golden Jubilee Award and makes some suggestions on how this could be changed to encourage more participation in terms of nominations.</td>
</tr>
<tr>
<td>Attachments</td>
<td>Annex A: 2015 nomination form and criteria</td>
</tr>
<tr>
<td>Author</td>
<td>Luke Bishop</td>
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<tr>
<td></td>
<td>Communications Officer</td>
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<td></td>
<td>0207 202 0784</td>
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<tr>
<td></td>
<td><a href="mailto:l.bishop@rcvs.org.uk">l.bishop@rcvs.org.uk</a></td>
</tr>
</tbody>
</table>
The VN Golden Jubilee Award

Background

1. The VN Golden Jubilee Award was launched in 2011 to celebrate the 50th anniversary of the first RCVS veterinary nursing training scheme with the aim of recognising and rewarding those people who have made a significant contribution to the veterinary nursing profession and/or animal welfare.

2. The inaugural VN Golden Jubilee Award was given to Jean Turner at RCVS Day 2011. Since then the Award has been given to Sue Badger (in 2012), Hayley Waters (2014) and Dot Creighton (2015). The Award was not given in 2013.

Current position

3. Currently, the nomination period for the Award opens in March and runs until the end of April. Veterinary nurses, veterinary surgeons and laypeople are all eligible to be nominated, although only veterinary nurses have been given the Award so far. The nominators must be either veterinary nurses or veterinary surgeons, although the two supporters of the nomination can be laypeople.

4. A panel, comprising the Chair of VN Council, the Head of Veterinary Nursing, a VN Council Vice-Chair and a layperson from VN Council, is responsible for choosing the winner from the submitted nominations. Generally, the winner is announced at May VN Council and then publicised via an online news story, press release and associated social media.

5. The Award is presented to the recipient by the Chair of VN Council during the Awards and Honours section of RCVS Day in July, with a citation being read by the outgoing President. There is further publicity around the honours and awards recipients at RCVS Day, including the winner of the Golden Jubilee Award.

Discussion/Issues

6. In general, the VN Golden Jubilee Award is well received, with a good amount of press coverage for both the nomination period and the announcement of the winner. All the winners thus far have been well-deserved, having made a significant contribution to the profession and/or animal welfare as per the criteria.

7. However, the total number of nominations each year is quite low and not all have fulfilled the criteria, meaning that there has been a relatively small pool of good nominations to choose from. In 2013, the panel decided that none of the nominations fit the criteria.

8. In respect to fulfilling the criteria, the panel has sometimes felt that some people have been nominated for just ‘doing their job’. They may be doing that job very well and to a very high standard, but the aim of the VN Golden Jubilee Award is to recognise those who have gone
above-and-beyond and are taking a leadership role within the profession. All four winners, thus far, have fit these criteria, but it is felt that there should be more choice for the panel.

9. Another issue has been around what to do with the winner once they have been given the Award. The nomination form suggests that they take an ambassadorial role within the profession, but there has not previously been any process to allow them to do this. However, the VN Department has been looking into such opportunities and, from 2016 onwards and with the agreement of the BVNA, each year the Golden Jubilee Award winner will be given a speaking platform at that year’s BVNA Congress. As the BVNA Congress 2015 programme was already full, this year’s winner, Dot Creighton, will be speaking at VPMA/SPVS Congress in January 2016.

Recommendations

10. With the above issues in mind, the Veterinary Nursing and Communication Departments have come up with a number of suggestions that it is hoped will encourage more engagement with and nominations for the VN Golden Jubilee Award.

11. It is recommended that the Award should be restricted to veterinary nurses only. This would recognise the increasingly prominent role that veterinary nurses have in their own right, would give the Award a greater focus, and ensure that those recognised for taking a leadership role within the profession, are from the profession. Furthermore, the majority of nominees have been VNs thus far as well as all four winners.

12. It is recommended that the Award criteria should be changed to focus on exceptional contribution to the profession rather than their impact on animal welfare and patient care – there are other awards focused on these areas (e.g Ceva Animal Welfare Awards and Blue Cross Veterinary Nurse of the Year) and so it is felt that it is best to concentrate on impact on the profession.

13. It is therefore recommended that the current nomination form (see Annex A) is amended so that it no longer asks the nominator how the nominee has contributed to animal welfare/patient care and is no longer split into ‘Essential’ and ‘Desirable’ criteria. Instead there would be one section for the nominator to complete in which they would be asked to prove how the nominee has made a significant contribution to the profession with a focus on areas such as leadership, outreach, awareness-raising and ambassadorship.

14. The nomination period for the Award should be changed to run from July to September with the winner announced at the February meeting of VN Council and the Award being made at RCVS Day the following year. This would mean that it is aligned with the nomination period for the Queen’s Medal for veterinary surgeons and other RCVS honours. However, in order to make sure that there is a VN Golden Jubilee Award recipient at RCVS Day next year, it is proposed the nomination period for the 2016 Award runs from the end of November 2015 until the end of January 2016. This would also ensure that the nomination periods for the 2016 and 2017 awards are not too close together.
Further steps

15. If agreed, the changes will be publicised in the November edition of *RCVS News*, the December edition of *VN Education*, through the College’s online and social media channels and through the veterinary press. In order to ensure that potential nominators are clear on what would be an appropriate nomination, the VN Golden Jubilee Award section of the website will also be updated to give a synopsis of each winner and why they won. It is also proposed that, in the publicity surrounding the nomination period, quotes are sought from previous winners describing what winning the Award has meant to them.
The Veterinary Nursing Golden Jubilee Award

The RCVS marked the 50\textsuperscript{th} anniversary of the inauguration of the first RCVS training scheme for veterinary nurses in 2011 with a special award for outstanding service to the veterinary nursing profession, which may be made annually. All registered veterinary nurses, veterinary surgeons and lay people are eligible for this award. If you know someone who meets the criteria, please nominate them! The deadline for receipt of all nominations is 24 April 2015.

The nomination criteria

The nomination criteria are set out below:

\textit{Please note that the examples given are not exhaustive; there are many other ways in which a nominee might meet the nomination criteria.}

<table>
<thead>
<tr>
<th>Essential criteria</th>
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<tbody>
<tr>
<td>Nominees must meet at least one of these criteria:</td>
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</table>

<table>
<thead>
<tr>
<th>Criterion</th>
<th>Guidance</th>
</tr>
</thead>
</table>
| 1. The nominee has made an exceptional contribution to veterinary nursing | You must show how the nominee has positively and widely influenced veterinary nursing practice and/or the veterinary nursing profession. Say exactly what he or she has done or achieved, and indicate what evidence there is to support your statement. 

\textit{For example, the nominee might have researched and implemented a new service for their practice or published a report in the veterinary press and lectured about it at a congress.} |
| 2. The nominee has made a positive contribution to animal welfare/patient care | You must show how the nominee has made a positive impact on animal welfare either directly (in clinical nursing practice) or indirectly (via veterinary nurse education, practice management, research etc). As above, you should say how this has been achieved and indicate what evidence there is to support your statement. 

\textit{For example, the nominee might be a leading educator who introduced an innovative new veterinary nurse education programme where previously no training was available.} |
Desirable criteria
Nominees should also be able to demonstrate the following:

| 3. | The nominee should be able to act as a good ambassador for veterinary nursing | The nominee should be able to represent veterinary nursing positively and publicly if he/she achieves the Golden Jubilee Award. He/she should present a good and professional role model for others. Preferably they should already have made a positive impact outside their own immediate workplace. For example, by publishing an article or speaking to an external meeting. |

How to nominate someone
If you are a registered veterinary nurse or veterinary surgeon and know someone you would like to nominate for the Golden Jubilee Award, you will need to ask two additional proposers to support your nomination and complete the nomination form below. Please give as much detail as you can about why you feel they deserve the honour.

Although to nominate someone, you need to be either a registered veterinary nurse or veterinary surgeon, the two additional proposers can be lay people. However, they must be in a position to support your nomination – i.e. they must know the nominee well in a professional capacity.

Your completed nomination form should be received by the RCVS no later than **24 April 2015**.

What happens then?
All nominations will be considered by a panel appointed by the Veterinary Nurses Council.

The award may not be made every year; it is a prestigious award to mark outstanding contributions to veterinary nursing and will be made only if a suitable candidate is nominated.

The winner of the award, and guest, will be invited to attend RCVS Day in London on Friday 10 July 2015 for their award presentation and to celebrate their achievement with the profession.
Nomination for the Golden Jubilee award for veterinary nurses

Details of nominee
Please provide contact details for the person you are nominating:

<table>
<thead>
<tr>
<th>Surname</th>
<th>Title</th>
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<tr>
<td></td>
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<tr>
<td>First names</td>
<td></td>
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<tr>
<td>Registration number</td>
<td></td>
</tr>
<tr>
<td>*Registered address</td>
<td></td>
</tr>
<tr>
<td>*that which appears in the RCVS Register</td>
<td></td>
</tr>
<tr>
<td>Postcode</td>
<td>Mobile number</td>
</tr>
<tr>
<td>Home telephone number</td>
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</table>

Details of primary proposer
Please provide your contact details and the capacity in which you know your nominee:

<table>
<thead>
<tr>
<th>Surname</th>
<th>Title</th>
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<tr>
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<td></td>
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<tr>
<td>First names</td>
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<td>Registration number</td>
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<td>Address</td>
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<td>Postcode</td>
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<tr>
<td>Email address</td>
<td></td>
</tr>
<tr>
<td>Home telephone number</td>
<td>Mobile number</td>
</tr>
<tr>
<td>In what capacity do you know the nominee?</td>
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</tbody>
</table>

Please return this form to:
RCVS
Veterinary Nursing Department
Belgravia House
62-4 Horseferry Road,
London
SW1P 2AF

The deadline for receipt of all nominations is 24 April 2015.
Proposal statement

Please explain why your nominee fulfils the Golden Jubilee Award criteria below, and provide any additional information that will assist in his/her selection:

<table>
<thead>
<tr>
<th></th>
<th>Explain how your nominee has made an exceptional contribution to veterinary nursing:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>You should be able to cite tangible evidence of how he/she has positively and widely influenced practice/the veterinary nursing profession</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Explain how your nominee has made a positive contribution to animal welfare/patient care:</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.</td>
<td>This may be either directly (in clinical practice) or indirectly (via education, practice management, research etc)</td>
</tr>
</tbody>
</table>
Please provide any additional information you consider will assist in the selection of your nominee:

Proposer’s declaration

I hereby nominate the candidate named above for the RCVS Golden Jubilee Award. The information contained in this application is, to the best of my knowledge and belief accurate and I believe the nominee to be of suitable standing and reputation to receive this honour.

Signed

Dated

Details of supporting proposers

I hereby support the above nomination for an RCVS Golden Jubilee Award.

<table>
<thead>
<tr>
<th>Proposer 2</th>
<th>Proposer 3</th>
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<tr>
<td>Name</td>
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<td>Context in which known</td>
<td>Context in which known</td>
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<td>Address</td>
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<td>Signed</td>
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<td>Dated</td>
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<tr>
<td><strong>Meeting</strong></td>
<td>Standards Committee and VN Council</td>
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<tr>
<td>-------------</td>
<td>-----------------------------------</td>
</tr>
<tr>
<td><strong>Date</strong></td>
<td>30 September 2015 and 8 October 2015</td>
</tr>
<tr>
<td><strong>Title</strong></td>
<td>The role of veterinary nurses in anaesthesia</td>
</tr>
<tr>
<td><strong>Classification</strong></td>
<td>Unclassified</td>
</tr>
<tr>
<td><strong>Summary</strong></td>
<td>This paper reports on recent discussions with various UK veterinary organisations regarding proposals to extend the role of veterinary nurses in anaesthesia.</td>
</tr>
<tr>
<td><strong>Decisions required</strong></td>
<td>To note the comments and finalise recommendations to RCVS Council</td>
</tr>
</tbody>
</table>
| **Attachments** | Annex A: Note of the meeting held on 23 June 2015  
Annex B: British Veterinary Association (BVA) Comments  
Annex C: British Small Animal Veterinary Association (BSAVA) Comments  
Annex D: Association of Veterinary Anaesthetists (AVA) comments  
Annex E: Supplementary note to follow |
| **Author** | Laura McClintock  
Standards and Advisory Manager / Solicitor  
0207 202 0763  
l.mcclintock@rcvs.org.uk |
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The role of veterinary nurses in anaesthesia

Background

1. Over the course of the past few meetings, Standards Committee and VN Council have been reviewing the role of veterinary nurses in anaesthesia, specifically how Schedule 3 of the Veterinary Surgeons Act 1966 might be amended to allow veterinary nurses (VNs) to legally carry out anaesthesia under certain conditions. Initially, VN Council recommended a change to Schedule 3 to allow VNs to be involved with both induction and maintenance. But, Standards Committee expressed concern about widening the Schedule to this extent and favoured a more cautious approach to include maintenance only.

2. For various reasons VN Council did not accept the latter approach and highlighted a number of potential problems, specifically that it would preclude VNs from administering intramuscular anaesthetic agents (“triple combinations”) as well as general concerns about drawing such a rigid distinction between induction and maintenance. It was also suggested that if the reluctance to include induction related to the variable dosing of a drug, then it is difficult to explain why variable administration of a maintenance anaesthetic agent would be considered acceptable.

3. Both groups have now debated the issue at length and are in the process of trying to finalise an acceptable solution for recommendation to RCVS Council. The most recent proposal was for Schedule 3 to cover both elements of anaesthesia (induction and maintenance), with the most high risk areas requiring increased levels of veterinary supervision. One potential solution was to create a new level of ‘direct supervision’ meaning a veterinary surgeon must be present to observe what is happening and respond immediately to any request for assistance.

Views from stakeholders

4. On 23 June, some members of the Standards Committee and VN Council met with representatives of stakeholder organisations to seek their preliminary views on the issue. This included the British Veterinary Association (BVA), British Small Animal Veterinary Association (BSAVA), British Veterinary Nursing Association (BVNA), and the Association of Veterinary Anaesthetists (AVA). A note of the meeting is attached at Annex A.

5. It was clear from discussions that the group was in favour of extending the role of veterinary nurses and preferred the concept of allowing VNs to “assist in all aspects of anaesthesia under supervision”, including administering anaesthetic incrementally and to effect.

6. Attendees were subsequently asked to provide written comments on the emerging themes from the meeting, for example, competency issues, pressure from employers, training requirements and species considerations. They were not asked to comment on a firm proposal or consultation paper, but to provide thoughts and suggestions for incorporation into the working draft. Copies of the responses are attached at Annexes B – D.

7. Below are some of the key statements from the responses:

   a) The AVA indicates that extending the role of nurses is a very positive step, giving the opportunity to improve anaesthesia standards in the UK. Also, it states that any changes
should not allow VNs to prescribe medication, but to adjust doses between a pre-set range to allow, for example, changes to inhalation agents and analgesia top-ups. BSAVA agree that while administration may be delegated, the decision about which drugs to use must remain with the veterinary surgeon.

b) The BVA makes similar comments and states that in practice most experienced RVNs are more than capable of making routine adjustments to uncomplicated anaesthetics whilst keeping the vet well informed. The BVA say that this can be preferable to providing a running commentary of vital signs and waiting for instruction as it allows the vet to focus on the task in hand and helps ensure the highest level of care and attention is given to the animal in question.

c) The BVA also suggest that to require total anaesthetic control by a vet is impractical in the normal practice environment and it makes sense for the task to be delegated to appropriately trained staff where possible. But, the vet must retain overall responsibility for the entire process from initial assessment to return to complete consciousness, and ensure adequate oversight of the surgical team.

d) The BSAVA consider that dividing anaesthesia into specific stages is somewhat arbitrary and that with changes in available drugs, the distinction between sedation and anaesthesia, or induction and maintenance is becoming blurred. However, while recovery may be the stage of anaesthesia when most problems occur, this may relate more to the actions and decisions that have taken place prior to recovery rather than the risks relating to recovery itself. The AVA agree that the recovery period remains the one with the highest risk, a matter which is relevant to supervision levels.

e) The BSAVA highlight that induction is the most critical stage as it involves a significant degree of decision-making including acts of deciding which dose/agent, routes and rates of administration and deciding what happens from there. The AVA take the view that there is no more risk of a well-trained nurse inducing anaesthesia to effect over a day-one skilled veterinary graduate. But, the AVA supports the concept of the veterinary surgeon being present and able to respond immediately for a request for assistance.

f) Likewise, the BSAVA support the concept of ‘direct supervision’ meaning that a veterinary surgeon is essentially present and able to respond immediately and consider this is less arduous than ‘direct, continuous and personal’ supervision. [Note that this new level would require more veterinary involvement that the current definition of ‘supervision’, which means the vet is simply present on the premises]. The BSAVA also highlight the need for increased supervision for student veterinary nurses.

g) On the subject of training, the BSAVA suggests that VN training may need to be adapted to incorporate the additional tasks permitted, including for those already registered with the RCVS. Likewise, the AVA highlight a need to extend current undergraduate VN training in anaesthesia, including a rewrite to extend to equine anaesthesia.

h) BEVA also suggest extra training be developed for VNs due to the lack of training in this area available to equine nurses during their qualification and post qualification. BEVA believe that it is an area that many nurses are not confident in but that good knowledgeable nursing care
can make an enormous difference in the correct treatment and recovery of equine anaesthesia cases.

i) Public perception was another common theme. The BSAVA highlight the importance of informed consent and suggest that an owner would expect the veterinary surgeon to be able to respond immediately to any problems that occur. The AVA suggest that the public perception issue could apply equally to non specialist vets performing anaesthesia.

8. The BVNA did not provide a formal written response, but submitted the following comments by email:

“Thank you for waiting for our response. After discussing the matter we have decided that we would not recommend a full consultation. We came to this decision by considering what was in the best interests of animal welfare. We feel that the proposed Schedule 3 changes reflect what VNs are doing and are capable of, thereby bring the law into line with practice. These changes would also give teeth to the RCVS position that a VN is the best qualified person to carry out anaesthetic monitoring. We understand, however, that some of the other organizations may prefer a consultation, but from a BVNA perspective we felt that the proposed changes benefit animal welfare by ensuring that the best trained people are working together”.

September discussions

9. In advance of the September meeting, Standards Committee began to consider how best to finalise any recommendation to RCVS Council.

10. Broadly, the Committee remained in favour of extending the role of veterinary nurses to assist with all aspects of anaesthesia and supported the concept of direct supervision. The Committee also highlighted the need for increased levels of supervision for student veterinary nurses, appropriate training (including equine specific training) and sufficient guidance to empower veterinary nurses to resist undue pressure from employers to perform work beyond their competence.

11. Added to this, the Committee suggested that all animals must receive pre-anaesthetic checks by veterinary surgeons. It was felt that this protects the client and their animal, and also the veterinary nurse if he or she is going to be involved in induction. Ultimately, a veterinary surgeon will need to be involved from the very outset and will remain responsible for deciding whether the animal is safe for anaesthesia.

Next steps

12. The Committee and VN Council is asked to agree to the final recommendation to RCVS Council, particularly in light of the latest comments from the stakeholder organisations. Should RCVS Council agree, in principle, to extending the role of VNs, then further work will be done on the detail of the proposals.

13. Finally, there is an outstanding concern that a broad term such as “assisting with anaesthesia” may be considered too flexible for legislation. We are currently exploring this issue, with external
legal advice, and will report further at the meeting in September. A supplementary note on the outcome of these discussions will follow.

14. Any potential amendments to Schedule 3 will need to be discussed in more detail with Defra. We also understand that Defra is currently discussing how best to establish a framework whereby transparent and robust decisions can be made about activities which are veterinary surgery and those which could be considered suitable for delegation to a suitably competent layperson.
Note of the meeting to discuss the role of veterinary nurses in anaesthesia, Tuesday 23 June 2015

In attendance:

David Catlow  RCVS - Chairman
Gordon Hockey  RCVS
Kathy Kissick  RCVS
Liz Cox  RCVS
Laura McClintock  RCVS
Kate James  RCVS
Julie Dugmore  RCVS
Fiona Andrew  BVNA
Megan Whitehead  BVNA
Tony Buxton  BVA
Philip Lhermette  BSAVA
Carl Bradbrook  AVA

Background

1. DC welcomed everyone to the meeting. GAH summarised the background discussions on this issue to date, as set out in the presentation circulated during the meeting and attached at Annex A. In brief, the key issues relate to how much veterinary nurses should be permitted to carry out in relation to anaesthesia and, if this is extended beyond what is currently allowed, whether additional qualifications will be required.

2. GAH outlined that VN Council sought a review of the current position and a number of arguments were put forward in favour, including concern that some veterinary nurses are already doing more than the current guidance allows and, added to this, extending veterinary nurses' responsibilities will be balanced by the fact that they are now accountable for their own actions and may be disciplined by the RCVS. Some have also argued that the nature of anaesthesia has evolved and it is now more difficult to draw a distinction between induction and maintenance.

3. It was explained that others have suggested that anaesthesia could be construed as 'medical treatment / minor surgery', but it has been long accepted that this is not the case – a matter which has been confirmed by recent legal opinion. If veterinary nurses are to do more, an amendment to Schedule 3 will be required.

Latest proposals

4. GAH explained that Standards Committee and VN Council have debated the issue at length, with both groups trying to reach an acceptable proposal. VN Council would like veterinary nurses to do more whereas Standards Committee has taken a more cautious approach. Standards Committee has accepted, however, that the role of veterinary nurses in anaesthesia should be extended. Both groups are trying to reach an acceptable solution.
5. The most recent proposal is for Schedule 3 to cover both elements of anaesthesia (induction and maintenance), with each different stage requiring different levels of supervision. Standards Committee will discuss further in September and views of relevant stakeholders are being sought in the interim.

6. DC highlighted that the intention of Standards Committee was not to be obstructive, but to ensure all relevant issues were considered and to highlight potential for abuse or unintended consequences.

7. LC commented that VN Council is seeking to strengthen and protect the role of veterinary nurses and concerns have already been raised about veterinary nurses, for example, giving triple combinations instead of a more appropriate anaesthetic regime simply to stay on the right side of the law.

**General views of widening the role of veterinary nurses**

8. The general mood of the group was in favour of extending the role of veterinary nurses in anaesthesia, but a number of important issues were raised:

   a) **Pressure from veterinary employers** – some expressed concerns that veterinary nurses may be pressurised into carrying out anaesthesia by their employers simply because it is legally and professionally acceptable. It was suggested that some veterinary nurses may not feel comfortable standing up to their employers and saying no to procedures that they do not feel competent to undertake.

   b) **Competency** – conversely, others highlighted that veterinary nurses have a personal professional responsibility to stay within their own area of competence – an obligation that is enshrined in the Code of Professional Conduct.

   c) **Public perception** - some raised concerns that clients and members of the public may be unhappy with veterinary nurses performing anaesthesia. Some clients may understandably expect anaesthesia to be carried out by an anaesthetist in the same way as the human healthcare field and may not fully understand the differences between the veterinary and medical sectors.

   d) **Complex clinical cases** – some highlighted that in practice some cases can be more challenging than others and involve different risks to the patient. Veterinary nurse involvement would need to be appropriate to the individual case.

   e) **Teamwork and shared responsibility** - the group agreed that while the veterinary surgeon must retain overall responsibility for a case, teamwork is key. It was commented that a skilled veterinary nurse is an asset to the team. There was reference to written comments provided by a veterinary surgeon involved with the Association of Veterinary Anaesthetists, who supported extending the role of veterinary nurses and said that having worked with nurses (as well as vets who are not specialists or work only in anaesthesia), very often the veterinary nurse is more skilled and up to date in anaesthesia related matters. It was commented that understandably there will be different levels of competency within every veterinary team.
f) **Concerns about lay involvement** – some raised concerns that some lay staff are already doing more than veterinary nurses, for example, those who have completed the City and Guilds Level 2 Certificate in ‘assisting veterinary surgeons in the monitoring of animal patients under anaesthesia’. GAH explained that monitoring is not considered veterinary surgery and therefore may legally be carried out by lay people. Current RCVS guidance states that monitoring a patient during anaesthesia and the recovery period is the responsibility of the veterinary surgeon, but may be carried out on his or her behalf by a suitably trained person. The most suitable person to assist a veterinary surgeon to monitor and maintain anaesthesia is a veterinary nurse or, under supervision, a student veterinary nurse. What is ‘veterinary surgery’ is independent from any commercial issues. The College is focussed on what veterinary nurses may legally do going forward.


g) **Species issues** – it was highlighted that the current provision in Schedule 3 for veterinary nurses is not species specific and some asked whether any extension to include anaesthesia should take account of different species, for example, equine cases. DC explained that this was also something raised by Standards Committee during its deliberations on the subject. JD explained that anaesthesia is not currently covered in the syllabus for equine veterinary nurses and the practical skills have been removed from the equine pathway. Veterinary nurses are not involved in this area of work. CB explained that anaesthesia in horses is very different to small animals (total drugs are used; not drugs to effect). DC commented that in horses anaesthesia may be maintained via top up.

**Induction v. maintenance**

9. There was discussion about the extent of any change to Schedule 3 and whether this should include both induction and maintenance. It was commented that the transitional phases are relevant to risk, but we should not segregate these too much as this could cause problems.

10. There was general agreement that the issue is more than just induction/maintenance. There are other important stages to consider, including:

   a) Assessment and planning;
   b) Induction;
   c) Maintenance; and
   d) Recovery (which can be the most high risk period)

11. It was explained that there are also other issues to consider beyond the risk periods including individual patient risk and the type of procedure to be undertaken.

12. PL highlighted that a recent BSAVA survey found that veterinary surgeons were in favour of extending the role of veterinary nurses to include maintenance, but not induction.

13. It was commented that anaesthesia checklists are used in the human healthcare field. CB highlighted the Anaesthetic Safety Checklist produced by the Association of Veterinary Anaesthetists (AVA).
Supervision requirements

14. There was discussion about the levels of supervision required, and whether these could differ for the different risk periods – with a higher level required for the most risky stages. The general feeling in the group was that:

- a) Veterinary nurses must work under the direction of their employer veterinary surgeon with the animals under his/her care;
- b) Veterinary nurses may assist with all aspects of anaesthesia under supervision (one level) [this is a relatively flexible term and may be too flexible for legislation];
- c) ’Supervision’ means that the veterinary surgeon is present on the premises and able to respond to a request for assistance if needed;
- d) The veterinary surgeon needs to use professional judgement when delegating anaesthesia related tasks to the veterinary nurses;
- e) Delegation should be based on the competency of the veterinary nurse, the procedure to be undertaken, individual patient risks and risk periods; and
- f) Veterinary nurses may share the work, but they are not seen to be working independently.

15. It was recognised that the RCVS would need to produce guidance on the meaning of these terms and how these should be applied in practice.

16. It was felt that student veterinary nurses should be subject to similar direction and supervision requirements.

Training requirements and CPD

17. There was discussion about whether further training or qualifications may be required to allow veterinary nurses to do more in relation to anaesthesia.

18. It was commented that veterinary nurses training has increased dramatically over the years. On qualification, veterinary nurses will have sufficient basic knowledge and skills, but these could be built on. The advanced veterinary nursing diploma also has an add on, but this is not compulsory.

19. KK explained that currently there is no anaesthesia related CPD for veterinary nurses, but this may change if the legal boundaries shift. It was commented that for many the best CPD is observing real cases in practice.

Future proofing

20. There was discussion about how to future proof any change to Schedule 3. It was agreed that wording should not be overly prescriptive, but could be supported with additional guidance. Any changes to the Schedule will ultimately have to be approved by Defra.

Next steps
21. A note of the meeting will be circulated to attendees. The organisations will be asked to collate the views of their members for consideration by Standards Committee in September 2015.
BVA RESPONSE TO RCVS REVIEW OF THE ROLE OF VETERINARY NURSES IN ANAESTHESIA

1) The British Veterinary Association (BVA) is the national representative body for the veterinary profession in the United Kingdom and has over 15,000 members. Our primary aim is to represent, support and champion the interests of the veterinary profession in this country, and we therefore take a keen interest in all issues affecting the profession, including animal health and welfare, public health, regulatory issues and employment matters.

2) We were pleased to have been given the opportunity to respond to the RCVS review of the role of registered veterinary nurses (RVNs) in anaesthesia. In developing this response we have consulted our members and liaised with our affiliate organisation the British Veterinary Nursing Association (BVNA) and with the British Equine Veterinary Association (BEVA).

3) Experienced and well-trained RVNs are a valuable asset to the veterinary practice team and contribute to successful surgical outcomes as well as providing all important patient care pre and post operatively. We welcome this opportunity to explore the role of RVNs in the anaesthesia process with a view to formally recognising their invaluable contribution. This RCVS review also provides a perfect opportunity to demonstrate to the public the value and importance of the role of RVNs within the team and the pressing need to formally protect the title of “Veterinary Nurse”.

Summary

4) In practice most experienced RVNs are more than capable of making routine adjustments to uncomplicated anaesthetics whilst keeping the vet well informed. This can be preferable to providing a running commentary of vital signs and waiting for instruction as it allows the vet to focus on the task in hand and helps ensure the highest level of care and attention is given to the animal in question. To require total anaesthetic control by a vet is impractical in the normal practice environment and it makes sense for the task to be delegated to appropriately trained staff where possible. However, the VN qualification does not automatically qualify a RVN to take sole responsibility for undertaking the entire anaesthesia process. Therefore the vet must retain overall responsibility for the entire process from initial assessment to return to complete consciousness, and ensure adequate oversight of the surgical team at all times.

5) We have structured our comments in line with the specific areas for consideration identified by the RCVS working group at the meeting on 23 June 2015.

Pressure from employers

6) A RVN must not feel pressured to complete a procedure simply because it is legally and professionally acceptable for them to do so. Vets and RVNs should ensure that RVNs operate “within their own area of competence” as per the Code of Professional Conduct for Veterinary Nurses [1.2].

7) In all cases the vet should retain oversight and ultimate responsibility, making
decisions on involvement based on his/her knowledge of the skills and experience of the individual RVN. It is important that there is absolute clarity with regard to the definition of “supervision” and if the role of RVNs in anaesthesia is to be extended it should be stipulated explicitly that a vet should remain on the premises within audible, contactable distance throughout the process in order to provide support if required.

Public Perception

8) Although individual practices take measures to inform their clients, in general we believe that clients are not fully aware of the different roles and responsibilities for each member of the veterinary team. The RCVS/BVA Vet Futures project found in a May 2015 survey that 94% of the general public trusts the veterinary profession. The professional judgement of veterinary surgeons is valued and the public trusts that the care of their animals is adequate throughout, with the vet retaining oversight and responsibility. It is not unreasonable to assume that most clients would expect a vet to be physically on the premises and available during all stages of anaesthesia, including the recovery phase, in order to be able to intervene immediately should complications arise. This principle should not be diluted and it serves to emphasise the importance of a well-trained and competent team working together effectively.

CPD and Further Training

9) If RVNs are legally permitted to become more involved in the process, then there will be a market open for the development of further training and extra qualifications. The availability of further formal training and CPD for RVNs would be extremely useful in conjunction with practical experience but the vet should make decisions on the level of involvement in the anaesthesia process by RVNs on a case-by-case basis. The career progression of nurses should be encouraged and, although veterinary surgeons should not make generalised assumptions about the competency and skill of a RVN based purely on paper qualifications, further training and diplomas in anaesthesia would serve to instil confidence and increase the practical knowledge of a RVN.

10) BEVA suggest extra training be developed for RVNs regarding equine anaesthesia due to the lack of training in this area available to equine nurses during their qualification and post qualification. BEVA believes that it is an area that many nurses are not confident in but that good knowledgeable nursing care can make an enormous difference in the correct treatment and recovery of equine anaesthesia cases.

Conclusion

11) In conclusion, BVA supports an expanded role for RVNs in the anaesthesia process but the veterinary surgeon must maintain overall responsibility and “supervision” must be clearly defined to state that the vet must remain on the premises within audible, contactable distance throughout the process. Additional training and qualifications in anaesthesia for RVNs are welcome but the veterinary surgeon must make decisions on a case-by-case basis and only if he/she is confident in the skills and abilities of the RVN.
BSAVA response to RCVS proposals regarding the role of VNs in anaesthesia

The British Small Animal Veterinary Association (BSAVA) exists to promote excellence in small animal practice through education and science. It is the largest specialist division of the BVA representing over 9,500 members, the majority of whom are in general practice and have an interest in the health and welfare of a wide range of small companion animals.

We have collated comments under the proposals that were put forward by the RCVS as well as some more general headings.

RCVS proposals

a) Veterinary nurses must work under the direction of their employer veterinary surgeon with the animals under his/her care;

Several people have raised concerns about the use of the term employer here as this may often be different from the veterinary surgeon present in the clinic / in charge of the case. It is recommended that the term employer is removed from here.

I agree with your comments; one point I would like to add is that certain employers may want to "better utilise" student veterinary nurses and indeed many RVNs and request/insist that they undertake procedures outside their level of confidence and/or competence. Those employers may not be the supervising vet (i.e. the assistant) on the shop floor picking up the pieces. So I feel that this is an area which needs to be carefully considered in general practice, in effect the majority of UK practices.

b) Veterinary nurses may assist with all aspects of anaesthesia under supervision (one level) [this is a relatively flexible term and may be too flexible for legislation;

Responses to our member survey showed variation in the level of supervision expected for different procedures we would therefore suggest that one level of supervision (as currently defined) is not sufficient to cover all situations and would certainly not be appropriate for student veterinary nurses who are more likely to require greater levels of supervision. While we recognise that the proposals put forward are intended to apply to Registered Veterinary Nurses, there does need to be explicit discussion about the level of supervision required for student veterinary nurses. Concerns were also expressed that in some cases nurses may be asked to do things outside their area of competence / confidence, and may not always feel able to challenge this.

c) 'Supervision' means that the veterinary surgeon is present on the premises and able to respond to a request for assistance if needed;

We accept that this definition of supervision is currently used in relation to delegation to veterinary nurses under the Veterinary Surgeons’ Act. However, we think that it would be appropriate to provide some guidance in relation to the ability to respond as the ability of the veterinary surgeon to respond is very different to if they are making preparations for the surgery in the operating theatre,
where they are likely to be able to respond immediately or if they on the premises but are engaged in a consultation or another surgical procedure where response is likely to be slower. We would therefore suggest that there could be a level of “direct supervision” which means a vet was essentially present and able to respond immediately but was not as arduous as “direct, continuous and personal supervision”,

We also have concerns as to whether a member of the general public would interpret this as being in line with the definition of supervision. It will therefore be very important, in the interests of informed consent, that the practice makes it clear to the owner who is carrying out procedures. While the responsibility remains with the veterinary surgeon it is likely that the owner would expect the veterinary surgeon to be able to respond immediately to any problems that occur. While the majority of anaesthesia carried out in veterinary practice is straightforward and uneventful when issues occur they require urgent attention based on an understanding of physiology and pharmacology. We consider that it would be wrong to put the responsibility for that on a VN unless they have received appropriate post-graduate training in theory as well as practice.

d) The veterinary surgeon needs to use professional judgement when delegating anaesthesia related tasks to the veterinary nurses.

We agree that the amount of responsibility that it is appropriate to transfer, and the amount of supervision appropriate depends on a number of factors and should therefore be made by the veterinary surgeon responsible for the case. These factors will include

- The complexity of the case
- The experience of the nurse
- The experience of the nurse (as perceived by the vet)
- The experience of the vet
- Factors impacting on the working environment such as work load and staffing levels

Although we have members who are happy to delegate all anaesthesia related tasks (including induction) to certain individual nurses when we consulted our members in 2012 as to whether veterinary nurses should be allowed to induce anaesthesia the responses were as follows

- 61 said no (48 vets and 13 nurses)
- 39 said yes (15 vets, 22 nurses 1 other)

We have not had time to repeat this consultation and acknowledge that the change in professional status of veterinary nurses may have altered perceptions. We would therefore suggest that while the RCVS may amend the VSA to allow RVNs to undertake further tasks related to anaesthesia it should be made clear that decisions in individual cases are the responsibility of the veterinary surgeon in charge of the individual case, who will be required in any case to prescribe the drugs required (some of which will be controlled drugs).


e) Delegation should be based on the competency of the veterinary nurse, the procedure to be undertaken, individual patient risks and risk periods; and

Yes see response above. Qualification and registration as a veterinary nurse should be seen as a minimum requirement for certain anaesthesia related tasks but should not automatically enable them to carry them out. It has been suggested that there needs to be an element of
trust/understanding between the nurse and the vet for the final step - and it is difficult to see how this can be certified/legislated for.

f) Veterinary nurses may **share the work**, but they are **not seen to be working independently**.

While we acknowledge the importance of working in teams to deliver veterinary care Concern has been raised that this statement is unclear and would be better phrased in terms of responsibility and delegation to make it clear where the responsibility lies.

**Other comments**

**Species differences**

The proposals put forward do not appear to contain any reference to species differences, while the implication may be that this primarily relates to dogs and cats the range of species treated in veterinary practice require that clarification is included. In small animal practice it will be important to consider the wide range of species treated (including rabbits and a wide range of small mammals, birds and reptiles) and the issues that this may raise, both in terms of the level of training and experience of the veterinary nurses and the risks involved in anaesthetising some of these species, where the majority of cases are likely to be in ill / critically ill patients rather than elective procedures.

We are also aware that in equine practice all general anaesthesia and recoveries must be induced and maintained by a veterinary surgeon.

One other point that has been brought to our attention is the involvement of non-qualified, but highly experienced, people in tasks relating to anaesthesia in zoo medicine. Any regulation relating to increased responsibility to veterinary nurses in regard to anaesthesia should be careful to avoid precluding people who are currently undertaking these duties. We acknowledge that in time it would be appropriate to introduce appropriate qualifications for these people but until these are in place it will be important to ensure that any changes do not create problems in other areas.

**Stages of anaesthesia**

We understand that the division of anaesthesia into specific stages is somewhat arbitrary and that with changes in drugs available the distinction between sedation and anaesthesia, or induction and maintenance is becoming blurred. However while it has been pointed out that recovery may be the stage of anaesthesia when most problems occur we would suggest that this may relate more to the decisions and actions that have taken place prior to recovery (in terms of drugs administered, oxygenation and maintenance of body temperature) rather than risks relating to the recovery period itself.
It has been suggested to us, by a very experienced anaesthetist, that induction is the most critical stage of anaesthesia as it involves a significant degree of decision making including the acts of deciding dose/agent, as well as the route and rate of administration and then deciding what happens from there. While the act of administering the drugs can obviously be delegated to a competent veterinary nurse the decision making about which drugs to use, all of which will be POM-V and many also controlled drugs must lie with the veterinary surgeon in charge of the case.

Training CPD

The current Day One Competencies for veterinary nurses require that they are able to
   29 Assist the veterinary surgeon by preparing patients, equipment and materials for anaesthetic procedures
   30 Assist in administering and maintaining anaesthetics to patients.

And the current (and proposed) Day one skills concentrate on the tasks that are permitted under the current interpretation of the Veterinary Surgeons’ Act. If the role of veterinary nurses in anaesthesia is to be extended it will be appropriate both to provide appropriate post-qualification training for those already qualified and to amend the day one skills and competencies so that those going through training in future are given the appropriate theoretical knowledge and skills to carry out these additional tasks.
Comments in regard to RCVS consultation document on veterinary nurses role in anaesthesia from the Association of Veterinary Anaesthetists (AVA)

The AVA is highly committed to being involved in the further development of the role of veterinary nurses in anaesthesia and is grateful for the opportunity to comment on the current consultation document. Although we appreciate that this consultation does not currently aim to address the issue of further training in anaesthesia for nurses, we would like to point out the differences in training achieved by a number of nurses, with achievement of qualifications such as the advanced nursing diploma and the American technician specialist examination in anaesthesia.

A large number of AVA veterinary members work with nurses that have received further training in anaesthesia. This training is often something that is carried out by the individual on behalf of the practice as part of the nurse induction process. These nurses have an excellent level of knowledge and are able to deal with the process of anaesthesia in a safe and cautious manner. Their practical and applied knowledge is often much greater than some of the new graduates that rotate through on an internship programme. For those on an internship programme these nurses are an excellent resource and may provide back up and assistance when required.

Current undergraduate anaesthesia training for veterinary nurses may not fulfill all requirements for full competency in anaesthesia and we therefore reiterate the RCVS position that no one should be put in a position of having to carry out a task they do not feel confident completing. As nurses are professionally accountable, it is their responsibility to refuse to do a task that they do not feel trained to undertake. There are many surgical tasks covered by schedule 3 that most nurses would not allow themselves to be pressured into without further training (i.e., toe amputations), although we appreciate that this may not be the case in all practice situations. We certainly appreciate that the provision of equine anaesthesia would require a rewrite of the anaesthesia syllabus at nursing undergraduate level.

Although we realise that the document remains very unspecific about what the changes will entail, we cannot emphasise how important a more comprehensive accompanying booklet is necessary, to ensure the changes and guidelines developed benefit both the nursing and veterinary professions. Clearly no change in schedule 3 is going to (or should) allow nurses to prescribe medication, but what needs to be changed is that nurses can adjust dosages between a preset range - for example this would allow inhalation agents to be changed, and analgesia top ups and CRIs administered when prescribed by a veterinary surgeon.

The concern regarding public perception of the provision and monitoring of anaesthesia in practice is an important one, but this comment could equally be applied to non-specialist vets performing anaesthesia. They are no more ‘anaesthetists’ than a medical GP is, and although they have some training at
undergraduate level, no mandatory additional specialist training is required. This comment reflects on the public’s misconstrued view of vets and nurses rather than the actual safety of a vet or nurse performing anaesthesia. This is an area the AVA is very much interested in focusing on, to improve both public perception and anaesthesia training for vets and nurses. Although this document does not over this area, the AVA is also strongly opposed to the City & Guilds qualification and proposal of lay people performing the task of monitoring anaesthesia.

With regard to the different elements during the process of anaesthesia, the recovery period remains the one with highest associated risk. This is a time when often a nurse will be left alone with a patient if the vet is moving onto another procedure. AVA would like the risk during recovery to be highlighted when considering the types of supervision. Induction of anaesthesia is another skill that would need to be taught to nurses for them to be professionally competent and we cannot see that there is more risk of a well-trained nurse inducing anaesthesia ‘to effect’ over a ‘day-one skilled’ veterinary graduate. We do think that supervision, and availability of supervision is an important aspect and therefore the veterinary surgeon should be able to respond immediately to a request for assistance.

We dispute the lack of anaesthesia CPD for nurses. There is currently a wealth of anaesthesia CPD available and many AVA members are involved in providing this. As well as CPD courses there are also a number of taught nursing qualifications available (albeit not recognised by the RCVS) in the field of anaesthesia. We do not feel that there is any shortage of anaesthesia CPD and the courses available are already well attended.

In summary, the AVA believe this to be a very positive step, giving the opportunity to improve anaesthesia standards in the UK. We currently provide a number of veterinary nurse training days, webinars and other CPD related activity for veterinary nurses, as well as supporting veterinary nurses involved within the association itself. Our Executive Committee, including our veterinary nurse representative are very keen to be involved with any further consultation that may arise with the implementation of changes to the legislation regarding current provision of anaesthesia by nurses.
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<td>Date</td>
<td>30 September and 8 October 2015</td>
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<tr>
<td>Title</td>
<td>Language testing and related Code changes</td>
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<tr>
<td>Classification</td>
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<tr>
<td>Summary</td>
<td>Defra is currently consulting on changes to the Veterinary Surgeons Act to empower the Registrar to impose an English language test where the College has ‘serious and concrete doubts’ concerning an EU applicant’s English language ability. It is expected that language testing for veterinary nurses will be introduced simultaneously with the changes for veterinary surgeons. This paper proposes related changes to the Codes of Professional Conduct on English language requirements.</td>
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<td>Decisions required</td>
<td>The following decisions are required:</td>
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<td>1) Standards Committee to approve changes to the Codes of Professional Conduct for Veterinary Surgeons and Supporting Guidance Chapter 11 and to recommend these to RCVS Council.</td>
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<td>2) VN Council to approve equivalent changes to the Code of Professional Conduct for Veterinary Nurses.</td>
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<td>Attachments</td>
<td>Annex A: Communication and language obligations specified by other healthcare regulators – UK and non UK</td>
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**Language testing and related Code changes**

**Background**

1. Every year around half of all new veterinary surgeon registrants with the RCVS come from overseas and the majority of these are from EU or EEA countries. These individuals fall within the scope of the Mutual Recognition of Professional Qualifications Directive (‘the Directive’), which applies to all EU nationals wishing to practice in a regulated profession in a member state other than the state in which they acquired their professional qualifications. At present, unlike with non-EU applicants, the RCVS has no power to test the language skills of these individuals. This means that even if it is clear there is an issue with the language skills of an applicant, the Registrar has no power to refuse their registration or to require him or her to undertake language courses in order to ensure they can practise safely in the UK.

2. On 17 January 2014, a revised Directive (2013/55/EU) came into force. This means that the original Directive (2005/36/EC) has now been updated. The revised Directive makes a number of important changes to the mobility of professionals across Europe, including clarifying and reinforcing the role of competent authorities such as the RCVS. One of these changes is that language testing is expressly permitted. The transposition process to the revised Directive must be complete by January 2016. Defra is currently consulting on the changes to the Veterinary Surgeons Act that will be necessary to empower the Registrar to impose an English language test where the College has ‘serious and concrete doubts’ concerning an applicant’s English language ability. The College expects that the necessary changes to the law will be made by early 2016. It is expected that language testing for veterinary nurses will be introduced simultaneously with the changes for veterinary surgeons.

3. To date, RCVS Council has been in favour of the direction of travel with regards to language testing and has suggested that language requirements are also introduced into the Codes of Professional Conduct.

**Parallels with other regulators**

4. Separate to language testing at the point of registration, a number of regulators have also included English language requirements in their Codes of Professional Conduct or equivalent guidelines.

5. As of 2014, the General Medical Council (GMC) was granted additional legal powers to check all doctors’ English language skills (previously only doctors from outside Europe could have their language skills tested by the GMC). This change gives the GMC the power to ask European doctors for evidence of knowledge of English, and to order them to have a language test if serious concerns are raised about them. Added to this, Good Medical Practice 14.1 (2013) states that doctors ‘must have the necessary knowledge of the English language to provide a good standard of practice and care in the UK’. Under GMC guidelines, communicating includes speaking, reading, writing and listening.

6. The GMC website indicates that this provision has been introduced to make sure doctors do not put the safety of their patients at risk. The guidance also highlights a number of key reasons why it is essential that doctors to have the necessary language skills to practise in the UK. At a minimum these include the need for doctors to be able to communicate effectively with patients and relatives;
work in partnership with other healthcare colleagues; and clearly and accurately document their work. The GMC states that if a doctor does not have the necessary knowledge of English there is a risk that they may not be able to fulfil these requirements.

7. The Professional Standards Authority for Health and Social Care - which scrutinises and oversees the work of the UK’s nine health and social care regulatory bodies – has also indicated support for appropriate language testing of potential registrants. In response to the Department of Health consultation ‘Language Controls for Doctors – Proposed Changes to the Medical Act 1983’ (December 2013), the PSA said “we agree that the GMC should have adequate powers to address the risk of patients being harmed through poor command of English. We therefore support the introduction of legislation allowing the GMC to check the English language capabilities of EU qualified doctors at the point of registration or subsequent application for a licence to practise, where they have concerns”1.

8. Similar support was given in response to a later consultation (November, 2014) on language controls for nurses, midwives, dentists, dental care professionals, pharmacists, and pharmacy technicians.

9. Conversely, some regulators simply set down professional standards requiring registrants to communicate effectively with patients without any reference to particular language skills. It seems likely however that these could be subject to change in the future given recent Department of Health consultations.

10. A summary of some of the key provisions required by a selection of other healthcare regulators is attached at Annex A. This highlights the different obligations expected of professionals across the UK and further afield.

**Proposed changes to the Codes of Professional Conduct**

11. Currently, the RCVS adopts the latter approach. The Codes of Professional Conduct require veterinary surgeons and veterinary nurses to communicate effectively with clients, but there is no express requirement in relation to English language.

12. Added to this, Supporting Guidance Chapter 11 provides further advice on communication more generally and addresses key areas such as working collaboratively; ensuring clients understand what is being said about their animal’s care; practical steps to assist with understanding; use of technical or clinical terminology; and, handling issues around client consent.

13. The proposed changes will mean that veterinary surgeons and veterinary nurses must communicate effectively with clients, including in written and spoken English. Similarly, we are proposing a new requirement that veterinary surgeons must communicate effectively, including in written and spoken English, with the veterinary team and other veterinary professionals in the UK.

---

1. [www.professionalstandards.org](http://www.professionalstandards.org)
14. Attached at Annex B are draft changes to the Code and Supporting Guidance to further strengthen the obligations in relation to English language.

Recognition of other languages spoken in the UK

15. The proposed changes to the Code may have an impact on those already on the Register. The phrase “including in written and spoken English” has been chosen carefully to recognise that in some communities in the UK, English may not be the first language and therefore not the primary means of communication. However, we are proposing via the Codes that all vets and veterinary nurses practising and working in the UK must still be able to communicate effectively in English to a minimum standard. This is because they may, for example, be required to communicate with those outside their immediate communities including other veterinary colleagues, referral practices, external laboratories, or other third party contractors. Ultimately, how much English language is required to communicate effectively will depend on the individual circumstances, for example, whether the individual is working in a non clinical role or with clients, who do not communicate in English.

16. Similar issues were raised by the PSA in response to the GMC’s plans to extend their powers to language test EU applicants. In responding the PSA said “the Welsh language is recognised in statute as an official language in Wales, and is likely to be the primary means of communicating in certain communities. There are undoubtedly other communities in the UK in which English is not the first language, and where knowledge of another language is more useful than English”.

17. There may be others who suggest that ensuring appropriate language skills for a particular role is a matter for employers; not regulators. Arguably, employers do play a role in ensuring veterinary professionals have the appropriate language skills for the role they are undertaking, but checks may not be readily conducted or be consistent across the profession, and others may be working without employers such as sole practitioners or limited service providers. While employers should satisfy themselves that applicants have sufficient language skills for the role (especially where more sophisticated language skills are needed), this should not negate the need for the regulator to play a role in this area.

Equality issues

18. Another area to consider is those who have medical or health conditions affecting their ability to communicate in English.

19. The PSA also raised this as an issue in response to GMC proposals and said “of greater concern to us is that some doctors may have health conditions affecting their hearing, speech or language abilities, and therefore may not be able to or need to communicate easily in English. This may not, however, present a barrier to effective practice and communication with patients and colleagues”.

Next steps

20. Standards Committee is asked to do the following:

2. www.professionalstandards.org.uk
a) to approve changes to the Code of Professional Conduct for Veterinary Surgeons, Part 2.4, ‘Veterinary Surgeons and clients’;
b) to approve a new section in Part 4 ‘Veterinary Surgeons and the veterinary team’;
c) to approve changes to Supporting Guidance Chapter 11 relating to communication; and
d) to recommend these changes to RCVS Council and VN Council

21. VN Council is asked to approve equivalent changes to the Veterinary Nurses’ Code of Professional Conduct and Supporting Guidance.
### Communication and language obligations specified by other healthcare regulators – UK and non UK

<table>
<thead>
<tr>
<th>UK Regulator</th>
<th>Language / Communication obligations</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Medical Council</td>
<td>Good Medical Practice (2013) states that doctors: 'must have the necessary knowledge of the English language to provide a good standard of practice and care in the UK’</td>
</tr>
<tr>
<td></td>
<td>The GMC website includes a statement that doctors who practise medicine in the UK must have the necessary knowledge of English to communicate effectively so they do not put the safety of their patients at risk. Communicating includes speaking, reading, writing and listening.</td>
</tr>
<tr>
<td></td>
<td>The guidance also highlights a number of key reasons why it is essential that doctors to have the necessary language skills to practise in the UK. At a minimum these include the need for doctors to be able to communicate effectively with patients and relatives; work in partnership with other healthcare colleagues; and clearly and accurately document their work. The GMC states that if a doctor does not have the necessary knowledge of English there is a risk that they may not be able to fulfil these requirements.</td>
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<tr>
<td>General Dental Council</td>
<td>Standards for Dental professionals (September, 2013) state:</td>
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<tr>
<td></td>
<td>Standard 2.1 You must communicate effectively with patients – listen to them, give them time to consider information and take their individual views and communication needs into account</td>
</tr>
<tr>
<td></td>
<td>2.1.1 You must treat patients as individuals. You should take their specific communication needs and preferences into account where possible and respect any cultural values and differences.</td>
</tr>
<tr>
<td></td>
<td>2.1.2 You must be sufficiently fluent in written and spoken English to communicate effectively with patients, their relatives, the dental team and other healthcare professionals in the United Kingdom</td>
</tr>
<tr>
<td>Nursing and Midwifery Council</td>
<td>The Code for Nurses and Midwives states that nurses and midwives must:</td>
</tr>
<tr>
<td></td>
<td>7 Communicate clearly. To achieve this, you must:</td>
</tr>
<tr>
<td></td>
<td>7.1 use terms that people in your care, colleagues and the public can understand</td>
</tr>
<tr>
<td></td>
<td>7.2 take reasonable steps to meet people’s language and communication needs, providing, wherever possible, assistance to those who need help to communicate their own or other people’s needs</td>
</tr>
</tbody>
</table>
|                            | 7.3 use a range of verbal and non-verbal communication methods, and consider cultural
7.4 check people’s understanding from time to time to keep misunderstanding or mistakes to a minimum, and

7.5 **be able to communicate clearly and effectively in English.**

| General Pharmaceutical Council | Standards of Conduct, Ethics and Performance (July 2012) state that:
| Communication English language | 4 Encourage patients and the public to participate in decisions about their care Patients and the public have a right to be involved in decisions about their treatment and care. This needs effective communication. You should encourage patients and the public to work in partnership with you and others to manage their needs.
| | You must:
| | 4.1 Communicate effectively with patients and the public and take reasonable steps to meet their communication needs

| General Optical Council | The Code of Conduct for Optometrists, Dispensing Opticians and Optical Students states that:
| Communication English language | As a registered optometrist, dispensing optician, or person undertaking training as an optometrist or dispensing optician, you must:
| | 5. give patients information in a way they can understand and make them aware of the options available

| Pharmaceutical Society of Northern Ireland | The Code of Ethics requires pharmacist to:
| Communication English language | 5.7 Ensure that, whenever possible, reasonable steps are taken to meet a patient’s or carer’s language and communication needs.

| | 8.1 Communicate, co-operate and work effectively with colleagues within and outside the profession.
| | 8.2 Ensure that both you and those you employ or supervise have an appropriate level of language competence or skills.

| Health and Care Professions Council | Standards of Conduct, Ethics and Performance state:
| Communication English language | 7 You must communicate properly and effectively with service users and other practitioners.
| | You must take all reasonable steps to make sure that you can communicate properly and effectively with service users. You must communicate appropriately, cooperate, and share
| Non UK Regulators | 
|------------------|---|
| **Veterinary Council of New Zealand** | The VCNZ Code of Professional Conduct states: |
| Communication | Client Relationships |
| English language | 1. Veterinarians must practise in a way that promotes effective communication, trust, meets confidentiality and consent requirements and recognises clients’ right to choose |
| | Veterinarians must interact with clients in a way that promotes effective communication and trust. |
| **Understanding Section 1, Communication** | For trust to exist open and honest communication between the parties is required. Veterinarians are expected to be able to communicate effectively with clients. They need to be able to elicit from clients what their veterinary needs and expectations are. Being able to listen to a client and identify their concerns are important skills. Being able to articulate treatment choices and options is essential. |

| Australian Veterinary Association | AVA Code of Professional Conduct requires veterinary surgeons to: |
| Communication | 4. Foster and maintain good communications and relationships with your clients, earning their trust and respecting professional confidentiality |
| English language |  |

| American Veterinary Medical Association | None specific, but one provision relating to communication with colleagues only. |
| Communication | Principles of Veterinary medical Ethics of the AVMA states: |
| English language | 6.e When contacted, the veterinarian who was formerly involved in the diagnosis, care, and treatment of the patient should communicate with the new attending veterinarian as if the patient and client had been referred. |
Language and communication: proposed changes to the RCVS Codes of Professional Conduct

New text in red

Veterinary surgeons and clients

2.4 Veterinary surgeons must communicate effectively with clients, including in written and spoken English, and ensure informed consent is obtained before treatments or procedures are carried out.

Veterinary surgeons and the veterinary team

4.5 Veterinary surgeons must communicate effectively, including in written and spoken English, with the veterinary team and other veterinary professionals in the UK.

Veterinary nurses and clients

2.4 Veterinary nurses must communicate effectively, including in written and spoken English, with clients and ensure informed consent is obtained before treatments or procedures are carried out.

Veterinary nurses and the veterinary team

4.5 Veterinary nurses must communicate effectively, including in written and spoken English, with the veterinary team and other veterinary professionals in the UK

Supporting Guidance on Communication

11.3 Veterinary surgeons and veterinary nurses should seek to ensure that what both they and clients are saying is heard and understood on both sides. This could be done by asking questions and summarising the main points of the discussion.

11.4 Veterinary surgeons and veterinary nurses should encourage clients to take a full part in any discussion and to ask questions about their options or any other aspect of their animal’s care. Veterinary surgeons and veterinary nurses should make sure that clients have sufficient time to ask questions and to make decisions.

11.5 Veterinary surgeons and veterinary nurses should use language appropriate for the client and explain any clinical or technical terminology that may not be understood. Usually, the veterinary surgeon or veterinary nurse will have to be able to speak the English language to an appropriate standard.

11.6 Where the client’s ability to understand is called into question, veterinary surgeons and veterinary nurses will need to consider whether any practical steps can be taken to assist the client’s understanding. For example, consider whether it would be useful for a family member or friend to be present during the consultation. Additional time may be needed to ensure the client has understood everything and had an opportunity to ask questions.

11.7 If there is any doubt about the client’s consent, efforts should be made to resolve this, which are then recorded. If the client's consent is in any way limited, or qualified, or specifically withheld, this should be recorded on the clinical records.

11.8 Veterinary surgeons and veterinary nurses must accept that their own preference for a certain course of action cannot override the client's specific wishes, other than on exceptional welfare grounds.

11.9 Practice staff may be the first to become aware of any misunderstanding by clients concerning a procedure or treatment. Veterinary surgeons and veterinary nurses should advise practice staff to
communicate any concerns to the senior veterinary surgeon and ensure that the client is kept fully informed.

11.10 Veterinary surgeons and veterinary nurses in the veterinary team and different practices should be encouraged to work together to ensure effective communication with clients and with each other.

11.11 Provision should be made for uncertain or unexpected outcomes. Clients should be asked to provide contact telephone numbers to ensure discussions can take place at short notice. Provision for the veterinary surgeon or veterinary nurse to act without the client’s consent if necessary in the interests of the animal should also be considered.

11.12 When arrangements have been made to bring an animal under the Animals (Scientific Procedures) Act 1986 for experimental investigation, the client should be made aware of the general provisions of the Act so that informed consent can be given.

11.13 When an animal is enrolled on a clinical trial, the client should be made aware of the general provisions of Good Clinical Practice and be supplied with any other relevant information, such as ethical guidelines and relevant contact details, so that informed consent can be given.
<table>
<thead>
<tr>
<th>Meeting</th>
<th>VN Council</th>
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<tbody>
<tr>
<td>Date</td>
<td>8 October 2015</td>
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<tr>
<td>Title</td>
<td>Appointment of members and Legal Assessors to VN DC</td>
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<tr>
<td>Classification</td>
<td>Unclassified</td>
</tr>
<tr>
<td>Summary</td>
<td>This paper sets out the current position in relation to the membership of VN DC. It proposes that the current VN members be reappointed for a further term and that the DC Legal Assessors are appointed to VN DC.</td>
</tr>
<tr>
<td>Decisions required</td>
<td>1. Whether to reappoint the two existing VN members to VN DC for a further two and three years respectively; 2. Whether to appoint DC Legal Assessors as Legal Assessors to VN DC; 3. Whether to allow for a suitable alternative Legal Assessor to be used in the event that none of the appointed Legal Assessors are available.</td>
</tr>
</tbody>
</table>
| Attachments | Annex A – RCVS Veterinary Nurse Conduct and Discipline Rules  
Annex B – List of outgoing and incoming members of DC |
| Author | Gemma Kingswell  
Clerk to DC/Legal Adviser  
Tel: 020 7202 0729  
Email: g.kingswell@rcvs.org.uk |
|          | Gordon Hockey  
Registrar  
Email: g.hockey@rcvs.org.uk |
Appointment of VN members to VN DC

Background

4. The rules that govern the Veterinary Nurses’ Disciplinary Committee (VN DC) and the appointment of members to it are the RCVS Veterinary Nurse Conduct and Discipline Rules 2014 (‘the rules’). A copy of the rules is attached at Annex A.

5. Rule 8 states that “the Veterinary Nurse Disciplinary Committee shall be appointed by the Veterinary Nurses’ Council”. Rule 12 states that the Veterinary Nurses’ Council (‘VN Council’) shall also appoint “such legal assessors as it considers necessary” for VN DC. Legal Assessors must be solicitors or barristers of at least ten years experience who are entirely independent from the RCVS.

6. The rules also state that the quorum of VN DC is three: one VN, one veterinary surgeon and one lay person, and that the members of VN DC shall not include members of Council, VN Council, Preliminary Investigation Committee (PIC) or VN PIC.

7. In the past, VN Council has confirmed that all members of the veterinary surgeons’ Disciplinary Committee (‘DC’) should be automatically appointed to VN DC. This means that the veterinary surgeons and lay people who sit on VN DC cases are drawn from the wider membership of DC.

Current position

8. On 1 July 2015, there was a change in the membership of DC and although VN Council does not need to take any action in relation to this given their previous indication that members of DC should automatically be appointed to VN DC, the change should be noted. This change was due to the fact that the terms of office for five of the existing members of DC came to an end and seven new members (recruited through the Legal Reform Order 2013 (‘LRO’) process) joined the Committee. A list of the outgoing and incoming members can be found at Annex B.

9. Since VN DC was formed, there have been two VN members, Claire Defries RVN and Jennifer Smith RVN, who were appointed on 31 July 2009. When they were appointed, it was on the basis that they would serve a term of three years. Although there was no formal reappointment process, Ms Defries and Ms Smith have continued to serve on VN DC and as such, their second term of office began on 1 August 2012 and expired on 31 July 2015.

10. The Legal Assessor appointed to VN DC, Alistair Hammerton QC, has resigned following his appointment as a Circuit Judge. In the past, if Mr Hammerton was unavailable to sit on VN DC cases, one of the Legal Assessors appointed to DC has stepped in. Although there is no specific provision for this in the rules, it mirrors the provisions relating DC.

Issues and proposals

11. As a result of the above, the following issues arise:

   a. Whether to reappoint Ms Defries and Ms Smith to a third term on VN DC; and

   b. In light of the retirement of Alistair Hammerton, whether:

      i) the Legal Assessors to DC should be appointed to VN DC; and
whether provision should be made to allow a suitable alternative Legal Assessor to be used in the event that not one of the appointed Legal Assessors is available to sit on a VN DC case.

Veterinary nurse members

12. It is proposed that Ms Defries is reappointed to VN DC for a further three years and Ms Smith is reappointed for a further two.

13. The rationale for this proposal is as follows. It is desirable that VN DC mirrors DC as much as possible. Although members of DC are limited to two terms of office, those terms of office are for a period of four years. That means that the maximum number of years a DC member may serve on DC is eight years. If Ms Defries is reappointed for three years and Ms Smith for two, the total number of years they will have served on VN DC will be nine and eight years respectively which is comparable to (and in the case of Ms Smith, the same as) the maximum number of years DC members are able to serve.

14. At the time of writing, Ms Defries is the most experienced member of VN DC. Retaining experience on VN DC is vital and it is for this reason that it is proposed that Ms Defries be reappointed for three years and Ms Smith for two. It is suggested that a new VN member should commence their term of office when Ms Smith’s expires in 2017. This new member will then overlap with Ms Defries for one year and have the benefit of her experience. When Ms Defries’ term of office expires in 2018, a second new VN member will begin their term of office. This approach will assist in ensuring there is a smooth transition between ‘old’ and ‘new’ VN members.

15. Further, it should be noted that there have only been three VN DC cases since Ms Defries’ and Ms Smith’s terms of office began. As such, there can be no suggestion that the VN members have become ‘case hardened’. It is therefore suggested that in these circumstances, it is appropriate for Ms Defries to serve on VN DC for a total nine years rather than eight.

16. Finally, it is suggested that, should VN Council agree to the above proposal, that Ms Defries and Ms Smith’s reappointment should be effective from 1 July 2015. This would bring their appointments in line with those of DC members.

Legal Assessors

17. It is proposed that the Legal Assessors appointed to DC are appointed to VN DC.

18. There are currently four Legal Assessors who regularly sit with DC. They are:

- Mr David Pittaway QC
- Mr John Ross QC
- Mr Christopher Moger QC
- Mr Richard Price QC

19. The above named have been formally appointed to DC by RCVS Council and are all senior and experienced barristers. Although in the past VN DC has had only one appointed Legal Assessor, we propose that all four of the above named should be formally appointed in order to maximise the likelihood of an appointed Legal Assessor being available.

20. It is also proposed that VN Council should make provision for a suitable, alternative Legal Assessor to be used for VN DC cases in the event that not one of the appointed
Legal Assessors is available to sit. This situation has arisen in relation to several DC cases and, in the case of DC, is provided for in paragraph 6(2) of Schedule 2 of the Veterinary Surgeons Act 1966:

“...if no assessor appointed by the Council is available to act in any particular proceedings, the Committee may itself appoint an assessor...”

21. There is no such provision in the rules; they are silent on the issue. As stated above, it is desirable that VN DC mirror DC as much as possible and as such, it is suggested that VN Council permit the appointment of any Legal Assessor who would be eligible to sit with DC in the event that not one of the appointed Legal Assessors is available. It is hoped that this approach will prevent delays in listing VN DC cases due to the lack of availability of an appointed Legal Assessor.

Decisions required

22. Whether to reappoint Ms Defries and Ms Smith to VN DC for a further term of three and two years respectively.

23. Whether to appoint DC Legal Assessors as Legal Assessors to VN DC and if so, whether to allow for a suitable alternative Legal Assessor to be used in the event that not one of the appointed Legal Assessors is available.
Veterinary nurse conduct and discipline rules

Made by the Council of the Royal College of Veterinary Surgeons on 6 November 2014, to come into force on the date when the Supplemental Royal Charter of 2014 comes into operation

Citation

1. These rules may be cited as the Royal College of Veterinary Surgeons Veterinary Nurse Conduct and Discipline Rules 2014.

Interpretation

2. In these rules:-

- "Act" means the Veterinary Surgeons Act 1966;
- "disciplinary case" means a case in which it is alleged that a registered veterinary nurse's name is liable to removed from the register, or that that person's entry in the register is liable to be suspended, at the direction of the Veterinary Nurse Disciplinary Committee;
- "Disciplinary Committee" means the Disciplinary Committee mentioned in section 15 of the Act;
- "lay person" means a person who is not and never has been a registered or listed veterinary nurse or a registered veterinary surgeon, and is not and never has been entitled to apply to be so registered or listed;
- "Preliminary Investigation Committee" means the Preliminary Investigation Committee set up under section 15 of the Act;
- "register" means the register of veterinary nurses;
- "restoration" means the restoration of a name which has been removed from the register, and "restore" shall be construed accordingly.

Investigation of complaints

3. There shall be a Veterinary Nurse Preliminary Investigation Committee which shall carry out a preliminary investigation into every disciplinary case and decide whether the case should be referred to the Veterinary Nurse Disciplinary Committee.
4. The Veterinary Nurse Preliminary Investigation Committee shall be appointed by the Veterinary Nurses' Council. The Committee shall not include members of the Preliminary Investigation Committee, the Disciplinary Committee, or the Veterinary Nurse Disciplinary Committee.

5. The quorum of the Veterinary Nurse Preliminary Investigation Committee shall be three, to include:-

- a lay member, a registered veterinary nurse and a veterinary surgeon; or
- a lay member and two registered veterinary nurses.

6. The Veterinary Nurse Preliminary Investigation Committee shall adopt, with any necessary modifications, the practices and procedures of the Preliminary Investigation Committee.

**Adjudication of complaints**

7. There shall be a Veterinary Nurse Disciplinary Committee which shall adjudicate any disciplinary case referred to it and any application for restoration following removal or suspension at the direction of the Committee.

8. The Veterinary Nurse Disciplinary Committee shall be appointed by the Veterinary Nurses’ Council. The Committee shall be chaired by a lay person.

9. The Committee shall not include members of the RCVS Council, the Veterinary Nurses’ Council, the Preliminary Investigation Committee, or the Veterinary Nurse Preliminary Investigation Committee.

10. The quorum of the Veterinary Nurse Disciplinary Committee shall be three, to include a registered veterinary nurse, a veterinary surgeon and a lay person.

**Removal of names from register for crime or disgraceful conduct**

11. If a registered veterinary nurse

- has been convicted of a criminal offence which in the opinion of the Veterinary Nurse Disciplinary Committee renders that person unfit to practise as a veterinary nurse, or
- is judged by the Veterinary Nurse Disciplinary Committee to have been guilty of disgraceful conduct in any professional respect,

the Committee may, if it thinks fit, direct the removal of that person’s name from the register, or direct that that person's entry in the register shall be suspended, that is to say, it shall not have effect during a period specified in the direction.

12. The Veterinary Nurses’ Council shall appoint such legal assessors as it considers necessary for the Veterinary Nurse Disciplinary Committee.
13. The Veterinary Nurse Disciplinary Committee shall adopt, with any necessary modifications, the rules and procedures of the Disciplinary Committee.

**Appeals**

14. A person in respect of whom the Veterinary Nurse Disciplinary Committee has made a direction as to removal of their name from the register or suspension of their entry in the register may, at any time within 28 days from the notice of direction, lodge an appeal.

15. A fee of £500 is payable on lodging an appeal, but shall be refunded if the appeal is successful.

16. The appeal shall be heard by a barrister or solicitor with at least 10 years’ standing appointed by the registrar of the College.

17. The procedures of the appeal shall be as determined by the appointed barrister or solicitor and may include an oral hearing. The appointed barrister or solicitor may quash or vary the direction, or may remit the case back to the Veterinary Nurse Disciplinary Committee.

18. The appeal shall be by way of a rehearing, including consideration of a transcript of the disciplinary hearing (to be provided by the College) and submissions by both parties.

**Restoration to the Register**

19. A name which has been removed from the register at the direction of the Veterinary Nurse Disciplinary Committee shall not be restored unless the Committee so directs.

20. Where the registration of a registered veterinary nurse has been suspended at the direction of the Veterinary Nurse Disciplinary Committee the name of that person shall not be entered in the register so long as the suspension has effect, unless the Committee otherwise directs.

21. An application for restoration shall be considered in accordance with the procedure adopted by the Disciplinary Committee.

22. An application for restoration of a name to the register shall not be made within ten months of the date of removal or suspension or within ten months of a previous application.

**Revocation of previous rules**

23. The rules made by the the RCVS Council in November 2010 for the purposes of bye-laws 13 and 14 of the former Veterinary Nursing Bye-Laws are revoked.
Outgoing members of DC

1. Professor Noreen Burrows
2. Ms Judith Webb*
3. Professor Sheila Crispin FRCVS
4. Dr Bob Moore MRCVS
5. Mrs Rachel Jennings

Incoming members of DC

1. Dr Hazel Bentall MRCVS
2. Mr Nick Blayney MRCVS
3. Mr Austin Kirwan MRCVS
4. Dr Margaret Stoddart MRCVS
5. Ms Cerys Jones
6. Ms Judith Way
7. Ms Judith Webb*

*Ms Webb’s previous term of office ended on 1 July 2015, however she reapplied for DC through the independent LRO process and was selected. As such, she remains on DC.
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<thead>
<tr>
<th>Meeting</th>
<th>Operational Board, Standards Committee and VN Council</th>
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<tbody>
<tr>
<td>Date</td>
<td>2 September 2015, 30 September 2015 &amp; 8 October 2015</td>
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<tr>
<td>Title</td>
<td>Ethical Review (ER) Panel</td>
</tr>
<tr>
<td>Classification</td>
<td>Unclassified</td>
</tr>
<tr>
<td>Summary</td>
<td>This paper considers implementation of an RCVS ethical review panel, which was recommended in 2013 by a joint RCVS/BVA working party.</td>
</tr>
<tr>
<td>Decisions required</td>
<td>Operational Board: To endorse, in principle, the proposals for an ER Panel trial for consideration by RCVS Council.</td>
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<td>Standards Committee: To agree the composition of the ER Panel.</td>
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<td>VN Council: To comment generally on the proposals.</td>
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<td></td>
<td>Annex B: Brief note of the meeting held on 9 July 2015</td>
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<tr>
<td>Author</td>
<td>Gordon Hockey</td>
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<td>Registrar / Director of Legal Services</td>
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<td><a href="mailto:g.hockey@rcvs.org.uk">g.hockey@rcvs.org.uk</a></td>
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<td>Laura McClintock</td>
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<td>Standards and Advisory Manager / Solicitor</td>
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<td><a href="mailto:l.mcclintock@rcvs.org.uk">l.mcclintock@rcvs.org.uk</a></td>
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Ethical Review (ER) Panel

Background

1. In early 2013 a joint working party established by the RCVS and the BVA reported on ethical review of practice-based research in the UK. One of the key recommendations was for the RCVS to consider setting up an Ethical Review (ER) panel to receive proposals from veterinary surgeons, who wish to carry out clinical research, but do not have access to an institutional ER framework. A copy of the report is attached at Annex A. In principle, the recommendation to establish an RCVS ethical review panel was accepted by the Operational Board.

2. In January 2013, the RCVS Officers accepted, in principle, the proposal and the minutes record:

   **ETHICAL REVIEW OF PRACTICE BASED RESEARCH**
   Lord Trees gave the background to the start-up of this project and highlighted the main points. A revised page 21 of the report was tabled at the meeting. It was agreed that the report should be released and the College would look at the resource and financial implications of setting up a “bespoke” ethical review committee. It was noted that this would be difficult to assess, but ideally it should be self-financing – i.e. a fee could be levied for each review request. It was also agreed that a review mechanism should be put in place. Lord Trees anticipated that the committee should have three members and it was agreed that the LoE allowance should be applicable. In terms of “positioning” this committee, it was felt that it should be a College activity initially, but could move to the Trust at a later date. In the meantime, Lord Trees would work with the HoC to publicise this report to the profession at large.

   *(Action: Lord Trees/HoC) (Officers to consider financial/resource implications)*

3. In January 2015, Lord Trees (Chair of the Working Group and Science Advisory Panel) wrote to the Operational Board to encourage the establishment of an ER panel. The request indicated that access to ER could be a valuable catalyst in promoting the continued development of evidence-based veterinary medicine and the more rapid translation of veterinary research for the benefit of animal health and the public good. The Operational Board agreed that the Standards Committee should review the options.

4. The Standards Committee was informed of the issues at its meeting in April 2015 and it was indicated that a meeting had been arranged with Lord Trees in July to further discuss how the recommendations might be implemented. The note of the meeting with Lord Trees in July this year is attached as Annex B.

Issues

Need for ethical review

5. The need for an RCVS ethical review panel has been accepted by the Operational Board and the issue is one of implementation. The reasons why an ethical review panel for veterinary surgeons (and it is suggested veterinary nurses) in private practice who do not have ready access to the university ethical review committees is set out in the report at Annex A and additional reasons were discussed at the meeting in July 2015, a note of which is at Annex B. The key additional points are the panel will compliment the work of RCVS Knowledge which is promoting evidence-based veterinary practice; to seek to avoid veterinary surgeons and nurses inadvertently breaking the law or professional conduct responsibilities associated with clinical research and ensure that any
clinical research carried out can be published (without ethical review, publication in peer reviewed journals is unlikely).

Planning and developing clinical research for ethical review
6. As the meeting in July 2015 indicates, there is considerable work associated with the planning, designing and revising of clinical research projects. The report at Annex A suggests that private practising veterinary surgeons (and presumably nurses) are not familiar with clinical research and therefore may need some assistance with this. While an ethical review panel may make recommendations to refine a clinical research proposal, if it becomes too involved with the project its decision-making process is not independent. In addition, arguably RCVS staff members are not best placed and do not have sufficient clinical knowledge to assist this work. Certain BVA divisions may be able to assist. Initial discussions with BSAVA suggest that the association may be prepared to undertake this work. BSAVA have been in discussions with BCVA. These discussions will be continued with BSAVA in the early autumn and extended to BVA and BEVA; with a view to a profession-wide approach to ethical review.

Composition of the ER panel
7. In 2013, Lord Trees suggested an ER Panel would require 3 members. There is the more recent suggestion that each veterinary school will contribute to the ER panel and that an ER Panel should have a greater diversity of membership than can be provided by 3 members. The Standards Committee is asked to discuss this further and suggest a suitable composition. The current recognised veterinary practice sub-committee usually has 2 or 3 members, but the remit of the sub-committee is narrow. Ethical review can include a myriad of considerations as well as impact on animals; for example, impact on humans, informed consent, right of withdrawal of participation, data protection and destruction issues, rewards and incentives, the environment, sources of funding and objectives.

A trial period and costs
8. It is suggested that it would be appropriate to trial the ethical review panel over the course of one year, to assess uptake and the costs of ethical review. It is suggested that during this period ethical review should be free of charge to veterinary surgeons and practitioners, to encourage uptake of ethical review and to encourage the development of clinical research. The costs to the RCVS will relate to the ER panel, a liaison group to guide the trial and additional workload in the office. ER panel members would be entitled to receive a Financial Loss Allowance payment based on the number of days or half days spent on College business and reasonable expenses. The allowance is set at a daily rate of £310.00. The likely expenditure would depend on the frequency of Committee meetings, but if there are seven members, meetings every other month, and additional commitments for the Chair and the liaison group, it would be no more than £26,000 (see details below). This excludes any publicity, which it is suggested should be managed jointly between RCVS Knowledge and RCVS.

Proposals for a draft ER Panel
9. The draft proposals set out below have been formulated based on the discussions and suggestions at the July meeting.
<table>
<thead>
<tr>
<th>ER Panel</th>
<th>Draft proposal</th>
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| Terms of reference | To consider the ethical content of practice based clinical research projects not subject to the Animals (Scientific Procedures) Act 1986 (ASPA).  
To ensure that any potential risks are balanced by the likely outcome of the research.  
To consider the extent to which any hypothesis being tested or the aims of the research are credible and that the methodology is appropriate.  
To recommend or suggest any modifications to the research protocol that avoids or ameliorates ethical problems.  
To provide assurance to researchers and to the publishers of research that ethical issues have been carefully assessed, and the design and conduct of the research meets appropriate standards.  
*Veterinary ethical review can be expected to consider the possibility that the proposed research may require a Home Office licence under the ASPA. But, questions about the interface between the Veterinary Surgeons Act 1966 and ASPA should be referred to the RCVS Recognised Veterinary Practice Sub Committee.*  
*The ER Panel will not be asked to take on the role of a scientific review committee or give detailed advice or guidance on project design.* |
| Panel constitution | Membership will be drawn from existing Ethics Committees attached to the UK veterinary schools or other veterinary research establishments. It is vital for the Panel to include an appropriate breadth of expertise, for example, senior clinical scientists or academic ethicists. |
| Applicant criteria | Access to the ER Panel will be open to practice-based veterinary surgeons and veterinary nurses who are conducting projects on client-owned animals, who are not normally be involved in research projects or could not reasonably be expected to seek ethical review from a UK veterinary schools'/universities’ ethical review committee. Ideally, researchers will develop relationships with existing universities and institutions with ethical review committees. |
| Application fees | None. |
| Submission process | Applications must be submitted on a standardised application form. To facilitate a more efficient review and approval, applicants will be required to submit key details such a description of the study and whether there are any potential ethical or welfare issues, which have been addressed. |
indicate that they have the endorsement of the appropriate BVA division or BVNA.

**Application numbers**  
It is difficult to predict the likely numbers of project applications from practitioners. This is one of the reasons why we are proposing that the ER Panel is run on an initial trial basis for one year. This would mean that the RCVS is not committed to a permanent or long-term project. At the end of the trial, we will assess the costs involved in running the scheme against the numbers of applications received.

**Decision making**  
The ER Panel will be required to approve or reject projects based on defined criteria. This will be developed at a later stage. It may be appropriate for the Chairman of the ER Panel to initially review applications to decide whether they should be submitted for consideration by the ER Panel by e-mail or at a meeting. During the trial, it may be appropriate for the Panel to meet every other month (half day meetings may be sufficient).

**Training**  
ER Panel members will require 1 day of training.

**Resources**  
<table>
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<tr>
<th>Description</th>
<th>Cost</th>
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<tbody>
<tr>
<td>ER Panel: 7 members x 6 meetings</td>
<td>£310 FLA and £100 average travelling (not overnight) costs and catering £100 per meeting = £17,820</td>
</tr>
<tr>
<td>Training: 1 day</td>
<td>£2,970</td>
</tr>
<tr>
<td>Liaison group: 3 members x 4 meetings and report to Council</td>
<td>£5,020</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>£25,810</strong></td>
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**Staffing and administration**  
It is likely that the Advice Team would manage the work of the ER Panel alongside existing responsibilities for the Standards Committee, RVP Sup Committee, Certification Sub Committee and Riding Establishments Sub Committee.

**Liaison and oversight**  
A small liaison group including a representative from BVA/BSAVA, a representative of the profession and a lay person, and attended by the Chair of the ER, to advise on the detail and progress of the trial; to meet four times, before the start, twice during the trial and at the end.

**Next steps**

10. With the support of the Operational Board and Standards Committee, RCVS Council would be asked to consider the proposed one-year trial of an RCVS ER Panel. The trial would start in 2016 and therefore can be included in the annual budget for next year.
11. Please note that on 2 September, Ops Board agree, in principle, to establish an ER Panel trial. This will be discussed further at RCVS Council in November.

12. VN Council is asked to comment generally on the proposals, specifically as veterinary nurses may also wish to access ethical review of practice based research.
Ethical Review for Practice-based Research

A report of a joint RCVS / BVA working party

~ 2013 ~
Members of the working party and their affiliations:

<table>
<thead>
<tr>
<th>Name</th>
<th>Affiliation</th>
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<tbody>
<tr>
<td>Prof The Lord Trees BVM&amp;S PhD DipEVPC DVetMed(hc) MRCVS (Chair)</td>
<td>RCVS</td>
</tr>
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<td>Dr M R L H Campbell BVetMed MA DipECAR PhD MRCVS</td>
<td>BEVA</td>
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<tr>
<td>Mr J Fishwick VetMB MB DCHP DipECBH MRCVS (later replaced by Mr D O’Rourke MVB MBA FRCVS)</td>
<td>BCVA</td>
</tr>
<tr>
<td>Prof M E Herrtage BVSc MA DipECVDI DipECVIM-ca DVR DVD DSAM DVSc MRCVS</td>
<td>University of Cambridge / RCVS Recognised Veterinary Practice Subcommittee</td>
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<tr>
<td>Dr M Holmes VetMB MA PhD MRCVS</td>
<td>University of Cambridge</td>
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<td>Mrs S E Houlton BVSc MA DVR DVC MRCVS</td>
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<tr>
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<td>BSAVA</td>
</tr>
<tr>
<td>Dr C May MA VetMB CertSAO PhD MRCVS</td>
<td>BVA / VDS</td>
</tr>
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4. When does clinical practice become research?
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7. Ethical review for research outwith ASPA
8. Accessing ethical review
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12. References and further information
1. Summary

An increasing amount of clinical research is being conducted by veterinary surgeons based in private practice. Unlike those based in veterinary schools and institutes, private practitioners may not be so familiar with the regulations and best practice associated with research particularly with reference to ethical review. To facilitate practice-based research, to enable it to be conducted to best standards and to protect both practitioners, the public and the animals they own, a working group was established by the RCVS and the BVA. Involving representatives of relevant bodies and experts, its aim was to provide advice and guidance on the ethical review of practice-based research in the UK.

This report provides the group’s advice with respect to ethical review for the veterinary surgeon planning clinical research. It discusses the distinction between clinical practice and clinical research and then considers under what circumstances research requires Home Office authorisation under the Animals Scientific Procedures Act 1986 (ASPA) and when it does not. All research requiring Home Office authority requires mandatory ethical review and arrangements and processes are embraced in the licence application.

This report concentrates particularly on clinical research outwith ASPA. Ethical review for all such research is advised. The reasons and issues are extensively discussed, not only for interventions directly with animals (including those under Animal Test Certificates) but also for research not involving clinical interventions (e.g. questionnaires, use of superfluous tissues, and environmental sampling).

Finally, guidance is given on accessing ethical review of research. Ideally, researchers are advised to develop a relationship with veterinary institutes so as to be able to submit research proposals to the ethical review committees of those institutes. We also recommend that the RCVS considers establishing an ethical review committee to consider research proposals from practitioners who may not have, or wish to have, links to existing institutions. To enhance advice to practitioners, we recommend that the RCVS standing committee on Recognised Veterinary Practice be enlarged and its existence better publicised.

It is hoped that this report will facilitate and encourage practice-based clinical research by giving practitioners constructive advice which will reassure both the profession and the public.
Ethical review – a flow chart to aid decision making and navigation of the report

Is what is proposed clinical practice or research?
(see section 4)

Clinical practice
- under VSA
- outwith ASPA
- does not require ethical review

Research
Does it require Home Office licence under ASPA?
(see section 6)

Yes
Under ASPA
- requires Ethical Review

No
Not under ASPA
- should be subject to voluntary Ethical Review
- maybe under Animal Test Certificate
(see section 7)

Accessing ethical review
(see section 8)
2. Terms of Reference

   a) With reference to ethical review, to produce advice and guidelines for veterinarians conducting research from practice.

   b) To recommend means of access to ethical review processes for veterinarians wishing to do research in practice.

3. Background

Research is essential to provide the evidence-base for veterinary science in order to improve the health and welfare of animals and to improve public health. The role of practising veterinary surgeons in that process is important and has been recognised by, amongst others, the seminar at the RCVS in 2005 'Research into Practice – Practice into Research', the University of Cambridge initiative (Clinical Research Outreach Programme – see references, section 12) and the BSAVA (see Mellanby, 2011).

At the same time, more and more practices are operating at standards where research is feasible and clinical advances are validated. Those involved in research centres in institutions and universities are familiar with Home Office regulations, the Animals Scientific Procedures Act (ASPA) 1986, and the value of ethical review processes, but busy practitioners may not be so aware of these issues or may not be able to easily access advice on them. Recognising the positive effect advice and guidance in this area could have to ensure that practice-based research is conducted according to best practice, the BVA and the RCVS agreed to set up a Working Party to consider Ethical Review for Practice-based Research (ERPRB).

We were particularly mindful that prior ethical review of proposed procedures could provide important reassurance to practitioners considering research.

What the working party and this report do NOT consider are the wider ethical issues about the extent of treatment of individual animals which is the subject of widespread professional debate elsewhere. Nor does this report discuss in detail matters covered by ASPA – although for completeness we discuss the criteria by which research may or may not fall within the remit of ASPA. Particularly, this report concerns itself with clarifying those many situations where it would be prudent to involve ethical review for research falling outwith ASPA. This could be for such apparently innocuous procedures as sending out questionnaires. And we make recommendations about how ethical review might be obtained.

For the purposes of this report, we consider practice-based research as research involving client-owned animals and conducted by non institutionally-based veterinary practitioners who might not normally be involved with research.

We emphasise that this report seeks to provide guidance and help of practical benefit to veterinary practitioners and to provide reassurance to the profession and public alike. It is not intended to impose unnecessary barriers to the pursuit of knowledge.
4. When does clinical practice become research?

4.1 Valuable advice about this is contained in the RCVS Code of Professional Conduct for Veterinary Surgeons: Supporting Guidance, Chapter 25, Recognised veterinary Practice [http://www.rcvs.org.uk/advice-and-guidance/code-of-professional-conduct-for-veterinary-surgeons/supporting-guidance/recognised-veterinary-practice/] and can be obtained from the Home Office Inspectorate, and from the RCVS through their standing committee on Recognised Veterinary Practice.

4.2 In essence, the veterinary surgeon must decide whether an intervention is likely to be of direct benefit to the animal or its immediate group and/or is for a purpose of recognised agricultural or animal husbandry practice in the UK. If it is, it falls within clinical practice and under the Veterinary Surgeons Act (VSA) 1966. If it is not then it may be deemed research. In all circumstances the individual has to consider the primary purpose and whether he or she is acting in a professional capacity as a veterinary surgeon or as a research scientist. Although the procedures and techniques may be identical, analysis of the purpose for which they are applied should help the veterinary surgeon to determine if the intervention is recognised veterinary practice or research. If it is research it would benefit from ethical review and might require a licence under ASPA. It is important to appreciate that whilst all activities requiring a Home Office licence require ethical review, not all research which would benefit from ethical review requires a Home Office licence. One such example is work undertaken under an Animal Test Certificate (ATC) of the VMD (see later), but also much other clinical research may fall into this category. Do not assume that because work does not require a licence under ASPA that it does not need ethical review. Note that for procedures outwith ASPA and outwith clinical practice there is no legal requirement for ethical review, but seeking it – and responding to its advice – will be a valuable assurance to the veterinary surgeon especially in the event of any subsequent dispute. Note too, that this advice pertains to each component of an investigation. Thus if a patient or series of patients underwent several procedures which might reasonably be regarded as part of normal clinical practice, but an additional procedure was carried out which might be argued was unnecessary for the direct clinical benefit of the animal/animals (but which contributed to the acquisition of knowledge), then the inclusion of the latter should prompt consideration of the requirement for ethical review and/or ASPA. Clearly there will be many instances where it is arguable to what extent a procedure is necessary, normal or beneficial to the patient. A number of examples are considered in this report and also in the RCVS Code of Professional Conduct, Supporting Guidance, Chapter 25. If in doubt, seek advice. Let us consider clinical research in more detail.
5. General considerations about clinical research and ethical review

5.1 Clinical research can arise from a continuum of activities that range from observational studies using data collected during routine veterinary practice to interventional studies where the treatment of patients is determined by their allocation to a particular intervention group. Any collection of clinical data where the intention is to communicate information about clinical practice may be described as clinical research.

5.2 All clinical research should be subject to some degree of ethical review, and many peer-reviewed journals now make such review a condition of publication. The extent and nature of any ethical review should be proportionate to the scale of any ethical risks that may be involved. Thus ethical review is a sequential or incremental process and should take the following steps:

i. The investigator should review any potential ethical issues that may arise from the planned research in order to make a judgement on the need for further formal ethical review. If the investigator is relatively inexperienced, advice should be sought from more experienced colleagues who are familiar with clinical research and ethical review.

ii. If the process in (i) above indicates that formal ethical review might be needed the investigator should submit an outline of the proposed research to an official representative of an institutional ethical review committee for an opinion on the need to submit the proposed research for full ethical review by that committee.

iii. If the advice in (ii) is that full ethical review is needed the investigator should submit a detailed protocol of the proposed research to an institutional ethical review committee for a formal ethical review.

5.3 What features of clinical research raise ethical issues?

The following sections indicate areas that should be considered, but this is not an exhaustive list. Ethical issues may arise from many unanticipated areas:

i. Any potential to cause harm or distress to a patient that may occur as a result of the animal’s participation in the research.

ii. Any potential to cause harm or distress to an owner or keeper of a research subject.

iii. Breaching the confidentiality of the owner/client/keeper of an animal during the conduct of the research or its publication.

iv. Ownership of data or clinical material.

v. Obtaining informed consent.

vi. Research involving children, or adults unable to provide full and informed consent.
5.4 The purpose of ethical review

i. The overarching principle of ethical review is to ensure that the potential risks are balanced by the likely outcome of the research.

ii. A formal ethical review considers the extent to which any hypothesis being tested or the aims of the research are credible and that the methodology is appropriate.

iii. Ethical review may identify issues that have not been recognised by the investigators.

iv. Feedback from an ethical review committee may suggest modifications to the research protocol that avoid or ameliorate ethical problems.

v. Veterinary ethical review can be expected to consider the possibility that the proposed research may require a Home Office licence under the ASPA. While this is not an ethical issue *per se* it is an important legal consideration.

vi. Going through a process of external ethical scrutiny provides assurance to the participants and to the publishers of research that ethical issues have been carefully assessed, and the design and conduct of the research meets agreed standards.

vii. Formal ethical review is normally an iterative process and often improves the quality of the proposed clinical research.

5.5 At what stage should clinical researchers seek external formal ethical review?

i. Formal ethical review can only be effectively carried out prior to the research being conducted or published.

ii. Retrospective studies using data that have been collected in the normal course of veterinary clinical practice are less likely to raise ethical concerns. However, there are likely to be ethical issues relating to assimilation and storage of data. In addition, even the publication of a simple case report may cause a problem if the patient or its owner may be identified as a result of publication.

5.6 Publication of research

Conducting research without an intention to publicise the results more widely is difficult to justify ethically. The routes of publication need not be through refereed journals (although this is preferable) but they should try to reach the relevant audiences.
6. When does research fall within the Animals Scientific Procedures Act 1986 (ASPA) and when does it not?

6.1 Any research involving animals that has the potential to cause "pain, suffering, distress or lasting harm" falls under ASPA. The threshold of pain that is used is that of introducing a hypodermic needle through the skin. All research under ASPA requires ethical review.

6.2 For clinical research NOT to fall under ASPA it must either not cause pain, suffering, distress or lasting harm OR any potential to cause pain, suffering or lasting harm must result from an act of veterinary surgery as part of recognised veterinary practice (see 4.2 above). To reiterate, key considerations include the following -

i. An act of veterinary surgery must be performed for the direct benefit of the animal (or group of animals, i.e. a pen, flock, or herd) under a veterinary surgeon's care.

ii. The primary motivation leading to the procedure is an important distinction. Where that motivation is entirely for research purposes that procedure would fall under ASPA. Where the motivation is for the treatment of an animal it would fall under 'recognised veterinary practice'.

iii. Any information obtained from a diagnostic intervention should have the potential to influence the treatment of the animal that has been subjected to that diagnostic test.

iv. Sampling for surveillance purposes, where the sampling involves pain e.g. blood sampling, requires ASPA unless it can be clearly shown to be of direct benefit to the animals under the veterinary surgeon's care.

6.3 Withholding treatment, when such a treatment has the potential to prevent "pain, suffering, distress or lasting harm", such as the use of a placebo, would fall under ASPA.

6.4 Practical considerations of the interface between clinical research and ASPA requirements:

i. Surplus tissue samples, such as blood, taken in the course of veterinary treatment may be used for research purposes. Additional amounts of blood may be withdrawn without a licence under ASPA as long as they are not likely to cause "pain, suffering, distress or lasting harm" (i.e. from the single needle stick used to take the diagnostic sample, and usually less than 10% of blood volume withdrawn in total). See also Section 7.4.1.

ii. The use of novel surgical techniques on a patient may be performed when the primary intention is to treat the animal although there may be a secondary intention to publish the outcome. This is 'recognised veterinary practice' when the surgery is performed by a suitably experienced veterinary surgeon, and the procedure used has a reasonable expectation of a successful outcome appropriate for the condition being treated and supported by rational use of existing knowledge and literature.
7. Ethical review for research outwith ASPA

7.1 Research involving clinical intervention with animals

There are several categories of practice-based veterinary research which may be associated with clinical intervention and which require ethical review. Examples follow but this list is not exhaustive.

i. Clinical trials of novel medicines with a view to product registration. Such research generally requires an Animal Test Certificate (ATC) issued by Veterinary Medicines Directorate - see section 7.2.

ii. Novel uses of licensed medicines in prospective group or cohort studies. Such research may be justified with appropriate reference to the veterinary medicines cascade. Veterinary surgeons should carefully consider the clinical and scientific justification for such research. The circumstances under which such studies can be conducted without an ATC are quite specific (see VMD guidance – VMGN No. 6).

iii. Novel surgical techniques. There is no regulation for this type of research but veterinary surgeons should carefully consider the scientific and clinical basis to undertake research on a novel surgical technique. One would expect existing literature or studies to support the proposal, and this might include ex vivo research, or translation of data from other species including human beings.

iv. Novel medical devices or implants. Medical devices and implants are not regulated in veterinary medicine in UK. However, veterinary surgeons considering clinical research with a novel device or implant should carefully consider the existing knowledge on that particular device or implant. This may involve translation of data from other species, including human beings, but may also involve ex vivo testing, or materials testing.

v. Any study where decision-making (e.g. diagnostic or therapeutic intervention) is determined by the study design e.g. a randomised study, rather than the attending veterinary surgeon, requires formal ethical review.

vi. Any study where personal data (i.e. data that is not anonymous) may be passed to a third party who would not normally receive that data should be considered for formal ethical review.

vii. Studies where additional clinical data, or larger clinical samples, are obtained as part of the research require formal ethical review.

A pragmatic threshold for the need for formal ethical review is any study where a reasonable person would expect to obtain permission from the owners or keepers of an animal before including that animal in that study.
7.2 Animal Test Certificates - veterinary research which may require VMD Regulation

7.2.1 The Veterinary Medicines Directorate regulates clinical (field) trials using animals to demonstrate efficacy and/or safety of a Veterinary Medicinal Product in the intended target species under conditions of field use. Such trials may be carried out by individuals, organisations or companies. The VMD authorises such work through Animal Test Certificates (ATC).

Full details can be found in the Veterinary Medicines Guidance Notes 6 (VMGN6) and related guidance on the VMD website (www.vmd.defra.gov.uk). It is recommended that specific, case-by-case, advice be sought from the VMD Licensing team on 01932 338439 or 336911.

7.2.2 A Veterinary Medicinal product is defined as:
Substances or combinations of substances presented as having properties for treating or preventing disease in animals; or
Substances or combinations of substances that may be used in, or administered to animals with a view either to restoring, correcting or modifying physiological functions by exerting a pharmacological, immunological or metabolic action, or to making a medical diagnosis

7.2.3 An ATC is granted if the benefit to risk assessment is considered positive. Justification is required for the proposed trial. From the perspective of ethical use of the animals involved, the ATC provides appropriate safeguards for their safety. However, all procedures applied to animals during the course of the trial must be consistent with “recognised veterinary practice” and the investigating veterinary surgeon must act in accordance with the Veterinary Surgeon’s Act, otherwise the study will also need to be regulated under the ASPA.

7.2.4 Authorities under ASPA may be required when animals may experience pain, suffering, distress or lasting harm. Particular consideration should be given to animals in placebo treated “control” groups. The ATC itself does not relieve the veterinary surgeon from providing normal veterinary care for the animal involved in a trial. Should this be prohibited by the protocol of the trial, or if trial procedures are not compliant with recognised veterinary practice, the Home Office should be consulted regarding the need for an ASPA licence. Further information is available from the Home Office website at: http://www.homeoffice.gov.uk/science-research/animal-research.

7.2.5 The animals are usually client-owned animals rather than animals held at research establishments. Informed owner consent must be obtained.

7.2.6 In order to minimise the data requirements and time to approval, ATCs are divided into three types (A, B, and S) depending on their complexity. ATC’s A or
B are usually awarded to pharmaceutical companies to provide data for marketing authorisations. In these cases the pharmaceutical companies will have their own ethical review processes which will be invoked as required. The veterinary surgeon involved in trials under ATCs A or B should satisfy themselves that suitable ethical review has been done. Note that ethical review is not part of the VMD’s authorisation procedure.

7.2.7 The ATC-S is specifically intended for small scale research trials conducted by veterinary surgeons; these cases usually do not require the work to be conducted to Good Clinical Practice standards and involve only small numbers of animals (usually <50). For Type S ATC, as the protocol is not submitted, the researcher/investigator and at least two other veterinary surgeons, who are independent of the trial and have a further qualification in the discipline concerned, should provide signed confirmation that they have reviewed the protocol and that they are satisfied that the study is ethical and is to be conducted in accordance with these requirements.

7.2.8 In summary, the ethical considerations for the use of animals in these types of field trials include;

- Justification of the need for such a trial, which could not be addressed without using live animals.
- Provision for the safety and welfare of the animals involved.
- Confirmation that the procedures comply with the RCVS Guide to Professional conduct and be “recognised veterinary practice”, unless additional licence authorities under ASPA have been obtained.
- Informed consent from the owners of the animals.
- For ATC-S independent ad hoc ethical review by two veterinary surgeons.

7.3 Helpful hints for research involving clinical interventions

7.3.1 Study design

i. There are various study designs that investigators may choose to use depending on the research question and the regulatory and ethical issues around the clinical intervention (e.g. retrospective, prospective, randomised, parallel group, cross-over, etc.). When considering study design, the investigator must consider the ethical issues around the clinical condition and the proposed intervention. The use of placebos in any trial must be very carefully considered. For example, placebo-controlled trials are not considered ethical in many types of cancer. In addition, studies of analgesics must be carefully planned such that animal welfare is carefully maintained and there are appropriate steps to use “rescue” analgesia, or withdraw the patient from the study. Surgical studies also have their own issues and
investigators are advised to seek professional help in choosing the most appropriate study design.

ii. Investigators should strive for the most robust study design having considered the ethical, clinical and financial constraints. Dialogue with the research ethics reviewers may be necessary to evolve an acceptable study design.

iii. Retrospective studies may also require ethical approval despite the fact that no prospective clinical interventions are planned. This is because patient and owner data will be collected; investigators must have ethical review for their data collection methods and appropriate data protection methods. Review may be required if stored data are to be used retrospectively for purposes other than those for which they were collected. Questionnaires to be sent to owners retrospectively must also have ethical approval (see non-interventional research).

7.3.2 Funding and potential conflicts of interest

The funding of the proposed research should be clearly identified. In addition, any relationship between the researchers and the funders should be declared, along with any other potential conflicts of interest.

7.3.3 Recruitment of animals

i. The methods for animal recruitment should be described.

ii. With respect to animal owners, researchers should describe how they would be identified, approached and recruited.

iii. Any advertisements for recruitment should be drafted and enclosed with the research ethics application along with the type of advertisement to be used.

iv. When involving animal owners, researchers should consider each owner’s ability to give informed consent.

7.3.4 Human participants in animal studies

i. Where humans are providing information or participating then the ethical review process should involve appropriate medical and / or social science research expertise.

ii. The researchers should carefully consider the human participants (e.g. owners, farmers, jockeys, kennel assistants, etc.). In particular, the collection of any data regarding the human participants should be carefully considered and disclosed (e.g. discussion of sensitive topics which might cause embarrassment or distress).

iii. If the study involves deliberately misleading the human participants, this should be declared and justified.

iv. Any financial inducements to human participants must be declared.

v. Human participants must provide full informed consent and must be informed that their participation is voluntary and that they can withdraw themselves and their animal(s) from the research at any time.
vi. The collection of samples from humans as part of animal studies (e.g. in a study of zoonosis) is outwith the scope of this report and would require review by a suitable medical ethical review committee.

7.3.5 Good clinical practice
Studies regulated by the Veterinary Medicines Directorate, and performed under an Animal Test Certificate generally operate to Good Clinical Practice (GCP) guidelines. Staff engaged in GCP studies must be suitably trained.

7.3.6 Sample size estimates for research involving clinical intervention.
Researchers should make sample size estimates on the basis of sound statistical principles. They make use of existing literature and seek professional help in doing so if necessary.

7.3.7 Inclusion and exclusion criteria
Inclusion and exclusion criteria for human and animal participants should be listed separately.

7.3.8 Outcomes measures in research involving clinical intervention
i. Outcomes measures should be clearly defined in the study protocol.
ii. The chosen outcomes measure(s) should be ethical, reasonable and entirely appropriate for monitoring the clinical condition being studied. In a rapidly evolving diagnostic environment, outcomes measures may be novel but novelty per se should not be the reason for choosing a specific outcomes measure. There should be clearly justifiable grounds for choosing a specific outcomes measure and if at all possible, it should be non-invasive. Where it does involve some intervention, this should be the least invasive method for the condition or pathology being monitored.

iii. A single primary clinical outcomes measure should be defined prospectively. The selection of this primary outcomes variable should be considered carefully. Generally, it will be the most relevant and robust measure collected. Some suitable examples include: somatic cell counts in milk in mastitis studies; objective measure of limb function in lameness studies; an echocardiographic parameter in cardiac studies; a hormonal assay in endocrine studies; a biochemical or haematological parameter in internal medicine studies; an animal owner questionnaire (clinical metrology instrument) which would preferably be previously validated for the clinical condition under research.

iv. Secondary outcomes measures should also be defined prospectively and may be single or multiple. Such measures are often less robust or less directly relevant but are of sufficient relevance to be included
to provide additional dimensionality to the research. Examples might include: an owner questionnaire; a biomarker, or panel of biomarkers.

7.3.9 Risks and their management
i. The potential risk to animal or human participants should be carefully considered. How the benefits of the research outweigh the risks should also be explained.
ii. Any risks to the researchers should also be considered and explained.
iii. The procedures for detection and reporting of unexpected outcomes or adverse events should be documented.
iv. The conduct of the study should be monitored and adherence to the study plan documented.

7.3.10 Data access and storage
i. When the research involves collection of personal data (including at the recruitment stage), researchers should put in place strategies to maintain confidentiality of personal data (e.g. encryption or anonymisation procedures).
ii. Export and sharing of data, or transport of data away from the research facility, should be carefully monitored.
iii. The custodian of the data and those who will have access to the data should be logged.
iv. The length of time for which the data will be stored should be detailed.

7.4 Research not involving clinical interventions

This is an important area where, at first glance, it may be thought that ethical review is unnecessary but there may be many consequences of such research which raises ethical issues. We consider some examples here but this list is not exhaustive.

7.4.1 Use of tissues collected for clinical reasons


Superfluous tissue left after its clinical purpose has been fulfilled can be a valuable research resource. The commonest example is the use of archived sera collected primarily for diagnostic purposes and when, at the time of collection research was not envisaged, nor was consent given. Providing samples can be securely anonymised, subsequent use may not pose ethical questions. However,
this will depend on what the research tests seek to find. The tests may identify information of clinical relevance which should be disclosed to the owner. Consequently, it is advisable to include in consent forms the agreement to the use of superfluous tissue or serum, and acknowledge that any information subsequently deemed to be of clinical relevance would be disclosed to the owner.

The collection of either a significantly greater quantity of tissue, or additional types of tissue (say, during surgery) than is strictly required for diagnostic or treatment purposes requires ethical review. Licence authorities under ASPA may also be required if the additional intervention are such that, of themselves, they may cause pain, suffering, distress or lasting harm.

7.4.2 Environmental samples

The collection of samples from the environment may raise ethical issues. For example, if faecal samples of livestock and/or wild animals are being collected from farmland, the consequences of what may be found in those samples for the farmer or landowner need to be thought through. Maintaining anonymity will be a problem if, either findings require mandatory reporting, or for example, results are to be presented graphically at high resolution. Thus informed consent should be obtained for this type of sampling including the commitment to disclose any clinically relevant information to the owner.

7.4.3 Questionnaires

This is a popular type of research tool for student projects and lends itself very well to practice-based research since it is generally straightforward, relatively cheap and apparently free of restrictions. However, there are technical aspects to the design of questionnaires which should be incorporated to ensure they achieve meaningful and reliable results. This is beyond the remit of this report, but readers are advised to seek advice on the design of questions and questionnaires (see for example Holmes and Cockcroft, 2008).

There are also likely to be ethical issues involved with most if not all questionnaires and advice should be sought. Note that this is always required in NHS or medical research related to patients, students or human subjects. Matters for consideration include anonymity, self incrimination, data protection and unanticipated distress or psychological harm.
7.5 Fulfilling requirements of funders and publishers

Ethical review will almost certainly be required by both the funders and the publishers of the research. They will require statements confirming that the research has undergone ethical review. For example, many journals have adopted into their Instruction for Authors the ARRIVE guidelines of the National Centre for the Replacement, Refinement and Reduction of Animals in Research (see References – section 12). These guidelines particularly pertain to laboratory animal experiments but may be useful to consult.

7.6 Informed Consent

7.6.1 The requirement for informed consent and the procedure through which informed consent is obtained is an important consideration in ethical review.

7.6.2 Informed consent is an agreement to carry out specific actions, based on what those actions involve, and the likely consequences of those actions.

7.6.3 Obtaining informed consent is a process and goes beyond obtaining a signature on a consent form. A signature on a consent form provides some evidence that the process was complied with, but may be invalid if it was obtained without adhering to that process.

7.6.4 Requirements for an ethically acceptable informed consent process include:

i. Providing relevant information accurately and in a way that the person providing informed consent can comprehend it.
ii. Any undesirable outcomes should be discussed, as well as any potential benefits. The relative likelihood of these events should be communicated as well as the degree of uncertainty involved, as far as is possible.
iii. People being asked for informed consent must be made aware of the alternatives (i.e. that they do not have to agree to participate in the research) and that the veterinary care of a patient will not be prejudiced if they decline to participate. They must also be informed that they may withdraw at any stage during the research.
iv. Those being asked for informed consent must be given an opportunity to ask questions and seek clarification about any information they have been given but do not understand fully. They should be asked to confirm that they understand before signing a consent form and confirm that they have been given the opportunity to raise any points of uncertainty. It is important that during the informed consent process, a veterinary surgeon familiar with the proposed research (or other suitably qualified person) is available to answer any questions that may arise. It may be helpful if the consent form is countersigned by the person administering the form to confirm that these requirements were fulfilled.
v. It is good practice to offer participants giving consent an independent person or body who they may contact if they are unhappy with the conduct of the study or the persons involved in it.

vi. All communications with owners/clients during the informed consent process should be impartial to avoid direct coercion or paternalistic intimidation.

vii. The competence of the person from whom the informed consent is being obtained should be established. It is important to take all reasonable steps to ensure the person giving consent is the owner, or is genuinely acting on their behalf. Anyone providing informed consent must be capable of understanding the nature of the decision. This would exclude children, adults with learning difficulties, or people not fluent in the English language (unless translations are available).

viii. It is good practice to offer subjects access to the research project’s report and conclusions.


7.6.5 What is required for the ethical review of the informed consent process?

i. In order to review the mechanism by which informed consent is obtained final copies of all documents (e.g. consent forms, client information sheets, questionnaires etc.) will be required.

ii. A protocol of the research clearly identifying the likely populations from which the research subjects (and their owners/keepers) will be recruited. This should state if any people likely to be less able to provide informed consent are likely to be approached, or how they are to be excluded.

iii. A description of the process by which informed consent will be obtained.
8. Accessing ethical review

The working party considered four potential means of access to ethical review:

i. Collaboration with colleagues in research institutions that already have ethical review committees.

ii. Purchase of ethical review services from institutions that have ethical review committees and are prepared to provide these services.

iii. The establishment, under the auspices of the RCVS, of a national independent body available to practitioners for ethical review of veterinary practice based research.

iv. Setting up an *ad hoc* ethical review process (the “DIY” option).

8.1 Collaboration

8.1.1 The working party recognises that collaboration between veterinary practice and research institutions is potentially fruitful but has limitations. For example, the type of clinical work performed in practice based research may be unattractive to research institutions in terms of effort versus reward, or veterinary surgeons performing research in veterinary practice may not wish to share data with colleagues in research institutions unless there is a perceived benefit of the collaboration that goes beyond ethical review.

8.1.2 Notwithstanding the recognised limitations, *the working party wished to encourage collaboration between veterinary practice and veterinary research institutions* on as many levels as possible. The practice-based clinician can achieve this by identifying and collaborating with an existing member of staff of an institution which has an ethical review process. Alternatively, many institutions will also confer honorary staff status on persons working in practice or industry who are seen to be contributing to the institution’s goals. Honorary staff would normally have access to the institutional ethical review process. Since existing institutional committees are dealing with ethical review on a relatively frequent and large scale, they are well placed to ensure expertise, consistency and fairness in the process (see also 8.2.2 below).

8.2 Purchase

8.2.1 The working party recognises ethical review committees as a valuable resource meeting a needed service. As such some research institutions may wish to make this resource available to individuals outside of the institution and the working party is already aware of instances of this. Some practitioners may wish to make use of this on an *ad hoc*, pay as needed basis.

8.2.2 All veterinary schools, veterinary research institutes and other biomedical research organisations will have ethical review committees and they may be willing to help. Practitioners are advised to approach the institution of their choice directly.
8.2.3 Should practitioners seek to purchase ethical review, we recommend that the ethical review of veterinary practice-based research is done by committees based in clinical veterinary research establishments and which comprise at least one veterinary qualified member. There may be other specialised aspects of the research (e.g. social science) where the researcher should satisfy themselves that the chosen ethical review committee have available appropriate expertise.

8.2.4 The working party believes that individual institutions will need to decide for themselves whether to charge for these services at a commercial rate or whether to provide them at reduced cost as a service to the greater good of building an evidence base for veterinary medicine and surgery.

8.3 A body or bodies under the auspices of the RCVS

8.3.1 To set up and service a “bespoke” ethical review committee to be available for ad hoc requests from practice-based researchers would demand considerable resources. Moreover, it might only be used intermittently and thus maintaining consistent standards and experience would be challenging. However, we are aware of increasing demand for such a body and we recognise that this could provide a valuable support to facilitate practice-based research. Thus the working party recommends that the RCVS considers establishing a national standing committee for ethical review of practice based research.

8.3.2 The working party agrees that there is currently not a role for the RCVS in overseeing other bodies providing ethical review of veterinary practice based research.

8.3.3 The working party agreed that the RCVS is, and should be, in a position to provide guidance to veterinary surgeons concerning what is and what is not recognised veterinary practice. The working party notes that there already exists for this purpose a Recognised Veterinary Practice Sub-Committee of the RCVS. The working party also agreed that the RCVS should be in a position to give advice to veterinary surgeons as to whether ethical review is required when an act of veterinary surgery includes an element of research and, if so, to guide veterinary surgeons to suitable resources. If the RCVS decides not to establish an ethical review of practice based research committee (contrary to the recommendation in 8.3.1 above), we recommend that the RCVS considers establishing a list of institutions in the UK which have ethical review committees and which are willing to either collaborate with practitioners or sell their services.

8.3.4 The working party agreed that the RCVS should be in a position to give advice to veterinary surgeons as to whether a proposed act potentially falls outside the Veterinary Surgeons Act 1966 and might be considered to fall under ASPA and, if so, to guide veterinary surgeons to suitable resources for clarification.
8.3.5 In respect of the above, the working party considered that an extension of the membership, resource and remit of the existing Recognised Veterinary Practice Sub-Committee could serve this purpose.

8.3.6 The working party urges the RCVS to publicise the availability of the Recognised Veterinary Practice Sub-Committee to the profession at large.

8.4 Setting up an ad hoc ethical review process

8.4.1 This may be an option favoured by practices which conduct, or plan to conduct, significant amounts of research. Guidance on setting up ethical review committees, their composition and processes is given in the LASA/RSPCA publication ‘Guiding Principles on Good Practice for Ethical Review Processes’ 2nd Edition 2012 (see references – section 12). This is written largely for institutionally-based research involving laboratory animals, but the general principles of setting up and running an ethical review committee are relevant.

8.4.2 Setting up an ad hoc committee requires a number of issues to be considered and resolved. It will be important to ensure true independence from the ‘parent’ practice to ensure credibility and meaningful review. Of course it is in the practice’s own long term interests that any review is thorough, rigorous and independent. The quality of review and reviewers will partly depend on their experience. A group which is reviewing very few proposals, and from only one source, will be less able to comment authoritatively or to benchmark activities. This is why the use of pre existing ethical review processes handling scores of proposals a year is recommended above (see section 8.1.2). Nonetheless we recognise that some practices may wish to set up their own processes. In that case, the involvement of individuals who have past, and preferably current experience of ethical review is essential, as is the inclusion of suitable lay representation.

9. Meetings held

17th May 2011
20th September 2011
1st February 2012
10. Acknowledgements and list of others consulted

RCVS Advisory Committee, RCVS Research Sub-committee and RCVS Trust
- BVA and its divisions (BEVA, BCVA and BSAVA)
- Home Office
- Veterinary schools / HoVS
- Research institutes
- Funders: Horse Trust / World Horse Welfare / BSAVA Petsavers / Petplan / RSPCA / UFAW / Wellcome Trust / DEFRA
- Boyd Group – (Sue Houlton)
- VDS
- VMD
- Peter Fordyce

11. List of acronyms

RCVS – Royal College of Veterinary Surgeons
BVA – British Veterinary Association
VSA – Veterinary Surgeons Act
ASPA – Animals Scientific Procedures Act
VMD – Veterinary Medicines Directorate
ATC – Animal Test Certificate

12. References and further information:


- Cambridge Clinical Research Outreach Programme http://www.vet.cam.ac.uk/cidc/outreach.html
Or http://www.lasa.co.uk/publications.html (primarily concerned with ASPA procedures and research on lab animals in licenced premises; some useful general advice about ethical review)


• RCVS Seminar 2005 ‘Research into Practice … Practice into Research’ http://www.rcvs.org.uk/document-library/research-into-practice-bonner-report/ (useful general discussion, but does not mention ethical review)

• VMD Guidance Note No 6 2009 Animal Test Certificates from http://www.vmd.defra.gov.uk/pdf/vmgn/VMGNote06.pdf (briefly refers to ethical review in paragraph 52)
Note of the meeting to discuss the recommendations from the Ethical Review for Practice-based Research

In attendance:
Professor The Lord Trees – Chair, Ethical Review Working Party
Professor Mike Herrtage - Chair, Recognised Veterinary Practice Sub Committee
Gordon Hockey – Registrar / Director of Legal Services
Laura McClintock – Standards and Advisory Manager / Solicitor
Rebecca Rafferty – Advice Officer / Solicitor
Dr Kit Sturgess – RCVS Council Member (attended in part)

Summary of discussion

1. The meeting was convened to discuss how best to implement the recommendations from the Ethical Review for Practice-based Research following on from the report of the joint RCVS / BVA Working Party produced in 2013. The key recommendation was for the RCVS to consider setting up an Ethical Review (ER) panel to receive proposals from veterinary surgeons who want to carry out clinical research, but do not have access to an institutional ER framework.

2. GAH explained that initially Operational Board felt that it could not justify the commitment. The recommendations were then returned to the Board at the request of Science Advisory Panel in January 2015 and we have offered to try to find a solution.

3. There was discussion about why access to ER is important for practitioners. MH and ST explained that journals will ask for written evidence of ethical approval before publishing and it is much easier to do this at an early stage. It is also important that practitioners avoid undertaking projects without appropriate ethical approval, especially when these could potentially raise professional conduct issues at a later stage. Access to appropriate ER would mean that procedures are carried out in accordance with best practice.

4. There was discussion about how an ER panel might be constituted. One suggestion was to combine this work with that of the existing RVP Sub Committee. It was agreed that the work of the RVP Sub Committee should remain separate. While the RVP Sub Committee might give some suggestions about how a project might be improved, its primary role is advising on the interface between RVP and ASPA.

5. Another suggestion was to draw membership from the existing Ethics Committees attached to the UK veterinary schools or, at the very least, to help facilitate access to ER. It was felt that setting up a new RCVS Committee might be the best approach. Project applications could be sent on a pro forma to a central person and circulated electronically to Committee members for comment. Decision-making criteria would need to be developed. Perhaps CPD points could be available to those sitting on the Committee.

6. In terms of administration, College staff (most likely the Advice Team) would manage the work of the Committee and training would be provided for Committee members. This process would be similar to that of the RVP Sub Committee. But, there would be resource implications to enable this work to go forward.
7. ST commented that RCVS Knowledge should not distance itself from this work as there is a direct link to evidence based veterinary medicine. Integral to EBVM is well-conducted clinical research and much of this could be carried out by practitioners.

8. There was also discussion about what exactly the ER panel would be asked to advise on. It was agreed there is a difference between advising on the project design and technical issues and giving a view on ethics, which is the last step in the process. It was commented that there is a need for well designed projects, but an ER panel should not be expected to give advice on project design or other technical issues. It was asked whether RCVS Knowledge could be the gateway for initial projects, facilitating access to veterinary scientists, who may be able to help with the design aspects etc. It was commented that it may also be beneficial to have the project ethics reviewed by those who are independent from the initial design stage.

9. It was accepted that we cannot predict the likely numbers of applications from practitioners. As such, it might be advisable to run an ER panel initially on a trial basis. This would be a relatively light-touch and cheap solution. It would also mean that the College is not committed to a permanent or long-term project.

10. KS joined towards the end of the meeting and highlighted that BSAVA are already looking at these issues. It was agreed that the RCVS should get in touch with the BSAVA to discuss whether there is scope for a profession wide approach. For example, it may be appropriate for BSAVA and the other specialist/species divisions to support the preparation and development of ideas into properly thought out clinical research and for the RCVS to provide independent ethical review.

July 2015

[Post meeting note: Contacted BSAVA on 10 July. Request added to the weekly BSAVA Officer conference call. BSAVA to consider and get back to us about working together on this project]
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Veterinary Nurse Education Committee
Minutes of the meeting held on 29 June 2015

Members:
* Mrs Elizabeth Armitage-Chan - VN Council veterinary surgeon
Mrs Victoria Aspinall - VN Council veterinary surgeon
Mrs Elizabeth Figg - VN Council veterinary nurse
Mrs Susan Howarth - HE programme provider
Mrs Andrea Jeffery - VN Council veterinary nurse (Chair)
* Dr Elizabeth Mossop - Independent educationalist
Professor Susan Proctor - VN Council lay member
* Mrs Penelope Swindlehurst - VN Council lay member
Dr Jenny Watkins - FE programme provider

In attendance: Mrs Annette Amato - Committee Secretary
Mrs Julie Dugmore - Head of Veterinary Nursing
Mrs Victoria Hedges - Examinations Manager
Mrs Lily Lipman - Qualifications Officer

*absent

Apologies for absence

1. Apologies for absence were received from Mrs Elizabeth Armitage-Chan, Dr Elizabeth Mossop and Mrs Penelope Swindlehurst.

Operational update

2. The Head of Veterinary Nursing provided an update on staff changes within the veterinary nursing department. The Examinations Officer, Annah Bhebe, was now on maternity leave and her post was being covered by Claire O'Leary. It was also intended to appoint an administrative assistant from August for a four to six month period to assist with the processing of enrolments during the peak period, in order to prevent the development of a backlog. The enrolment process had been revised and had been presented to the Awarding Organisations (AOs) and Higher Education Institutions (HEIs) at their recent meeting.

Declarations of interest

3. There were no new declarations of interest.
Minutes of the meeting of the Education Sub-Committee held on 23 March 2015

4. The minutes of the meeting held on 23 March 2015 were accepted as a correct record.

Matters arising on the Minutes

5. **Review of Day One Skills.** The Head of Veterinary Nursing reported that the review working party had met in April and had developed a new skills list, which had been sent for consultation to stakeholder organisations, UK practising veterinary surgeons, RVNs, training practices, colleges and AOs/HEIs. The consultation was open until 5pm on 29 July, and 222 responses had been received to date. The responses would be considered by the working party at its next meeting and the new finalised skills list will be brought to the next meeting of the Committee. The Chair added that the revised skills list would inform the Nursing Progress Log (NPL) review and may have an impact on the strategic plan.

6. **Apprenticeships.** The Head of Veterinary Nursing reported that the employer led group had submitted their apprenticeship proposals to BIS on 5 June, and a response was expected within the next week, following which a meeting plan would be developed. It was confirmed that Jenny Watkins and Kathy Kissick would be asked to attend the meetings on behalf of the RCVS.

Membership and terms of reference

7. The Head of Veterinary Nursing presented a paper setting out proposed revised terms of reference and membership, with the rationale for these changes. It was also suggested that following the implementation of the Royal Charter in February 2015, which led to recognition of the Veterinary Nurses Council as the body setting standards for the training, education and conduct of Registered Veterinary Nurses, the title of the Sub-Committee should be changed to Veterinary Nurse Education Committee.

8. The Sub-Committee agreed the proposed changes, and the amended terms of reference document would be put to the next meeting of VN Council for approval. It was noted that the appointment process for new members of the Committee would follow that for other RCVS Committees.

VN Licence to practise qualifications

New / provisionally accredited AOs / HEIs

9. The Sub-Committee noted the update report on new and provisionally accredited AOs and HEIs offering awards leading to a licence to practise qualification in veterinary nursing.

10. **Anglia Ruskin University.** The first cohort of students is due to graduate from this university in 2015, and the Committee received the reports covering the review of
examination procedures, quality assurance and moderation carried out between February and June 2015. The Examinations Manager and Qualifications Officer reported favourably on all aspects the programme and the support provided by the university. The Committee agreed that full accreditation should be granted.

11. **University of South Wales.** A validation event at the Coleg Gwent delivery site had been attended in April by the Qualifications Officer, the Examinations Manager and Mrs Howarth, and the Committee noted the report, action plan and interim response from the university. Further responses were expected by mid July. The Committee agreed that the decision as to whether provisional accreditation should be granted would await this further response, which would then be a matter for Chair's action. It was confirmed that once the first cohort of students has completed a provisionally accredited award, full accreditation may be applied for. Students undertaking provisionally accredited qualifications will be subject to external examinations.

**AO / HEI monitoring report**

12. **Routine monitoring reports.** The Qualifications Officer presented a summary of the auditing activity undertaken for established AOs and HEIs since the last meeting, together with several quality monitoring reports and risk assessments, and a few specific points were noted. The plan for visit and audit regimes for the forthcoming year had been circulated to the Committee by email, and an updated version would continue to be circulated before each meeting.

13. In response to a query regarding the provision of a fitness to practise policy, it was confirmed that it has been a requirement for many years that all accredited AOs / HEIs should have such a policy in place. The RCVS is currently working on updated guidance which should assist organisations in developing suitable policies.

14. **City & Guilds.** The Head of Veterinary Nursing reported that a meeting had taken place with the C&G Lead Assessment and Development Manager, the Lead Portfolio Manager and the RCVS Heads of Education and Veterinary Nursing to discuss the various areas of concern which had been raised at the previous meeting. The Committee discussed several issues in more detail and noted that a response to the action plan was now due in mid July. Further updates would be provided at the next meeting.

15. It was also reported that a meeting would be arranged at the RCVS for the C&G external external quality assurance staff and external verifiers, to work through the guidance in the centre accreditation handbooks.

16. **Coventry University.** The Qualifications Officer reported that during the summer she would be following up on the telephone interviews with students regarding work placements, and would feed back to the next meeting. The OSCE examinations had been audited and the university had made a commitment to revalidate in 2016.

17. There were no specific issues raised in respect of the other reports.
Approval of AO / HEI external examiners

18. The Committee noted the list of the current external examiners appointed by the AOs and HEIs, with details of their qualifications and experience, and approved the appointment of the external examiner for Coventry University.

19. The Chair stressed the need for all AOs and HEIs to be clear about the function of external examiners and the function of the RCVS, as she felt that there had been confusion in some cases. It was agreed that the Head of Veterinary Nursing and Examinations Manager would put together some guidance to clarify the roles, to be sent to all AOs / HEIs.

Pre-registration examination

20. **Pre-registration Sub-Committee proposal.** It was noted that until now, the pre-registration examinations have been overseen by the VN Examinations Sub-Committee, alongside the RCVS Awarding Body examinations. The Examinations Manager presented a paper, including costings, setting out proposals for the establishment of a VN Pre-Registration Examinations Sub-Committee reporting directly to the VN Education Committee, to oversee the examinations and review the examination content and standard setting methods. The Committee agreed to the establishment of the Sub-Committee and approved the draft terms of reference (attached at Annex A).

21. **Pre-registration examinations proposed changes.** The Examinations Manager reported that the OSCE item writers had commenced the review of the existing OSCE stations and had proposed a number of changes to the content and format of the examination as well as the length of time required for each task. The Committee was presented with a paper setting out four different options for consideration, as well as statistical information on the reliability of different lengths of tests, the number of OSCE stations and number of examiners. The associated costs for each option, and a blueprint showing the spread of tasks for each was also provided.

22. The Committee agreed that the format to be adopted should be the option containing 10 x 10 minute OSCE stations, with some rest stations within the examination. This option would fit comfortably in the current centres and would allow sufficient space for each station. The statistics would be reviewed regularly and it would be possible to make changes relatively quickly. It was confirmed that the setting of the pass level would be a matter for the Examinations Sub-Committee.

23. The Chair requested that before the new format was introduced, the matter of pass levels and other critical details should be carefully considered. It was agreed that until the full details had been approved, the current examination format should continue.

Standards for training and education
The Committee considered and agreed proposed terms of reference for the NPL review and development group as well as a timeline for the development work. The working party would review feedback obtained by the focus group from students, clinical coaches and colleges and work would commence at the BVNA congress in October. The aim was to complete by July 2016.

The Committee noted a paper showing the current numbers of approved training practices offering clinical training and work experience to student veterinary nurses, including details of TP and student numbers by region. As requested at the previous meeting, those TPs which had withdrawn during the past year had been asked to provide the reasons for their withdrawal and the breakdown of responses was provided.

The Committee noted the detailed analysis of results for the 2014 CPD audit, including a breakdown of the type of activity carried out. It was reported that for veterinary surgeons, it had been had decided to remove the allowance to include any undocumented private study towards meeting the minimum requirements in order to encourage better recording of CPD, and the Committee was asked to consider the removal of the allowance of five hours of undocumented private study for veterinary nurses.

It was noted that the current allowance constitutes a third of the total yearly requirement, and it was felt that this can be open to abuse. It was confirmed that documented private study is acceptable, with no limit on the amount that can be included, and it was felt that the documentation of private study encourages reflection. It was therefore agreed that the allowance for undocumented private study should be removed. It was further agreed that a news item on acceptable types of CPD with examples, linking with the Code of Conduct, would be appropriate.

The suggestions for the next CPD audit, to be carried out in July 2015, were approved. It was reported that a CPD Policy working group is being established to review the RCVS CPD policy and a member of VN Council would be included on this group.

Following the decision to establish a working party to undertake the review and re-development of the DipAVN, the Committee received and approved the terms of reference and associated budget expenditure for the working party.

The suggestions for the next CPD audit, to be carried out in July 2015, were approved. It was reported that a CPD Policy working group is being established to review the RCVS CPD policy and a member of VN Council would be included on this group.

Following the decision to establish a working party to undertake the review and re-development of the DipAVN, the Committee received and approved the terms of reference and associated budget expenditure for the working party.
30. The Committee considered and discussed the Curriculum Vitae submitted by the applicants for the position of external Quality Auditor for the DipAVN, and agreed the membership of the selection panel to carry out the interviews and make the appointment.

Items for publication

31. It was agreed that items for inclusion in forthcoming publications should include:
   • Gathering of feedback on the NPL at the BVNA congress
   • CPD – removal of the allowance to include 5 hours of undocumented study
   • TP numbers and reasons for withdrawal of TPs

Any other business

32. **Course Funding.** The Head of Veterinary Nursing alerted the Committee to a potential problem regarding the delivery of veterinary nurse training in Wales from September, due to a cut of 50% in the funding for part-time courses. It was known that at least one college had been unable to secure apprenticeship funding. The Head of Veterinary Nursing had written to the Welsh government stressing the importance of the continuation of VN training in Wales. No response had yet been received.

33. Dr Watkins reported that funding had ceased for the Level 2 animal nursing assistant course at Plumpton College, affecting more than 19 students. It was likely that in the future funding for other courses might also be affected.

Date of future meetings

34. The following dates were confirmed:
   Monday 16 November 2015
   All meetings to start at 11.00am
Royal College of Veterinary Surgeons

Veterinary Nursing Pre-Registration Examinations Sub-Committee

Terms of reference

Purpose

1. Veterinary Nursing Pre-Registration Examinations Sub-Committee, under the direction of the VN Education Committee is responsible for the management of the Veterinary Nursing Pre-Registration Examination. These examinations are required to be achieved by all applicants wishing to enter the RCVS Register of Veterinary Nurses who do not meet direct entry requirements. This includes all nurses trained outside the EU/EEA (in an institution not accredited by the RCVS), some nurses trained within the EU/EEA and all nurses attending a UK accredited institution with Provisional Accreditation status.

The Sub-Committee shall perform the following functions:
   a. Assist in the development of the examination blueprint to ensure that the RCVS Day One Skills for Veterinary Nurses and RCVS Day One Competences for Veterinary Nurses and other points of reference are adequately covered within the examination.
   b. Oversee the appropriateness of examination administrative and quality assurance arrangements.
   c. Assist in the selection of item writers to contribute to the item bank.
   d. Oversee the recruitment, training and appraisal of examiners.
   e. Assist in the selection of quality assurance personnel (Chief/external examiners).
   f. Determine the cut-score or passing score for the examination.
   g. Assist in the development of the examination guidance to be used by candidates and examiners.
   h. Review examination quality assurance reports.
   i. Agree examination dates and venues.
   j. Periodically consider the content and administration of the examination, recommending to VNEC updates when required.
   k. Provide advice to the VNEC on matters relating to examination integrity and quality.

Relationships and accountability

2. The Sub-Committee shall have responsibility for all matters relating to the VN Pre-Registration examination. The Sub-Committee shall report to the VN Education Committee.
3. The Sub-Committee shall provide reports to VN Education Committee in relation to:
   a. conduct and quality of examinations
   b. candidate performance
   d. examiner recruitment and training
   e. review and development work
   f. candidate appeals and requests for mitigation
   g. fair access to assessment
   h. review of examination content

4. The Sub-Committee shall receive reports from the Chief/External Examiners and the Examination Manager. The following shall be considered:
   a. statistical analysis of candidate marks
   b. apparently invalid and/or ambiguous questions or practical tasks
   c. consistency and fairness of examination process
   d. invigilator and practical examination centre reports
   e. candidate applications for mitigation
   f. apparent grounds for appeal

Membership

5. The Sub-Committee membership shall include:
   a. Member of VN Education Committee (Chair)
   b. Chief/External Examiner for practical examinations
   c. Chief/External Examiner for theory examinations
   d. Head of Veterinary Nursing
   e. Examinations Manager
   f. One Item writer
   g. One Practical Examiner representative
   h. One Lay member
   i. One Overseas Equivalency officer

6. The period of office of members of the Sub-Committee shall normally be three years. Members may be re-appointed for one further period of office at the discretion of the VNEC

7. The Sub-Committee shall normally meet once annually. Additional work may be required between meetings.

8. The quorum for a meeting of the Sub-Committee shall be not less than six members personally present, or able to take part through live teleconference.
Examinations Sub-Committee Membership 2015-16

Member of VN Education Committee (Chair)  

Chief/External Examiner for practical examinations  
Helen Harris

Chief/External Examiner for theory examinations  
Julie Ouston

RCVS Head of Veterinary Nursing  
Julie Dugmore

RCVS Examinations Manager  
Victoria Hedges

One Item writer

One Practical Examiner representative

One Lay member

One Overseas Equivalency Officer
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<tr>
<th><strong>Meeting</strong></th>
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<tr>
<td><strong>Date</strong></td>
<td>8 October 2015</td>
</tr>
<tr>
<td><strong>Title</strong></td>
<td>VN Education Sub-Committee revised Terms of Reference</td>
</tr>
<tr>
<td><strong>Classification</strong></td>
<td>Unclassified</td>
</tr>
<tr>
<td><strong>Summary</strong></td>
<td>This paper provides the rationale for changes to the VN Education Sub-Committee terms of reference</td>
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| **Decisions required** | By VN Council:  
To agree changes to the terms of reference |
| **Attachments** | Annex A: VN Education Committee terms of reference with tracked changes  
Annex B: Revised terms of reference for approval |
| **Author**   | Julie Dugmore                           |
|              | Head of Veterinary Nursing               |
|              | 0207 2020 775                           |
|              | j.dugmore@rcvs.org.uk                   |
VN Education Committee Terms of Reference

Background

1. The VN Education Subcommittee was established following VN Council agreement at its meeting in October 12.

2. The Committee (formerly the Continuing Education Subcommittee) is responsible for considering all matters relating to veterinary nurse education and training including monitoring of CPD compliance. The Examination Subcommittee and, until December 2015, RCVS Awarding Organisation both report to the VN Education Subcommittee.

For consideration

3. Following the introduction of the Higher Education Institution/Awarding Organisation, Centre and Training practice handbooks there are some terms of reference that require updating.

4. The title of the Committee uses the term Subcommittee however, with the implementation of the new Royal Charter (February 2015) and Veterinary Nurses Council now having recognition as the body which sets standards for the training, education and conduct of Registered Veterinary Nurses it is proposed that the title changes to Veterinary Nurse Education Committee.

5. The document uses the term ‘awarding institution’ to describe organisations awarding licence to practise qualifications. It is proposed to change this term to the more commonly used Higher Education Institution (HEI) and Awarding Organisation (AO).

6. The document also uses the term ‘approve’ when referring to HEIs and AOs that award license to practise qualifications. It is proposed to change this term to ‘accredit’ in line with the newly developed handbooks.

7. The Committee has oversight of the development and review of RCVS Charter qualifications in veterinary nursing and the monitoring of CPD along with oversight of development, review and administration of the RCVS VN pre-registration examinations. It is proposed that the terms of reference be changed to reflect this.

8. The Lantra Industry Group for Professions Allied to Veterinary Science no longer exists; it is therefore proposed to remove the requirement that the Committee reports to this group and to change the employer membership from the Sector Skills Council (Lantra) to an RVN employer.

Recommendation

9. The VN Education Committee recommends the amended Terms of Reference document to VN Council for approval. Annex A shows the revised document with tracked changes. Annex B shows the revised document incorporating the changes.
Royal College of Veterinary Surgeons

Veterinary Nursing-Nurse Education Sub-Committee

Terms of reference

Purpose

1. The Veterinary Nursing Education Sub-Committee shall undertake the following functions:
   a. Set competence standards for veterinary nursing
   b. Set standards for veterinary nurse education and training
   c. Liaise, where appropriate, with external standard-setting bodies and regulatory authorities
   d. Ensure the delivery of veterinary nursing professional qualifications is in accordance with needs of the veterinary industry
   e. Approve awarding institutions organisations and higher education institutions to award veterinary nursing professional qualifications
   f. Approve qualifications leading to the RCVS Certificate in Veterinary Nursing
   g. Approve programmes leading to the RCVS Diploma in Advanced Veterinary Nursing
   h. Monitor the quality of delivery and assessment of veterinary nursing professional qualifications by awarding organisations, higher education institutions and their approved delivery centres
   i. Oversee development and review of RCVS Charter qualifications in veterinary nursing
   j. Oversee development, review and administration provision of the external RCVS OSCE pre-registration examination and maintain a pool of examiners
   k. Oversee provision of the electronic student experience log and professional development record and their periodic review
   l. Oversee the monitoring of the uptake of CPD and compliance against the requirements stipulated for CPD by the Veterinary Nurses Council
   m. Oversee the provision of information and training events in connection with veterinary nurse education

Relationships and Accountability
2. The Veterinary Nurses Education Sub-Committee (the Committee) shall report to the Veterinary Nurses Council, on all matters concerning veterinary nursing education policy and the development, accreditation, assessment and quality monitoring of professional qualifications for veterinary nurses.

3. The Committee shall provide reports to the Veterinary Nurses Council, and to the Lantra Industry Group for Professions Allied to Veterinary Science.

Membership

4. The Committee shall represent major stakeholders in veterinary nurse continuing education and shall be appointed by the Veterinary Nurses Council. Membership shall therefore include:

5. a. Six Members of RCVS Veterinary Nurses Council, to be
   a. Two veterinary nurses
   b. Two veterinary surgeons
   c. Two lay members
   b. One employer (preferably RVN employer)(SSC) representative
   c. One independent educationalist
   d. Two Veterinary Nursing programme providers representing further and higher education respectively

6. Members of the Committee shall not normally represent more than one interest.

7. The Committee shall meet on a minimum of two occasions annually.

8. The quorum for a meeting of the Committee shall be not less than six members personally present, or able to take part through live teleconference.

Julie Dugmore RVN
Head of Veterinary Nursing
September 2012 (amended October 2012)
Revised April 2013
Revised April 2015 June 15
Royal College of Veterinary Surgeons

Veterinary Nurse Education Committee

Terms of reference

Purpose
1. The Veterinary Nurse Education Committee shall undertake the following functions:
   a. Set competence standards for veterinary nursing
   b. Set standards for veterinary nurse education and training
   c. Liaise, where appropriate, with external standard-setting bodies and regulatory authorities
   d. Ensure the delivery of veterinary nursing professional qualifications is in accordance with needs of the veterinary industry
   e. Accredit awarding organisations and higher education institutions to award veterinary nursing professional qualifications
   f. Accredit qualifications leading to the RCVS Certificate in Veterinary Nursing
   g. Accredit programmes leading to the RCVS Diploma in Advanced Veterinary Nursing
   h. Monitor the quality of delivery and assessment of veterinary nursing professional qualifications by awarding organisations, higher education institutions and their approved delivery centres
   i. Oversee development and review of RCVS Charter qualifications in veterinary nursing
   j. Oversee development, review and administration of the pre-registration examination and maintain a pool of examiners
   k. Oversee provision of the electronic student experience log and professional development record and their periodic review
   l. Oversee the monitoring of CPD compliance against the requirements stipulated for CPD by the Veterinary Nurses Council
   m. Oversee the provision of information and training events in connection with veterinary nurse education

Relationships and Accountability
2. The Veterinary Nurse Education Committee (the Committee) shall report to the Veterinary Nurses Council, on all matters concerning veterinary nursing education policy and the development, accreditation, assessment and quality monitoring of professional qualifications for veterinary nurses.

3. The Committee shall provide reports to the Veterinary Nurses Council.

Membership

4. The Committee shall represent major stakeholders in veterinary nurse continuing education and shall be appointed by the Veterinary Nurses Council. Membership shall therefore include:

5. a. Six Members of RCVS Veterinary Nurses Council, to be
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Julie Dugmore RVN
Head of Veterinary Nursing
September 2012 (amended October 2012)
Revised April 2013
Revised June 15
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<th>Meeting</th>
<th>Veterinary Nurses Council &amp; Council</th>
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<tr>
<td>Date</td>
<td>8 October 2015</td>
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<tr>
<td>Title</td>
<td>RVN PI Committee Chairman’s Report to VN Council</td>
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<tr>
<td>Classification</td>
<td>Unclassified</td>
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<tr>
<td>Summary</td>
<td>This report sets out the work of the Registered Veterinary Nurse (RVN) Preliminary Investigation (PI) Committee.</td>
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<tr>
<td>Decisions required</td>
<td>None</td>
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<tr>
<td>Attachments</td>
<td>None</td>
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</table>
| Authors      | Michael Hepper  
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020 7202 0755  
m.hepper@rcvs.org.uk  
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Royal College of Veterinary Surgeons

Registered Veterinary Nurses Preliminary Investigation Committee

RVN Chairman’s report to VN Council 8 October 2015

Introduction

Since the last Report to VN Council there have been two meetings of the RVN Preliminary Investigation Committee (9 June and 8 September 2015). The next RVN PIC meeting is on Tuesday 27 October 2015 and shall be included in the next Report to VN Council.

RVN Concerns received

Between 1 May 2015 and 21 September 2015 there were fourteen new Concerns received against RVNs. Nine cases are under investigation by the Case Examiners Group (a veterinary and lay member on RVN PIC and a Case Manager); three cases have been closed because there was no arguable case and two cases are currently being assessed by the Case Managers.

RVN Preliminary Investigation Committee

The total number of new cases considered by the Committee between May 2015 and September 2015 was six. The Committee closed four cases (two cases were with advice to the Registered Veterinary Nurse) and two cases have been adjourned pending further investigations.

One case which had previously been referred to external solicitors for formal statements was considered by the Committee at its meeting on 8 September 2015 and was closed with advice to the RVN.

Ongoing Investigations

The RVN PI Committee has three ongoing cases. One case is adjourned pending the outcome of a criminal court trial against the respective RVN. The trial date is scheduled for 21 October 2015 and will be included in a future Report to VN Council. Two cases are adjourned pending further information being obtained.

Health Concerns

There is currently one RVN on the RCVS Health Protocol and one RVN is being considered for the Health Protocol.
Referral to Disciplinary Committee

Since the last report the RVN PI Committee has referred one case to the RVN Disciplinary Committee.

MDH/22/09/2015
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<td><strong>Date</strong></td>
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<tr>
<td><strong>Title</strong></td>
<td>CPD Referral Group for Vets and Vet Nurses</td>
</tr>
<tr>
<td><strong>Classification</strong></td>
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<tr>
<td><strong>Summary</strong></td>
<td>Outcomes of the CPD Referral Group's first meeting.</td>
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<tr>
<td><strong>Author</strong></td>
<td>Jenny Soreskog-Turp</td>
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<td></td>
<td>Education Officer</td>
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<td>0207 202 0701</td>
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<td><a href="mailto:j.soreskog-turp@rcvs.org.uk">j.soreskog-turp@rcvs.org.uk</a></td>
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CPD Referral Group for Vets and Vet Nurses

Background
1. Following last year’s CPD audit the VN Education Committee agreed that a small panel should be set up in order to make decisions on referring cases of serial non-compliance or non-response to the Professional Conduct Department for possible referral to Preliminary Investigation Committee.

Terms of Reference and Group Membership

2. Terms of reference for the group are given in Annex 1.

3. The members of the joint VS an VN CPD Referral Group are:
   - Elaine Acaster
   - Susan Paterson
   - Kathy Kissick
   - Alison Carr

CPD Referral Group’s first meeting

4. The first meeting of the group was held on 11 September 2015.

5. The group reviewed a list of RVNs who have not responded to any requests or reminders to submit their CPD records over a 3 or 4 year period.

6. The list included 4 nurses that have been included in 3 audits and not responded to any of them and 17 nurses that have been included in 4 audits but not responded.

7. CPD became mandatory with the code change in the 2012. It has not yet been enforced, because the CPD requirement is spread over 3 years.

8. The group felt that it was important for the RCVS to take failure to submit records or non-compliance seriously, but since RVNs still have until end of 2015 to be compliant with the CPD requirement a slightly lighter touch was needed this year. This may not be the case for subsequent years.

9. It was decided that the 21 non-respondents should be given a last chance to send us their CPD records. The Professional Conduct Department will therefore contact the RVNs on the list by telephone to discuss CPD and their reasons for not responding.

10. All the information will be collected and presented to group at the next meeting on the 4th November. The group will then make a decision on any further action.

11. The Registrar will also send a letter to any RVNs that have been included in 3 or more audits and are not compliant with the CPD requirement of 45 hours over 3 years.
Annex 1

CPD Referral Group for Vets and vet nurses

Terms of Reference and meeting frequency

1. The Group’s remit is to make decisions on whether or not to refer individual cases of serial non-compliance or non-response arising from the vet and vet nurse CPD audit of processes to the Professional Conduct Department for possible further action, based on the following information:
   a. a list of those whose records have not met minimum CPD requirements over any two-year period, together with any explanation provided
   b. a list of those who have failed to send in their CPD records over any two-year period, together with any explanation provided
   c. a list of those who have not responded to any requests or reminders to submit their CPD records over any two-year period

2. The Group will report to Education Committee and Vet Nursing Education Sub Committee.

3. The Group will meet once or twice a year.

Membership

4. The Group will consider cases of non-compliance or non-response arising from CPD audits of the records of both vets and vet nurses. The group will consist of two members nominated by Education Committee and two members nominated by Vet Nursing Education Sub Committee. Current members are:
   - Elaine Acaster (Chair)
   - Sue Paterson
   - Kathy Kissick
   - Alison Carr
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<tr>
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<td>Surrender of recognition</td>
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**Summary**

This paper sets out the progress of RCVS Awards surrender of recognition to award the regulated qualifications:

- 500/9872/X RCVS Level 3 Diploma in Veterinary Nursing (QCF)
- 501/0487/1 RCVS Level 3 Certificate in Animal Nursing Studies (QCF)

**Attachments**

None

**Author**

Julie Dugmore  
Head of Veterinary Nursing  
0207 2020 775  
j.dugmore@rcvs.org.uk
The RCVS Awarding Organisation (RCVS Awards)

Background

1. In 2011 VN Council made the decision to relinquish its awarding organisation (RCVS Awards) functions in order to concentrate on its primary role of professional regulator of Registered Veterinary Nurses.

2. Subsequently, in March 2014 surrender of recognition, along with a detailed action plan of withdrawal, was submitted to the Office of Qualifications and Examinations Regulation (Ofqual) for both England and Wales.

3. RCVS Awards received confirmation of surrender from Ofqual on 14 April 2014 with effect from 1 December 2015. After this date RCVS Awards will no longer be recognised as a regulated awarding organisation and will be removed from the Register of Regulated Qualifications.

Current position

4. We have communicated and liaised with both centres and students ensuring they understand timelines for examinations, certification and transfer options to other awarding organisations prior to our closure.

5. On 21 July 2014 sixteen of the thirty two RCVS Awards qualification units were transferred to Central Qualifications and sixteen to City & Guilds.

6. At the time of writing this paper (10 September 2015) there are eight students, across six centres in England still affiliated to RCVS Awards. Of these eight students we have received certificate claims for five. The remaining three students have yet to complete all centre devised assessments and are therefore not yet eligible for certification.

7. Students wishing to be awarded either the RCVS Level 3 Diploma in Veterinary Nursing or the RCVS Level 3 Certificate in Animal Studies must have achieved all relevant assessments and the claims for certification must be submitted no later than the 30 October 2015. This allows a four week window for processing and production of the certificate which must be completed no later than 30 November 2015. Those students unlikely to achieve all relevant assessments will be transferred to an alternative awarding organisation.

8. As of 14 July 2015 there are no Welsh centres or learners affiliated to RCVS Awards therefore we are no longer recognised to award qualifications in Wales. Formal notification from the Welsh Government was received on 23 July 2015.
9. As there are still students (albeit only three) affiliated to RCVS Awards the 2015 Statement of Compliance will need to be completed and submitted to Ofqual before 30 September 2015.

Conclusion

10. The 2015 statement of compliance will be submitted in accordance with Ofqual regulations no later than 30 September 2015.

11. 30 November 2015 will be the last day that RCVS Awards certificates can be produced. Therefore, students must be certificated or transferred by this date.

12. A final meeting (Skype) of RCVS Awarding Body Board will be scheduled for late November 2015.

13. RCVS Awards is on track to close on 1 December 2015 if not before.