RCVS
Royal College of Veterinary Surgeons
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PROMOTING AND SUSTAINING PUBLIC CONFIDENCE IN VETERINARY MEDICINE

REVIEW OF THE VSA: LATEST PROPOSALS

What progress has been made on the review of the Veterinary Surgeons Act (VSA) since the profession was consulted last year? President Lynne Hill brings readers up to speed in a special issue of RCVS News.

Last year the RCVS published a second consultation paper seeking views on suggested changes in the way veterinary surgeons and other providers of veterinary services are regulated. RCVS Council took stock of the responses and adopted firm proposals, and we are hoping that the Government will find time for the necessary legislation in a future Parliamentary session.

In the meanwhile we owe the profession some feedback. The veterinary surgeons who replied to the consultation offered a range of considered comments which were very helpful to Council. A number of important concerns were raised. This note discusses the main queries which came up in the responses to the consultation.

The proposals

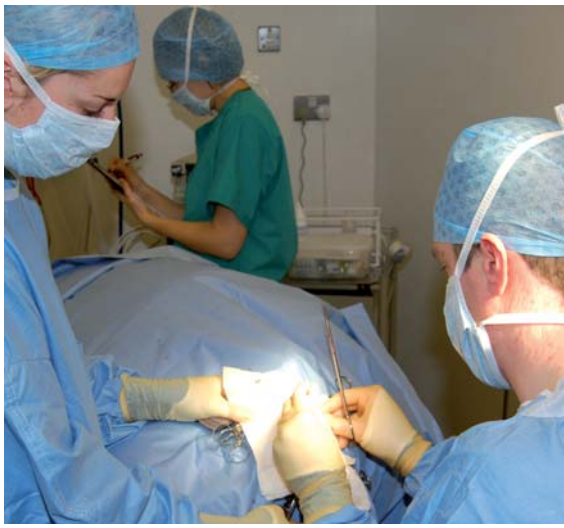
To recap, the consultation paper proposed a new regulatory framework in which separate councils would set standards for veterinary surgeons, veterinary nurses and other providers of veterinary services. The standards would cover qualifications for entry, maintenance of continuing competence and professional conduct. Enforcing the standards would be the job of a separate body, referred to as the board.

Separation of board and councils

The document suggested that most of the board's members should be members of the councils. Some of those who responded to the consultation argued that that would compromise the independence of the board and the councils. The point is debatable. The board needs to be a credible enforcement body, but good liaison with the councils will be vital too.

Recognition

The structure suggested by the consultation paper was open-ended, not being limited to veterinary surgeons,



veterinary nurses and a fixed list of other groups. The paper discussed mechanisms for "recognising new groups as professions and specifying their areas of practice". Some of those who responded were concerned about the criteria which would be set for this purpose, given that some of those likely to seek recognition might not be seen to be evidence-based practitioners. There was also an issue over cost for some of the smaller groups such as bovine ultrasound scanner operators.

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IN BRIEF:

- Responses to the consultation questioned whether it was right to set up an open-ended regulatory structure for all providers of veterinary services. Council decided that the new arrangements should be primarily for veterinary surgeons and veterinary nurses.
- Costs were an issue, but the proposals do not necessarily imply more expense for veterinary surgeons. There is no suggestion that they should subsidise veterinary nurses.
- Veterinary surgeons working in industry were concerned about licences to practise. CPD requirements should recognise that practising veterinary surgeons are not necessarily engaged in clinical practice.
- There were questions about how a mandatory practice standards scheme would be enforced and what it would cost. These will be important matters to consider in working out a statutory scheme. The legislation would only include enabling powers.
- There is still controversy over the proposed power to suspend a veterinary surgeon pending professional conduct or competence proceedings. Council has decided there should be extra safeguards.

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In the light of the responses Council decided to modify the proposal set out in the consultation paper. Council now recommends that there should be separate councils to set standards for veterinary surgeons and veterinary nurses - the RCVS Council and an independent successor to the present Veterinary Nurses Council. There may also be a case for a third council for farriers, who are already subject to statutory regulation but have expressed interest in the possibility of coming within the veterinary arrangements. Council does not, however, propose that there should be a council to set standards for other providers of veterinary services. For them there are other options, which could include RCVS recognition of qualifications and endorsement of non-statutory schemes for regulation of conduct. Such recognition would be at the discretion of the College.

Costs

A number of responses raised the question of cost, and there was concern that veterinary surgeons might end up subsidising other groups.

The job of the new RCVS Council would be very similar to that of RCVS now, except that it would only be concerned with veterinary surgeons and would not deal with complaints about the conduct or competence of individuals. Enforcing the standards, including dealing with complaints, would be the job of the board. The costs of the RCVS Council's statutory activities would be met, as now, from

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the registration and retention fees paid by members. Veterinary nurses would similarly be responsible for meeting the costs of their own council. There would also be common costs, notably the running expenses of the board. Common costs would have to be apportioned between veterinary surgeons and veterinary nurses. But there is nothing new about having to divide up costs. The College's present functions in respect of veterinary nurses are paid for by their fees, and there is no suggestion that veterinary surgeons should subsidise them now or in the future.

A different question concerns the costs for veterinary surgeons of meeting the standards set by the RCVS Council. The consultation paper proposed that the councils should "issue guidance and make rules for the maintenance of continuing competence (for example, through continuing professional development and revalidation)". Continuing professional development (CPD) has been strongly recommended for many years, and Council decided in November that it should become a professional obligation for practising veterinary surgeons. What is new is the proposal that the RCVS Council, under new legislation, should have power to make binding rules to ensure continuing competence and introduce some form of revalidation.

At the moment it is hard to see what form revalidation or reaccreditation might take. The medical profession has debated this question for some years and has still not launched a scheme of revalidation. Proposals have yet to be mooted for the veterinary profession, and would have to take realistic account of the impact on the clients who would ultimately foot the bill. Council always has to consider the balance between raising standards and making veterinary care unaffordable. Yet it seems right that new legislation should give the RCVS power to set mandatory standards. The public will expect it to do so, and if guidelines are voluntary those practices which follow them scrupulously may find themselves at a disadvantage. What matters is that Council should retain significant elected membership and keep tuned to opinion within the profession, so that it sets standards which make practical sense.

Licences to practise

The paper proposed separating registration from licensing for practice. In order to be a veterinary surgeon it would be necessary to register with the RCVS, as now, but in

order to practise it would be necessary also to hold a separate licence. Anyone holding a licence to practise would have to satisfy the current requirements in respect of continuing competence, notably CPD, and there might be different categories of licence (for example, for new graduates, visiting overseas practitioners and recognised specialists).

The responses criticised this proposal for two main reasons. It was said that registration plus a licence to practise would automatically mean higher fees. Not so! The present RCVS registration and retention fees are pitched so as to cover the costs incurred by the College in carrying out its functions under the Act. Registration and licensing

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fees would similarly have to be set so that, between them, they covered the costs which were properly chargeable to veterinary surgeons under the new arrangements. Registration and licensing would be administered together, and practising members would make a single payment to cover both fees. Being registered and the holder of a licence to practise would mean the same as being registered on the list of home practising members now. Registration alone would be equivalent to being on the list of non-practising members. The point of having a separate licence to practise would simply be greater transparency and flexibility.

The other main concern was from veterinary surgeons working in areas other than clinical practice. They feared that the RCVS Council might impose requirements for CPD which were geared to mainstream practice and did not take account of the nature of the work done by veterinary surgeons in areas such as the pharmaceutical industry or the State Veterinary Service. A number of these respondents stressed that they practised veterinary surgery, even though they might not treat patients. They would therefore need to have licences to practise, and they were concerned that the requirements to be met in order to have a licence should recognise the nature of their work.

This is not a new issue. The veterinary surgeons concerned need to be on the practising list now, and they are subject to the professional obligation to undertake CPD. The current *RCVS Guide to Professional Conduct* says that "Veterinary surgeons are expected to continue their professional education by keeping up to date with the general developments in veterinary science, particularly in their area of professional activity". Those words do not imply that "practice" is synonymous with "clinical practice". Future RCVS Councils will no doubt keep the guidance on CPD under review, and they will have to bear in mind how diverse veterinary practice is.

Practice standards

The consultation paper referred to the board's responsibility for enforcing a mandatory practice standards scheme through inspections, spot checks and investigation of complaints. Some responses expressed concern over the costs, the frequency of inspections and powers of entry.

The proposal is that the legislation should give power to introduce a mandatory practice standards scheme, not that it should happen on day one. In developing a statutory scheme it will be important to learn from the experience of the existing RCVS model and find ways to minimise costs while assuring proper standards.

Health and clinical competence

The consultation paper proposed that the jurisdiction of the Conduct and Competence Committee should extend to clinical performance and health. Some respondents argued that these could not be assessed without taking account of the kind of practice the member was engaged in. A veterinary surgeon who was no longer fit enough for general practice, for example, might be well able to carry out laboratory-based diagnosis. Fair comment, but a case would not reach the Conduct and Competence Committee unless it was alleged that the veterinary surgeon had chosen to take on a task which he or she had not been fit or competent to do properly.

It was also argued that the supervision of professional conduct ought to be concerned solely with wrongdoing. These days, though, the public surely expects a professional regulator to protect it from practitioners whose skills are not up to scratch or whose performance is impaired by poor health, not just from scoundrels.

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Suspension

The proposed power to suspend a veterinary surgeon (or impose conditions) pending professional conduct or competence proceedings has been controversial from the outset. It is easy to see that in rare cases suspension may be justified, to protect the interests of clients and patients, even though allegations have yet to be proved. Equally it is obvious how such a power could be misused. Council has therefore decided that the power to make an interim order pending proceedings should be subject

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to safeguards similar to those which apply to the General Medical Council (which has a comparable power in respect of doctors). The veterinary surgeon concerned should have a right to be heard, the suspension or imposition of conditions should be subject to a time-limit, it should be subject to regular review, and the courts should have power to intervene.

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What happens next?

The proposals need to be translated into law, and that means convincing Ministers that the changes are right and worth doing. Council agreed that RCVS should set out to make the case for new legislation. At the same time RCVS needs to review the Royal Charter to see what changes will be necessary when the Act is brought up to date.

Visit RCVSonline to view in full the responses of organisations replying to the consultation: www.rcvs.org.uk/vsareview

ADVICE & GUIDANCE

AVIAN INFLUENZA: HANDLING OF POSSIBLE CASES IN VETERINARY PRACTICES

A veterinary practice presented with an animal suspected of having avian influenza should immediately inform the Divisional Veterinary Manager (DVM) in Great Britain or in Northern Ireland the Department of Agriculture and Rural Development.

It is important that any bird with avian influenza is not brought into a veterinary practice where other birds could be infected. On the other hand, veterinary surgeons need to bear in mind the provisions in the *RCVS Guide to Professional Conduct* that they should "not unreasonably refuse to provide first aid and pain relief for any animal of a species treated by the practice during normal working hours" and "not unreasonably refuse to provide first aid and pain relief for all other species until such time as a more appropriate emergency veterinary service accepts responsibility for the animal". Practices will in any case wish to reinforce official surveillance by looking out for possible cases.

If avian influenza has been confirmed in the area practices should advise clients to telephone the surgery before bringing in a domestic bird with clinical signs which could indicate avian influenza. Depending on the facts reported, the veterinary surgeon might decide to make a house call or notify the DVM immediately.

Veterinary surgeons should not refuse to provide first aid and pain relief (which could take the form of euthanasia) for sick or injured wild birds presented to them by members of the public. It would be reasonable, however, for practices to advise members of the public to telephone for advice rather than bringing

wild birds into the surgery without warning. Queries about dead wild birds may be referred to the DEFRA helpline 08459 335577.

In displaying notices on practice premises, care should be taken not to create unnecessary alarm by suggesting that avian influenza is the most likely diagnosis for any sick bird or domestic animal displaying clinical signs.

SEND US YOUR VIEWS ON RCVS NEWS

We feel it is high-time that *RCVS News* had a makeover. However, in order to make our newsletter as useful and reader-friendly as possible, we would first welcome your views and suggestions on how best to revamp it.

What do you like and dislike about the current format? Too much information, or not enough? Would you like more photos? How often would you like to receive it? Do you have time read it? Do you prefer to get your information from *RCVS e-News* instead?

Enclosed with this *RCVS News Extra* is a short questionnaire (yes, another one!) which we should be very grateful if you would spend a few moments completing.

RCVS News Extra is a new idea, designed to augment the normal three editions of *RCVS News* from time to time and provide more in-depth information on a particular topic. Whilst your views on *RCVS News Extra* would also be useful, please remember that the questionnaire is based mainly on the normal *RCVS News*.

Please send us your views either using the freepost form, or on RCVSonline at www.rcvs.org.uk/readersurvey by Wednesday 31 May 2006.

Many thanks.