

"We need to offer the public an assurance that the profession's handling of medicines, and particularly controlled drugs, is beyond reproach."

Injecting medicines accountability into practices

Premises registration proposed by VMD

The storage and handling of medicines are under the spotlight. We are set to take on a new task designed to help the veterinary profession demonstrate that the right safeguards are in place.

The Veterinary Medicines Directorate (VMD) proposes that, from 1 April 2009, veterinary surgeons should only be allowed to supply medicines from premises registered with the Secretary of State. The VMD has also suggested that we might take on the task of registering premises on behalf of the Secretary of State. At its meeting on 7 June, Council considered our response.

One reason behind the proposal is that the VMD wants to introduce better safeguards for the handling of controlled drugs in veterinary practice. Providers of human health-care are already subject to new rules following the Fourth Report of the Shipman Inquiry. The VMD also believes a register of premises will make it easier to enforce the EU legislation on veterinary medicines. Retail suppliers have to record the prescription-only medicines they supply and keep the records available for inspection for five years.

Council agrees that there should be a register, particularly of premises where controlled drugs are stored. Council also takes the view that the College is the right body to keep the register. We already publish the (voluntary) *Directory of Practices*. There needs to be further discussion of the exact scope of a register for the purposes of the medicines legislation and, in particular, what should count as premises subject to registration.

The VMD has also suggested that we might carry out periodic inspections to ensure that medicines are being stored and handled correctly. We already accredit and inspect practices under the RCVS Practice Standards Scheme, and the standards cover compliance with medicines legislation.

The VMD will need to take stock of responses to its consultation and advise DEFRA Ministers how to proceed. In Council's view, the setting up of a register to help monitor compliance with the medicines legislation is to be welcomed, and the College should play its part. The devil will be in the detail, however, and there is much to be discussed with the VMD.

RCVS President Sheila Crispin said: "There are significant health and safety issues around the handling of medicines, for the public, animals and the profession. We need to offer the public an assurance that the profession's handling of medicines, and particularly controlled drugs, is beyond reproach. The VMD's proposals for registration will provide a solid basis for monitoring, and the RCVS is best placed to maintain a register at minimal cost to practices."

In this issue: Council election results, Share Jones lecturer announced, Trust donation, 24-hour cover guidance, tail-docking legislation, RCVS Day plans, PDP preparations, research communications, activity in Europe, PIC reports, VN Question Time.

Fee changes

At its June meeting, Council resolved to ask Privy Council to agree a below-inflation fee increase of 3% for the year 2008-9, with the

exception of the Temporary Registration Fee, which has been aligned with that of home-practising members, as outlined below:

	Current fee (£)	2008-9 fee (£)*
Home-practising retention fee	277	285
Overseas-practising retention fee	139	143
Non-practising retention fee	46	47
Postgraduate retention fee	139	143
Registration fee	70	71
Temporary registration fee	293	285
Restoration fee	277	285

* subject to Privy Council approval



Organ regeneration

RCVS Share Jones Lecture set for November

Professor Jo Price will deliver the 2007 RCVS Share Jones Lecture – ‘Sex and Regeneration: Lessons from Nature’ – at the Royal Veterinary College on 15 November. The occasion looks set to provide a fascinating insight into the only mammalian organs capable of regeneration – deer antlers – a subject that has potential implications in the human medical world.

Professor Price has held an interest in anatomy since her veterinary undergraduate days, when she intercalated in Anatomical Science at Bristol Veterinary School. Once qualified, she worked in equine and small animal practice before returning to Bristol as a lecturer in veterinary anatomy. Her PhD, which she completed at the University of Sheffield, addressed the mechanisms of antler

regeneration. Following a period at the RVC, she studied for four years in the Department of Medicine at University College London, before returning to the RVC, where she was made Professor of Veterinary Anatomy in 2005.

“These are the only mammalian organs capable of complete regeneration.”

In nominating Professor Price, Professor Quintin McKellar, Principal of the RVC, commended her contribution to research: “Her study of antler regeneration... is particularly important since these are the only mammalian organs capable of complete regeneration and thus provide a model for tissue repair as well as a focus of inherent biological interest,” he said.

The RCVS Share Jones Lectureship is bestowed biennially upon a lecturer of special eminence in veterinary anatomy. John Share Jones, in whose name the lectureship was established, founded the Liverpool School of Veterinary Medicine in 1904.

The lecture will take place at 5.30pm on 15 November at the RVC’s Camden campus. If you would like to attend, please contact Anne Jermey: a.jermey@rcvs.org.uk or 020 7202 0705.

Council election results

The results of the 2007 RCVS Council election were announced in May, following the successful introduction this year of online and telephone voting for all eligible members.

All three serving Officers to stand were re-elected – President Sheila Crispin, Junior Vice-President Bob Moore and Senior Vice-President Lynne Hill. The remaining three Council seats will be filled with one new face, Beverley Cottrell, and two re-elected candidates: Roger Eddy, who currently sits on Council, and Mark Elliott, previously a Council member from 2001-2005.

In total, 3,757 ballot papers were returned – up by over 4% on last year’s figure of 3,598. The votes represented a turn-out of 18%, up slightly on last year’s 17.5%.

Electronic voting seemed popular amongst voters though, with 22% of votes made online or over the phone.

“The increased number of votes was encouraging and was perhaps influenced by the greater range of voting options on offer to members this year,” commented Jane Hern, Registrar.

Good news?

At least, that’s what you seemed to think about the first edition of the new-look RCVS News. Many thanks for your feedback and comments, a selection of which we’ve set out below. They’re all positive, not because we’re biased, but because we didn’t get any negative ones...(that’s torn it).



Please do continue to let us know what you think – good or bad – and we will endeavour to incorporate your views. Drop us a line at rcvsnews@rcvs.org.uk.

First time I’ve phoned the RCVS to say well done about anything, but I just wanted to congratulate you on the new RCVS News!

Much clearer and brighter and the photos are much improved too.

Think the new RCVS News is superb – a lovely piece of work!

I like the speed read boxes and the chance to read what other professions are doing. Well done!

I would like to congratulate you on the much more informative and interesting and relevant RCVS News, a huge improvement.

I did wonder why there was a rat on the front page until I saw the connection with electronic voting.



UKIPG celebrates 30th

RCVS chairmanship for 30-year-old Group

2007 marks the 30th anniversary of the UK Inter-Professional Group (UKIPG) and it's come a long way in three decades.

Set up to offer mutual support and cooperation between the professions at a time when they were considered to be under threat, the UKIPG now has 30 member professions. Accountants to veterinary surgeons are represented on the Group by their regulatory bodies or professional associations.

Together with the first chairman Sir David Napley, then President of the Law Society, RCVS Past President the late Don Haxby was a driving force behind the Group's establishment in 1977. It is fitting that RCVS Registrar Jane Hern is at the helm as Chairman to help celebrate the Group's 30th anniversary.

The Group does not bang the drum for individual professions: it looks to the common good of the professions as a whole, as Jane explains:

"I like to think of the Group as a 'constructive irritant'," she says. "A lot is talked about 'joined-up thinking' within government. With members representing such a broad range of professions, the UKIPG can usefully point out anomalies in policy and approach that

occur across different government departments and help suggest how things could be brought into line."

The main Group meets three times a year and there is RCVS representation on both its Professional Regulation and Further and Higher Educational Working Parties.

The last 30 years have seen profound changes in professional regulation: "In the 1970s, you could truly have talked about self-regulation," says Jane. "Increasing lay involvement meant that regulation became more of a partnership between the professions, the public and government. Lately, a new dimension has been added, with the government's focus on 'Better Regulation' allowing for a more proportionate, risk-based approach."

The main challenges faced by the group today include tracking the impact of changes to regulation of the healthcare professions, encouraging widening participation in the professions through the government's Gateways initiative (see page 7) and working closely with the Group's European counterpart CEPLIS (Conseil Européen des Professions Libérales) to develop a set of pan-European values for the liberal professions.

Memorial grant boosts Trust's canine research

Donation to support Trust's research programme

The RCVS Trust was delighted to announce in May that Mr Bruce Vivash Jones MRCVS was donating £25,000 to the Trust in memory of his wife Barbara, also a veterinary surgeon, who died in June 2006.

Mr Jones said: "I am making this donation as a celebration of the life of Barbara, my late wife. Barbara had a great love of dogs and derived much comfort from her own dogs in her final years. I understand from the RCVS Trust that my donation will be invested in canine research to reflect this."

A few years after graduating in 1951, Barbara Jones (née Edwards) put up her plate and established a thriving small animal practice in York in which she worked until 1972, when she retired and moved to London. Post-practice, she applied her clinical expertise to technical and pet-care writing (always accompanied by a dachshund or two, ready to provide inspiration).

"We are delighted and humbled to receive this very generous gift from Bruce Jones who has supported our work over many years," said Gerri McHugh, Director of the Trust, adding: "In line with his wishes and his late wife's interests, we will use this substantial donation to develop our canine research programme in 2008, especially fitting in what will be the Trust's Golden Jubilee year."



Freedom of Information

Council has considered proposals for the publication of Council and committee papers and access to meetings. In light of statutory obligations imposed on us by the Freedom of Information (FOI) Act and Data Protection legislation, Council has agreed that future papers should be classified as *confidential; private or unclassified*. This allows some private space for policy to be developed and ensures personal data is not disclosed. Restrictive classifications would need to be agreed with committee chairmen and could be revised at a later date to put the debate into the public domain. While papers will be made available to all Council and committee members through the RCVS intranet, they will not be posted online until there has been an opportunity to review these arrangements and the FOI Publication Scheme. Council meetings will continue to be open to members of the profession and the media.

Register removals

Our retention fee year runs from 1 April to 31 March and all fees are due by 1 April each year. The Regulations include an absolute deadline for receipt of payments of 29 May and we send out reminders at the beginning of April each year to spur on those who may have overlooked the payment. If members have not paid by the deadline, their names are removed from the Register and they are no longer legally allowed to practise veterinary surgery in the UK.

These removals have just been undertaken and a list of the names of those removed for non-payment will be available on RCVSonline from the end of June (www.rcvs.org.uk/removals).

PSS Inspectorate augmented

In *RCVS News* last November, we invited applications for new inspectors to join the RCVS Practice Standards Scheme Inspectorate. We received some 65 applications and are delighted to announce that, following a selection and training day in April, 23 new inspectors have been appointed, bringing the total number to 55.

We are now teaming up these new appointees with experienced inspectors to undertake a programme of 'buddy' inspections before going out into the field in their own right.



Sign up for RCVS e-News at www.rcvs.org.uk/enews

A pragmatic approach to 24-hour cover

Council approves new guidance after hearing members' views

In the last edition of *RCVS News*, we asked for your views on draft guidance for the provision of 24-hour emergency cover in remote regions. Overall, you supported the provision of 24-hour emergency cover, and advocated adopting a pragmatic approach in regions where comprehensive 24-hour emergency cover might not be possible. We were grateful for the useful comments we received from members in both rural and urban areas, but what revisions has Council agreed?

Following our consultation, the 24-hour Emergency Cover Working Party (24/7 WP) met again in April to consider your responses on our proposed guidance for remote regions and to make recommendations for revised guidance on other aspects of emergency cover. The following recommendations were then considered by Advisory Committee later that month and agreed by Council in June.

Remote regions – a pragmatic approach

Our consultation was mainly concerned with developing a non-exhaustive list of factors to consider when determining whether a veterinary surgeon's 'steps to provide 24-hour emergency cover' in remote regions were reasonable. Veterinary surgeons working in such areas emphasised that they did so by choice and that those who lived and worked there accepted the limitations of certain services. A pragmatic approach had therefore already developed.

The main concern of both the 24/7 WP and the Advisory Committee was to clarify that the revised guidance applied only to those geographical areas where, '... for logistical reasons, travelling may be difficult and may be influenced by inclement weather, ferries or other factors'. Council agreed that this definition would differentiate remote areas from those where there was a low stock/animal density (where although veterinary surgeons might be available, they might not necessarily have the relevant expertise for the particular species presented).

Home visits

The 24/7 WP also considered revised guidance on the duty of care regarding home visits to take into account not only the safety implications (for the veterinary surgeon) of making a visit, but also the factors for veterinary surgeons to consider when deciding whether to attend an animal away from the practice premises. The guidance also makes clear that practice policies

to exclude emergency visits are **not** acceptable and a veterinary surgeon should assess each request individually.

Travelling time

During our last review of travelling time in 2005, it was decided that we could not specify a distance or time that was acceptable to obtain emergency veterinary services, as this would be influenced by local conditions. The 24/7 WP highlighted the importance of making available to clients good practice information about the 24-hour emergency cover arrangements in place, and noted the reminder published in *RCVS News* (March 2007).

Our existing guidance states that veterinary surgeons 'must be able to demonstrate that they have made arrangements, in advance, to provide 24-hour emergency cover for all their clients'. The 24/7 WP's view was that when making these arrangements, both the primary-care veterinary surgeon and the out-of-hours provider had a duty to consider whether the arrangements between them were workable. In so doing, both parties should ensure that:

- clients are expected to travel only reasonable distances;
- information on the 24-hour emergency cover arrangements is available to clients; and,
- when entering into arrangements to provide 24-hour emergency cover for another practice, confirmation is attained that that practice's clients will be informed of the agreed arrangements.

Particular species

The 24/7 WP also considered whether our current guidance in Part 1C (paragraph 1,c,ii) was sufficient for situations in either rural or urban areas where there was inadequate veterinary cover for a particular species. It felt that this guidance was unrealistic and that the provision's intention was actually to ensure veterinary surgeons facilitate emergency assistance from

a veterinary surgeon with knowledge and experience of that species. Whilst veterinary surgeons could not be expected to provide pain relief for all species, they could be expected to facilitate the provision of first aid. Council therefore approved the following amended guidance:

'veterinary surgeons must not unreasonably refuse to provide first aid and facilitate in the provision of pain relief for all other species'.

Paragraph 1,c,iii of that section continues to provide that other on-duty veterinary surgeons providing 24-hour emergency cover must 'not unreasonably refuse to accept responsibility for an animal from a colleague, in order to provide first aid and pain relief for that animal'.

Referral practitioners

Finally, the 24/7 WP also considered our current guidance on the provision of 24-hour emergency cover by referral practitioners, which had been revised during the last review. It considered that while the intention might have been to enhance the 24-hour emergency cover provided by referral practices, the revision had actually had the opposite effect.

The 24/7 WP therefore recommended that the previous wording be reinstated (to ensure that 24-hour emergency cover is provided on a general basis and not just for referred patients), with the addition that if directing a referring veterinary surgeon to 'an alternative source of assistance', that assistance should be available by 'prior arrangement'. In addition, the WP felt that referral practitioners should make provision for post-operative patient care to standards similar to their own, unless agreed with the client.

The amended annex is now available on RCVSonline at www.rcvs.org.uk/guide or a hard copy can be obtained from the Professional Conduct Department (020 7202 0789 or profcon@rcvs.org.uk).



A tail of three countries

New tail-docking legislation now in force

Following lengthy public debate on the docking of puppies' tails, and the introduction of new legislation in England, Scotland and Wales, we have now revised our guidance and updated the relevant annex to the *RCVS Guide to Professional Conduct* on RCVSonline.

The docking of dogs' tails in England, Scotland and Wales is now regulated

by law, the main provisions of which are set out below. For Northern Ireland, where there has been no new legislation, existing RCVS advice will remain.

Separate regulations are now in place to cover animal mutilations in England, Scotland and Wales. The *Mutilations Report 1986*, which was an annex to the *Guide*, has been removed.

England



The current law is set out in section 6 of the Animal Welfare Act 2006 and the Docking of Working Dogs' Tails (England) Regulations 2007 (SI 2007/1120).

In brief, the Act makes it an offence to remove the whole or part of a dog's tail other than for the purpose of medical treatment, subject to the exemption for docking the tails of certain working dogs. In particular, the legislation states:

- that any veterinary surgeon who docks a tail must certify that s/he has seen specified evidence that the dog is likely to work in specified areas;
- that the dog must be no older than five days and will need to be microchipped;
- the types of dog that may be docked; and,
- the types of evidence which the veterinary surgeon will need to see.

Veterinary surgeons practising in England should also be aware of the provisions which apply in other parts of the United Kingdom, as they might be asked to undertake docking that could be illegal in the client's normal country of residence.

Wales



The current law is set out in section 6 of the Animal Welfare Act 2006 and the Docking of Working Dogs' Tails (Wales) Regulations 2007 (SI 2007/1028 (W.95)). The regulations are similar to those which apply in England but not identical. In particular:

- the types of dog which may be docked are more narrowly defined;
- the certificate, which must be completed by both veterinary surgeon and client, requires the client to specify the breed of the dog and its dam, and the veterinary surgeon must be satisfied that the dog and its dam are of the stated type; and,
- the certificate must specify the purpose for which the dog is likely to be used and confirm that evidence relevant to the particular case has been produced.

Veterinary surgeons practising in Wales should also be aware of the provisions which apply in other parts of the United Kingdom, as they might be asked to undertake docking that could be illegal in the client's normal country of residence.

Scotland



The current law is set out in section 20 of the Animal Health and Welfare (Scotland) Act 2006. This prohibits the mutilation of animals, apart from procedures specified in regulations, and the regulations which have been made do not include an exemption for non-therapeutic tail docking of dogs. It will also be an offence to take a dog from Scotland for the purpose of having its tail docked.



Recognising veterinary practice

At its recent meeting, RCVS Council agreed to set up a new subcommittee to provide advice on whether a particular proposed procedure is 'recognised veterinary practice' and therefore exempt from the licensing requirements of the Animals (Scientific Procedures) Act 1986 (A(SP)A) for experimental procedures.

In the past, we have sought advice on this issue from individual members of the profession, often Council members, but Council has decided that a more formal approach is now appropriate.

The subcommittee will report to the RCVS Advisory Committee and will comprise a core of three members, including one Advisory Committee member and one member of our Laboratory Animal Science (LAS) Board. The subcommittee may also seek advice from other sources with relevant expertise.

Our existing advice on whether a procedure is recognised veterinary practice is published within an annex to the *RCVS Guide to Professional Conduct* ('A(SP)A and VSA Interface'), and *Advice Note 9* (the interface flowchart). Generally, we determine what is recognised veterinary practice and the Home Office determines what is an experimental procedure regulated under A(SP)A.

Working time regulations

In *RCVS News* (March 2007), we announced that a series of 12 advice notes had been published on RCVSonline and that we would continue to add to them in future as appropriate.

Luckily for some, number 13 in the series, focusing on the Working Time Regulations, is now available and should help to remove any superstitions surrounding this complex area (www.rcvs.org.uk/advicenotes). The note

explains the main provisions of the Regulations and recent case law considered relevant to the profession.

This guidance was requested by the RCVS Working Party on 24-hour Emergency Cover, to ensure that veterinary surgeons' professional responsibility to provide or arrange 24-hour emergency cover was not incompatible with the Regulations.

Whilst we hope this guidance will be useful to veterinary surgeons and practices, we would remind you to seek independent legal advice on any specific issues.



Turn over your papers now...

Modular certificates – your turn to ask the questions

In the last issue of *RCVS News*, we reported on the accreditation of the first postgraduate modular certificate, the Certificate in Advanced Veterinary Practice (Veterinary General Practice) from Middlesex University. This is now followed by RVC accreditation (see below) and more will follow.

Meanwhile, 1 November is the last chance to enrol on the old-style certificates. We've had lots of questions about the change-over and how the new modular certificates, designed to make studying in practice more accessible, will work.

Here's a selection of our most frequently-asked questions – no marking the answers please!

How can I enrol for a modular certificate?

Under the new system, candidates will have the option to enrol for individual or multiple modules, or for the full certificate. You will need to enrol with both the RCVS and the module provider. We are currently developing an online enrolment system, a new departure for the RCVS, which should be available over the summer – www.rcvs.org.uk/modcerts.

The maximum enrolment period is ten years, subject to payment of an annual renewal fee.

Why do I have to enrol with the RCVS as well as the university?

Enrolling with the RCVS means that we will keep a record of your credits, wherever you achieve them. It also enables us to keep in touch with you and let you know about any new developments, modules or courses. Please note that you cannot earn credits towards an RCVS qualification unless you are enrolled with us.

How much will enrolment cost?

To enrol with us, you will pay an initial fee of £50, renewable each year at £25 (if paid by Direct Debit). Enrolment fees at universities will vary – please contact the university offering your module(s) for advice.

I'm currently enrolled for an RCVS certificate. Can I transfer my enrolment to the new modular certificate system?

Yes. You will not need to pay any additional fees to the RCVS for the remainder of your current enrolment period (for example, if you have three years' enrolment remaining on the 'old' certificate, you will not pay fees to us for the new modular system for the next three years). If you would like to do this, please contact us at k.boyd@rcvs.org.uk or **020 7202 0778**.

What experience do I need to enrol?

You must hold a veterinary qualification that would entitle you to register as a member of the RCVS, and you must have at least one year's experience working as a practising veterinary surgeon before enrolling for any module.

You must also be able to provide evidence of continuing professional development (CPD) for that period (meeting the RCVS requirement of 105 hours over three years – an average of 35 hours per year). If you graduated in 2007 or later, you will be expected to have completed the RCVS Professional Development Phase (PDP) before enrolling for any modules (see page 10 for more information).

"We are currently developing an online enrolment system, a new departure for the RCVS, which should be available over the summer."

What modules are available?

You can find a list of modules and syllabuses on RCVSonline at www.rcvs.org.uk/modcerts, which include those leading to the Certificate in Advanced Veterinary Practice in Veterinary General Practice - CertAVP(VetGP).

How many credits do I need to get the CertAVP?

You need to obtain 60 credits to obtain a CertAVP qualification. The modules are broken down into A, B and C types.

You will need to pass two Key Skills modules (20 credits in total), at least one additional B-module (10 credits) and either three C-modules or a combination of B and C modules for a further 30 credits.

Why are some modules compulsory?

The Professional Key Skills and Clinical Key Skills modules are compulsory for all CertAVP candidates. These cover skills that we consider important for all competent veterinarians to hold, whatever their area of practice, such as welfare and ethics, biosecurity and evidence-based approaches to medicine.

What qualification will I get?

The core qualification is the Certificate in Advanced Veterinary Practice (CertAVP). You may also opt to take a prescribed set of modules in order to receive a designated certificate, in one of the following areas:

- Animal Welfare Science, Ethics and Law
- Equine
- Fish
- Laboratory Animal Science
- Poultry
- Sheep
- Small Animal Medicine
- Small Animal Practice
- Veterinary Dermatology
- Veterinary Diagnostic Imaging
- Veterinary General Practice
- Veterinary Public Health
- Zoological Medicine

More designated certificates will soon become available. Most designated certificates will also require a separate final assessment (synoptic assessment) once all the modules have been passed.

What happens if I change my mind about which modules or certificate I want to do?

Just let us know! You can change your mind about which modules to do at any time, but you should let us know so we can keep track of your achievements. Call the Education Department on **020 7202 0778** or email k.boyd@rcvs.org.uk

Do I need to go on a course to get a module?

No. Universities and other CPD providers will offer courses covering the module content, but all modules will be available via an assessment-only route for candidates who wish to study in their own time.

How can I get more information or advice about modular certificates?

You can contact the Education Department at the RCVS on **020 7202 0778** or email k.boyd@rcvs.org.uk. More information is also available on RCVSonline at www.rcvs.org.uk/modcerts.

Stop press

The Modular Certificates Subcommittee has agreed to grant accreditation to the Royal Veterinary College to assess a wide range of modules as part of the new RCVS CertAVP. More detailed information will be provided on RCVSonline in due course, but in the meantime, please contact the RVC at cpd@rvc.ac.uk, or the RCVS at education@rcvs.org.uk for more information.



Opening vet school gates

Phase one of the Gateways project reports back

Early June saw the conclusion of phase one of the Gateways to the Professions project, a collaboration between the RCVS, six out of seven of the UK veterinary schools and DEFRA that is part-funded by the Department for Education and Skills (DfES).

Its objective is to develop communications materials that help break down barriers preventing students from a broader ethnic, social and economic base applying to veterinary school. With women accounting for over 78% of the 2006 veterinary school intake, the gender balance also needs to be addressed. It's a project described as "not before time" by Gateways Steering Group Chairman, Professor Philip Duffus.

"Becoming a vet is perceived to be "very hard" and there is a belief that applicants must have three A-grades at A-Level."

Independent research was commissioned to assess perceptions of veterinary careers from school students and their teachers and careers advisors, and the veterinary schools themselves. The findings will inform a workshop on 28 June that will bring together careers advisors, veterinary students and representatives of the profession, and those involved with professions facing similar challenges.

The research comprised a mix of qualitative and quantitative work. It confirmed some common misconceptions that exist among school students and their careers advisors, for example, becoming a vet is perceived to be

"very hard" and there is a belief that applicants must have three A-grades at A-Level. There was also a lack of understanding about work-experience requirements.

It revealed that although younger school students often harboured a desire to work with animals, this generally tailed off with age. Parental pressure to choose a career in medicine – perceived by teachers to be particularly prevalent in children from black and minority ethnic families – played a part in this. That the school curriculum does not allow for much teaching of animal science was also cited as a potential reason for the lack of sustained interest in animals as students grow older.

The large gap between the academic qualifications required to be a veterinary surgeon and the only other perceived career option, that of veterinary nurse, was found to be a difficulty for those advising students wishing to work with animals. There was a lack of awareness about existing widening participation pathways at veterinary schools, although careers websites offering information about the profession were found to be accessible and informative, particularly RCVSonline.

It was also discovered that, despite veterinary schools sending plenty of information to schools, teachers and careers advisors perceived they had nothing to hand to students interested in the profession. This points to a need for some materials from the profession to complement the universities' publications.

A full report of the research findings will be available on RCVSonline in due course (www.rcvs.org.uk/gateways).

Ship-shape in Bristol?

One of our statutory responsibilities is to monitor undergraduate education in the UK. The main way of assessing standards is via regular visitations to the veterinary schools.

The University of Bristol's School of Veterinary Science was visited in March by an international team, comprising both academics (Professor Frans Smulders, University of Vienna; Professor Tim Skerry, University of Sheffield; and Professor Stuart Reid, University of Glasgow) and practitioners (Dr Mogens Jakobsen, Denmark and Tim Davies, UK).

The team was chaired by RCVS Council Member and practitioner Stephen Ware, the first time a non-academic has chaired a UK visitation. Dr Max Zuber from the University of Sydney attended as an observer on behalf of the Australasian Veterinary Boards Council Inc.

A full report will be considered by our Primary Qualifications Subcommittee during July.

Deadlines looming

The enrolment deadline for the **RCVS Certificate** is 1 November. This is the last chance to enrol on the 'old-style' certificates (see opposite for more information about the new modular certificates).

1 November is also the last enrolment date for **Diplomas in Veterinary Dermatology and Veterinary Ophthalmology**.

The closing date for **Fellowship applications** is 1 August – visit RCVSonline for more information: www.rcvs.org.uk/fellowship.

The application deadlines for **RCVS Recognised Specialist** status are 24 August for specialists first listed in 1993, 1998 and 2003 who are reapplying, and 14 September for new applicants.

Dates and venues for this year's RCVS certificate and diploma written exams are as follows:

RCVS diplomas: Monday 9 July 2007, at RCVS, Belgravia House, 62-64 Horseferry Road, London SW1P 2AF.

RCVS certificates: either Tuesday 24 or Wednesday 25 July 2007 (depending on subject), at The Emmanuel Centre, Marsham Street, London SW1P 3DW.



RCVS Day celebrates medical collaboration

Everyone is welcome to our AGM and awards ceremony

RCVS Day 2007 will take place on 6 July at the Royal College of Surgeons of England (RCS) at Lincoln's Inn Fields, London.

Following the Annual General Meeting, awards will be presented by the President Sheila Crispin, in the presence of award-holders' families and friends. The President will then address the meeting with a review of her year in office. An opportunity to hear a performance of Bach's *Suite for Unaccompanied Cello No 3 in C major* is next, given by the gifted young cellist Jonathan Deakin, currently studying in Berlin under Hans-Jakob Eschenburg with the support of a major scholarship from the Leverhulme Trust.

We are delighted that our guest speaker will be Professor Sir Howard Dalton FRS, DEFRA's Chief Scientific Advisor, who will discuss a recent visit to the Antarctic in a lecture entitled: 'Exploits in Antarctica – Evidence of Global Warming'. Drinks and lunch will then be served in the Edward Lumley Hall.

Holding the event at the RCS offers the opportunity to explore the historic links between veterinary and human medicine and surgery. Indeed when, in 1840, Thomas Turner led a deputation of veterinary surgeons

to petition for a Royal Charter for the foundation of the RCVS, they asked that the Charter be based "upon the same plan and constitutions as the present Royal College of Surgeons."¹

The 21st century has seen the recognition that climate change and human activities may change our planet for ever, but not as we would wish. A global perspective of new and emerging infectious diseases, many of which are zoonoses, has strengthened the links between veterinary and medical science.

This has been an area of particular interest for Sheila Crispin, who hosted a dinner in January with the Government's Chief Scientific Advisor and others entitled 'One Planet, One Disease' to look at areas of common concern. Our Research Subcommittee also continues to stress the importance of collaborative work with scientists in other disciplines, including medicine, and a seminar planned for 2008 aims to explore this in more depth.

Such an appreciation of common ground was not always apparent, however, and back in the 18th century it took a scientist of vision to understand how the two disciplines could learn from each other.

Hunter – a common link

John Hunter (1728-1793) unites the veterinary and medical surgical professions; indeed the established role for animals in medical research derives, in part, from his enthusiasm for comparative surgical anatomy. A leading figure in human medicine and surgery, who was appointed Surgeon Extraordinary to King George III in 1776², Hunter was instrumental in the foundation of the Royal Veterinary College in 1791. Its foundation marked the instigation of an organised and scientific veterinary profession in the UK: prior to this, those wishing to study veterinary medicine and surgery had to travel to continental Europe.



Images courtesy: Royal College of Surgeons of England

A Scottish farmer's son, John Hunter had worked on the land for nearly 20 years before coming to London in 1748 to assist at the leading anatomy school of the time run by his brother Dr William Hunter³. He had a close connection with agriculture and the land. In an age when ignorance about animal health and welfare was widespread – treatment of animals largely confined to the 'cow leach', 'hog-gelder' or farrier – Hunter stood out as someone keen to develop a scientific base for veterinary study.

Gorillas in our midst

RCVS President Sheila Crispin recounts a recent example of veterinary collaboration with medical colleagues.



Ophthalmology is an area that lends itself to collaboration across the sciences and I have been fortunate to spend much of my career working with colleagues in human medicine. On rare occasions that collaborative approach leads to headlines across the world and so it was when we were approached by Bristol Zoo to evaluate cataracts in one of their Western Lowland Gorillas – a 21-year-old female called Romina. As the eyes of gorillas are very similar to those of humans, it was obvious that we should seek to involve our medical colleagues in any surgery.

Mrs Jenny Watts FRCOphth FRCS, a colleague and close friend, is an ophthalmic consultant and Jenny and her team joined that of Bristol Zoo and the Veterinary School ophthalmologists to plan Romina's cataract surgery – the first of its kind on a Western Lowland Gorilla in Europe. Romina was a very well-behaved patient and, thanks to the excellent relationship she had with her keepers, we were able to perform some of

the assessments of her cataracts prior to surgery when she was fully conscious and, similarly, her post-operative treatment. Jenny was the lead surgeon for the cataract surgery and the phacoemulsification and lens implant procedure was essentially the same as that used for human patients.

The outcome of surgery on the first eye was excellent, so much so that the other eye was also operated upon successfully some months later. Once Romina's sight was restored her life was transformed and she also became an immediate star worldwide. Some three years after surgery she produced a son, named Namoki, splendid news for Romina, and also for the zoo's conservation breeding programme. Western Lowland Gorillas are under threat in the swampy jungles of their native West Africa because of loss of habitat and hunting by man. Romina's successful cataract surgery generated vital publicity for the plight of these magnificent animals in their native environment.

In addition to consulting on veterinary cases, Hunter dissected the horse, the ass and the draught ox. He was reputed to have a small menagerie in the grounds of his estate at Earl's Court, including jackals, zebras, buffalos, leopards, other mammals and game birds. He was particularly noted for his work in avian physiology, involving studies in avian bones, the appearance of ovotestis in older female birds, the production of crop milk in pigeons and the digestive properties of the gizzard.⁴

“Hunter stood out as someone keen to develop a scientific base for veterinary study.”

That he had great enthusiasm for the foundation of the first English veterinary school is highlighted by Grey⁵: “Here one aspect of Natural Philosophy, and a most important one, that of the domestic animal in health and disease, could be thoroughly explored at material benefit to the country.”

Hunter was also an influential teacher. One resident pupil was Edward Jenner, whose development of the smallpox vaccine would go on to prove one of the most important early collaborations between veterinary and human medicine.

In 1797, the Royal College of Surgeons moved to Lincoln's Inn Fields, which coincided with the government placing into their care Hunter's writings and specimen collection, now housed in the magnificent Hunterian Museum. Guests at RCVS Day will have the opportunity to view this collection and explore in more detail the links between the two professions.



Everyone's welcome! For tickets, please contact Fiona Clark on f.clark@rcvs.org.uk or **020 7202 0773**.

Thank you to Simon Chaplin, Director of Museums and Special Collections at the RCS, for his help in researching this article.

¹ Hall, Sherwin A: *The Struggle for the Charter of the RCVS, 1844*, Challenges for Change: Proceedings of the RCVS Charter 150 Symposium, 1994

² Allen, Elizabeth, and John E Cooper. “John Hunter's Contribution to Veterinary Science: An Historical Assessment.” *Veterinary Practice* (1981): 14-17.

³ Gray, Ernest A: “John Hunter and Veterinary Medicine.” *Medical History* 1 (1957): 38-50.

⁴ Blaisdell, John: “John Hunter and Mrs General Pitt's Horse.” *Journal of the American Veterinary Medical Association* 195 (1989): 434-35.

⁵ Gray, op cit



Online CPD – the way ahead for the veterinary profession?

Jenny Watts FRCOphth FRCS, Consultant Ophthalmologist, Royal Hampshire County Hospital, Winchester

Continuing Professional Development and the Royal College of Ophthalmologists

The Continuing Professional Development Programme (CPD) of the Royal College of Ophthalmologists started in 1996 and forms a major part of each ophthalmologist's personal development plan. As clinical governance, annual appraisal and revalidation are regarded as essential ingredients of clinical medical practice, participation in CPD is seen as mandatory rather than optional. The Royal College of Ophthalmologists uses an online system to record all CPD activities and the participants record all activities electronically in a diary provided by the College.

A points system is used (in general there is one point for every hour of educational activity) and participants undertake an individual programme of CPD combining private study with other educational activities. Various categories of activity are recognised and these include Local and Regional Postgraduate Meetings or Teaching Activities, External Academic Meetings, Training in Management, Administration, Teaching and Information Technology and Self-directed Activities.

Annual returns for CPD are calculated online and the CPD cycle extends over five years. The College audits annually the CPD of a proportion of registered participants in order to verify such details as participation in CPD activities and points accrued. In addition, the CPD documents are required for presentation during local appraisal and revalidation procedures. The College recognises that simply attending a meeting does not signify that any professional development has occurred and participants are also required to answer in one or two sentences the following question in relation to each aspect of CPD they undertake:

‘What have I learnt (new knowledge/information/skill) from this event and how will it affect my practice?’

CPD is regarded as an essential aspect of the process of revalidation, whereby ophthalmologists, like all other doctors in the UK, demonstrate on a regular basis their fitness to practise.

Jenny Watts trained in medicine at the University of Cambridge and St Thomas' Hospital London; she is a Consultant Ophthalmologist at the Royal Hampshire County Hospital, Winchester, with a special interest in paediatric ophthalmology. Jenny also undertakes diabetic retinopathy sessions at the Eye Unit of the Southampton General Hospital.

PDP – it's coming soon

Support for new graduates in practice

The shift from university to the workplace can be challenging at the best of times. For new veterinary surgeons, moving from a supportive academic environment to practice life, where work is challenging, clients demanding and support for graduates can be varied, can be stressful in the extreme.

To help ease the transition, the RCVS has developed the Professional Development Phase (PDP), which will be mandatory for all veterinary surgeons graduating from 2007 onwards and wishing to work in practice in the UK, regardless of whether they studied in the UK or overseas.

The need for PDP was backed by our *Survey of the Profession 2006*, which asked those graduating since 2000 if they had been given training in their first year of practice: nearly one in two new graduate respondents was left without any formal support in this crucial period.

PDP is an online system for recording clinical experience that supports new graduates as they develop their Year-one Competencies – the set of skills and knowledge they are expected to acquire during their first year of practice. Although graduates qualify with Day-one Competencies, additional, structured

support during their first year of work pays dividends in terms of reducing stress, improving performance and enabling new vets to check that they are gaining experience across a balance of clinical areas.

Graduates log-on to a password-protected website where they record their activities and case histories to help them assess whether they are meeting the defined set of Year-one Competencies for either small animal, equine or farm animal practice, or a combination of the three.

Benchmark

It is also possible for graduates to benchmark their progress against the rest of their year group, a useful tool, according to Heather-Marie Niman, President of the Association of Veterinary Students: "The ability to view the activities of your peers will be very reassuring as to whether you're developing your skills at a reasonable rate," she says.

Professor David Noakes and Council Member Stephen Ware have been appointed as Postgraduate Deans to offer online support to new graduates as they progress through the system. They will review clinical logs before the graduate is confirmed as having completed the PDP to ensure they are on track.

If properly completed, PDP can act as the first year of continuing professional development for new graduates. It could also act as a useful refresher for those returning to practice or switching disciplines.

The PDP has been piloted successfully for four years with approximately 120 new graduates having tested the system already and over 70 graduates in the current pilot cohort. We've talked to new graduates and their mentors on the pilot – read on to find out more about their experiences.

For a preview of the site, visit <http://pdp.rcvs.org.uk>

For more information about all aspects of the PDP, visit RCVSonline:

www.rcvs.org.uk/pdp

PDP
RCVS Professional De

Jemima Scott BVetMed MRCVS

Jemima Scott feels lucky to have found such a supportive environment for her first step into practice. The RVC graduate works out of a 10-vet small animal practice in Stevenage, Hertfordshire, which is well geared to working with new graduates. It is also a VN Training Practice so a learning environment is well established.



Jemima had known for two years prior to graduation that she wanted to focus on small animal work and was determined that she wanted to be a 'good vet' when she started her working life. "I was worried that I wouldn't know if I was any good," she said. "The PDP has helped me in that I can look over my cases and see where I have done enough and where I need some more experience. It has also helped build my confidence to realise that I have actually achieved a great deal!"

The case log has been a useful tool during appraisals with boss Alan Hughes, as Jemima has been able to point out where she needs additional exposure to certain procedures, such as post mortems.

Jemima's PDP has not affected the practice unduly, according to Alan: "It's not been time-consuming for me or meant additional resources or IT," he confirms.

"Jemima is a very conscientious person any way, so it is perhaps difficult to say how different she would have been without PDP, but I certainly think it helps build confidence,"

he explains. "It's been reassuring as an employer to know we are providing her with the right balance of experience."

"The PDP has helped me in that I can look over my cases and see where I have done enough and where I need some more experience."

Jemima is now close to completing her PDP and has some tips for this year's new graduates: "At first the amount of information required can seem daunting – it did to me. It is best to look at it in small chunks and complete it as often as possible," she advises. "Getting into the habit of filling it out regularly is a good idea, otherwise when things get busy it can fall by the wayside. It would also be helpful to keep a small diary to note down cases as you go through the day, so that when you come to complete the electronic version, you aren't just relying on your memory."

Captain Richard Meers BVetMed MRCVS

A graduate from the Royal Veterinary College in 2004, Captain Richard Meers was part of a PDP pilot group from the Royal Army Veterinary Corps (RAVC).

After his initial officer training at the Royal Military Academy Sandhurst, Richard moved to the Defence Animal Centre in Melton Mowbray, where he was supported by a military mentor for military-specific skills. Additional support with small animal veterinary skills was offered through mentors in the local PDSA Hospitals in Nottingham and Leicester.

The fact that the PDP gave Richard the opportunity to work at the PDSA was a definite bonus: "We were very lucky to have been able to work with the PDSA,"

he says. "The organisation has an excellent staff development programme and offered a lot of support. The only

weakness was that we weren't exposed to out-of-hours work as the PDSA has a dedicated service provider for this."

The PDP is a fully self-assessed programme, although the RCVS Postgraduate Deans review case logs to ensure no problems are being encountered.

"I look back on the PDP even now, and tracking how and where I learned gives me confidence."

Some new graduates might feel wary of self-assessment – and some less recent graduates might feel cynical about such a form of assessment. Yet Richard felt confident about its validity: "Although self-assessment wasn't something we had to do at veterinary school, it's something you learn quickly and you soon get used to the technique," he confirmed.

Richard didn't find the PDP a time-consuming activity: "I tended to file reports on a weekly basis," he says. "This took a couple of hours a month. In fact, actually filling something out reinforces the learning process, so this was useful time."

The RAVC has found the PDP to be a flexible tool. While not all of the skills categories are relevant for a typical military veterinary role, the full listing provides a good starting point for adaptation. The PDP reports also provide structure for appraisals, which are carried out once a month during the PDP phase and at least annually thereafter. Reviewing the PDP enables potential skills gaps to be identified early and development programmes to be put in place.

Richard found that the benefit of the PDP did not stop when he signed off: "I look back on my PDP even now, and tracking how and where I learned gives me confidence," he concludes.



velopment Phase

Alex Avery BVSc MRCVS

On graduating from Bristol last summer, Alex joined a 3.5-vet mixed practice in Pewsey, Wiltshire. He volunteered to

take part in the PDP pilot after he heard about it at the Society of Practising Veterinary Surgeons' Final-Year Student Seminar and in the press.

Alex has found the PDP to be a very useful way of consolidating his experience and providing a structure for the review of cases.

"I tend to fill it out every couple of months and this process means I need to check back on consultation notes," he says. "We are only a small practice so it is not always possible for the same vet to see the same case each time. Reviewing the notes allows me to see what happened to cases I worked on and understand the part I played in each."

Working in mixed practice, he has found the checklist of clinical skills for small animals to have been more useful than that for large animals – feedback which will be useful for the ongoing development of the website.

Alex has been fortunate in finding a practice that is supportive of him as a recent graduate and his transition from veterinary school to working life has not been too stressful. He also has friends in practices nearby, forming a useful local network.

"You also realise that the successes far outnumber the 'non-successes', which helps to build confidence."

For those without other new graduates close by, graphs can be generated by the PDP that benchmark progress against the rest of an individual's peer group to provide a 'virtual' comparison, although this will be more useful once the full cohort of new graduates is on the system.

The busy nature of practice life, compared with seeing cases at veterinary school, means that setting aside some dedicated time to review progress is important, believes Alex: "At College, you see so few cases you can virtually remember every animal by name. This is more difficult in practice so reviewing cases in order to fill-out the PDP helps remind you of the cases you've seen."

"You also realise that the successes far outnumber the 'non-successes', which helps to build confidence," he adds.

Alex's boss Evelyne Thomas has also been supportive of the PDP: "I think it's a good tool and certainly helps new graduates see where they are and where there may be gaps in their experience. It has been quite time consuming for Alex but it hasn't had much of an affect on me or the rest of the practice," she says.



Meet the RCVS team



Gordon Hockey MRPharmS Barrister

What's your role?

Head of Professional Conduct and Assistant Registrar

What's your background?

I graduated from Manchester University in 1988 and qualified as a pharmacist. Soon afterwards I joined the Royal Pharmaceutical Society of Great Britain and studied law part-time while working in its law department; I left briefly to qualify as a barrister and in 1999, joined the College.

What do you do?

As Assistant Registrar, I support Registrar Jane Hern, for example, leading staff management meetings in Jane's absence and assisting the President at graduation ceremonies.

My department manages the College's systems that set and enforce professional standards: the Preliminary Investigation and Disciplinary Committees. Many professional regulators have undergone massive changes of late and have increased the resources available for this work, with the aim of maintaining public confidence in their respective professions. We are no exception.

In addition, we carry out the support work for the Advisory Committee, certification sub-committee and the Practice Standards Group. We have recently passed some of the administration for the Practice Standards Scheme work to the Registration Department, but will remain responsible for the Standards Manual and inspectors' training.

What's been your biggest challenge?

I guess probably the development and introduction of the Practice Standards Scheme.

Surprise us...

I was a competition pilot with the University Air Squadron!

Research in focus

It is a decade since the Selborne Report focused on the structural and functional deficiencies of the veterinary research system. In 2002, we set up a Research Subcommittee, with the aim of addressing some of the issues and providing a forum for discussion. Recently, the Subcommittee has refocused its remit and embarked on a communications campaign.

"There is no other authoritative body that has the remit to consider, support and encourage veterinary research and this was recognised by the Selborne Committee in 1997."

According to its Chairman, Professor Quintin McKellar, the Subcommittee fulfils a vital role in providing an independent forum for those involved in the field: "There is no other authoritative body that has the remit to consider, support and encourage veterinary research and this was recognised by the Selborne Committee in 1997," he says.

New terms of reference for the Subcommittee include, among other things, encouraging the research base of the veterinary schools in support of their educational missions; promoting and engaging with the national and international research agenda in advancing evidence-based knowledge in biomedical-related sciences; promoting the unique value offered by veterinary

medicine for translational research; and, promoting a research training environment which contributes to a sustainable veterinary research community.

A brochure outlining the impact of veterinary research is currently in preparation (see cover below), together with articles on the importance of veterinary research being placed in the media and updates to the research section on RCVSonline (www.rcvs.org.uk/research). The brochure, which will be illustrated with case studies, will be available for use at meetings and events, in mailings and as an aid to influencing decision-makers. To order copies, please contact Karen Boyd: k.boyd@rcvs.org.uk or 020 7202 0778.

A seminar, to be organised jointly with the Royal Society of Medicine and focusing on the importance of collaborative research, is planned for some time early 2008. More details will be available in due course.



Nomination time

RCVS Honorary Associateships and Honorary Fellowships are two of the highest awards we can bestow, and we would now like to invite nominations for both.

Honorary Associates

Honorary Associates need not be veterinary surgeons and Council has agreed that the award should be restricted to persons not eligible for election as Honorary Fellows. This award may be made to people in recognition of their special eminence in, or special service to, the profession. The present Honorary Associates are listed on page 308 of the *RCVS Register of Members 2006* and this honour will be awarded to The Most Hon the Marquess of Salisbury in 2007.

Honorary Fellowship by Election

This award may be made to not more than three persons in any one year in respect of their special eminence in, and service to, the cause of veterinary science. A recipient must be a member of the RCVS and have been a member, or possessed of a registrable qualification, for a period of at least 20 years. The present Honorary Fellows by Election are listed on page 309 of the *RCVS Register of Members 2006* and this honour will be awarded to Professor W F Blakemore and Professor P H Holmes in 2007.

For details of the full nomination requirements and a nomination form, please contact the RCVS Executive Office (020 7202 0761 or d.wiggins@rcvs.org.uk). The deadline for receipt of nominations is **7 September 2007**.

Europe's best kept secret?

We take a closer look at the FVE and its work for the wider veterinary profession

Whether it's the European Commission, the Council of Ministers, the European Parliament or some other seemingly nebulous and meddling EU organisation, we in the UK tend to give "those suits in Brussels" a bad press.

Perhaps, however, this is not entirely the preserve of the small group of islands that we call home. It's said that many national governments tend to seize on sensible and worthy EU initiatives and pass them off as their own; whereas anything slightly unwelcome is very much the fault of Brussels and to be lambasted vigorously and volubly in the media. Those grey-suited people, it seems, can't win.

Vets in Europe

So where does the veterinary profession stand in all of this? Who's looking after the interests of veterinary surgeons and their clients, and the health and welfare of their patients on the European platform; not to mention such hugely complicated issues such as inter-state professional recognition, free movement of services, food hygiene and veterinary public health, availability of medicines, evaluation of veterinary education and...and...need we go on?

Step forward the Federation of Veterinarians of Europe (FVE) – the representative body of 43 national veterinary organisations across 37 European countries and the political face of some 200,000 individual veterinary surgeons. It also includes four Sections representing key veterinary groups: practitioners (UEVP), hygienists (UEVH), State Veterinary Officers (EASVO) and vets in education, research and industry (EVERI).

A President and four Vice-Presidents comprise the FVE Board and the principal unit of policy formation, and a small but perfectly formed secretariat of just five staff supports and coordinates the whole organisation.

Founded in 1975 with just nine members, the FVE's growth has been matched only by its increasing reputation and influence amongst the corridors of EU power. Yet, back home, it seems little is known about the Federation's travails on behalf of veterinary surgeons across the continent. A well-kept secret indeed.

Active interests

The UK veterinary profession is represented jointly at the FVE by the RCVS and the BVA, with BVA division representatives attending Section meetings. General Assembly meetings are held twice a year and there are numerous additional meetings of smaller working groups to focus on specific areas. But what is it that the FVE actually does?

Amongst its key activities, the FVE lists the following:

- Agreeing common positions in relation to animal health and welfare and veterinary public health issues
- Lobbying politicians, institutions and NGOs to inform decision-makers
- Explaining the veterinary profession's contribution to humanity as a health profession
- Influencing the content of undergraduate, postgraduate and continuing education
- Developing guidance and codes of conduct

More specifically...

Commendable, but rather generalised, you might say. However, translate these broad areas into what the FVE is currently doing on a daily, weekly and monthly basis, and they become more recognisable as applying to veterinary working life:

- Presenting the profession's views on the recent Community Animal Health Policy review
- Promoting the development of herd-health management schemes with veterinary involvement
- Seeking to strengthen the veterinary role in the prescription of veterinary medicines
- Pressing for the continuing availability of veterinary medicinal products, whilst stressing the responsible use thereof
- Seeking an adequate and implemented list of essential products for use in equidae, whilst lobbying to ensure that identification of horses remains the responsibility of the owner
- Continuing to seek improvement in the welfare of animals during transport and at slaughter, having successfully lobbied for the abolishment of export refunds for live animals
- Seeking a revision of the Directive for the welfare of laboratory animals
- Developing a definition of a 'veterinary act' and disseminating this to external stakeholders to ensure that veterinary procedures are carried out by properly qualified professionals
- Alerting European and national authorities to the insufficient levels of veterinary teaching in certain schools
- Helping to develop a future veterinary curriculum to reflect changing needs and develop a lifelong learning system

- Updating the standard operating procedures for the visitation and evaluation of European veterinary schools

Value for money?

Aside from these areas, the FVE is committed to improving its communication to raise awareness of its activities and the wider issues facing the profession. If you've read this far, then that communications drive has already started to work.

But isn't all this official representation expensive? The UK's subscription fees to the FVE this year were €56,515. That's about €2.50 for each member of the College per year, or just about enough for a glass of Belgian beer. Value for money? We think so.

Santé!

Find out more about the FVE at: www.fve.org

Stop press

A new Board was voted in at the latest FVE General Assembly meeting in June

Dr Walter Winding was elected FVE President having previously served as Treasurer. A private practitioner and also a State Veterinary Officer, Dr Winding described his election as the "crown of his veterinary political career". During his tenure, he is keen to promote the veterinary profession as a health profession within the European community and to position the FVE on the global stage. "Globalisation is an increasing factor in animal disease, not just trade," he said. "Veterinary professions everywhere need to know what is happening around the world if we are to prepare for and control the spread of emerging diseases for the benefit of animal and public health."

RCVS Council Member Stephen Ware was also elected to the Board, as one of four Vice-Presidents.



From left: Stephen Ware (UK), Ljiljana Markus-Cizelj (Croatia), Walter Winding (Austria), Ms Margereta Widell (Sweden), Rainer Schneichel (Germany)

Lay Observers' Report 2007

Tony Butler, Diane Mark, Chris Mattinson

Discussions and decisions at Preliminary Investigation Committee (PIC) meetings are assisted by the presence of three independent Lay Observers and the non-veterinary perspective and expertise that they provide. As part of their remit, they produce an annual report to Council in June, setting out their views on PIC's activities during the year, and suggesting where procedures might be improved and further guidance produced. An edited version of this report is provided below, together with responses from the PIC on certain points following a review of its procedures earlier this year.

Practice visits

In the past 12 months, in addition to interviewing certain respondent veterinary surgeons at the College, the PIC has continued to visit practices. We feel the reports of these visits have assisted the PIC by obtaining more detailed information, which has often helped it understand the circumstances surrounding the matter at issue. In several cases this has enabled the PIC to close the complaint. Another beneficial development has been the increasing practice of visiting the complainant at the same time as the veterinary surgeon. We welcome this even-handed approach which often proves helpful to all parties to the complaint.

PIC responds...

We decided to become less personally involved in visits, which, instead, should be undertaken by suitably trained veterinary surgeons accompanied by members of the Professional Conduct Department when appropriate. Reducing the investigatory involvement of Committee members in this way gives greater separation between our investigation and prosecution functions.

Lay involvement

In our last report, we mentioned the importance of more lay involvement throughout the PIC process, to provide the transparency in evaluating complaints rightly expected by the public. In other regulatory organisations, changes have been made to committee structures to accommodate a greater lay presence. The RCVS, however, is constrained by the Veterinary Surgeons Act in respect of both PIC and Disciplinary Committee (DC) membership. If a new Act is not on the horizon, we would welcome the College's proposals for a more defined lay role at all stages of the complaints process. Also, we consider it would be beneficial if veterinary surgeons, suitably trained, could become involved in the resolution of complaints through mediation, mentoring or practice visits.

PIC responds...

We decided there should be more formal lay input in the early stages of complaints handling and decided that a Lay Observer should confirm any closure of a complaint at the screening stage (and at the re-assessment stage).

Practice standards

We have been encouraged in the past year to see an increasing number of veterinary practices involved in the Practice Standards Scheme (PSS) and we hope this impetus will be maintained until all practices are participating. We feel that a greater public awareness of the standards and facilities required to achieve PSS accreditation will assist animal owners in making a more informed choice regarding the type of service they can expect to receive.

PIC responds...

The Scheme is voluntary, but practice registration may become compulsory under a new Veterinary Surgeons Act, or, potentially, under the Veterinary Medicines Regulations (VMRs). The Veterinary Medicines Directorate is consulting on the 2007 VMRs to come into force in November 2007 and these may include some form of veterinary practice premises registration (see page 1).

Consent forms

Throughout the year there have continued to be a large volume of complaints alleging a failure to obtain informed consent for a procedure that was undertaken. We believe more focus needs to be placed on full discussions before, as well as ongoing communication throughout, the treatment of a condition, especially when original cost estimates are being exceeded.

Regarding estimates, even though a *pro forma* consent form is provided in the *RCVS Guide to Professional Conduct*, it is disappointing that many practices fail to utilise documentation that clarifies the extent and likely cost of a procedure. Were this to have been done, a large number of complaints currently being referred to the PIC would not have arisen.

PIC responds...

We have asked the Advisory Committee to consider whether veterinary surgeons should be advised to provide the client with a copy of the signed consent form, in order to reduce misunderstandings. Further guidance might also be beneficial on the veterinary surgeon's responsibility to obtain the client's informed consent to treatment, unless delay would

adversely affect the animal's welfare. We agreed that consent forms should record the realistic fee estimates given and would welcome the production of further guidance on this.

Communication

Unfortunately, communication problems continue to feature in virtually all complaints reaching the PIC. It seems that good communication often fails at the most critical moments in an animal's and owner's lives, when levels of stress and emotion are at their highest. We hope that more attention is given to the communication challenges faced by practices, perhaps through relevant CPD. In this regard, there continues to be a large number of complaints concerning all aspects of euthanasia, from out-of-hours attendance to procedures that have not proceeded smoothly. In all of these complaints, a failure to communicate appropriately has inflamed a difficult situation.

PIC responds...

We recognise that euthanasia procedures do not always go according to plan and will ask the Advisory Committee to produce a relevant Advice Note, primarily for the assistance of animal owners, but also veterinary surgeons, as regards communication.

Collating statistics

During the last 12 months, there has been a significant change in the way that PIC business is conducted. All committee members now review case papers in a computerised rather than paper form. We hope that this will assist with the future collection of data, which would benefit the PIC and the profession as a whole. In particular, we hope it will lead to an ability to analyse more fully the significant components of complaints reaching the PIC, not only as regards the subject matter but also the circumstances of the respondent veterinary surgeon. In this way, it may become possible to channel support more effectively to areas of particular risk.

In our last report we commented on the potential benefits associated with the collection of detailed statistics. As highlighted above, we hope these will soon be forthcoming and regularly reviewed by the PIC, as well as being made publicly available via the *RCVS Annual Report*.

PIC responds...

Each year, the *RCVS Annual Report* provides detailed information on complaints received and the handling procedures. We will seek statistical expertise to consider whether further information can be provided.

Report to Council June 2007

PI Committee Chairman David Harding



There have been three meetings and one extra-ordinary meeting of the Preliminary Investigation (PI) Committee since the last Council meeting, and between 21 February 2007 and 23 May 2007 there have been 43 new complaints as well as ongoing complaints considered. In that time, the PI Committee has:

- referred eight complaints to solicitors for statements;
- referred nine complaints to the Professional Conduct Department for further investigation;
- carried out one announced visit to a veterinary practice and five informal interviews; and,
- referred six complaints to the Disciplinary Committee.

One complaint is reported to Council.

Informed consent: copy consent form to client?

The complaint concerned a ten-year-old male Cocker Spaniel admitted for a dental procedure. The complainant (the owners' daughter) considered that an additional extraction was carried out without her parents' consent, and that the dog's hearing had consequently been affected.

On 16 November 2006, Vet 'A' examined the Cocker Spaniel. The owners said the dog experienced pain on the right side of its mouth when eating and understood that only one molar needed to be extracted. They said the risks of the procedure were not discussed with them.

Upon admitting the dog, a consent form was completed and signed, which included: '*GA + Dental including **extractions** + check lump left side + clip claws (one grown into pad)... The attending veterinary surgeon or veterinary nurse has discussed the risks with me.*'

Vet 'B' (the respondent veterinary surgeon) carried out the procedures and entered on the clinical notes: '*extract both upper caudal molars where gum is receding and kissing ulcers developing. Polish remaining teeth. Cauterise cyst left lateral thorax. Re-exam Monday.*'

During the dog's post-operative check-up, the owners queried the extraction of the second molar and, on 24 November 2006, the complainant telephoned Vet 'B' to discuss her parents' concerns.

The Preliminary Investigation Committee (PIC) noted that the complainant had not accompanied her parents to the veterinary surgery at any time and that her complaint was based on her parents' recollection.

It considered there was no evidence to suggest a lack of informed consent, but considered that if the practice had provided the owners with a copy of the consent form prior to the procedures, the misunderstandings might have been avoided.

The PI Committee decided there was no indication of serious professional misconduct against Vet 'B' – nothing that could question fitness to practise – and closed the complaint. It decided to ask the College's Advisory Committee to consider whether veterinary surgeons should be advised to give a copy of the signed consent form to clients to help prevent misunderstandings on the consent given.

The full Report is available on RCVSonline (www.rcvs.org.uk)

Negligence

Cases the PIC refers to the DC are only those which could, if proved, amount to serious professional misconduct. This continues to be a source of frustration for many owners whose complaints concern allegations of negligence which, viewed in isolation, do not cross the threshold into serious professional misconduct. However, in the past year, there have been cases which, either individually or when viewed as part of a pattern, have warranted a referral to the DC.

PIC responds...

Advisory Committee has already developed Advice Notes on 'negligence' and 'serious professional misconduct'. A cavalier or reckless approach to clinical conduct may question a veterinary surgeon's fitness to practise but, generally, an error that could be made by any responsible veterinary surgeon will not.

Timely

Throughout the year we have been conscious of an ever-increasing demand on the Professional Conduct Department. Notwithstanding a number of staff changes that have occurred, the need to adapt procedures to technological changes and an increasing number of complaints referred to the PIC, we are pleased that, in general, complaints are being considered on a timely basis. This is beneficial to all parties to the complaint at what is a very stressful time for all.

The full Lay Observers' Report and PIC's responses are available on RCVSonline (www.rcvs.org.uk)



Tony Butler, Diane Mark and Chris Mattinson

New Lay Observer

Jane Ramsey will join the Lay Observers on PIC effective from RCVS Day (6 July 2007). Trained as a barrister, Jane's early career included legal roles in various London Boroughs. More recently, she has been involved in the healthcare sector, latterly as Chairman of the Lambeth Primary Care Trust. Jane will serve for three years and replaces retiring Lay Observer Anthony Butler.

Mr Lodewijk de Smet

Inquiry concerning: blow to horse's head following inter-hunt relay race.

DC decision: not guilty of serious professional misconduct.

On 1 March 2007, the Disciplinary Committee (DC) found that Mr Lodewijk de Smet hit his horse on one occasion on the head without justification, but that this did not constitute disgraceful conduct in a professional respect.

The Committee heard that Mr de Smet had been competing for the Banwen Hunt Team at an inter-hunt relay race at the Lower Chapel Show in Brecken Powys, Wales. Mr de Smet admitted that following the defeat of his team, he had lost his temper and had shouted and sworn repeatedly. Two witnesses said that they had seen Mr de Smet hit his horse, while he was leaving the ring.

The DC stated that although it could not condone a blow to an animal's head in such circumstances, this was an isolated and fleeting incident and there was no evidence

that the horse had suffered injury. Accepting submissions from Counsel on behalf of Mr de Smet, the DC said that the blow was of such a nature as to be more likely to have injured the rider than the horse. It also noted that witnesses present had indicated that they felt the incident had been blown out of proportion and could have been dealt with locally.

“While Mr de Smet's behaviour was certainly unsportsmanlike, it cannot be considered to constitute disgraceful conduct in a professional respect.”

Giving judgment, Mr Brian Jennings, Chairman of the Disciplinary Committee, said: “While such handling of an animal certainly falls short of what is expected of a veterinary surgeon, the Committee does not believe that this could be described as falling far short of what is to be expected, and therefore, while Mr De Smet's behaviour was certainly unsportsmanlike, it cannot be considered to constitute disgraceful conduct in a professional respect.”

Mr Robert W Morris

Inquiry concerning: false certification.

DC decision: adjourned.

A Disciplinary Inquiry into Mr Morris listed for 6 November 2006 was adjourned due to Mr Morris' ill-health, with directions given to Mr Morris.

On 30 April 2007, Mr Morris' solicitors said he remained unfit to attend due to ill-health and a report was provided from a clinical psychologist. His solicitors said that he would be prejudiced if the hearing went ahead when he was not there or not represented.

The DC granted the second adjournment stating the original direction had to be complied with, and that Mr Morris should provide a medical report from an appropriate consultant medical practitioner no later than 15 June 2007; at this time the situation would be reassessed. The DC noted that the charge related to an isolated case, which did not suggest a risk to animal welfare.

Mr Mpho D Lesolle

Inquiry concerning: advice given regarding the administration of Soloxine to a racing greyhound contrary to NGRC rules.

DC decision: guilty of serious professional misconduct – no penalty imposed.

On 16 March 2007, Mr Mpho Lesolle was found guilty of disgraceful conduct for advising the trainer of a racing greyhound, 'Past Experience', that he could race the dog whilst it was under treatment for hypothyroidism with Soloxine (a substance that could affect its wellbeing or performance) when he ought to have known that to do so would be contrary to the rules of the National Greyhound Racing Council (NGRC).

The DC heard that Mr Lesolle had been licensed by the NGRC as a track veterinary surgeon since 1998, and that in his own practice he had several hundred greyhounds under his care, amounting to approximately a third of his practice. The DC heard that, following a 600m race at Perry Barr Greyhound Track in February 2005, when Past Experience had performed with a greatly enhanced time, a Steward's Inquiry had been held. That inquiry found both the trainer and Mr Lesolle in breach of the NGRC rules. Mr Lesolle was fined £150 and severely reprimanded for breach of NGRC Rule 217. The trainer, Mr Lesolle's client, was fined £300.

The DC heard expert evidence from Dr Jill Maddison and Dr Carmel Mooney, who both stated that Soloxine was the appropriate

medication to give to a hypothyroid greyhound, and that it would be inappropriate to then withdraw such daily medication from the dog. Both agreed, however, that to race a greyhound under such treatment would contravene the NGRC rules.

“We would like to emphasise that ‘affecting performance’ as prohibited by the NGRC Rule 217 does not merely mean ‘enhance’.”

The DC took the view that, by virtue of his appointment as a NGRC-licensed veterinary surgeon, Mr Lesolle had undertaken to abide by the NGRC rules in addition to his professional responsibilities under the *RCVS Guide to Professional Conduct*, and could reasonably be expected to have greater knowledge than that of a veterinary surgeon in general practice. The DC stated that Rule 217 was unequivocal in that, at the time of racing, a greyhound must be free of medicines, tonics, or substances that could affect its performance or wellbeing, the only permitted exceptions being for oestrus control, parasites and vaccines.

Mr Lesolle told the DC that his first duty of care was to the welfare of the greyhound. He

indicated his beliefs that in prescribing Soloxine to Past Experience, he was returning the dog's metabolism to its normal state and that this did not break the NGRC rules. The DC accepted that Mr Lesolle mistakenly believed his use of Soloxine in a hypothyroid dog was acceptable because he thought it was not a performance-enhancing drug.

However, the DC concluded that, in his capacity as a licensed track veterinary surgeon, Mr Lesolle's failure to familiarise himself with the NGRC rules fell far below the standard expected of a veterinary surgeon in his position and he was found guilty of disgraceful conduct in a professional respect.

In deciding to impose no penalty, the DC took into account the penalties already imposed by the NGRC Steward's Inquiry, and additional personal mitigation and testimonials provided by Mr Lesolle. It stated that it expected Mr Lesolle to re-visit and thoroughly familiarise himself with the NGRC rules and conduct his practice accordingly.

Mr Jennings said: “We expect all veterinary surgeons who are licensed by the NGRC or who are involved in regulated greyhound racing to have read and fully understood the Rules of the NGRC, particularly in relation to the administration of drugs and other substances, and to apply these rules. We would like to emphasise that ‘affecting performance’ as prohibited by the NGRC Rule 217 does not merely mean ‘enhance’.”

Miss Margarida dos Santos Correia

Inquiry concerning: transportation of an injured horse, 'Prune'.

DC decision: not guilty of serious professional misconduct; case dismissed.

On 22 May 2007, Miss Margarida dos Santos Correia was found not guilty of disgraceful conduct relating to the transportation of an injured thoroughbred gelding called Prune. The charge against Miss Correia described her as having caused Prune to be transported without adequate physical support to a referral centre 50 miles away, after identifying that he was severely lame in his left hind leg and that the leg might be fractured.

During the hearing, the Committee heard that when Miss Correia first examined Prune on 26 September 2005, she had initially given consideration to the possibility of a fracture; although she had not ruled this out, she decided that cellulitis was more likely, resulting from a puncture wound he sustained up to two weeks previously. Initial minor lameness had suddenly worsened to the point of a 10/10 lameness, acute swelling of the leg and seepage from the wound by the morning of 30 September.

It was alleged by lay witnesses that Miss Correia did not examine Prune properly

on 29 September and, the next day, apparently failed to take account of an apparent deviation of the limb prior to transportation.

“The DC accepted Miss Correia’s evidence that she examined the leg properly and indicated that a lay witness could easily have mistaken ‘stance-related distortion’ for displacement.”

The DC accepted Miss Correia’s evidence that she examined the leg properly and indicated that a lay witness could easily have mistaken ‘stance-related distortion’ for displacement. The Committee was sure there was neither a detectable limb fracture, nor visible distortion to show that a fracture had occurred; it noted the opinion of both expert witnesses that this was not unusual in a non-displaced unicortical fracture and that sometimes, even with the benefit of a radiograph, it could be an impossible fracture to detect. The DC agreed that Miss Correia’s diagnosis of cellulitis was consistent with the symptoms presented at the time.

The Committee heard that Miss Correia had spoken by telephone with a senior colleague

who agreed with her diagnosis but had not talked her through the protocol for transporting a horse injured in this way. It found it a “matter of great regret” that this colleague did not see fit to examine Prune himself, before allowing him to be moved.

Both experts agreed that transportation in ‘Robert Jones’ bandages with splints applied by an inexperienced person such as Miss Correia possibly could result in more harm than good. Neither Miss Correia’s senior colleague, nor the equine referral clinic, suggested to Miss Correia that she employ this or any other such protective procedure. Professor Tim Greet FRCVS, expert witness for Miss Correia, told the DC that while an equine ambulance would have been the vehicle of choice for transportation, these were not widely available; in his opinion, severely lame horses could be transported in other types of vehicle, preferably low-loading trailers (as was utilised in this case).

The Committee stated that they wholeheartedly concurred with Professor Greet in his conclusion that “Miss Correia’s actions could not, at any time, be construed as demonstrating seriously deficient professional care, nor was her conduct disgraceful in a professional respect,” and dismissed the case.

Mr Ranee K Sanyal

Inquiry concerning: application for restoration to the Register.

On 21 May 2007, Mr Ranee K Sanyal was restored to the Register. His name had been removed in May 2005 having been found guilty on five charges of serious professional misconduct. These related to lack of proper management and treatment of animals’ injured limbs; dishonesty to clients; representation to clients that bills for uninsured animals could be certified against insured animals; and, false certification of a proposed insurance claim. Mr Sanyal had appealed to the Privy Council against the DC’s decision but later withdrew the appeal and his name was removed from the Register on 10 March 2006.

Mr Sanyal first applied to be restored on 6 February 2007 but, following a day’s hearing, this application was adjourned at the request of Mr Sanyal’s counsel. At the resumed hearing, the DC indicated it was satisfied that Mr Sanyal now accepted the findings from May 2005 that he had been found guilty of dishonesty by encouraging clients to engage in an insurance fraud, and that this came at the top end of the spectrum of professional misconduct. Counsel on behalf of Mr Sanyal stated that Mr Sanyal accepted that striking off

had been the appropriate sanction. He also said that Mr Sanyal had “learnt his lesson”, and that there “was never going to be a repetition of it”. The DC accepted that the likelihood of a recurrence in this regard was low.

It also heard of the defined and specific steps taken by Mr Sanyal through a variety of continuing professional development (CPD) courses and professional education to remedy areas in which he had previously been found deficient, particularly pharmacy and bandaging. The DC stated that it was satisfied that animal welfare would not be prejudiced by Mr Sanyal’s restoration.

The Committee said that it did not consider it in the public interest to prolong Mr Sanyal’s removal from the Register and that, as a single-handed practitioner, the financial penalties for him were proportionally greater than had he been a member of a multi-vet practice. In addition, to prolong the striking off would negate the benefit Mr Sanyal had gained from his CPD.

The Committee also noted the demonstration of confidence in Mr Sanyal’s ability shown by his supporters, both by their presence at the restoration appeals and by means of writing to the RCVS.



Full details of disciplinary hearings are available at www.rcvs.org.uk

Election selection

One new and one re-elected member will be welcomed to the RCVS Veterinary Nurses Council by President Sheila Crispin on RCVS Day in July.

Following success in the April elections, Jennifer Thompson (right) joins Council for the first time and Elizabeth Branscombe returns for a second term. Elizabeth was first elected in 2006 for just one year as she filled a place vacated mid-term.



Diploma progress

When will there be a new diploma course? It's been a common question from VNs over the last couple of years.

The good news is that, for some at least, the wait is over. In May, the College accredited Myerscough College in Lancashire to offer a course that will lead to the RCVS Diploma in Advanced Veterinary Nursing (DipAVN).

Myerscough College will take 20 students from September this year on a two-year course that comprises a mix of online and college-based learning. The Myerscough students will achieve a Diploma of Higher Education in Clinical Veterinary Nursing Studies from the University of Central Lancashire in addition to their DipAVN awarded by the RCVS.

For more information about the course, contact Myerscough on 01995 642211 or email enquiries@myerscough.ac.uk

Defining a veterinary nurse

The use of the title 'Veterinary Nurse' should be applied only to those whose name appears on the VN List. This is the advice agreed by Council recently, following the Advisory Committee's recommendation in April that the use of certain titles by qualified and unqualified nursing staff needed to be clarified. We hope this decision will help to ensure the public is not misled, and that those with qualifications might gain the recognition of them.

The Committee suggested there was no reason to restrict titles within practice that indicated staff seniority, such as 'Head Nurse' or 'Nurse'. However, the use of 'veterinary' by nurses not on the List may be inappropriate.



Neil Gorman, Advisory Committee Chairman, said: "Through our advice on related issues, we have maintained that, generally, the word 'veterinary' when describing a person providing services to animals, implies those services are provided or controlled by a veterinary surgeon. Veterinary nurses provide veterinary services within a veterinary practice under the direction of a veterinary surgeon; therefore, using 'veterinary' is justified."

Whilst there is no statutory protection of the title 'Veterinary Nurse', Schedule 3 of the Veterinary Surgeons Act defines a veterinary nurse as 'a nurse whose name is entered in the list of veterinary nurses maintained by the College'. This definition is restated in the RCVS Guide to Professional Conduct for Veterinary Nurses.

Council has agreed to include the following wording at Part 2D of the RCVS Guide to Professional Conduct (for veterinary surgeons), under a new heading 'Veterinary Nurses':

'As provided in Schedule 3 of the Veterinary Surgeons Act and the RCVS Guide to Professional Conduct for Veterinary Nurses, a 'veterinary nurse' means a person whose name is entered in the RCVS List of Veterinary Nurses maintained by the RCVS.'

More practical access to exams

The veterinary nursing practical examinations are now going to be more, well, practical, for both veterinary nurses and examiners.

In May VN Council agreed that, from 2008, practical examinations would be held four times a year instead of twice, and over three-day weekends instead of during the week. This should make the whole process more accessible for candidates and help meet the Qualifications and Curriculum Authority's requirements for fair and reasonable access to assessment.

The move will help the College to utilise its pool of examiners better. The current system requires examiners to be available for a full week, twice a year, which can make organising practice cover problematic, particularly over the summer months.

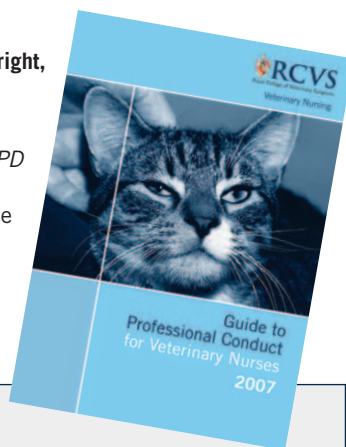
It was also agreed that student veterinary nurses' portfolios would need to be 100% complete as a condition of enrolment for the practical exam, superseding than the current 60% completion requirement.

Registering professionalism

The new non-statutory Register for veterinary nurses opens on 1 September and, by regulating veterinary nurses in their own right, it marks a major change to the professional standing of VNs.

By now, all those employing veterinary nurses should have received copies of the *Guide to Professional Conduct for VNs*, *CPD Record Card*, *Veterinary Nursing Bye-Laws*, and a question and answer document explaining the new Register. They can also be downloaded from RCVSonline www.rcvs.org.uk/veterinarynurses

We are hosting a series of Question Time meetings to give VNs and their colleagues the opportunity to find out more. All are welcome.



Register your questions...

Wednesday 27 June 2007	RCVS, London	2.30 pm (followed by tea)
Wednesday 11 July 2007	Hilton Hotel, Bristol	6.30 pm (starting with supper)
Thursday 12 July 2007	Ramada Hotel, Bolton	6.30 pm (starting with supper)

If you would like to attend one of the meetings, please contact Simone Mauger on **020 7202 0756** or s.mauger@rcvs.org.uk by 15 June. If you can't make the events but would like a question answered, please send it in.

In research we Trust

We report on two more projects funded by the RCVS Trust



In our second look in a little more detail at the work of RCVS Trust grant holders, we hear from a veterinary surgeon involved in epidemiological research at the University of Liverpool's Faculty of Veterinary Science, and a University of Bristol veterinary student who has made her first foray into the world of veterinary research.

Vacation immunology



Fiona McNeill is a student at Bristol Veterinary School, although she is currently intercalating in veterinary pathology at the Royal Veterinary College, and was awarded an Extra-Mural Studies (EMS) Research Vacation Scholarship in 2006. She used the £1,000 grant to study how changes in the intestinal microenvironment induced by colonising bacteria or food proteins affected the way in which CD4 T-cells, dendritic cells and endothelial cells interact in the intestinal mucosa.

For her subsequent report, the Trust has just awarded Fiona the Dr Duncan Allan EMS Research Prize 2007, as the most outstanding of last year's Research Vacation Scholars.

On receiving her £300 cash prize, Fiona said: "I really enjoyed doing the summer research project. It was a great chance to get an insight into the world of research, which is not something that the majority of veterinary undergraduates get the chance to do. I would highly recommend it to anyone who has an interest in finding out what research is all about, especially as you can also use the time towards your 26 weeks of EMS."

Veterinary epidemiology

Gina Pinchbeck MRCVS works in the Epidemiology Department at the University of Liverpool's Faculty of Veterinary Science and was awarded a £1,000 RCVS Trust Travel Grant last year. She used it to attend the International Symposium on Veterinary Epidemiology and Economics (ISVEE) in Cairns last August where she presented two papers on her epidemiological research, and spent some time working with international colleagues on associated projects.

Aged horse health

Prior to the conference, Gina also spent some three weeks at the University of Queensland Animal Studies Centre collaborating on a project called 'Aged Horse Health, Management and Welfare' which went on to form the basis of two posters she helped to produce and subsequently present at the ISVEE. With a view to replicating this study in the UK, Gina was also able to learn more about personality questionnaire models for use in determining how horse owner personality might affect their use of preventative healthcare and ownership of aged horses.

Statistics training

Maximising her time down under, Gina then attended a statistics training course on Advanced Survival Analysis, and undertook practical sessions with software packages currently in use at Liverpool. "I will be able to apply these methods to analysis of future datasets in the epidemiological studies I am involved with," she says.

Post-operative colic risks

Gina's first paper, "Prevalence of and Risk Factors for Post-Operative Colic in Horses

after Non-Abdominal Surgery" was also supported by the RCVS Trust and has since been published in the *Equine Veterinary Journal*. The retrospective pilot study aimed to estimate the prevalence of, and identify risk factors for, the development of post-operative colic in horses undergoing orthopaedic surgery at a single UK equine referral hospital.

"We found that the incidence of colic was substantially higher than that reported previously in housed horses, suggesting that being hospitalised and/or having surgery increases colic," recalls Gina, adding: "Morphine was associated with an increased risk of post-operative colic compared to the use of no opioid, and out-of-hours surgeries were also associated with an increased risk."

Suited to research?

Delegates at the ISVEE then heard about Gina's work to identify those veterinary surgeons who might be most suited to a career in research, and to compare the characteristics of veterinary surgeons already in research with those working in other fields. "Summer studentships, and completing a residency or internship, both increased the likelihood

of entering a research career," reported Gina, who also found that, unlike other veterinary areas, more males than females had a research career, and that those in research were more likely to work full time and have a diploma than those in non-research posts. "The salary range of those working in research was also significantly likely to be lower than those in non-research posts," Gina added.

Racehorses

Finally, if she wasn't busy enough, Gina was also asked to chair a session on equine racing injury epidemiology which included presentations on risk factors of training surfaces, fractures and tendon injuries of racehorses in training, retirement of racehorses due to tendon injuries, and risk factors for racehorse fatality in flat racing.

"The ISVEE was the only opportunity to attend an international veterinary epidemiology conference with co-workers from around the world," says Gina. "As well as seeing excellent presentations, papers and posters, it was also an opportunity to interact with workers in similar fields with the resulting interchange of ideas and future projects."



RCVS News at a glance...

Too busy to read the lot? Start here for important dates for your diary and story summaries, so you can decide what might be worth reading in full.

1 Medicines

VMD proposes registration of all premises handling or storing medicines.

2 Fee changes

Below-inflation fee increases agreed.

Share Jones

15 November for Share Jones Lecture on organ regeneration.

Council elections

Four retained Council members, one returning and one brand new.

3 Happy Birthday!

UK Inter-Professional Group celebrates 30 years of 'constructive irritation'.

Trust boost

Generous donation for canine research in memory of Mrs Barbara Jones.

Info overload

We come under Freedom of Information Act: new policy for Council and Committee papers.

Register removals

Not paid up? You might be off the Register...

Inspecting standards

More inspectors for the Practice Standards Scheme.

4 24-hour cover

Advisory Committee listened to your views: what's changed?

5 Long and short of it

Summarising new tail docking legislation.

Clock watching

New advice note on Working Time Regulations.

Feeling experimental?

New subcommittee to advise on recognised veterinary practice and experimental procedures.

6 ModCert questions

Your questions on the new ModCerts answered, plus new accreditation granted to RVC.

7 Gateways opened

Update on project to widen participation in the profession: research phase completed.

Education news

Bristol Visitation and key dates for certificate, diploma, fellowship and Specialist candidates.

8 RCVS Day

We're holding it at the Royal College of Surgeons. Read about links between the two professions and how to book a ticket to ensure you hear from Prof Sir Howard Dalton on climate change. President Sheila Crispin illustrates medical collaboration.

9 Online CPD

Is this the way forward for vets? Read how it works for ophthalmologists in our Guest Column.

10 PDP – are you ready?

PDP is compulsory for 2007 graduates. What will it mean for you? We talk to young vets on the current pilot and their mentors.

12 Meet the team

Let Head of Professional Conduct, Gordon Hockey, surprise you...

Under the microscope

Focus on the work of the Research Subcommittee, which includes new literature and forthcoming seminar.

Honours roll-call

Know someone who deserves to be an Honorary Associate or Honorary Fellow by Election? Let us know by 7 September.

13 Europe calling

You've heard about the FVE – but what does it do? Find out more. Plus, Council Member Stephen Ware is newly-elected FVE Vice-President.

14 Under investigation

The Annual Report of the Lay Observers comments on the work of the Preliminary Investigation Committee: includes consent forms, communication and the collation of statistics.

15 Consenting adults

PIC report to Council considers how consent forms might be best used.

16 DC cases

Mr L de Smet found not guilty of serious professional misconduct for hitting horse's head; inquiry into Mr R Morris' alleged false certification adjourned; Mr M Lesolle found guilty of serious professional misconduct in case involving drug banned for greyhound racing; Miss M Correia found not guilty of serious professional misconduct during investigation involving horse with broken leg; Mr R Sanyal restored to Register.

18 VN news

Two new Council members; accreditation of VN Diploma course; new practical examination format and dates for Question Time meetings. Plus, new advice on the definition of a 'veterinary nurse': you should be listed to use the title.

19 RCVS Trust projects

Report on two Trust-funded projects: travel grant to support studies in veterinary epidemiology and EMS research vacation scholarship.

DATES FOR YOUR DIARY

27 June: VN Awards Ceremony and Question Time, Belgravia House

6 July: RCVS Day

9 July: Diploma written exams

11 July: VN Question Time, Bath

12 July: VN Question Time, Bolton

24 or 25 July: Certificate written exams

1 August: deadline for Fellowship applications

24 August: deadline for reapplication for Recognised Specialist status

1 September: opening of non-statutory VN Register

7 September: deadline for honours and awards nominations

14 September: deadline for new applications for Recognised Specialist status

25 September: Regional Question Time, Stirling

1 November: last enrolment for Diplomas in Veterinary Dermatology and Veterinary Ophthalmology

1 November: deadline for enrolment on current Certificate

15 November: Share Jones Lecture

4 July 2008: Fellows' Dinner

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