

**“This in effect means that the fees for both vets and VNs have decreased year on year since 2010.”**



## Fees on ice again

### Annual fees to remain unchanged for fourth year running

**Fees are to freeze for the fourth year in a row, following a decision from Council at its June meeting.**

The decision not to impose an increase – which in effect means that the fees for both veterinary surgeons and veterinary nurses have decreased year on year since 2010 – came as part of budget consideration for 2014.

Overall, Council agreed to consider a small deficit budget, on the basis that the College reserves are above expected. We will seek to reduce the reserve to our target level.

Going forward, it is likely that a formula will be developed for setting fee changes that is likely to include registration rates and inflation, as well as reserve levels. Any such formula would be subject to Privy Council approval.

The decision was made by Council on recommendation of the Planning and Resources Committee (P&RC). The Committee's May meeting was in fact its last. From July its activities will be carried out by the new Operational Board.

The new Board will comprise the President, Vice-Presidents, Treasurer, Chief Executive, Registrar and Chairmen of the major committees, including the Veterinary Nurses Council. It will be chaired by the Chief Executive and meet around eight times a year, replacing the regular Officers' meetings, in addition to the work of P&RC.

The new structure will allow Council to focus on strategic issues affecting the profession, and streamline decision making.

Council will continue to approve the College's three-year strategic plan, and there will be an additional meeting of Council in September to agree the new plan. It will approve the annual budget and operational plan; oversee the strategic management of organisational risk; elect the

President, Vice-Presidents and main committee chairmen; create committees and set their terms of reference; and, make major policy decisions. It will also retain responsibility for the appointment of the CEO and Registrar.

The committees themselves will also undergo some changes. For example, Advisory Committee, which principally looks after the *Code of Professional Conduct* and related advice, will be renamed the Standards Committee, to give a clearer picture of its role in setting standards and managing registration issues.

A new Science Advisory Panel will also be introduced, reporting to the Operational Board. This is a new group for the College, although it will formalise some of the work that has happened elsewhere in the past, around providing advice on scientific issues relevant to College business.

The Audit and Risk Committee, which was set up last year to improve the structure of oversight of the College's activities, will continue.

Two major committees whose chairmen will not have a seat on the Operational Board are the Preliminary Investigation (PIC) and Disciplinary Committees (DC). These are both statutory committees and, following the legislative reform order that came into force in April this year, the membership of these committees will become independent from College Council.

The process of separation has started and the first tranche of non-Council members to be appointed to the committees will take their seats in July – see page 2. The committees will be fully independent from July 2015.

The new structure is likely to mean that not all of the 42 Council members have a seat on a main committee, but each may have a role on a subcommittee or working party.

**In this issue:** election results, disciplinary committees changing, CEO update, student numbers, protecting VN title, veterinary research report, women in council elections, Register removals, needle-stick injuries, rules of racing, microchipping, first-rate regulator, PSS pilot, CertAVP considered, EPSC committee, day one competences, CPD compliance, RCVS Day, PIC advice, DC hearings, Trust grants.

## Upturn in turnout



### Voting high in vet and VN elections

**V**eterinary surgeons and veterinary nurses voted in record numbers in this year's RCVS Council and VN Council elections.

Turnout among vets was the highest for ten years, with 4,661 vets voting, surpassing the previous highpoint of 4,232 in 2010. But it was the 1,320 voting VNs who put the 2013 VN Council election into the record books, by being the highest ever number voting in a VN Council election.

RCVS Council incumbents Christopher Gray, Peter Jinman, Bradley Viner, Christopher Tufnell and Jeremy Davies were voted back onto Council, although the highest number of votes was given to Thomas Witte, who will take a Council seat for the first time in July. VNs voted similarly, by returning Andrea Jeffery to VN Council, while giving to Amy Robinson, another newcomer, the largest number of votes.

Over 500 listeners also tuned into the pre-election hustings, which were a new venture this year. RCVS Council candidates were able to select three questions, submitted by voters, to answer in a live webinar run by The Webinar Vet.

The successful candidates will take up or resume their seats at RCVS Day on 5 July.

#### Stop press

Because two Council members – Beverley Cottrell and Catherine Goldie – have been appointed to the new Disciplinary Committee, they have retired from Council. This means that the RCVS Council election candidates who came seventh and eight – Christopher Sturgess and Niall Connell – will now also join Council at RCVS Day.

# New members for disciplinary committees

## Independent selection committee's recommendations accepted

**O**n 6 April 2013, the legislative reform order (LRO) to reconstitute our disciplinary committees separately from our Council came into force, and the Veterinary Surgeons Act 1966 (VSA) was amended.

The VSA now requires that our Preliminary Investigation (PIC) and Disciplinary Committees (DC) are made up of veterinary surgeons and lay members who are not RCVS Council members, and who are appointed independently.

The LRO is the culmination of many years' hard work by the RCVS and the Department for Environment, Food and Rural Affairs (Defra). The independence of our disciplinary process has been improved, and we are now in line with regulatory best practice.

The change to the legislation ensures that the same group of people is not responsible for setting the rules, investigating complaints and adjudication. The LRO also brings lay people formally into the PIC and will allow us to increase the pool of people available to investigate complaints and sit on disciplinary hearings.

RCVS Registrar and Head of Legal Services, Gordon Hockey (pictured), says: "The LRO fundamentally improves the way the veterinary profession is regulated, and will help to ensure public confidence in our disciplinary processes. I am delighted by the constructive and collaborative working relationship that we had with Defra and the British Veterinary Association (BVA), which has allowed this major reform to be introduced."

Over recent months we have been in the process of recruiting both lay people and veterinary surgeons to sit on the new committees. A longlist of candidates was put together by recruitment consultants and a shortlist was referred to an independent selection committee, chaired by



Sir Michael Buckley and including Christopher Laurence and Dr Joan Martin. The choices of the selection committee were ratified by RCVS Council at the June 2013 meeting.

The first external members will join the Disciplinary and Preliminary Investigation Committees from July 2013. The independent selection committee's chosen members for DC will be Beverley Cottrell and Catherine Goldie, who have retired as elected veterinary surgeons on Council to take up the posts, plus veterinary surgeons Jane Downes and Charles Gruchy, and lay members Stuart Drummond, Ian Green, Chitra Karve and Mehmuda Mian.

Meanwhile, new PIC members will include vets Andrew Ash and William Reilly, plus lay members Penny Howe, Sarah Pond and Elana Tessler.

Both committees will also include some Council members, as part of the transition phase; after a two-year period, members of RCVS Council will become ineligible for membership of either committee.

## Fees feedback

### You said, we did...

**We're acting on your feedback to improve how members can pay their retention fees, and our communication with members about renewing their registrations.**

This year we have made extra efforts to contact veterinary surgeons with whom there has been a difficulty in the payment method, for example, by writing to 156 veterinary surgeons where a direct debit payment has bounced.

We are now looking at what we can do for next year, such as sending out the renewal notice much earlier, and adding a 'CPD not applicable'

tick-box to the members' log-in area online for non-practising members.

We will also make clearer on the renewal notice letter and the change of category form when a letter of good standing will be required, and are working on improving the online payments process.

Other improvements requested by members include using debit cards to pay fees online, and we are considering the costs involved in this. Members have also said that they would like us to send the renewal letter to their home address rather than their Register address – something that would need a



change to the regulations – so we have already started work to see if this can be implemented.

Alongside the feedback about where we need to improve, we'd also like to thank the 79 of you who wrote in and complimented the Registration and Finance staff for their extra assistance and support during the recent renewal period.

# Seeking support from ballot-success MPs

## We call for a Private Members' Bill

In March 2013, RCVS Council gave the go ahead for the College to seek legislation to protect the title 'veterinary nurse' to introduce a framework for the statutory regulation of veterinary nurses (VNs) based on the work of the RCVS Veterinary Nurses Legislation Working Party.

Since then, we have been working hard to establish an efficient route for the introduction of such legislation. In May, we wrote to all the MPs who were drawn in the Private Members' Bill ballot to call upon them to introduce legislation to protect the title 'veterinary nurse' and introduce an effective regulatory system that would ensure that those VNs found guilty of serious professional misconduct were prevented from carrying out medical treatment to, or surgery on, animals. We also provided these MPs with a pre-prepared Bill that was drafted for us by leading Counsel.

Private Members' Bill ballots take place on the second Thursday of every parliamentary session and provide MPs who have no governmental responsibility with an opportunity to bring forward proposals for legislation. The names of 20 MPs are selected in each ballot and the first seven drawn are likely get the opportunity for a day's debate in Parliament.

VN Council Chair, Kathy Kissick says: "We urge MPs selected in the ballot to take forward our Bill for the protection of the title veterinary nurse and statutory regulation of the profession. There is widespread support amongst the public and profession for such legislation and its introduction would serve to ensure public confidence and would safeguard the health and welfare of animals cared for by veterinary nurses."

We are also currently in discussions with the Department for Environment, Food and Rural Affairs (Defra) to establish what support they may be able to offer us in seeking legislation for veterinary nurses, and whether the Government would consider backing any Bill brought forward through the ballot.



# Unlocking ideas, enthusiasm and engagement

## Post-Council update

## Nick Stace, Chief Executive

**During the week of 10 June, we held an RCVS Trust Board meeting and three public meetings of Council – around 15 hours of meetings in total. Although I must admit it's exhausting to have so many intense meetings in the space of a few days, it's much more cost effective than holding separate meetings at different times.**

In addition to our regular June Council meeting, we had separate sessions to discuss the research and recommendations of the First Rate Regulator (FRR) initiative and also to consider proposals for the evolution of the Practice Standards Scheme (PSS). In both cases, the aim was to secure Council's approval for a general direction of travel, providing a framework within which we can develop more detailed plans. This way of working prefigures that which I hope will become commonplace after July, when the new governance structure comes into force (see cover story).

### Positive support

I was delighted that in both the FRR and PSS meetings, Council members were very engaged in what was an enthusiastic, yet robust, discussion, and we were given the go-ahead to move forward.

In terms of FRR, our work will now progress under three themes: Identity, Service and Evolution. You can read more about how these three streams of work will help us set, uphold and raise standards, in the article on page 8.

Our proposals for the development of a new modular structure for the Practice Standards Scheme, which focuses more on behaviours and outcomes, encourages continuous improvement and differentiation, and is more consumer-facing, were also positively received – in fact, nearly unanimously. You can read more on page 9.

### Getting resources right

Meanwhile, we have been looking at the staffing levels within the College. Decisions around recruitment had largely been put on

hold since the departure of Jane Hern in November 2011, awaiting the appointment of the new CEO. This, coupled with some restructuring that was carried out in November last year, meant that staff levels were at an historically low level. Meanwhile, there are ever-increasing demands and expectations of our team, especially in the light of the improved service agenda that has developed out of the FRR project. Even with the new posts that the Officers have now agreed to, we will remain within budget for this year.

Alongside this we undertook a salary benchmarking exercise to see whether our pay levels were in line with others in the professional body and regulatory sector. We found that a small number of staff were being paid below the benchmark, and these have since been awarded appropriate increases, as have a small number who were below where they should have been, given their experience. Those who were within their benchmark grading received a 1.5% cost-of-living increase, while those above their benchmark received none. The pay review resulted in changes in line with the budget provision.

We have also now ensured that anyone working for one of our contractors – for example, cleaners or catering staff – are paid at least the London Living Wage.

### Staff engagement

I continue to believe that putting the staff at the core of what we do will deliver a College that is better able to meet the needs of the public and the profession. So staff engagement activities remain important, and we are having an away day on Friday 14 June to discuss our purpose, values and vision – in short to ensure everyone is on board with what we do, and why and how we do it. This may sound simple, but it's amazing how difficult it is to define a single, simple purpose for an organisation that was established in 1844, and has evolved continually since. I am looking forward to unlocking the staff's ideas, enthusiasm and engagement for our reform agenda.

Read more via my regular blog at [www.nickstaceblogs.org](http://www.nickstaceblogs.org), which includes our first post-Council video update, or follow me on Twitter: @nickstacetweets.

## Retiring members

### We say goodbye, and thank you

**We are sad to say goodbye to four RCVS Council members who are retiring from Council. Past-President Jill Nute will stand down at RCVS Day, on 5 July, along with her colleagues Catherine Goldie, Beverley Cottrell and Tim Nuttall.**



Jill has served on Council for 20 years, since first being elected in 1993, and was RCVS President from 2008 to 2009. She has served on many of the College's committees, chairing the Preliminary Investigation Committee since 2010, and has served on the Veterinary Nurses Council. She is also a trustee for the RCVS Charitable Trust and will continue to chair its board.

Beverley was elected to Council in 2007, and served on the Disciplinary Committee, being its Vice-Chairman from 2008 to 2012. Catherine has been a Council member since her election in 2008, and has served on the Public Affairs Committee and on Advisory Committee. Both Catherine and Beverley will take up appointments on the new Disciplinary Committee (see page 2).

Tim joined Council in 2011, having been selected by the University of Liverpool as one of its two appointees. He has served on Advisory Committee, and leaves Council and Liverpool for a new role at the University of Edinburgh.

Meanwhile we also bid thanks, and farewell, to Tony Birbeck, Richard Hooker and Louise Glysen, all of whom stand down from VN Council.

## Supporting those who need it

### We continue our financial support of the VBF

**We believe it is in the public interest to regulate the profession with compassion. It's of no benefit to the public and their animals if, for instance, members of the profession are prevented from serving them, through stress, mental illness or drug or alcohol dependency.**

This is why we introduced the Health Protocol, to ensure that we have a framework via which we can help bring those who have mental health or addiction issues back to fitness to practise, without putting them through the stress of a public disciplinary hearing.

In 2010, we included a set of questions in our Survey of the Professions that gave us a snapshot of the wellbeing of the profession. We plan to use the same questions in our 2014 survey, which is under development, to help us start to see if there are any trends.

This January, staff dressed up in their brightest togs to support Mental Health UK's Blooming Monday, an initiative spearheaded by veterinary surgeons Ann Owen and Pam Mosedale, to raise money and awareness of mental health issues in the profession, and help to remove the stigma attached to them.

In addition, we have for a long time supported the work of the Veterinary Benevolent Fund (VBF), both

financially and in other ways. For example, this year we made a donation of £45,000 to the work of the VBF, a registered charity that has been supporting those who work in the veterinary community for over a hundred years.

The veterinary profession has significantly higher levels of suicide and depression than the general population, so the VBF aims to ensure that all those who work within the veterinary profession are aware of where they can go for help should they, or a colleague, experience difficulties of any kind, and to provide a high quality of support to those who seek assistance.

Where possible, the VBF tries to enable those it helps to become independent and self-sufficient again, but it also maintains longer-term support for those who are not able to do this because of age, ill-health or disability. Its main support services are outlined below.

Dr Lydia Brown, VBF President, stresses the importance of our support: "While the support that VBF provides is confidential and the charity is independent from any other veterinary organisation, we are grateful for the loyal support the charity has always had from the College – both financially and in raising awareness of the support that we offer."

### The VBF can support you in a range of ways.

#### Financial support

For confidential support for veterinary surgeons and their families:  
T 020 7908 6385 E [info@vetlife.org.uk](mailto:info@vetlife.org.uk)

#### 24/7 helpline

For a free friendly listening service run by trained volunteers with experience of the veterinary profession, phone, or email anonymously via the Vetlife website:  
T 07659 811 118 [www.vetlife.org.uk](http://www.vetlife.org.uk)

#### Health Support Programme

For confidential advice and treatment for addiction and mental health issues, from a mental health professional:  
T 07946 634 220 E [VSHSP@vetlife.org.uk](mailto:VSHSP@vetlife.org.uk)

#### Support website

For advice and guidance on a range of issues, including mental health, employment and debt:  
[www.vetlife.org.uk](http://www.vetlife.org.uk)

## Job seekers

### Survey looks for trends in graduate employment

**Recently there has been disquiet amongst the profession about rising student numbers, and the possible impact this may have on the veterinary employment market and the quality of veterinary education.**

There have been many calls for the College to lobby government for a cap to be set on the number of veterinary schools. But that's not our role.

We are here to ensure that veterinary standards are set, upheld and raised. We do not have a remit to lobby government on the issue of how many veterinary schools there ought to be, or how many students existing schools should take.

If we were to do so, it might (rightly) be felt by those who apply to us for accreditation of their qualifications that we are not impartial.

***"We're not dismissive of these concerns and will survey recent graduates to find out how long it has taken them to find jobs."***

However, we are not dismissive of these concerns and have therefore commissioned a survey of the last five years' UK graduates to find out how

long it took them to obtain their first jobs in practice. We hope to discern if there have indeed been any trends over the last half-decade.

The survey is being carried out online and all those who registered with us in the last five years for whom we have an email address have been contacted. The survey closes on 14 June.

"I, for one, will be very interested to see the results of the research, as we hear plenty of anecdote, but don't see much hard fact," says President Jacqui Molyneux. "Other organisations can then feel free to use this information as they wish."

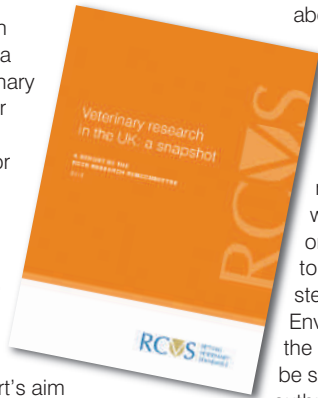
# Declining funding threatens research base

## New report looks at impact of UK veterinary research

**UK veterinary research punches above its weight globally, but there are concerns over levels of funding, according to a report published by our Research Subcommittee, 'Veterinary research in the UK: a snapshot'.**

The report was written by the Research Subcommittee, with additional contributions from a range of scientists and veterinary surgeons, including Professor James Turnbull, Professor Tom Humphrey, and Professor Jonathan Elliot and edited by RCVS Science Advisor Rita Jorge.

The Research Subcommittee, which was chaired by Professor Duncan Maskell at the time of the report being written, states the report's aim as being: "To help increase justified pride that UK veterinary surgeons should have in their research base, but also to raise our concerns with regards to assuring adequate levels of funding that fully reflect the sizeable risks that are involved with animal health, which go far beyond food-producing animals and zoonotic threats."



Stressing that the veterinary profession is, at its core, a science-based profession, the report highlights that veterinary research can contribute to address inefficiencies in the food-chain; help address national food security; prevent or minimise the devastating financial losses brought about by animal disease; improve food-animal welfare and help tackle climate change; contribute to the conservation of wildlife; and, improve companion animal and equine health and welfare.

However, although UK veterinary research currently ranks second in the world, using the *h*-index\* ranking, beaten only by the USA, the report was "concerned to verify that research budgets have been steadily declining in Defra [Department for Environment, Food and Rural Affairs] over the past 14 years, and that priorities tend to be set reactively – peaking after zoonotic outbreaks." This lack of proactivity is not appropriate for a country with 7% of its GDP in agriculture, the Subcommittee believes.

The report, which is the first analysis of national investment in veterinary research to be carried out since the 1997 Selborne Committee report, can be downloaded from [www.rcvs.org.uk/publications](http://www.rcvs.org.uk/publications).

\*The *h*-index is the Hirsch Index, an internationally agreed metric for the productivity and impact of a published scientific work.

For more information, contact Rita Jorge, on [r.jorge@rcvs.org.uk](mailto:r.jorge@rcvs.org.uk).

### Veterinary research – quick facts

- The rate of publication for veterinary science in the UK is on a par with dentistry and oral medicine, reaching 1,080 citable papers in 2011 alone
- The yearly growth in UK veterinary publication output is, at 6%, slightly higher than for the USA (3%) but much lower than for China (34%) or Brazil (31%)
- The UK's is the most efficient veterinary research base, with higher quality papers (consistently cited more often) and with higher impact
- UK veterinary science comes number two in the world, using the *h*-index rank
- The total amount invested in veterinary research in the UK in 2009-10 was around £127.8 million

# Balancing act

## Widening participation in Council nominations

**This year, for the first time in at least ten years, no women stood for the RCVS Council election.**

Although 40 per cent of RCVS Council members are women, this year's poor showing motivated us to ask what more could be done to encourage women to stand.

In March, President Jacqui Molyneux wrote to the veterinary press encouraging readers to think about the issue: "I feel particularly passionate that women should stand," she said. "It's difficult to know why this year should have been any different to previous years, given we have followed a tried and tested approach in our communications and, if anything, have gone further in encouraging people to stand than ever before. I would really like to hear about what more we can do."

A range of views was expressed in response to the letter and a small working group of those who felt strongly about the issue was invited to a meeting in early June.

The group comprised a variety of women, including younger practitioners and those in academia, and its objective was to consider what could be done to broaden the range of those standing for election – not only to include more

women, but also more younger people, and those from a greater diversity of backgrounds.

The group was chaired by Council member Amanda Boag, who was impressed with the enthusiasm for change: "I really appreciated the honesty of everyone's contributions. Based on this first meeting, we will develop some specific actions that will make a difference."

A list of proposed ideas, many of which relate to different ways of communicating information about the role and contribution of Council members, will be considered over the coming months.



# Removal day

## 369 vets removed for non-payment

**With the 31 May deadline for veterinary surgeon retention fee payments now past, we have removed 369 veterinary surgeons from the Register, and will shortly put the list online.**

We publish the names to alert those vets who have not replied to our communications to check their Register status, and to remind veterinary employers to check the registration status of their employees. The registration status of any vet or VN can be checked online at [www.rcvs.org.uk/check-the-registers](http://www.rcvs.org.uk/check-the-registers).

If you have been removed, you can find information about restoration, and download an application form, at [www.rcvs.org.uk/registration](http://www.rcvs.org.uk/registration), or you can email the RCVS Registration Department on [membership@rcvs.org.uk](mailto:membership@rcvs.org.uk).

A restoration fee, plus the annual retention fee, is payable. The restoration fee is at least £299, and multiplies each successive year a removed member is off the Register.

A veterinary surgeon's registration acts as a licence to practise and those removed from the Register may not practise unless and until they have been restored.

# A needling problem

Colin Robertson highlights the dangers of handling needles in practice



**N**eedle-stick and self-injection injuries are often considered to be trivial or irritant, a minor transient inconvenience in daily veterinary practice, but something that's 'to be expected'. Given the nature of small

and large animal work, the opportunity for undue 'sharps' events, principally from syringes and suture needles, is considerable. In the US, Canada and Australia, rates between 9-75/100 person years have been reported, but are almost certainly gross underestimates. It is all the more remarkable, therefore, that in the UK the incidence and sequelae of these events is unknown.

These injuries fall into several categories: the risks of inadvertent self-injection of potent sedatives, anaesthetic and euthanasia agents are all too clear, but local and systemic allergic reactions to vaccines and antibiotics are common and sometimes equally life-threatening. The potential for wound infection by bacterial or viral inoculation is ever-present, irrespective of whether a therapeutic agent is co-injected. *Streptococcal*, *Staphylococcal*, *Pseudomonas* and *Pasteurella* infections are the commonest organisms involved, and many of these injuries are to the hands. The infections resulting from these injuries may be minor and localised. However, the flexor and extensor tendon sheaths in the human hand are

superficial and, if damaged, or if suppurative tendon sheath infection occurs, major disability with loss of the normal finger and hand function, and occasionally amputation, can occur. The use of high-pressure trans-dermal injection devices for mass-vaccination, for example of pigs, poultry and fish, carries additional hazards. Active injection of drug/vaccine into soft tissues and tendon sheaths can occur, and many preparations have oil-based adjuvants or carrier media which lead to intense tissue reactions. Additionally, the potential for transmission of viral or other transmissible organisms (for example live vaccines) is often under-recognised – not least by attending human clinicians.

A major cause of injection accidents is re-sheathing, or re-capping, needles after use. A particularly hazardous, but apparently not uncommon, practice is to hold the needle sheath between the operator's teeth while injecting an animal. The risk of stabbing one's mouth or lips when attempting to re-sheath the needle is obvious (and whilst hard to believe, it does happen!).

The potential for disease transmission (in particular of HIV, hepatitis B and C) by 'sharps' injuries in human medicine led to some painful, occasionally fatal, lessons and significant changes in practice:

- The immediate proximity of secure, easy to use, sharps containers to allow safe disposal of needles and blades is crucial.
- Re-sheathing of needles should not occur unless absolutely necessary and then only in a safe manner.

- The use of equipment with built-in safety devices, eg syringes that automatically protect or re-sheath the needle after use, needs to be explored.

Finally, the central aspect of education: you can teach 'old dogs' new tricks. In human medical practice we have increasingly recognised that the major drivers for 'sharps' education, safety and awareness for established clinicians were the nurses and undergraduates – the best teaching is a two-way process. Equally, the next time you get into a client's 4x4 and find discarded needles and syringes in the side pockets or floor, use it as an educational opportunity – diplomatically of course!

Colin Robertson is a Professor of Accident and Emergency Medicine and Surgery at the University of Edinburgh.



A demonstration of what **not** to do!



## Renal transplantation review

We are currently reviewing our guidance on the ethics of feline renal transplantation. Pending this, and given that it may be illegal under current legislation, it should be noted that it may be unprofessional (and potentially illegal) to carry out such a procedure while the review is under way.

Please contact the Professional Conduct Department for further information and advice (020 7202 0789 / [profcon@rcvs.org.uk](mailto:profcon@rcvs.org.uk)).

## Microchipping & client confidentiality

Council approves amended guidance and additional practical advice

**A**t its June meeting, RCVS Council approved amendments to Chapter 14 of the supporting guidance to the RCVS Code of Professional Conduct dealing with situations when a client presents an animal registered in another person's name. There is also a new flow diagram to provide additional practical advice for veterinary surgeons dealing with these types of situations in the workplace.

Veterinary surgeons in practice may be unsure what to do if a client presents an animal registered in another person's name. There are various reasons why this might happen, for example, the animal may have been re-homed or sold, but the details on its microchip have not been updated; the animal may have been stolen; or, the owners are involved in a civil dispute. The new guidance informs veterinary surgeons about their options and provides advice on client confidentiality and data protection issues when faced with these problems.

For the detailed advice, please see the supporting guidance and flow diagram available at: [www.rcvs.org.uk/confidentiality](http://www.rcvs.org.uk/confidentiality).



# Anabolic steroids and racehorses

## BHA reminds profession of prohibited substances rules

**The British Horseracing Authority (BHA) has asked us to remind the profession that all anabolic steroids, regardless of the route or site of administration, are prohibited substances, as defined by the Rules of Racing, when found to be present in a horse's system, either in training or on a race day.**

The relevant Rules of Racing are as follows:

1. Any horse sampled on race day is required to test clear of all prohibited substances, including anabolic steroids.
2. The Rules do not permit anabolic steroids to be administered to, or be present in, a horse in training.

The BHA states that if anabolic steroids are administered by any person to a horse that is out of training, the horse must be free of anabolic steroids when it returns to training. Generally, it should also be remembered that a person must not administer a prohibited substance to a horse with the intention to affect the performance of the horse in a race, or with knowledge that its performance in a race could be affected.

The relevant Rules of Racing may be found in Manual A, Part 4 (27); Manual C, Part 4 (50 to 63); and, Manual C, Schedule 6 (paragraph 3) via <http://rules.britishhorseracing.com>.



## Notifiable? Take note...

### Call AHVLA at the first signs of a suspect notifiable disease

**We would like to remind vets in England, Scotland and Wales of the importance of immediately alerting the Animal Health and Veterinary Laboratories Agency (AHVLA) regarding any suspicions that a notifiable disease is present (this applies even out of normal working hours).**

Although it is well known that production-animal diseases such as Foot and Mouth and Bluetongue must be notified to AHVLA, small animal practitioners may not be so aware of the legal requirement to make a call about diseases such as rabies, avian notifiable disease in backyard flocks, or even classical and African Swine Fever in 'pet' pigs.

A full list of notifiable diseases can be found on Defra's website at [www.defra.gov.uk/animal-diseases/notifiable](http://www.defra.gov.uk/animal-diseases/notifiable), together with information about the disease and clinical signs.

Overseas graduates now working in the UK ought, in particular, to familiarise themselves with the list

of notifiable diseases, as they may differ from those in countries where they have worked in the past.

It is important that vets alert AHVLA as soon as they suspect any signs of a notifiable disease: there is no need to fully investigate the case before making the call. The local AHVLA duty vet will discuss the case with you and arrange further investigations if they are required

Please note that the duty vet for notifiable diseases may not be your usual AHVLA contact, so it's important to call the local AHVLA office first. The AHVLA has a helpful 'Find your local office' tool on its website: <http://ahvla.defra.gov.uk/postcode/index.asp>.

For vets in Northern Ireland, any concerns should be reported to the Department of Agriculture and Rural Development (DARD); during office hours, contact your local Veterinary Office; out of hours, please use the Epizootic Disease Hotline: 028 9052 5596.

## Know your Code

### Product endorsement

**Section 6.3 of the Code says "veterinary surgeons promoting and advertising veterinary products and services must do so in a professional manner."**

This is supported by guidance on advertising and publicity, which considers the restrictions on product endorsement. This guidance provides that:

- 23.9 *A veterinary surgeon or veterinary nurse should not endorse a veterinary product or service.*
- 23.10 *Endorsement of a product or service may take many forms, for example, celebrity endorsement, where the reputation of the veterinary surgeon or veterinary nurse is linked with the product or service; and/or professional, where the professional qualification is associated with the product or service.*
- 23.11 *Endorsement can be explicit or implicit, imperative or co-presentational.*
- 23.12 *Veterinary products and services may include the supply or prescription of medicines, the diagnosis of disease, the treatment and tests of animals, vaccination services and other activities that may be described as part of the practice of veterinary surgery. In addition, there are a number of retail products that may be sold by veterinary surgeons or veterinary nurses which may not be readily regarded as veterinary products or services, but when associated with, or sold by, veterinary surgeons or veterinary nurses may be regarded as 'veterinary' products, particularly if specific veterinary advice is given. These may include nutritional supplements, shampoos, dog leads, chewy toys and pet foods, including prescription diets.*
- 23.13 *Veterinary surgeons and veterinary nurses may endorse non-veterinary products and services, provided such endorsement does not bring the profession into disrepute.*

Veterinary surgeons seeking further advice on the restrictions surrounding product endorsement should contact the Professional Conduct Department ([profcon@rcvs.org.uk](mailto:profcon@rcvs.org.uk)).

Code of Professional  
Conduct for  
Veterinary Surgeons

# First-class progress

An update on how we're delivering on the First Rate Regulator initiative

Our First Rate Regulator initiative was launched last year and aims to take us down the road to becoming a regulator at the forefront of best practice. Following a special Council meeting to discuss the report and recommendations in June, we offer an update on progress.

**In November 2012, CEO Nick Stace launched the First Rate Regulator initiative. The purpose was to get an objective picture of where we were in terms of regulatory effectiveness in the context of other healthcare and professional regulators. This was designed to help us build upon the good work that we do and the reforms that have been undertaken, whilst highlighting those areas where we could improve.**

## Gathering evidence

The first phase of the initiative was concerned with building an evidence base. External specialists were contracted to listen to the profession, the public and other stakeholders, and internal audiences, to establish levels of satisfaction with the College as regulator. The response we received was exceptional, with 4,897 veterinary surgeons, veterinary nurses and practice managers responding to one survey, and 265 members of the public responding to a survey of those who had complained about a veterinary surgeon to the College in the last two years.

## Considering recommendations

In April 2013, we entered the second phase of the project, when the external experts and College Officers began to consider the findings and recommendations, with a view to developing the outline of a plan for implementing reforms. On 22 April, the Officers and incoming Vice-President Stuart Reid participated in a full-day workshop with principal researcher, Sally Williams, to develop a series of proposals, based on her initial recommendations, that were priorities for the RCVS and which, if implemented, would allow us to become a 'First Rate Regulator'.

The Officers' recommendations formed the basis for discussion at a special meeting of RCVS Council held, in public, on the afternoon of 5 June 2013, at which Council began to develop an outline of how the reforms could be implemented. These will form the basis of the RCVS strategic plan.

The reforms discussed by Council broadly fell into three categories: those concerning our 'Identity'; those relating to the 'Service' that we provide to the public and profession; and, those areas where significant 'Evolution' will be required to ensure that we operate at the forefront of best regulatory practice.

## Identity

Council noted that the FRR research had shown that there was confusion among the public and the profession as to the purpose of the RCVS and that this has a negative impact upon the way the College is perceived and its effectiveness as a regulatory body.

On the issue of identity, Council agreed that a priority was to set out a clear purpose and vision along the lines of 'setting, upholding and raising veterinary standards' and to put this at the heart of our identity and strategic plan.

***"The response we received was exceptional, with 4,897 veterinary surgeons, veterinary nurses and practice managers responding to one survey."***

Council also supported greater engagement with the profession to demonstrate that we are a modern and relevant regulator, better articulating the status of veterinary nurses within the College and giving consideration to how our 'Royal College' role might be better defined and potentially expanded.

## Service

The FRR research demonstrated that both the profession and the public considered that the service they received from us could be greatly improved. Complainants felt that their complaints were not adequately investigated, the processes were confusing and protracted, and that they were treated without adequate compassion. Some members of the profession considered that we were out of touch with the realities of practice and therefore could not always offer relevant advice or guidance.

In response to the concerns that the research highlighted, Council agree to develop a series of reforms

that would ensure we are more customer focused. These included introducing performance targets; launching a 'Complainants' Charter' to outline what the public can expect from the RCVS; improved support of those involved in the complaints process; a reduction in the time taken for complaints to reach a disciplinary hearing; and, reviewing the advice and guidance we provide to veterinary surgeons and veterinary nurses.

Council also discussed whether we should take a more proactive approach to fitness to practise, including the establishment of a dedicated whistleblowers' line.

## Evolution

A number of recommendations discussed by Council would more significantly change our jurisdiction and fundamentally affect the way we operate in the long-term. These were categorised under the heading of 'Evolution'.

Such reforms include setting up a working party to consider how our 'Royal College' role could be expanded, reviewing the Royal Charter to provide a surer foundation for Charter activities, and considering whether alternative mechanisms for consumer redress might be introduced and supported by the College.

For the longer term, Council considered whether we need to request more sanctions and powers from Government to review our governance arrangements, and whether these presented an obstacle to becoming a 'First Rate Regulator', and, finally, to develop a plan with Government and stakeholders regarding any future legislative changes that may be required.

The discussions in the June Council meeting will inform the strategic plan, which will guide the implementation of the longer-term reforms. Council will discuss a draft strategic plan at an additional meeting to be held in September 2013, and the final plan will be approved at the Council meeting in November 2013.





# Modular direction approved

## Council agreed to pilot of new PSS approach

**An evolved Practice Standards Scheme (PSS) that better meets the needs of the profession and the public was discussed at a special meeting of Council on 6 June, to which the Presidents of the main veterinary organisations were also invited.**

Council agreed to a framework that allows the PSS to develop into a modular Scheme, which focuses more on behaviours and outcomes than facilities and equipment.

It also agreed to the Scheme encouraging greater differentiation between practices, particularly at General Practice level, where bronze, silver and gold categories will be introduced. The hope is to allow practices to continue to improve and strive for higher standards, and for the Scheme to be transparent to the public.

**“It was important that raised standards should not mean veterinary care becomes unaffordable for average animal owners.”**

Ideally, Core would become mandatory, but in the absence of powers of entry, the College cannot currently enforce this. However, practising to ‘Core standards or their equivalent’ remains in the *Code of Professional Conduct* for both vets and veterinary nurses.

Plans were also discussed around differentiation of Hospitals, so there could be General Hospitals plus those with specific designations, such as Orthopaedic Hospitals, providing certain modules have been achieved.

There was discussion at Council regarding whether all premises at a practice could be accredited at the highest level achieved by one premises, providing equipment and facilities could be shared. Feeling was strong on this issue and no agreement was reached.

Council also felt strongly that, in allowing practices a pathway for improvement, it was important that raised standards should not mean veterinary care becomes unaffordable for average animal owners.

In general, the new proposals were very warmly met by Council, and many members commended the hard work that had gone into producing them. Agreement was given that the College and the Practice Standards Group develop two modules under the new framework and pilot them.

Council also agreed that a new IT infrastructure could be investigated, which would allow practices going through the accreditation process to easily see which modules they would need to achieve to reach different accreditations. It would also allow them to upload documentation for inspectors to view ahead of inspections, thus reducing time taken on the day, and the likelihood of additional documentation being required afterwards.

Any new Scheme is likely to be introduced during 2015 at the earliest. From July, Jacqui Molyneux will take over chairmanship of the Practice Standards Group from Peter Jinman.

- Is yours an RCVS-accredited practice? Want to hear about the changes as they happen? Then sign up to our free e-newsletter, *The Practice Standard*. Email [pss@rcvs.org.uk](mailto:pss@rcvs.org.uk) to register.



## VN Month

Did you take part in VN Month this year? This annual event organised by the British Veterinary Nursing Association was moved forwards from July to May to fit with college and university terms. Its aims are to raise awareness of the importance of the VN profession and the provision of responsible pet care – so it gets our thumbs up.

## Poison refresh

The Veterinary Poisons Information Service is hosting a series of CPD events aimed at keeping vets up to date on toxicology. The one-day course will take place across a range of dates from June through to November in venues across the country, and include topics such as ‘getting the best case history for potential poison cases’, ‘decontamination for poisons cases’, ‘common or tricky poisonings in cats and dogs’ and the reporting of cases. More information is available at [www.vpisuk.co.uk](http://www.vpisuk.co.uk).

## No gold this year

This year the Veterinary Nurses Council has decided not to make its Golden Jubilee Award as there were no suitable nominations. A new call for nominations will be opened next spring.

## Exotic companions

UK-based vets are invited to comment on their exposure to exotic animals in practice, via a survey from the Federation of Veterinarians of Europe (FVE). This survey developed from the FVE Conference last year on the ‘Import and keeping of exotic animals in Europe’, and will help the FVE formulate policy positions, for example, on whether to draw up a list of appropriate and inappropriate species as companion animals.

To take part, visit [www.surveymonkey.com/s/Y7Z5VS3](http://www.surveymonkey.com/s/Y7Z5VS3). The survey runs until 9 August.

# Wear your badge with pride

## Orders coming in for RCVS-accredited practice badges

**Do you have your RCVS-accredited practice badges yet? As announced in the March issue of RCVS News, every accredited practice was sent a sample of five of our smart new enamel badges with their Practice Standards Scheme annual invoice.**

The badges are designed to help practices promote their accreditation – both internally and externally. It’s amazing how many practice employees who visit our stand at congresses do not know whether their practice is in the Scheme, which doesn’t bode well for clients being made

aware of all of the hard work that achieving accreditation involves.

So far, 48 practices have placed additional orders, totalling nearly 850 badges. One of the larger orders, of 65 badges, came from Cinque Ports Veterinary Associates in Cranbrook, Kent.

Group Practice Manager Rita Dingwall wrote to thank us, saying: “We found [the badges] to be smart, modern and professional, and the first impression that they have created has been excellent. The team are proud to wear them after working hard to achieve the standard, and clients



are interested and are engaging in conversation as to what the badge means.

This gives us an opportunity to talk about what we can offer our clients.”

Badges can be purchased from £1 each (to cover production, postage and admin costs), or less for bulk orders: visit [www.rcvs.org.uk/psspromotion](http://www.rcvs.org.uk/psspromotion).

# Certiably useful

## We look at the benefits of the CertAVP

**S**ince we introduced our modular Certificate in Advanced Veterinary Practice (CertAVP) six years ago, 129 vets have achieved a CertAVP, and a further 1,180 have enrolled. We always say vets should reflect on whether continuing professional development (CPD) actually met their needs, so we asked two of the first vets to achieve a CertAVP how it really was for them – and for their practices.

One of our aims was for the certificate to be practical for vets working in busy practices, which was behind the decision to give it a modular structure. So, does this work in real life? Mhairi Young, an equine practitioner at McKenzie, Bryson & Marshall at Kilmarnock, in Ayrshire, who completed a CertAVP (Equine) in 2012, thinks it does. "I was able to do the 'A' and 'B' modules at the same time, then the 'C' modules, but it was almost two years later that I took the synoptic exam that gave me the 'Equine Medicine' designation," says Mhairi. "During this time I relocated back up to Scotland from the south and got married – and stud seasons can also be pretty busy – so the flexibility about when you can take modules and the exam is helpful."



Mhairi Young

**“One of the great things about having done the certificate is the confidence it gives you.”**

### Flexibility

Harriet Thomas, a small animal practitioner at the Blue Cross Hospital, London, had a period of maternity leave after finishing the CertAVP, and finds the certificate has been helpful in keeping her in touch with the profession. "Vets at my practice would quite often ring me up whilst I was on maternity to discuss cases," she says, noting that by taking the certificate she has helped the

practice to develop its in-house expertise. "We can refer more cases internally now – which is important to our clients," she says.

Now back at work, Harriet intends to take the synoptic exam to gain the Emergency and Critical Care designation. Mhairi and Harriet's experiences demonstrate how the modular structure can help you to tailor the certificate around your particular circumstances, both in terms of which modules you choose, and when you choose to take them.

As Harriet noted, the nature of the practice's caseload was a major motivation for choosing this particular certificate. "I really wanted to do a certificate focused on emergency and critical care," she says. "We see a lot of emergency cases at the practice, so I was pleased when the new certificate came out to see that there were some modules on emergency and critical care."



Mark Bossley

**“It's been great for Harriet to have developed her interest and it's also encouraged a particular expertise to develop at the practice in a discipline that didn't fully exist before.”**

### Developing expertise

Mark Bossley, a vet and Harriet's line manager at the practice, agrees. "It's been great for Harriet to have developed her interest and it's also encouraged a particular expertise to develop at the practice in a discipline that didn't fully exist before," he said. "We do draw on this now – for example,



Harriet Thomas

**“It's actually easier to see in hindsight how the certificate has helped the practice.”**

she's helped us to revise our protocols around blood transfusions, and we now have a list of animals we can call on in an emergency as well as keeping plasma on site. It's actually easier to see in hindsight how the certificate has helped the practice as well as Harriet." He also notes that, although the practice paid for the qualification, it would in any case have expected to pay for CPD for Harriet and the few study days Harriet needed were not excessive.

Although Harriet's main interest was developing her skills in emergency and critical care, she found the qualification to be well rounded and that all of the 'C' modules she took were relevant to her work. However, although noting the 'A' module had introduced her to new theoretical concepts, she liked this module less. We received mixed feedback about the 'A' module, which we took account of in restructuring it in 2012. Mhairi thinks that this decision was sensible. "I think it was a bit overkill when I did it – slimming it down sounds as though it's probably about right now."

So what are the best things about the certificate? "One of the great things about having done the certificate is the confidence it gives you," says Mhairi. "When you start out in practice after university, you're used to quite a steep learning curve. The certificate then really forces you to keep up to date with the latest developments in your field and to try to implement them in your practice." Gaining confidence alongside competence was also important to Harriet. "This helps me in handling emergencies, especially when working out of hours and when in sole charge," she says.

# Chris Tufnell

## Education Policy and Specialisation Chairman

**C**hris Tufnell was first elected to Council in 2009, and became Chairman of the Education Policy and Specialisation Committee (EPSC) in 2012. After graduating from the University in Glasgow in 1999, Chris worked in mixed and equine practices before becoming the owner of Coach House Vets, an equine and companion animal practice in Berkshire.

### What does the EPSC do?

The Committee ensures the standards of the undergraduate veterinary degrees that lead to registration with the RCVS. It does this through regular visitations to veterinary schools in the UK and those overseas schools where we have an agreement. The Committee also oversees and formulates policy on continuing professional development, including the Professional Development Phase, and on certificates and specialisation.

### How does the Committee decide its focus?

We keep a close eye on the changing demands placed on the profession in the UK and throughout Europe, and keep our existing policies and activities under regular review.

### What are the EPSC's main priorities this year?

An important priority is to enact the recommendations of the Specialisation Working Party in setting up the middle tier of 'Advanced Practitioner', clarifying Specialist status and reviewing the Fellowship.

This year we are reviewing the Day One Competences, and understand the importance of this guidance in a profession where new graduates will end up in such a variety of types of practice. We will continue to undertake visitations to veterinary schools and liaise with our partner accrediting bodies in the USA, Australasia and Europe to ensure our standards reflect best international practice.

### As a practising vet, what do you think makes the EPSC's work useful?

The EPSC sets the standards for the new vets that are entering the profession and therefore coming into practice. By taking a proactive approach to life-long learning, the EPSC encourages vets to maintain their knowledge base with a particular view to evidence-based medicine. It also aims to set out a clear career progression for vets, and routes to specialisation.



## The CertAVP in brief

The RCVS structures and awards this postgraduate qualification, and accredits universities and colleges to assess individual modules. These can be taken individually as CPD, whether or not you intend a particular module to count towards a qualification.

- **To start:** decide which modules you wish to follow, and which universities you want to work with to be assessed. Enrol with the RCVS, then with the universities of your choice that offer the modules. The RCVS will then log module credits as you receive them from the universities. (If you are not enrolled with the RCVS when you take an assessment, the credit may not count towards the full qualification.)
- **New graduates can enrol after completing their Professional Development Phase.**
- **Modular structure:** 60 credits, made up of EITHER the 'A' module + 'B' module + 4 x 'C' modules – OR – the 'A' module + 2 x 'B' modules + 3 x 'C' modules = CertAVP.
- **You don't need to make a final decision on which modules you take when you enrol with the RCVS. If your plans change, there is time and flexibility for you to adapt your qualification to suit your changing needs.**
- **If you want a designated certificate, you need to take a particular combination of modules and then apply to take an overarching 'synoptic' exam.**
- **Different universities offer different modules – so check the RCVS website to find out what is offered where. You can take different modules at different places.**
- **Various courses and different types of learning support are available through the universities. These are optional, so check with the university to see if what they offer suits you. You could also choose to undertake courses with other CPD course providers. Each university must offer an assessment-only option for each module they assess so you are free to learn in whatever style best suits you.**
- **You have ten years from enrolment to complete the qualification.**

For further information see [www.rcvs.org.uk/certavp](http://www.rcvs.org.uk/certavp).

# Hello... and goodbye...

## Staff changes in VN and Education Departments

**We are pleased to announce the appointment of Freda Andrews to the newly-created role of Director of Education.**

Freda, who has been Head of Education for nearly 14 years, will oversee both the Veterinary Nursing and Education Departments. The move comes following the early retirement of former Head of Veterinary Nursing, Libby Earle.

Two new vacancies for Heads of Veterinary Nursing and Education will be advertised in due course: the positions will take on the day-to-day management of the respective departments and will report to the Director of Education.

"Freda has a great track record and a fabulous reputation with the veterinary profession," says Chief Executive Nick Stace. "I know her appointment to this new role will be well

received by staff and the profession, as well as by the RCVS and Veterinary Nurses Councils."

Meanwhile, we were sorry to see Libby go, in April. She had held the role of Head of Veterinary Nursing for 14 years: "Libby was instrumental in leading significant developments in the regulation of veterinary nursing and the establishment of national standards for education and training," said Nick. "We wish her all the very best for the future."



Libby Earle and Freda Andrews

## Six nations test

### Visitations become multinational

**A**t least six nations were represented on the visitation team that undertook a site visit to the University of Glasgow in April.

The visit team (pictured below) comprised experts from the USA, Canada, New Zealand, Denmark, South Africa and the UK. This was the first joint visitation the RCVS had undertaken in the UK with the American Veterinary Medical Association (AVMA), the Australasian Veterinary Boards Council (AVBC) and the European Association of Establishments for Veterinary Education (EAEVE). The South African Veterinary Council (SAVC) also sent an observer.

Veterinary students have also been included on our visitation teams for the last three visits, with Bristol undergraduate, Myfanwy Hill, joining the Glasgow visitation. The joint RCVS/AVMA/AVBC report was produced under the co-chairmanship of RCVS Council member Lynne Hill, and, for AVMA, Dr Fred Derksen of Michigan State University. It will be presented later this year to the AVMA's Council on Education and our own Primary Qualifications Subcommittee.

**“Veterinary students have also been included on our visitation teams for the last three visits.”**

### Australia bound

In March, we also took part in the joint accreditation visit with the AVBC and the AVMA to the University of Melbourne, whose veterinary degrees we accept for registration. Council members Dr Barry Johnson and Professor Jo Price represented the RCVS. The report from this visitation will be considered in due course.

In May, Lynne Hill represented the RCVS as an observer on the visitation by the AVBC to the new veterinary school in Adelaide.

Meanwhile, RCVS Council member Jill Nute and Professor John Innes of the University of Liverpool represented the College as observers on the SAVC's visitation to the University of Pretoria, also in May.



## Competent responses

### Excellent engagement with consultation

**W**e received almost 500 responses to our Day One Competences consultation, which ran from 28 March until 31 May – the level of response shows a high level of engagement from the profession on this important subject.

Of the 372 vets responding who indicated the field in which they work, 60% were from clinical practice, and 31% from universities. In addition, 122 responses were received from non-vets, including veterinary nurses, animal owners and students.

The survey is the first step in a review of the Day One Competences being undertaken by a Working Party chaired by David Catlow. It reports to the Education Policy and Specialisation Committee (EPSC), and includes representatives from the veterinary schools and the British Veterinary Association (BVA), as well as a recent veterinary graduate.

It is over ten years since these competences were last confirmed, and we need to make sure they remain valid and reflect current and likely future expectations. The consultation asked vets and others with an interest in the profession for their views on the individual competences. The responses indicated widespread support, but with some useful suggestions for how some of the competences could be improved. The Working

Party is now considering those suggestions, and will report back on its progress to EPSC in the autumn.

The Day One Competences set out in broad terms what is required of new graduates at the end of their veterinary degree, and provide the foundation for curriculum design and student assessment in UK veterinary courses. Since being set by the RCVS, the Day One Competences have also been adopted across Europe, through the European Association of Establishments for Veterinary Education (EAEVE), and in countries such as Australia and New Zealand.



## CPD catch up

### We tighten up on CPD compliance

**U**nder the *Codes of Professional Conduct*, a greater emphasis has been put on vets' and VNs' continuing professional development (CPD) obligations. Veterinary nurses have regular CPD audits to encourage compliance, and veterinary surgeons are now also required to confirm annually that they have complied with their CPD. This can be done by simply ticking a box on the annual registration renewal form that we send to all practising vets, or in the log-in area of the website.

**“We will be writing to encourage vets to make and record their CPD plans now, with the aim of being fully compliant by 2015.”**

As the requirement for vets to confirm their CPD compliance annually was only introduced in 2011, and the *Code* published in 2012, this year will be the first time that we contact practising veterinary surgeons who have not confirmed their CPD.

The CPD requirement is considered across a rolling three-year period, so we will be writing

to encourage vets to make and record their CPD plans now, with the aim of being fully compliant by 2015, the end of the first three-year period since the introduction of the *Code*.

We are also considering action that we may take in the future against any vets who do not comply with their CPD obligations, or who repeatedly refuse to make their CPD records available for inspection.

For help with CPD, the online Professional Development Record (PDR) was introduced last year for vets and VNs to record and plan their CPD. It's free to use and has a calendar and development planning feature. As well as enabling you to summarise the hours spent on different types of CPD, you can keep notes on what you have learnt, upload documents (such as certificates, photos or case reports) and set your development objectives.

If you are currently short on CPD hours, it will help to show your commitment to your professional development if you set yourself some development objectives and define your CPD plans on the PDR now, and then work towards meeting these over the next two years. To find out more about the PDR, visit [www.rcvs.org.uk/vetpdr](http://www.rcvs.org.uk/vetpdr) (for vets) or [www.rcvs.org.uk/vnppdr](http://www.rcvs.org.uk/vnppdr) (for VNs).

# PDR sign-ups on the up

## Why not join those benefitting from the online CPD record?

**T**he past six months have seen a continuing increase in the number of veterinary surgeons and veterinary nurses signing up to use the Professional Development Record (PDR). At the latest count, 2,914 veterinary surgeons and 1,879 veterinary nurses were using the PDR – up from 558 vets and 334 VNs in September.

"It's very encouraging to see this continuing rise in the number of users," says Freda Andrews, Director of Education. "We've been promoting the PDR through our publications, the veterinary press and at congresses, but I don't think there's any one single event that has caused a spike in take-up. I think the word is just gradually getting round that the PDR is useful, and works!"

The feedback we get from both vets and VNs is that they like these new online records, finding them a convenient place to upload and keep CPD-related information, as well as being a source of inspiration for activities that can 'count' as CPD. There are also many other features – such as being

able to share pages with other people – to help veterinary professionals get the most from their CPD.

### Student Experience Log

Veterinary students will soon have their own module of the PDR – the Student Experience Log – which will allow them to record both the pre-clinical and clinical experience they gain while at university, whether this be on internal or external rotation, or as part of extra-mural studies (EMS).

This means that practices hosting students on EMS will be able to ask to see what experience a student has obtained, and students will be able to record notes and comments about their placements. The Student Experience Log has been developed within the allocated budget and is expected to be rolled out through the veterinary schools later this year. The Professional Development Phase has also been part of the PDR for new graduates since 2012, so, when this third module is complete, it means that vets will have a single life-long learning log to be used from their first year at university right throughout their careers.



# Party updates

## Meetings of Advanced Practitioner and Fellowship working parties

**I**mplementation of the Advanced Practitioner status moved a little closer on 7 June, with the second meeting of the Advanced Practitioner Working Party, chaired by Professor Stephen May.

The concept of Advanced Practitioner status was approved by RCVS Council in 2012, upon the recommendation of the Specialisation Working Party, chaired by Professor Sir Kenneth Calman. It will sit at a level beneath Specialist status and will be accessible to veterinary surgeons meeting specific criteria, including holding certificate-level qualifications, and require periodic re-accreditation. This is to ensure that those holding Advanced Practitioner status have maintained their competence and are still working in their chosen field. This will

help clarify for animal owners and other professionals what expertise these practitioners hold. Its introduction is expected next year.

### Good fellows

The Fellowship Working Party also met recently. Chaired by Professor Gary England, it is tasked with coming forward with proposals to implement some of the recommendations of the Specialisation Working Party concerning the Fellowship. In particular, it is considering additional routes to the Fellowship, to make it an award achievable by a greater number of practising clinicians and Specialists.

Both working parties will report to the Education Policy and Specialisation Committee later this year.

# Finish in Finland

## Vectar conference: change of date



**I**n August, the Vectar (Veterinary European Clinical Training and Assessment Record) project team will be holding a final one-day open conference in Finland to launch the new web-based veterinary nurse student clinical experience log and the electronic package for clinical mentors.

This conference will provide plenty of opportunity to explore the many issues surrounding clinic-based placements, ensuring that vet and VN students get the best out of this very valuable experience.

The project partners will be explaining the development process and the benefits that the experience log has already brought to the schools during the two-year project. Delegates will be able to try out the system and consider how it may benefit their college or university.

The conference is free to attend, and will be held in Helsinki on Friday 30 August – NB this is a change to the date published in the March issue of *RCVS News*.

If you are interested, please contact the project team for more information, on [info@vectar.org](mailto:info@vectar.org) or 020 7202 0788.

For further information about the Vectar project, you can download our newsletter, *Vectar Voice*, from [www.vectar.org](http://www.vectar.org).

## Diploma exam dates

The Diploma written exams will be held at the RCVS, 62-64 Horseferry Road, London SW1P 2AF, on **Tuesday 9 July 2013**.

## Fellowship applications

The closing date for applications for the Diploma of Fellowship – by thesis or meritorious contribution to learning – is **Thursday 1 August 2013**.

## Specialist status

RCVS Recognised Specialists who first listed in 1994, 1999, 2004 or 2009 are required to reapply by **Friday 16 August 2013**.

The closing date for new applications is **Friday 6 September 2013**.

For more information about Diplomas, Fellowships or Specialist status, please contact Janet Etheridge in the Education Department, on [j.etheridge@rcvs.org.uk](mailto:j.etheridge@rcvs.org.uk).

# From 'Orphan No 7' to first female President

We consider the life of Dame Olga Uvarov

In the latest of our series looking at the history of the RCVS through its collection, veterinary historian Bruce Vivash-Jones and RCVS Head of Library & Information Services Clare Boulton consider the fascinating life of Dame Olga Uvarov, the first female RCVS President, whose portrait hangs in the Council Chamber.

**Very few people could have had a more difficult early life, and then have overcome this more successfully, than Dame Olga Uvarov DBE DSc(hc) HonCBIol FIBiol FRCVS, the first female President of the Royal College of Veterinary Surgeons.**

Born in 1910 in tsarist Russia, she experienced not only the upheaval of the revolution but the loss of both her parents and then her brothers; she was eventually rescued by her uncle, Sir Boris Uvarov, an eminent entomologist living in London. His family raised this waif-like girl, who arrived in England labelled 'Orphan No 7', both ill and severely undernourished. Even this brief summary of her early travails was unknown to the majority of the profession, until they read her obituary in 2001, as it never entered her general conversation.

Always with an independent mind, she decided on a veterinary career at a time when the vocation had only recently been opened for women, and qualified from the Royal Veterinary College in 1934, near the end of the depression years. After a short period as an assistant, she put up her plate and built a successful practice in South West London.

***"She continually sought information and explanation, and disseminated her findings to others."***

#### Information-seeker

Early in her professional life one of her outstanding characteristics became obvious – she continually sought information and explanation, and disseminated her findings to others. A regular attendee at meetings, she invariably questioned the speaker and usually enlightened the audience by her questions and the answers provided. When she left practice in 1953 to head the Glaxo Veterinary Advisory Department, both the pharmaceutical industry and the profession benefitted.

Retiring in 1970, she continued this interest by taking a part-time post as British Veterinary Association (BVA) Technical Information Officer, and for many years fulfilled her assignment in a most thorough and much appreciated manner.

Her interest in the profession was evident from the early days: she was elected President of the Central Veterinary Society, the Society of Women Veterinary Surgeons, the Association of Veterinary Teachers and Research Workers, and the Royal Society of Medicine's Section of Comparative Medicine. She served on BVA Council for many years, as well as RCVS Council, where she was elected the first female President in 1976.

Her competence in her chosen field of expertise was recognised by being selected as a member of both the Veterinary Products Committee and the Medicines Commission. With some fifty scientific publications to her credit, her achievements were recognised by being awarded Fellowship of the

RCVS, honorary DSc by the University of Guelph, Canada, and Fellowship of the Royal Veterinary College, as well as the Victory Medal of the Central Veterinary Society. Public recognition was shown by the award of the CBE in 1977, and, in 1983, by the DBE: this was notable, the first female veterinary surgeon to receive this honour.

#### Modesty

Judged by any standards, Olga Uvarov was a remarkable person, yet few who knew her knew of her terrible and lost childhood. To those outside of the profession she seldom mentioned her achievements in her chosen fields of work or her eminence in the corridors of veterinary power. She was immensely proud of the profession that formed the centre of her life, and even in her final retirement she always kept in touch.

Uvarov was granted citizenship after the 1939-45 war and was always very proud to be British. She will be remembered for two notable qualities, she spoke well in public and was never afraid of upsetting authority if she thought that something was wrong. For those who knew her, she not only possessed an internal integrity but imparted that quality in her actions.



# Time to celebrate! Join us at RCVS Day

## Royal College Day 2013 – Annual General Meeting and Awards Presentation

**All RCVS members and listed/registered veterinary nurses are warmly invited to attend this year's RCVS Day, to be held on Friday 5 July, at the Royal College of Physicians, London.**

As her last official engagement of the year, RCVS President Jacqui Molyneux will chair the Annual General Meeting and welcome new members to Council and the Veterinary Nurses Council, before handing over the reins to Neil Smith, who will formally take up his office as President for 2013-2014.

The day is also a chance to recognise and celebrate the achievements of our colleagues across the veterinary profession. Honorary Awards will be bestowed, and Fellowships and Diplomas awarded.

Katy Brown RVN (pictured, with last year's President, Jerry Davies) attended last year's event, where she was awarded her Diploma in Advanced Veterinary Nursing certificate and badge: "I would strongly urge all RVNs to continue their education and take full advantage of the opportunity to attend such a prestigious event. We were made to feel very spoilt and extremely well looked after all day. The organisation was superb, followed by a very tasty lunch, enjoyed very much by me and my family."

### RCVS Honours 2013

We are pleased to announce that the following honours will be presented at RCVS Day, recognising outstanding individual achievements, above and beyond the call of duty, in the fields of veterinary medicine or science, or related areas.

- Dr Kirsten Rausing, from Lanwades Stud, Newmarket, who will receive an Honorary Associateship
- Dr Joy Archer, from the University of Cambridge, who will receive an Honorary Fellowship
- Dr David Franklin, former Claims Consultant at the Veterinary Defence Society, who will receive an Honorary Fellowship

- Mr Colin Whitaker, former President of the British Cattle Veterinary Association, who will receive an Honorary Fellowship

### Guest speaker

**Dr Andy Stringer, Director of Veterinary Programmes, SPANA: 'Improving the health and welfare of working animals worldwide'.**



We are delighted to announce that Dr Andy Stringer, Director of Programmes at SPANA, will be our guest speaker, talking about the work he has carried out for the charity across the globe.

Andy graduated with a degree in veterinary science from the University of Liverpool, in 2005. He initially volunteered as a veterinary surgeon for SPANA (Society for the Protection of Animals Abroad) in Morocco, before returning to the UK to undertake an internship in Equine Medicine and Surgery at the Philip Leverhulme Equine Hospital, University of Liverpool.

Following this, Andy worked as an equine ambulatory vet in Hampshire, then returned to the University of Liverpool in 2007 to study for a PhD, focusing on evaluating the effectiveness of different educational materials for improving the animal health knowledge of rural farmers in Ethiopia.

Andy joined SPANA in August 2010, as Director of Veterinary Programmes.

### Book your place now

To book your place at RCVS Day 2013, please contact Fiona Harcourt, on [f.harcourt@rcvs.org.uk](mailto:f.harcourt@rcvs.org.uk) or 020 7202 0773. Tickets are free and will be allocated on a first-come, first-served basis.

### Venue

Royal College of Physicians  
11 St Andrews Place,  
Regent's Park, London NW1 4LE  
[www.rcpevents.co.uk](http://www.rcpevents.co.uk)

## Programme

Coffee will be available from 9.30am to 11.00am

### 10.00am

Annual General Meeting

1. Minutes of the last Annual General Meeting
2. Annual Report 2013 and Statement of Accounts for the Year Ending 31 December 2012
3. Questions
4. Council Elections: New Members and Retirements

..... Coffee break .....

### 11.00am

5. Presentation of Honorary Associateship
6. Presentation of Honorary Fellowship by Election
7. Presentation of Fellowships
8. Presentation of Diplomas
9. Presentation of Diplomas in Advanced Veterinary Nursing
10. Presentation of books to the RCVS Charitable Trust Library from the British Small Animal Veterinary Association
11. Parliamentary Veterinary Internship announcement
12. President's Address
13. Meeting of the RCVS Council to elect President, Vice-Presidents and Treasurer
14. Introduction of new President
15. Date of Next AGM: Friday, 4 July 2014

### Followed by:

Talk from Dr Andy Stringer, Director of Veterinary Programmes, SPANA

### 12.40pm

Drinks and lunch



# App happy

## New Code app for Android users

**W**e're pleased to announce that smartphone users can now carry the **Code** and all its supporting guidance in their pockets, even when they are offline, thanks to our free Android app.

The RCVS Code of Conduct app allows owners of android devices to access the *RCVS Codes of Professional Conduct* for both veterinary surgeons and veterinary nurses, together with 27 chapters of supporting guidance.

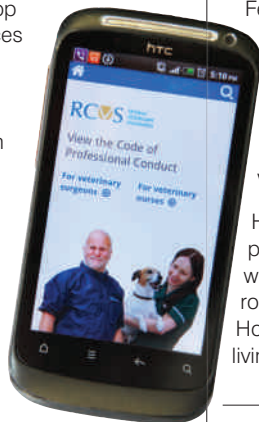
Once the app is installed, both the *Codes* and the supporting guidance will be accessible, even when you don't have a network connection. So it should now be a lot easier to keep the *Code* on hand, even when you are out and about. If the *Code* is updated, the latest version will be available to download next time you are online.

To install the app on your smartphone, visit Google Play (<http://bit.ly/19YLPak>) and look out for the shield icon.

We're working on a similar app for iOS users and will keep you posted on the progress.

We have also recently added the ability for website users to compile a single PDF of the *Code* and supporting guidance via [www.rcvs.org.uk/code](http://www.rcvs.org.uk/code), which is stamped with the date that it is 'printed'.

- This is our first app, are there any others you would find useful? Let us know by emailing Lizzie Lockett on [l.lockett@rcvs.org.uk](mailto:l.lockett@rcvs.org.uk).



# Officers in your living room

## Success for our first Virtual Question Time

**E**very year, the Officer team hits the road to host Regional Question Time meetings, and this presidential year has been no exception, with well-attended meetings in Glasgow, Oxford and, most recently, Durham.

Feedback at these meetings is generally good, topics varied and discussion robust. But we are aware that we can't be everywhere – in general returning to the same vicinity every seven years.

This spring, though, we trialled a new format: a Virtual Question Time.

Hosted by The Webinar Vet, the meeting took place on the evening of Wednesday 24 April, with the Officer team in one of the meeting rooms on the Lower Ground Floor of Belgravia House, and the delegates – well, in kitchens, living rooms and practices across the country.

A typical regional meeting attracts around 45 guests and is quite time-consuming and expensive to organise, including travel, accommodation, food and venue hire. The Virtual Question Time attracted 90 delegates on the night and the recorded version has since been watched many times – all at a fraction of the cost.

We will continue to hold our face-to-face events, as there is a lot to be said for meeting people in person – with the free buffet also proving a useful opportunity for discussion – and are planning meetings in North Wales, York and Salisbury this year.

And we will be holding another Virtual Question Time, too. A vote held during our first meeting showed a 100% 'usefulness' rating from delegates – why not listen to the recording at [thewebinarvet.com/rcvs-webinars](http://thewebinarvet.com/rcvs-webinars) to see if you agree, and watch out for future dates in the veterinary media and via Twitter (@RCVS\_UK).

# RCVS in YouTube sensation!

## Video version of annual report available for first time

**O**kay, so we might be over-egging it slightly, but if you, like most, find that a traditional annual report is less 'Booker Prize Winner' and more 'Insomniac's Friend', then take a look at the videos we have produced to accompany this year's *RCVS Review*.

In keeping with recent editions of the *Review*, we again feature six people who have been involved in, or affected by, our activities over the past 12 months, although in addition to their written accounts, we have also caught them on film.

Topics for 2012/13 include vet school visitations, the new Professional Development Record, our first open day, the new disciplinary committees,

evidence-based veterinary medicine and, of course, our First Rate Regulator initiative.

You can watch a short film about each person's experiences, together with some wise words from President Jacqui Molyneux and CEO Nick Stace on our new YouTube channel [www.youtube.com/rcsvsvideos](http://www.youtube.com/rcsvsvideos), or if you're really pushed for time, there's also a four-minute compilation of the whole lot.

Hard copies of the *Review* have been enclosed with this newsletter, and part two of the annual report – *RCVS Facts* – will be available to download in due course from [www.rcvs.org.uk/facts](http://www.rcvs.org.uk/facts).

# Catch us in the fall

## Autumn events lined up

**T**his autumn, we will have our usual presence at the **British Veterinary Nursing Association Congress, which will be held in the Telford International Centre on 11-13 October, and the London Vet Show, on 21-22 November, at Olympia.**

If you are attending either event, do come and visit us on the stand, and bring your questions and suggestions. Watch out for news of our competitions and giveaways in the veterinary press nearer the time, or follow us on Twitter to hear more (@RCVS\_UK).

At the London Vet Show, you also have the chance to hear CEO Nick Stace talking on the topic of 'Trust me, I'm a vet – is too much regulation eroding professionalism?', alongside practitioner Iain Richardson, as part of the British Veterinary Association Congress stream.





# Digital discussion at Share Jones lecture

## Free lecture as part of BCVA Congress in October

**A**re you walking comfortably? We hope so, but it's not always the case for cattle and horses, as Professor Dr Christoph Mülling (pictured), Professor of Veterinary Anatomy at the Faculty of Veterinary Medicine in Leipzig, will explain at the free 2013 RCVS Share Jones lecture in October.

"Modern, intense housing conditions for cattle and the use of the horse as a sports animal are presenting their digital organs with tremendous functional challenges," says Professor Dr Mülling, who was selected by the RCVS Education Policy and Specialisation Committee for this prestigious lectureship. "So I will focus both on the biomechanical function of these organs, and on the challenges that they face."

The lecture is entitled, 'These digits are made for walking: comparing and contrasting the structure, function and challenges of the bovine claw and equine hoof,' and Professor Dr Mülling will explain how the claw and hoof have evolved as a perfect



adaptation to long standing, walking and rapid locomotion, and to certain natural environments and flooring conditions. He will present the issues affecting claws and hooves today, and discuss

their relevance to these organs' structural integrity and function. The pathogenesis of common claw and hoof disorders will also be discussed, including noninfectious problems, such as laminitis, and infections, such as digital dermatitis.

Veterinary surgeons, veterinary nurses and students are invited to attend the free lecture, which will take place on 19 October at the British Cattle Veterinary Association's annual congress at the Majestic Hotel, Harrogate.

To attend, please register via [www.bcva.eu/bcva/news-and-events/events/bcva-congress-and-2013](http://www.bcva.eu/bcva/news-and-events/events/bcva-congress-and-2013). Once registered, if you are not attending the BCVA Congress, you can collect a badge from the BCVA desk on the day, which will give you access to the lecture.

The RCVS Share Jones Lectureship is awarded biennially to a lecturer of special eminence in veterinary anatomy.

# Hanging out with the ferrets

## A weekend at the London Pet Show

**O**ur usual congress and events calendar had a new entry this year, with our maiden voyage to the London Pet Show (Earl's Court, 11-12 May). And with a stand flanked by ferrets and skate-boarding chickens, it was a far cry from the sedate environs of BSAVA Congress!

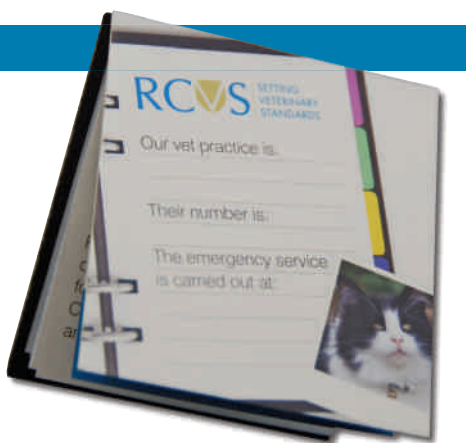
The animals were fun – and certainly brought in the punters – but we were really there to talk to their owners. As a regulator in the public interest, we thought it was time we took a more proactive stance in talking to those on whose behalf we work.

Our focus was 24-hour emergency cover, and, in particular, encouraging clients to have a conversation with their practices about where emergency cover is carried out. Anecdote suggests that owners don't usually object to having to travel, providing they know in advance that they have to, and where they need to go.

To this end, we produced write-on fridge magnets where owners could add the name and phone number of their practice and the location of their out-of-hours service. This provides an easy-to-see reminder of where to go – also useful for pet-sitters or neighbours looking after pets.

The magnet folds out into a short leaflet that explains the role of the College, complaints handling, Find a Vet, Practice Standards and careers information.

In fact, careers were the hot topic, and it was interesting to see that many of the would-be vets



were not from families where there were already professionals in the house – and there were many whose parents had not been to university. There were also a few boys, although they were in the minority. Several had seen our Walks of Life ([www.walksoflife.org.uk](http://www.walksoflife.org.uk)) careers materials via their school library or careers service, which was heartening. Others were keen to receive them on the day, or by email afterwards.

And it wasn't just a question of us handing out information, the event proved informative for us, too. It's easy when you work for a regulator to become focused on the few who transgress, rather than the many who do not. So it was good to see that the majority of animal owners at the event were registered with a veterinary surgeon, and were very happy with the service they receive. Some seemed offended at the very thought that a complaints service was required!

## One man and his blog



**Ever wondered what our CEO Nick Stace does all day? Well, now you can find out, as he has started a regular blog.**

**Whether he's out and about at (innumerable) meetings, visiting practices and vet schools, experiencing an on-call shift for himself, or keeping on the right side of the RCVS President and her scalpel blade, you can now read all about his day-to-day activities at [www.nickstaceblogs.org](http://www.nickstaceblogs.org).**

**(And for even more regular updates, you can follow Nick on twitter [@nickstacetweets](https://twitter.com/nickstacetweets).)**

# Lay Observers' Report 2013

Chris Mattinson, Arun Midha, Sarah Pond and Jane Ramsey (part year)

**P**reliminary Investigation Committee (PIC) meetings are carried out in the presence of three Lay Observers who provide valuable independent input. Each June, the Lay Observers report to Council, setting out their views on the year's activities and making recommendations for change. An edited version of this, their 14th and final report, appears below, together with a response from the PIC; the full version is available at [www.rcvs.org.uk/piclayobservers](http://www.rcvs.org.uk/piclayobservers).

This is the 14th and final report of the Lay Observers. We thank our many predecessors for their contribution to the development of the College's complaints procedures which meet the high standards expected of it by members of the profession, and the public. These procedures have, in more recent years, undergone a "minor revolution" in terms of efficiency and effectiveness. Whilst there is always room for improvement (and we touch on this issue below) the College is to be congratulated on its steadfast commitment to a robust procedure for handling complaints.

## Number of complaints

As has been emphasised in previous reports, the number of complaints to the College is small when taking into account the tens of thousands of consultations and veterinary interventions that occur each year by some 18,500 home-practising registered veterinary surgeons in the UK. To put this in context, a total of 755 complaints were closed by the College. The PIC considered a total of 20% of cases and, referred ten cases for Disciplinary Committee consideration. [See full report for further details.]

***"[Vets on the PIC] require the utmost integrity, courage, personal and professional standards of the highest order, and not a little humility."***

The public, and the profession more widely, can be confident that, in the overwhelming majority of cases, veterinary surgeons give attention to the animals under their care to the high standards that are expected and demanded. Although there is a relatively low incidence of complaints, the College is far from complacent and significant importance is placed on the need to keep the complaints and disciplinary procedures under continual review, introducing improvements as necessary.

## Legislative Reform Order

We are pleased to note that, following Parliamentary approval to the Legislative Reform Order, rapid progress has been made by the College in appointing new members to serve on the PIC and Disciplinary Committee. We hope

that the new members of these Committees will take stock of how current arrangements are operating, and will introduce any necessary reforms that will improve overall efficiency and effectiveness. In particular, we hope these Committees will address concerns expressed by members of the profession and the public about the length of time taken to reach decisions. Amongst other reforms, we believe there is room for more robust case management to be introduced in order to reduce delay, and that such improvement would be welcomed by all.

***"The overwhelming majority of veterinary surgeons give attention to the animals under their care to the high standards that are expected and demanded."***

## Performance Protocol

The Performance Protocol is now well established as an effective tool to address concerns which previously could have resulted in formal disciplinary action. The Protocol is being used in appropriate cases and is enabling concerns about professional performance to be addressed in a constructive and supportive way.

## Veterinary fees

The number of complaints received about fees continues to be of concern. The majority of practices comply with the requirements of the *RCVS Code of Professional Conduct*; they provide good advice about treatment options, and give estimates of the cost of treatment. This is particularly important where treatment is on-going. Regrettably, a minority of practices fall short of best practice, resulting in client dissatisfaction and good grounds for formal complaint to the College. The *Code* is clear as to the College's limited powers in relation to disputes about fees. Nevertheless, it makes good business sense for all practices to take this issue seriously and to make sure that they comply with the *Code*.

***"Well-run practices use complaints as a means of reviewing the effectiveness of their service, and to learn lessons and review procedures where appropriate."***

## 24-hour emergency cover

In last year's report to Council, we set out in some detail our concerns in relation to the provision of 24-hour emergency first aid and pain relief. These concerns remain today. It is right that formal action

should be taken against an individual veterinary surgeon who fails to meet his or her obligations under the *Code*. However, it is equally as important that owners, directors and leaders of those companies and practices who provide 24-hour emergency care services ensure their protocols and businesses are *Code*-compliant. If the profession is unable or unwilling to provide these services to the full extent required by the *Code*, then the College must decide whether a less onerous provision should be introduced. As things stand, there is evidence of a disconnect between the public's expectations and the profession's capacity to meet those expectations.

## Communications

As previously reported, effective communications with clients and dealing with their concerns in an open, honest and timely manner will reduce the likelihood of the need for a formal complaint to be made. Well-run practices use complaints as a means of reviewing the effectiveness of their service, and to learn lessons and review procedures where appropriate. There is no doubt that, across the profession, there is a greater awareness of the need to handle complaints effectively. Clinical leaders and owners of practices have a crucial role to play in this regard as do those who have responsibility for the training and development of members of the profession.

***"The Performance Protocol is a well established and effective tool to address concerns which previously could have resulted in formal disciplinary action."***

## Votes of thanks

We would like to thank Jill Nute for all her hard work in chairing PIC. Her inclusive approach to decision making, and her skill in managing the Committee's substantial business, ensures that our time is used productively and well. We place on record our grateful thanks to Eleanor Ferguson, Mike Hepper, and all members of the Professional Conduct Department. The quality of their advice, professionalism, capacity for hard work, and commitment to dealing with complaints to the highest standards is to be commended.

Finally, we wish to acknowledge the outstanding contribution made by those veterinary surgeons who have served on PIC over the years. To take the most difficult decision about a fellow member of the profession (which may have far reaching consequences) requires the utmost integrity, courage, personal and professional standards of the highest order, and not a little humility. The breadth and depth of their professional knowledge and experience has proved invaluable in reaching decisions made by the Committee.



# Report to Council June 2013

**PI Committee Chairman Jill Nute**

## PIC responds...

The PIC is also pleased that the Legislative Reform Order is now in place, which will confirm the true separation of the committees considering complaints, and RCVS Council, which sets standards via the *Code* and supporting guidance. The Committee looks forward to welcoming new members with new ideas and outlooks and experience.

The Committee shares the Lay Observers' desire for a speedy resolution of complaints without in any way compromising levels of investigation and overall service. It has noted, and welcomes, ongoing initiatives within the College designed to look into complaint resolution times and all other aspects of service throughout the complaints process. It anticipates a positive impact of the Legislative Reform Order in expanding the availability of potential disciplinary hearing dates.

In parallel with the Performance Protocol, the Committee also highlights the increasing significance of the Health Protocol. It considers that this is operating well, as an effective means of protecting animal welfare and the public whilst supporting veterinary surgeons in employment, when in the past the only recourse would have been to send the veterinary surgeon to a DC hearing.

As the Lay Observers indicate, the Committee continues to see complaints relating to the provision of 24-hour emergency first aid and pain relief. In cases of sufficient gravity concerning veterinary surgeons (whether as an employee, an owner, clinical director or other), where suitable evidence of breaches of the *Code* presents, these cases will (and have been) forwarded to DC hearings.

The Committee would like to join with the Lay Observers, in thanking Jill Nute for her Chairmanship of the Committee over the last three years and for the support she has provided in all aspects of the role. It also wishes to express its thanks to all the Lay Observers for their commitment during the past year. Special thanks to Arun, who will be stepping down shortly, for all his assistance and enthusiasm, and a particular mention for Chris (pictured), standing down after eight years, for his tireless service to the Committee and the College.



**S**ince the last Report to Council there have been three Preliminary Investigation Committee (PIC) meetings, in March, April and May (details from the May meeting will be included in the next Report).

During the March and April meetings, 23 new complaints were considered, of which: two were closed; ten were closed with advice issued to the veterinary surgeon; two were held open; five were referred to the veterinary investigators for visits and interviews; two were referred to solicitors for formal statements to be taken; one was adjourned pending the outcome of criminal charges; and, one was fast-tracked to the Disciplinary Committee (DC). The PIC is also investigating 29 ongoing complaints.

## Health Protocol and Performance Protocol

There are 12 veterinary surgeons either under assessment or currently on the RCVS Health / Performance Protocols. Of these, six currently remain under long-term health and performance management.

## Assistance with external investigations

The RCVS has continued to assist the police and other authorities with a number of ongoing investigations (some of which have concluded and resulted in prosecutions) and new investigations, which will be included in future Reports.

Since the last Report, a veterinary surgeon has been convicted of five counts of pet insurance fraud and was sentenced to eight months imprisonment on each of the five counts of fraud to run concurrently, suspended for two years; 200 hours of community service; and, ordered to pay compensation to the two insurers involved and the prosecution costs. One veterinary surgeon has been convicted of two counts of wounding with intent and two counts of false imprisonment. These two matters will also be included in future Reports.

## General advice on communication

During the past 12 months, a number of complaints considered by the PIC have directly or indirectly related to communication between veterinary personnel and clients. The PIC takes the view that a significant number of these complaints could have been avoided if the veterinary surgeon involved had better explained the available treatment options and likely prognosis. The Committee would therefore like to remind the profession that it should be mindful that communications between veterinary surgeon and client can be easily misinterpreted, leading to a complaint being made to the RCVS. The PIC would also remind the profession of RCVS supporting guidance at paragraph 11.3 of the *RCVS Code of Professional Conduct*, which states:

- Veterinary surgeons and veterinary nurses should seek to ensure that what both they and clients are saying is heard and understood on both sides, and encourage clients to take a full part in any discussion. Veterinary surgeons and veterinary nurses should use language appropriate for the client and explain any clinical or technical terminology that may not be understood. Usually, the veterinary surgeon or veterinary nurse will have to be able to speak the English language to an appropriate standard. If there is any doubt about the client's consent, efforts should be made to resolve this, which are then recorded.
- Where the client's ability to understand is called into question, veterinary surgeons and veterinary nurses will need to consider whether any practical steps can be taken to assist the client's understanding. For example, consider whether it would be useful for a family member or friend to be present during the consultation. Additional time may be needed to ensure the client has understood everything and had an opportunity to ask questions.

The full report is available at [www.rcvs.org.uk/pic](http://www.rcvs.org.uk/pic)

## Mr Marcus Kutschera

**Inquiry concerning: unreasonable refusal to provide first aid and pain relief; failure to provide adequate 24-hour emergency care**

**DC decision: severe reprimand and warning as to future conduct**

**Registration status: name remains on Register**

On 20 March 2013, the Disciplinary Committee (DC) severely reprimanded and warned Marcus Kutschera as to his future conduct for failing to make sufficient enquiries about the location or condition of a cat; unreasonably refusing to provide it with first aid and pain relief; and, failing to provide it with adequate 24-hour emergency care.

Following a three-day hearing, the DC found Mr Kutschera, of South London Emergency Veterinary Centre, Streatham, guilty of serious professional misconduct in relation to events on 16 May 2011. Mr Kutschera was Clinical Director of the practice, which provided out-of-hours emergency services to several London veterinary practices. At about 1.45am, the practice received

two telephone calls from a representative of a registered charity about a cat, which the caller considered should be seen by a veterinary surgeon as soon as possible. The charity was itself a client of one of the practices whose out-of-hours emergency services were provided by the South London Emergency Veterinary Centre. The cat was later euthanased by the RSPCA.

**“Whilst there are undoubted financial issues that can arise in the operation of an out-of-hours service, the primary responsibility of the veterinary surgeon is for the welfare of the animal.”**

After listening to a recording of a telephone call between a representative of the charity and Mr Kutschera, during which Mr Kutschera failed to ask about either the condition or location of the cat, the DC was in no doubt that the caller believed Mr Kutschera would not see the cat unless he was able to pay when it was presented. The DC said that, once the telephone call had been received,

the primary responsibility of the veterinary surgeon was the welfare of the animal, and Mr Kutschera had no good reason not to see the cat or to follow the procedures set out in the *RCVS Guide to Professional Conduct 2010*, which applied at that time. If he had made proper inquiries, he would have been able to make a provisional diagnosis that the cat was likely to be euthanased. Mr Kutschera was guilty of unreasonably refusing to provide first aid and/or pain relief to the animal, and of failing to provide adequate 24-hour emergency care.

The DC concluded that Mr Kutschera's conduct fell far short of that to be expected of a veterinary surgeon. Although he did recommend that the cat should be taken to the RSPCA, his primary concern was the ability of the client to make a payment on presentation of the cat, and not the animal's welfare. He had a responsibility for ensuring that proper emergency cover was provided.

In mitigation, the DC noted that the event was a single, short telephone call between Mr Kutschera and the client in the early hours of the morning, and there was no evidence to suggest similar behaviour on his part on other occasions. Mr Kutschera accepted that he made no inquiries into the cat's condition or location, and the DC accepted that he

## Mr Ian Beveridge

**Inquiry concerning: bad treatment of clients; placing animals in his care at risk; inadequate clinical record-keeping; and, dishonesty in dealings with College**

**DC decision: remove name from Register**

**Registration status: has until 28 June 2013 to appeal decision, otherwise name to be removed from Register on 29 June 2013**

On 24 May 2013, the Disciplinary Committee (DC) directed that Ian Beveridge, a Wirral-based veterinary surgeon, should be removed from the Register after finding that he had treated clients badly, kept inadequate clinical records, was dishonest in dealing with the RCVS, and that animals in his care were placed at risk.

At the end of the five-day hearing, the DC found that Mr Beveridge, of the Daryl Veterinary Centre, Heswall, was guilty of charges relating to two separate cases: one concerning a crossbred bitch named Holly, who belonged to Mr and Mrs Flanagan and was treated in February 2011; and the other, a cat called Blu, belonging to Ms Simpson and treated in March 2010.

On the morning of 23 February 2011, Holly was admitted to the Daryl Veterinary Centre in a collapsed state with a swollen abdomen. The DC

found a proper assessment should have led Mr Beveridge to perform an abdominocentesis at the practice, the results of which, in view of the practice and its facilities, would inevitably have led to Holly immediately being referred elsewhere. However, the DC heard that Mr Beveridge simply placed her on a heat pad for observation until about midday, something it considered no reasonably competent veterinary surgeon in general practice would have done. The DC also found that, on

**“Mr Beveridge was found guilty of a very serious failure of care to both patients, which gave rise to serious risks to their safety and welfare.”**

more than one occasion, Mr Beveridge had refused to discuss referral with Mrs Flanagan, and this amounted to failing to treat her with courtesy and respect as required by the *RCVS Guide to Professional Conduct 2010*, which applied at that time. Holly was ultimately referred elsewhere and survived. The DC also found the records of Holly's admission to be completely inadequate.

Blu was presented on 22 March 2010 in a collapsed state by Mr Taylor, Ms Simpson's former partner with whom the cat lived. The DC found that Mr Taylor was told that the cat would be kept on a heat pad, that no other treatment or diagnosis was discussed, and that the possibility of euthanasia

was not raised. Having been unable to contact Mr Beveridge that evening, Ms Simpson went to the practice the following morning, intending that her cat be discharged and taken elsewhere. However, the DC found, when Mr Beveridge eventually fetched Blu, who had died, he blocked Mrs Simpson's exit from the consulting room, saying words to the effect that had she been a better owner, none of this would have happened.

Mr Beveridge also sent to the College clinical records for Blu detailing a blood sample taken at 7pm on 22 March, and subcutaneous fluids administered during that night. The DC found this to contain deliberately false information in order to cast a better light on his management of Blu and that he was dishonest; the document was essentially a fabrication to enhance his own interests.

In reaching its decision, the DC said that it made allowances for the fact that Mr Beveridge operated in first-opinion practice at a basic level. Notwithstanding this, however, it found him guilty of a very serious failure of care to both patients, which gave rise to serious risks to their safety and welfare.

“On each occasion [Mr Beveridge] treated the owners with a lack of courtesy and respect and made the difficult and distressing circumstances in which they found themselves much worse than they need have been,” said Professor Peter Lees, chairing and speaking on behalf of the DC. “The Committee takes a very serious view of his attempt to prevent Ms Simpson leaving the consulting room with Blu, and of the unjust and upsetting way in

## Mr Sorin Dinu Chelemen

### **Inquiry concerning: certification of tuberculin testing and dishonesty**

### **DC decision: name removed from Register**

### **Registration status: name removed from Register on 7 June 2013**

On 3 May 2013, the Disciplinary Committee (DC) directed that Sorin Dinu Chelemen should be removed from the Register for charges relating to tuberculin (TB) testing on cattle that he undertook and certified at four farms during June and July of 2010.

At the end of the ten-day hearing, the Disciplinary Committee found Mr Chelemen guilty of 32 charges relating to his work as an Official Veterinarian (OV) for Animal Health [now the Animal Health and Veterinary Laboratories Agency], while employed as a locum at Endell Veterinary Group, Salisbury. Mr Chelemen, who represented himself at the hearing, disputed all of the charges. He also said he had had poor knowledge and comprehension of written and spoken English at the time, which had since improved.

***“This is a most serious case, in which the integrity of TB testing was undermined, and animal health was put at risk, which may have resulted in the spread of disease.”***

Mr Chelemen gave the DC detailed accounts of what he said occurred in relation to the TB testing at all four farms. However, in almost all the points where the facts were denied, the DC found a stark divergence between his evidence and that given by witnesses for the College.

The DC was generally unimpressed by Mr Chelemen's account of events, finding many of his allegations and explanations for his actions to be incredible or unreliable. For example, he claimed that, during his Animal Health training, he had not been given a copy of the 'Manual of Procedures' containing Standard Operating Procedures (SOPs) for TB testing. Although the DC accepted Mr Chelemen's English had been poor at the time, leading to communication problems, he had satisfactorily demonstrated that he knew how to perform TB tests in accordance with these SOPs when he started work at the practice. Overall, the DC found Mr Chelemen's attitude was that he had not done anything wrong and nothing was his fault, and that he had little understanding of the professional responsibilities incumbent on an OV.

By contrast, the DC considered all the witnesses called by the College to have given clear, credible and consistent evidence. Complaints had been made about three farms that were separate and

had shown some insight into what went badly wrong. He said that he had subsequently changed his practice when speaking to clients on the telephone. The DC also took account of the impact on Mr Kutschera of the case hanging over him since the complaint was made in August 2011 and, as the cost of the DC inquiry was not covered by his professional indemnity insurance, he had taken on a substantial financial commitment to pay for legal representation.

“The primary purpose of the sanction is not to punish but to protect the welfare of animals, maintain public confidence in the profession and uphold proper standards of conduct,” said Professor Peter Lees, chairing and speaking on behalf of the DC. “Whilst there are undoubted financial issues that can arise in the operation of an out-of-hours service, the primary responsibility of the veterinary surgeon is for the welfare of the animal.”

The DC recommended that Mr Kutschera undertake, within 12 months, continuing professional development training, with a particular emphasis on animal welfare, ethics and client care, in the context of providing out-of-hours services. It imposed on Mr Kutschera the sanction of a severe reprimand and a warning as to his future conduct.

which he sought to blame her for the animal's death. He showed her no consideration at all. Likewise his refusal to contemplate referral for Holly until compelled by Mrs Flanagan to do so and his persistent refusal to engage with her about this at all was, in the Committee's view, reprehensible.”

The DC directed Mr Beveridge's name to be removed from the Register.

Mr Beveridge was found guilty of a very serious failure of care to both patients, which gave rise to serious risks to their safety and welfare.



unconnected, and where the tests had been conducted on different dates. These complaints, if not identical, were very similar. The evidence was overwhelming that Mr Chelemen had not followed the SOPs when carrying out testing at three of the farms.

The DC noted that the measurements recorded by Mr Chelemen did not show the differences which would be normally expected. Mr Chelemen had not measured the animals in accordance with the SOPs when he knew he ought to have, and he had been dishonest in certifying the tests.

When considering sanctions, the DC found an aggravating factor was that Mr Chelemen's actions undermined procedures to prevent the spread of disease. In particular, he failed to notify the owners of animals on three farms that he had found reactors or inconclusive reactors, resulting in those animals not being isolated. Nor did he submit paperwork to Animal Health about these animals, which was a fundamental breach of his duties as an OV.

In mitigation, the DC accepted that Mr Chelemen had no previous RCVS disciplinary findings against him; and, that the OV training he received was limited, having regard to English not being his first language and his relative inexperience as a TB tester. It also took into account that this disciplinary case had been in progress for three years, his poor health and his financial and family circumstances.

“The Committee is of the view that this is a most serious case, in which the integrity of TB testing was undermined, and animal health was put at risk, which may have resulted in the spread of disease,” said Mrs Judith Webb, chairing and speaking on behalf of the DC. “Furthermore, this case involves findings of dishonesty, which has been held to come at the top end of the spectrum of gravity of disgraceful conduct in a professional respect.”

She directed that Mr Chelemen be struck off the Register.

This is a most serious case, in which the integrity of TB testing was undermined, and animal health was put at risk, which may have resulted in the spread of disease.

## Dr Adam Marcus Hutber

A Disciplinary Committee Inquiry into Dr Adam Marcus Hutber is currently underway. It commenced on 13 May and ran for five days. It is due to resume 24 June and is listed for a further five days.

**Full details of disciplinary hearings are available at [www.rcvs.org.uk/disciplinary](http://www.rcvs.org.uk/disciplinary).**

## Ms Sheena Brimelow

### Inquiry concerning: alleged dishonesty in pet insurance claims

### DC decision: charges not proved; case dismissed

### Registration status: name remains on Register

On 11 April 2013, the Disciplinary Committee (DC) dismissed a case against Sheena Brimelow, a veterinary surgeon said to have been dishonest in claims made against insurance following a dog's veterinary treatment.

### ***"The DC found that Ms Brimelow was an honest and reliable witness."***

At the end of the four-day hearing, the DC found Ms Brimelow, formerly employed by Kinver Veterinary Practice in Kinver, Stourbridge, not guilty of charges relating to seven insurance claims submitted between 1 January 2008 and 1 October 2009. These related to her parent's dog, a Cairn terrier, which she had treated at her then employer's practice. Ms Brimelow admitted that she had submitted invoices with her claims showing the retail prices for several items, when

she had paid the practice only the cost prices. She said that she had deleted records from the practice computer showing the retail prices so that the "ingoings and outgoings in the practice finances were accurate".

The DC considered whether Ms Brimelow had either behaved dishonestly or, in the alternative, ought to have known not to have included the sums she did in the insurance claims forms. The DC found that Ms Brimelow was an honest and reliable witness. She had explained openly what she had done, entirely consistently, from the first time the allegations had been put to her by the practice owner. It noted that an insurance company representative also considered her actions to be "a genuine misunderstanding," although subsequently a complaint was made by the insurance company to the College about Ms Brimelow's actions. The DC found there were no clear guidelines in the practice as to how staff insurance claims should be handled. It also felt that, as a result of the insurer's communications failures, it was not difficult to believe that Ms Brimelow was unaware of how claims concerning the insured pets of veterinary practice staff members were expected to be handled.

From the evidence presented in the hearing, the DC calculated that Ms Brimelow had benefited by only £90.50. It noted that she had offered to repay any monies to her employer or the insurer, and that

the insurer's loss adjusters had thought this was a matter for Ms Brimelow and her employer. The College had also referred the matter to the police, who said it was not in the public interest to proceed with the matter, a decision they based on the low value of the loss and Ms Brimelow's offer to pay back the money.

"The Committee notes the reasons given by the police for undertaking no criminal investigation in this case, and agrees with that analysis. The Committee must apply the same standard of proof as would have been applied in a criminal case. In all the circumstances, the Committee is far short of being satisfied so that it is sure that Ms Brimelow acted dishonestly in this case," said Professor Peter Lees, chairing and speaking on behalf of the DC.

"The Committee considers that [Ms Brimelow] was naïve and misguided in handling the insurance claims in the way that she did," he continued. "However, the Committee considers there was a lack of proper guidance within the practice as to how staff insurance claims should be handled... in these circumstances the Committee is not sure that the College has proved that the Respondent ought to have known that she should not have included sums on the claims form, which did not represent the costs that she had incurred."

Both elements of the charge were accordingly dismissed.

## RVN PRELIMINARY INVESTIGATION COMMITTEE



# Report to Council, June 2013

## RVN PI Committee Chairman Lynne Hill

**S**ince the last Report to VN Council in February there have been two Registered Veterinary Nurses Preliminary Investigation Committee (RVNPIC) meetings, in March and April. Details of the latter meeting will be included in the October Report.

### New complaints

Since the last Report there have been five new complaints received against registered veterinary nurses (RVNs). Of those, three are currently under 'assessment' (consideration of whether there is 'potential' for a case against the RVN) and two cases are being considered by Case Examiners.

The RVNPIC has considered two new complaints during this period. It requested further investigations on one of these and considered the other under the RCVS Health Protocol. These will be included in a future Report to VN Council.

### Ongoing investigations

The RVNPIC is currently investigating two ongoing complaints, which, in liaison with the Senior Case Manager, have been referred to the Health & Safety Executive and Defra Investigations.

### Fraudulent representation

There have been two alleged cases of fraudulent representation (purporting to be a registered veterinary nurse), which are being followed up in liaison with the police.

### Referral to Disciplinary Committee

No new cases have been referred to the RVN Disciplinary Committee. One complaint, previously referred, is listed for a hearing during the week commencing 15 July 2013.

The full report is available on RCVSonline ([www.rcvs.org.uk](http://www.rcvs.org.uk)).

# The virus frontier

## Trust funds coronavirus research

**N**ovel viruses have recently caught the media's attention, as a zoonotic coronavirus discovered circulating in the Middle East has also been thought capable of being transmitted among humans.

Coronaviruses can cause respiratory infections in both animals and humans, which can be as serious as the Severe Acute Respiratory Syndrome (SARS) that emerged in 2003. Novel strains of other virus families can also pose health risks, including rotaviruses, which affect farm animals and are one of the two most common etiological agents of diarrhoea in developing countries. Although diarrhoea is rarely serious for healthy adults in the UK, the World Health Organisation estimates that it kills around 760,000 children each year before their fifth birthday.

**“The RCVS Trust Blue Sky Grant has given me a fantastic opportunity to study the epidemiology and zoonotic potential of rotavirus in UK cats.”**

Through its grant funding, the RCVS Charitable Trust supports work at the frontiers of developing our understanding of both these important virus families. For example, in 2010, research funded by £17,000 from the Trust is allowing work to assemble the genomic sequence of feline coronaviruses (FCoVs), a group of viruses that can result in the development of a serious disease in cats called feline infectious peritonitis (FIP).



Genome sequencing of such coronaviruses<sup>1</sup> provides a valuable platform for research into their pathogenesis and host specificity.

“FCoV infection is very common in cats and a small percentage of infected cats develop FIP,” says Séverine Tasker (pictured), grant recipient at the University of Bristol. “This grant is enabling us to perform the first step in the development of FCoV recombinant viruses to enable us to investigate the importance of virus genetics in the pathogenesis of FIP, by manipulation of the recombinant viruses.”

Research is also taking place at the University of Liverpool into rotaviruses, due to £20,000 granted

by the Trust in 2011 for the first population-based study of feline rotavirus (FRV). Human rotaviruses with genetic similarity to FRVs have been occasionally isolated from children. Surveillance of human and animal rotaviruses is important in understanding which rotavirus strains cause disease and where the source of genetic diversity arises to cause outbreaks. The study found low FRV prevalence in the UK rescue-cat population, although occasional outbreaks were observed, and novel FRV strains identified.

“The RCVS Trust Blue Sky Grant has given me a fantastic opportunity to study the epidemiology and zoonotic potential of rotavirus in UK cats,” says grant recipient Allison German. “Recognition of the importance of emerging infectious diseases in companion animals is essential for both animal and human health and will give the veterinary community much needed data on the importance of clinical and subclinical rotavirus infection. It will forge links with health authorities and allow us to investigate whether feline rotavirus plays a role in the evolution and genetic diversity of human rotavirus in the UK.”

The Trust is supporting this ongoing work, and Library members will have access to the relevant papers once these are published.

Help with finding up-to-date and historical information on rotaviruses and coronaviruses is available from our Library and Information staff.

<sup>1</sup> Cotten M, Lam TT, Watson SJ, Palser AL, Petrova V, Grant P, et al. Full-genome deep sequencing and phylogenetic analysis of novel human betacoronavirus. *Emerg Infect Dis* [Internet]. 2013 May [date cited]. <http://dx.doi.org/10.3201/eid1905.130057>

# Is there life in the old archives yet?

## Turning over a new digital leaf

**T**he Trust has plans afoot to bring its archives out from their cupboards and drag them blinking into the daylight – or at least to make them accessible to as many people as possible.

To start with, the Trust commissioned a scoping survey to assess the non-RCVS archive material in terms of content and condition, courtesy of a small grant from the Wellcome Trust. This revealed that, whilst there is a significant amount of unique and valuable material, the Trust needed to consider improvements to how it is catalogued and can be accessed.

So, the next step is to submit a grant application in the autumn for the cataloguing and conservation of the Sir Frederick Smith Archive – Sir Frederick was Director General of the Army Veterinary Service from 1907 to 1910.

“Sir Frederick is considered by many people to be the UK's first veterinary historian and the RCVS

was lucky enough to be bequeathed his personal papers, which are now in our care,” says RCVS Head of Library & Information Services Clare Boulton. “These include interesting material, in particular on his time in South Africa, and have already attracted PhD students from across the globe.”

The Trust is also investigating whether it can make some of the content available digitally. This will include visiting other archives for ideas on best practice and looking at copyright and intellectual property issues.

It also intends to build on the success of the Library blog ([rcvscharitabletrustlibrary.wordpress.com](http://rcvscharitabletrustlibrary.wordpress.com)), which is now followed by over 350 people, by exploring new opportunities to bring the veterinary-related material to life.

If you have relevant experience or some funds that could help the Trust – or simply want to find out more – then please get in touch with Clare ([c.boulton@rcvstrust.org.uk](mailto:c.boulton@rcvstrust.org.uk) or 020 7202 0710).



# 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 On the level

No fee hike this year.

## 2 Young blood

New faces join both Councils.

### Disciplinary measures

New members for DC and PIC.

### It is worth saying something

We react to your feedback.

## 3 What's in a name?

We ask MPs to help protect VN title

### Engaging words

CEO's update on recent activities.

## 4 No score to settle

We will miss Jill Nute as she leaves Council after a score of years.

### Supporting the profession

We continue to support the VBF.

### What's a job's worth?

We talk to recent graduates about the job market.

## 5 Searching for research

New report indicates research funding drop.

### Wot no women?

We look at encouraging more female Council candidates.

## 6 Don't get stuck!

Advice on avoiding needle-stick injuries in practices

### No-spat chips

New guidance on microchipping and ownership disputes

## 7 Who you gonna call?

Alert AHVLA on suspicion of any notifiable disease

### Cautious endorse

A reminder of our guidance on product endorsement

### Steroid reminder

Anabolic steroids are prohibited substances in horseracing says BHA

## 8 First-rate old chap

The latest milestones in our journey towards best practice.

## 9 Badges of honour

Have you got your PSS badges yet?

### Easy pieces

New modular proposal for PSS meets agreement.

## 10 Certainly CertAVP

We ask certificate-holders to reflect on the experience.

## 11 Tuf at the top

Meet Chris Tufnell, EPSC Chairman.

### Educating Freda

Freda Andrews is new Director of Education.

## 12 Missing your target?

We outline steps for those who don't confirm CPD requirement.

### International test

What our visitors have been up to at home and away.

### More than competent

The response rate to our Day One Competences survey has been excellent.

## 13 Same old record?

Join over 3,500 others and sign up for the PDR.

### Finnish-ing touches

Vectar final conference heads to Helsinki on 30 August.

## 14 A singular lady

We celebrate Dame Olga Uvarov, our first female President.

## 15 Get the glad rags on...

... and join us for RCVS Day on 5 July.

## 16 If you're appy and you know it

Android users: download our new Code app.

### View Review – and rewind

This year's RCVS Review comes in video form, too.

### Virtual grilling

We bring Question Time to you, in webinar form.

## 17 Footsore

Share Jones lecture on digital challenges at BCVA Congress.

### Blog role

Read behind the scenes with the CEO's new blog.

### Pets won prizes...

...and we got to talk to some lovely folk at the LPS.

## 18 Drawing from observation

The last report from the Lay Observers offers useful advice to PIC.

## 19 Say it, then say it again

PIC report highlights need for improved communication.

## 21 DC hearings

Mr M Kutschera reprimanded for unreasonable refusal to provide first aid and pain relief and failure to provide adequate 24-hour emergency care; direction to remove Mr I Beveridge from Register for bad treatment of clients, placing animals in his care at risk, inadequate clinical record-keeping and dishonesty in dealings with us; Mr S Chelemen removed for charges relating to certification of tuberculin testing and dishonesty; Dr A M Hutber's case will restart on 24 June; and, Ms S Brimelow's case dismissed.

## 22 Matter of complaint

RVN PIC report details complaints ongoing.

## 23 That crowns it

Update on Trust-funded coronavirus research.

### Blowing off the dust

Plans to digitise Trust archives and Historic Collection.

## DATES FOR YOUR DIARY

### 2013

#### 1 July

Specialist fees due

#### 5 July

RCVS Day

#### 9 July

Diploma examinations

#### 1 August

Fellowship application deadline

#### 16 August

Deadline for Specialist re-applications

#### 30 August

Vectar final conference

#### 6 September

Deadline for new Specialist applications

#### 12 September

RCVS Council meeting

#### 11–13 October

Join us at BVNA Congress

#### 19 October

Share Jones lecture at BCVA Congress

#### 7 November

RCVS Council meeting

#### 21–23 November

Join us at London Vet Show



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Royal College of Veterinary Surgeons, Belgravia House, 62-64 Horseferry Road, London SW1P 2AF

E [rcvsnews@rcvs.org.uk](mailto:rcvsnews@rcvs.org.uk) | T 020 7222 2001 | F 020 7222 2004 | [www.rcvs.org.uk](http://www.rcvs.org.uk)

**RCVS** SETTING VETERINARY STANDARDS