



RCVS

Royal College of Veterinary Surgeons



news

MARCH 2006

PROMOTING AND SUSTAINING PUBLIC CONFIDENCE IN VETERINARY MEDICINE

BOB MOORE ELECTED JVP

Mr Bob Moore BVM&S CVPM MRCVS has been elected Junior Vice-President of the RCVS, he will take up his office formally on RCVS Day on 7 July 2006.

Mr Moore qualified from the Royal (Dick) School of Veterinary Studies in Edinburgh in 1967. Coming from a farming background it was no surprise that his first job was in a mainly farm animal practice in Tiverton, where he stayed for three years. Following a few months in an equine and small animal practice, he moved to Somerset in 1970 to Kingfisher Veterinary Practice, where he remains today. He soon became a partner and developed his interest in the management and promotion of good health and husbandry on dairy farms.

A member of BCVA Council for 14 years, he has served as its BVA representative,

Treasurer and President. He is also a council member of Western Counties Veterinary Association and was among the first group of five to gain the Certificate in Veterinary Practice Management.

He was elected to RCVS Council in 1999 and has served on all RCVS committees. For the last three years he has acted as RCVS Treasurer.

Commenting on his appointment, Mr Moore said: "The veterinary profession will face many challenges over the next few years. Continuity of approach is essential if our profession is to negotiate its way through these changes effectively. Having served for three years as Treasurer on the Officer team, I believe I can contribute to the stability that is required.

"I have always been a firm advocate of a team approach to achieve maximum

effect and have shown my ability to work within a team structure in the College, and an ability to lead a team in practice over many years.

"My commitment to the veterinary profession can never be doubted - I cherish the opportunity to work for the College as President in 2007."



NON-THERAPEUTIC TAIL-DOCKING: COUNCIL CALLS FOR BAN

At its March meeting, Council unanimously agreed to support an amendment to the Animal Welfare Bill prohibiting tail-docking in dogs, except for therapeutic purposes. This would be subject to a review after five years, to take stock of scientific evidence of any change in the incidence of tail injuries in dogs during this period.

Currently, the Guide accepts that docking may be permissible if it is for therapeutic or truly prophylactic reasons. This guidance will be reviewed if Parliament decides to change the law. The RCVS hopes that Parliament will make all non-therapeutic docking unlawful.

If the law is changed, a veterinary surgeon who docks a tail in circumstances not permitted by the amended law will be at risk of prosecution, as well as disciplinary action by the RCVS.

"For some time we have been firmly opposed to the docking of dogs' tails without good clinical reasons," commented President Mrs Lynne Hill.

"In 1993, when the law was changed and our current guidance laid down, it was hoped that cosmetic docking would in effect stop. Veterinary surgeons were advised then that they should only undertake therapeutic and 'truly prophylactic' docking, and docking by anyone else was banned. Yet evidence suggests a lot of non-therapeutic docking is still being carried out, whether by veterinary surgeons or others.

"A ban with any exemptions is very difficult to enforce and this proved to be the case with tail-docking. It has proved

hard to gather sufficient evidence to hear cases against veterinary surgeons who may have transgressed the guidance. We have come to the conclusion that it is time to stop prophylactic docking altogether.

"Animal welfare must be to the fore in any decision made by RCVS Council, and with a new Animal Welfare Bill going through Parliament this seemed like an excellent opportunity to call for a ban on all but therapeutic docking in dogs," she concluded.



Non-therapeutic tail-docking should no longer be allowed.

COUNCIL ELECTIONS 2006: GIVING UP VOTING FOR LENT?

Enclosed with this edition of RCVS News is your ballot paper for the 2006 Council Elections – we hope you might have a few spare minutes to read it and then cast your vote.

There are twelve candidates standing this year, including seven who are not currently on Council. So, to help you compare and contrast, we have asked each candidate to provide some contact details and a short biography, together with the traditional manifesto; we have also improved the layout to make the information easier to digest.

The deadline for voting is 5pm on Friday 28 April 2006, but with BSAVA Congress and the Easter holidays before that, not to mention the rugby and the cricket, it would be easy to forget if you don't vote today. The profession's future will be shaped by whoever is voted onto Council.

Can you afford to abstain?

FLYING THE FLAG FOR PRACTICE STANDARDS

The public communications campaign for the Practice Standards Scheme will kick off with a launch event at Belgravia House on 27 March 2006.

Media, representatives from animal-owner groups and members of the profession will attend the event, to hear RCVS President and Chairman of the Practice Standards Working Group, Lynne Hill, explain what RCVS accreditation means for the animal-owning public.

We launched the Scheme to the veterinary profession in January 2005 and, encouragingly, approximately 50% of the UK's veterinary premises now fall under its ambit. The geographical distribution of these mirrors that of practices at large.

"The regulatory function of the RCVS has always meant that users of veterinary services could be assured that their veterinary surgeon was properly qualified and fit to practise but, for the first time, the Scheme offers reassurance that accredited practice premises also meet stringent standards," Mrs Hill will explain to attendees.

At and after the launch, the campaign will focus on communicating simple messages about accreditation, via radio, print media and, potentially television, although this

is always subject to the day's broader news agenda.

At a more local level, Scheme members are being encouraged to promote their accreditation. To facilitate this, we have sent a communications toolkit to all accredited premises, which includes questions and answers, sample text to use on websites and in practice newsletters, and promotional tips, including a guide to dealing with the local media.

In the run up to the launch, we will also provide Scheme members with other promotional items, such as posters, leaflets and window stickers. Posters and leaflets will also be displayed and distributed via rehoming centres and animal organisations.

"Our pet owner research [see box] indicated low awareness of the RCVS and how veterinary surgeons and practices are currently regulated, so it would be unrealistic to expect a huge level of interest on day one of the campaign," stresses Mrs Hill.

"But we hope there will be a slow increase in awareness, building positive associations around the RCVS accreditation logo and adding to its value for practices.

"However, we will not be suggesting that those practices not yet accredited are bad practices. Accreditation provides official recognition of the high standards that exist within UK veterinary practice. We will be saying that if a member of the public wants peace of mind that their practice has been regularly inspected, they should look for the RCVS accreditation logo," she concludes

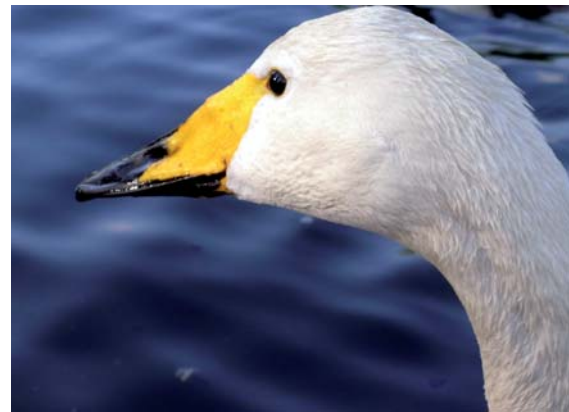
Practices not yet in the Scheme who wish to start the accreditation process should call the Practice Standards Department on (020) 7202 0767 or email practicestandards@rcvs.org.uk for an application pack. The communications campaign will be ongoing and marketing packs will be sent to all practices on accreditation.

WHAT TO DO ABOUT AVIAN FLU

In light of current concerns over an outbreak of avian influenza in the UK, we asked DEFRA to provide guidance for veterinary surgeons who may come into contact with suspect birds and/or animals. The CVO's office replied:

"If a veterinary surgeon is contacted by the owner of domestic poultry or other birds in which avian influenza is suspected, the State Veterinary Service (SVS) local Divisional Veterinary Manager must be contacted without delay. **The telephone numbers for DVMs can be found at www.svs.gov.uk.**

"Veterinary surgeons whose clients keep poultry should take every opportunity to provide advice now on the biosecurity precautions that will minimise the risk of contact between domestic poultry and wild birds, should avian influenza reach the UK. We have sent all poultry keepers an advice leaflet, but this can also be accessed by visiting the DEFRA website (www.defra.gov.uk) and following the avian influenza links. Information on the registration of poultry may also be found on this site, together with important information about basic hygiene precautions that the public should follow.



"To gain more evidence about the possible prevalence of avian influenza viruses in wild birds in the UK, we launched a surveillance programme last autumn, in consultation with various ornithological groups. One component of the programme encourages the general public to ring us to report sightings of dead waterfowl and other birds, so that – where these meet the criteria – a collection can be arranged and material sent for laboratory analysis. Our **helpline number is 08459 335577** which is open from 8am to 8pm during the week, and 9am to 6pm at weekends."

If you suspect avian influenza, contact your local DVM.

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We are encouraging all members of the Scheme to promote their accreditation at a local level

QUESTION TIME IN CHELTENHAM

RCVS Question Time is your chance to debate hot topics with the RCVS Officers and your colleagues in a relaxed atmosphere. The event invites members of the veterinary team to ask the College about current issues affecting the future of the profession.

The next meeting will be on Tuesday 9 May 2006 at the Paramount Cheltenham Park Hotel. The evening will kick-off with a buffet at 6.30pm, followed by a BBC Question Time-style debate, chaired by the President Lynne Hill.

Veterinary surgeons and Listed veterinary nurses living within reasonable travelling distance will be invited personally, but the event is open to everyone. If you would like to receive an invitation, please contact Fiona Clark, Communications Officer, on (020) 7202 0773 or f.clark@rcvs.org.uk.

CONTROLLING KETAMINE

On 1 January 2006, Ketamine was classified as a Schedule 4 (Part 1) drug under the Misuse of Drugs Regulations 2001, and a Class C drug under the Misuse of Drugs Act 1971.

Drugs under Schedule 4 are exempt from most restrictions on controlled drugs. However, veterinary surgeons continue to be advised that: *'Ketamine may be the subject of misuse and, therefore, should be stored in the controlled drugs cabinet and its use recorded in an informal register'* (Part 2, H of the RCVS Guide to Professional Conduct).

VETERINARY MEDICINES REGULATIONS – A CLARIFICATION

There remains some confusion over the meanings of the terms 'prescribing', 'supplying' and 'dispensing' of POM-V medicines under the Veterinary Medicines Regulations 2005. The following interpretation of the Regulations seeks to clarify the current position.

A veterinary surgeon **prescribing** a POM-medicine must prescribe:

- for an animal **under his/her care** (the RCVS interpretation of this term remains the same as with the Medicines Act 1968 and includes the need for the animal or herd to have been 'examined immediately before prescription or recently enough');
- after having carried out a **clinical assessment**, which does not need include a clinical examination;
- only the **minimum amount** of medicine required for the treatment; and
- in writing, if another veterinary surgeon or pharmacist will supply the POM-V medicine.



A veterinary surgeon **supplying** a POM-V medicine must **authorise** the specific supply of POM-V medicine, but the dispensing of that POM-V medicine may be carried out by a suitably trained member of staff in the absence of the supplying veterinary surgeon. A veterinary surgeon who **supplies** a POM-V medicine (or a POM-VPS or NFA-VPS medicine) must:

- always advise on the safe administration of the veterinary medicinal product;
- advise as necessary on any warnings or contra-indications on the label or package leaflet; and
- be satisfied that the person who will use the product is competent to use it safely, and intends to use it for a use for which it is authorised.

The Veterinary Medicine Directorate has indicated its acceptance of this interpretation.

More advice and guidance:

- Maintenance and monitoring of anaesthesia - page 7
- 2006 update to the *Guide* - page
- Medicines supply by VNs and SQPs - page 11

COMPLEMENTARY THERAPIES – WHO CAN TREAT?

The Veterinary Surgeons Act 1966 (Section 19) provides, subject to a number of exceptions, that only registered members of the Royal College of Veterinary Surgeons may practise veterinary surgery.

Who is allowed to treat animals?



An example of one such exemption is contained in Part 2F of the RCVS Guide to Professional Conduct, which states: *'The Veterinary Surgery (Exemptions) Order 1962 allows for the treatment of animals by 'physiotherapy', provided that the animal has first been seen by a veterinary surgeon who has diagnosed the condition and decided that it should be treated by physiotherapy under his/her direction. Physiotherapy is interpreted as including all kinds of manipulative therapy. It therefore includes osteopathy and chiropractic but would not, for example, include acupuncture or aromatherapy.'*

The Guide also states: *'All other forms of complementary therapy in the treatment of animals, including homoeopathy, must be administered by veterinary surgeons. It is illegal, in terms of the Veterinary Surgeons Act 1966, for lay practitioners however qualified in the human field, to treat animals. At the same time it is incumbent on veterinary surgeons offering any complementary therapy to ensure that they are adequately trained in its application.'*

Veterinary surgeons offering complementary therapies should ensure they are adequately trained and those referring animals to complementary practitioners should ensure those practitioners are other veterinary surgeons or appropriately trained/experienced, as relevant.

VETERINARY SCHOOL VISITATIONS

Edinburgh

At its latest meeting, Council received the final report from the RCVS and the European Association of Establishments for Veterinary Education (EAEVE) on the visitation to the University of Edinburgh, together with the university's formal response.



Professor Elaine Watson FRCVS speaking at Council recently.

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The visitors reported unanimously on the high international standing of the Royal (Dick) School of Veterinary Studies at Edinburgh; they noted, particularly, the excellent clinical facilities at Easter Bush and supported the plans to build a new school and relocate all veterinary teaching to Easter Bush from Summerhall. They also reported on the major curriculum review that is now underway at Edinburgh, which should help to address some concerns over curriculum overload – a feature of many veterinary degree courses!

In her response, the Head of School, Professor Elaine Watson, welcomed the

report and said it was a matter of great pride for all members of staff that their commitment to educational excellence had been acknowledged. The report will now be sent to the Privy Council with a recommendation that the university's BVM&S degree should continue to be recognised for registration purposes.

Bristol

Our next full visitation will be to Bristol in March 2007. We are in the process of putting together a visitation panel and will publish details on RCVSonline in due course.

Visitations guidance updated

We have updated our guidance on visitations to provide clearer advice for veterinary schools and visitors on what is expected within the veterinary degree course and on how visits are conducted. The guidance seeks to clarify that we do not necessarily require each school to provide specialist teaching and facilities in every single discipline and/or species from its own immediate resources.

Although all students must have access to the facilities and teaching required enabling them to meet the RCVS Day One Competences as a minimum, this may be provided through collaborative arrangements if necessary. Collaboration between schools is seen as a way of optimising the deployment of veterinary resources and national expertise and we are keen to encourage initiatives in this direction. The full guidance document can be downloaded from www.rcvs.org.uk/education.

New visitors

Following our recent call for new visitors in *RCVS News* (November 2006, page 4), the Education Committee has agreed to add ten new names to the list of possible visitors. We will publish the full list on RCVSonline in due course.

MODULAR CERTIFICATES TAKING SHAPE

Since our last report on modular certificates (*RCVS News* - November 2005, page 8), our Subject Boards have continued to work on the development of modules for their various areas and the specifications for a wide range of subject and species modules are now taking shape.

In the meantime, the Specialisation and Further Education Committee has reviewed the timetable for implementation of the new system and noted that, although some modules may come on stream within universities towards the end of 2006, it will take longer to implement a full range to replace the existing certificate examinations. It has therefore been agreed that enrolments should continue to be accepted for existing RCVS certificates until 1 November 2007.

New bye-laws setting out the rules for the modular certificate system will be considered later this year, putting in place an accreditation system via which universities can be approved to assess modules leading to the new Certificate in Advanced Veterinary Practice. Proposals for these new rules have been drawn up and are now available on RCVSonline for members' information (www.rcvs.org.uk).

For further information about the new modular system, please contact Liz Marshall, Education Officer, on (020) 7202 0778 or e.marshall@rcvs.org.uk.

JOIN US FOR A DRINK AT BSAVA

If you are heading to Birmingham for BSAVA Congress, clear a space in your schedule to join us for a drink at the RCVS Question Time session on Friday 21 April at 4.30pm in Hall 10 of the International Conference Centre, and bring your questions with you.

With the public launch of the Practice Standards Scheme, headline results of the current Manpower Survey, the introduction of the Professional Development Phase for new veterinary graduates and ongoing plans for the modular certificate, amongst other issues, it's sure to be a lively and topical debate.

We will also be ready to answer your questions on the RCVS stand (B7) in the National Indoor Arena for the duration of the event. Do come and visit us.



Join us for a glass of wine at BSAVA Congress

RCVS FELLOWSHIP DEADLINES 2006

The deadline for new applications for the RCVS Diploma of Fellowship, by Thesis or by Meritorious Contributions to Learning (MCL), is **Friday 1 August 2006**.

Applicants applying under the MCL route should note that the period of eligibility will be reduced from 20 to 15 years (subject to agreement on revised bye-laws).

RECOGNISED SPECIALIST DEADLINES

Please note the following deadlines for RCVS Recognised Specialist status:

Friday 25 August 2006 – Deadline for re-applications (Specialists first listed in 1997 and 2002)

Friday 18 September 2006 – Deadline for new applications

OPENING GATEWAYS TO THE PROFESSION

October 2006 sees the introduction of increased tuition fees for UK university students, and concerns have been raised about the possible implications for veterinary graduates of the future. We expressed our views to Government as the Bill introducing increased fees went through parliament, and were later invited to contribute to Sir Alan Langlands' report on "Gateways to the Professions", a study which looked into the possible implications for access to professional careers.

The Langlands report was published last autumn with recommendations on how the effects might be mitigated. In



Veterinary students will face increased tuition fees from October

response, the Department for Education & Skills (DfES) is making development money available for collaborative projects, to be led by professional bodies over the next two to three years, to take forward the Gateways agenda. This includes:

"...changing unhelpful stereotypical images

about the professions; ensuring that young people and those who advise them, including parents and carers, have access to resources about the career opportunities that exist in each profession, the different routes available, and the qualifications and experience

required for entry." (Langlands Report, Recommendation 1)

We will be working with universities and DEFRA to draw up an application for funding, which we hope will result in some improved careers material in due course. We are aware that many veterinary surgeons speak at careers events and often ask us to let them have a supply of suitable materials. Unfortunately, we currently have a very limited budget for this type of activity, but this could change if the DfES approves the proposals.

With the number of applications to veterinary schools already starting to drop slightly, it will be important to ensure that young people with the potential to be excellent veterinarians are not discouraged from applying to veterinary school. All the universities will have a range of bursaries available for those on lower incomes, and alternative routes into the degree course are starting to be developed to attract a wider range of applicants.

We are also awaiting confirmation from the DfES of a significant change to the so-called "previous study rules" affecting student loans and the local authority contribution to tuition fees. The rules have meant that graduate entrants to veterinary school have not been able to apply for continuing student loans and have had to pay full tuition fees, but the government's response to the Langlands report indicates that an exception will be made for veterinary students – a welcome change for many.

Employers and veterinary associations that are interested in collaborating with us on the Gateways project are invited to contact Freda Andrews, Head of Education, on 020 7202 0702 or f.andrews@rcvs.org.uk.

MEASURES APPROVED TO TACKLE NON-PAYERS

RCVS News (June 2005) reported Council's concern over the high number of members removed every year for non-payment of the retention fee, especially the number who had been removed for this reason more than once. Some 500 members were removed for non-payment last August. The Privy Council has approved Council's measures to address this, which will come into effect on 1 April 2006.

The central plank of these new measures is a sliding scale of increasingly punitive restoration fees that rise in relation to the number of times a member has been removed for non-payment. Thus, a member so removed for a fifth time (and there have been some in the past) would have to pay almost £1,500 to be restored to the Register.

Additionally, the time during which payment can be made is being compressed. Currently the retention fee is due on 31 March and removals are made on 1 August. From 1 April 2006 removals will be made on 30 May annually. The Registrar's reminder letter will now be sent to members who have not paid the fee on 1 May as opposed to 1 June.

Members and practices are reminded that not only is it illegal to carry out acts of veterinary surgery when unregistered, but that all veterinary certificates signed are invalid, as is any professional indemnity and public liability insurance. We would urge that in April each year, practice principals, senior partners or any other employers check with the Membership Department that all veterinary surgeons in their employ have paid their retention fee.

The Privy Council has also approved the following fees to come into effect on 1 April 2006:

Membership Category	Fees for 2006/2007
Home-practising	£264.00
Postgraduate	£132.00
Overseas-practising	£132.00
Non-practising under 70	£43.00
Non-practising over 70	£0.00

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CERTIFICATE AND DIPLOMA WRITTEN EXAM DATES – 2006

Dates and venues for the 2006 RCVS certificate and diploma written examinations are as follows:

RCVS Diplomas: Monday 10 July 2006 or Tuesday 11 July 2006 (depending on numbers)

Venue: RCVS, Belgravia House, 62 – 64 Horseferry Road, London SW1P 2AF

RCVS Certificates: Tuesday 18 July 2006 or Wednesday 19 July 2006 (depending on subject).

Venue: The Emmanuel Centre, Marsham Street, London SW1P 3DW

The precise timetable for each diploma and certificate subject will be published shortly on RCVSONline, and each candidate will be notified separately. Dates for clinical, oral and practical examinations will be published and notified separately.

CONTINUING PROFESSIONAL DEVELOPMENT

MANDATORY CPD NEEDN'T COST THE EARTH

Judging from the enquiries received by our Education Department, many veterinary surgeons remain concerned that the only way to comply with our CPD policy is by attending external (and expensive!) courses. However, whilst going on a course is often an excellent way to refresh and learn new skills, it is not the only way of keeping up to date. Following Council's decision to strengthen its message that participation in CPD is a requirement for all practising veterinary surgeons, some members may be concerned that this will involve additional expense and time away from the workplace. But, there are a variety of different activities that can contribute to CPD that some members may have overlooked.

What activities can count towards CPD?

Our CPD policy is very flexible in that just about *any* activity you undertake in order to maintain and further your professional competence can be counted, as long as you can account for what you have learnt. The key to effective CPD is to plan your learning in advance – to take some time out to think about your professional and personal development, identify gaps in your experience and knowledge that affect your work, think carefully about ways of

working that you could improve upon, and put these together to define your personal learning objectives. Consider your general professional skills such as how you communicate with clients and colleagues, your approach to problem-solving, or the need to update your understanding of

relevant legislation and so on, as well as the clinical skills and techniques that you wish to improve or develop further.

CPD in the workplace

Attending courses and conferences to hear about the latest developments is obviously an excellent way to keep up-to-date, but many people find that it is the more informal professional interactions with colleagues that contribute most to broadening one's perspective. Such interactions can be an important part of

your CPD if you take the time to reflect on what you have learnt, put it into practice, and keep an ongoing record of how you have progressed. Taking this approach, CPD can be incorporated into your working day, and you may not always need to go on a course to show that you are maintaining your competence.

You may, for example, be involved with clinical audit at your practice, or be preparing for the RCVS Practice Standards Scheme, or perhaps preparing to act as a mentor to a less experienced colleague. Start off by identifying the background reading and research that you need to do and keep a log of your reading. You may need to spend some time with a colleague "seeing practice", or observing how others deal with a problem - keep a note of your observations and record how you apply it later to your own work.

"The key to effective CPD is to plan your learning in advance."

Meet the neighbours?

You could consider setting up or joining a network – either locally, or online – sharing expertise with colleagues and comparing notes on clinical or other professional problems. Refresh your links with one of the many veterinary associations and look at the wealth of information now held on their websites (including RCVSonline!). Or, think about becoming involved with a research project that can be conducted from practice, either independently or in collaboration with others. Don't forget to record the work involved if you prepare a new paper for presentation at a meeting or conference, or as you prepare to act as an assessor or examiner. Learning can take place in almost any context – consider experienced-based learning opportunities such as secondments, temporary job changes, exchanges, and development of junior colleagues or students.

Work from home

Private, self-directed learning counts towards your CPD hours, and there is potentially no limit to the number of hours that can be noted on your *RCVS CPD Record Card* for this type of activity if it is part of a documented process of appraisal and development. However, **undocumented** private study can account for no more than ten hours on average per year on your record card. There is an

increasing number of online distance-learning courses and online materials, making it possible for those in the remotest of areas to access up-to-date information. Don't forget that joining the RCVS Trust Library provides members with access to a huge selection of online veterinary and other scientific journals and can offer customised data searches as well as other help with research.



Keeping track

The *RCVS CPD Record Card* should be used to keep a simple summary of all your CPD activities, but you should also aim to keep a fuller record or folder with supporting evidence of the CPD you have undertaken: start with your learning objectives, and add notes on how you are achieving them, keep attendance certificates, notes of appraisals, records of achievement, and your reading journal. And try cross-referencing to case notes, in case you later want to use the material as part of your case log for an RCVS Certificate.

Informal professional interactions with colleagues might contribute most to broadening your perspective.

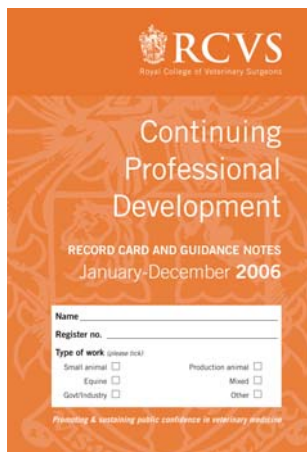
"Private, self-directed learning counts towards your CPD hours."

Practising members should have already received their copy of the 2006 edition of the record card; copies can also be downloaded from RCVSonline at www.rcvs.org.uk/cpd. The website includes a 'Word' version of the card which you can keep on your own computer and which will also calculate totals for you.

PDP=CPD for new graduates

The Professional Development Phase (PDP) – which will be launched for new

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You should be able to account for what you have learnt.

CONTINUING PROFESSIONAL DEVELOPMENT

graduates from 2007 – is in effect the first year of CPD for new graduates. The RCVS PDP website database is a self-assessment system, providing new graduates with a structured approach to help them judge whether they are meeting the professional competences expected of them in small animal, equine, or production animal practice.

“Going on a course is not the only way of keeping up-to date.”

are returning to practise after a career break. You can access a preview of the database by visiting <http://pdp.rcvs.org.uk> and clicking on the ‘preview’ pane. If you want to apply for a password to use the database, please email pdp@rcvs.org.uk.

How much?

CPD is a mandatory requirement within the *RCVS Guide to Professional Conduct*, and all those who are designated as practising members on the RCVS Register have a duty to abide by the requirement. A minimum of 105 hours must be recorded over a period of three years, regardless of whether you work full time or part time. This averages out at about 35 hours a year, although it is possible to do more in one year and less in another, provided a minimum of 105 hours is accrued over three years.

Returning to work?

If you have had a prolonged absence from work, you might be considering what you need to do to pick up where you left off. Depending on circumstances, this could take the form of seeing practice, attending a refresher course, finding an adviser or mentor to help develop a study plan, contacting relevant veterinary associations or organisations, or undertaking an online programme of study. Again, all of these

activities will count towards CPD if they are documented.

As a first port of call, you can refer to the RCVS PDP website (see above), to help formulate your study plan, and as a reminder of the areas you may need to concentrate on.

CPD in the future

Hopefully this article has provided some pointers to the different types of activities that can count towards CPD. RCVS would be interested to hear of other examples of activities that you have successfully incorporated into your CPD plan so that we can develop some case studies for future publication. Please email us with any suggestions at cpd@rcvs.org.uk.

MAINTENANCE AND MONITORING OF ANAESTHESIA

In June 2005, Council decided that, in the long term, only Listed and student veterinary nurses should carry out the maintenance and monitoring of anaesthesia.

In January 2006, however, in the light of concerns expressed by the Practice Standards Working Group and others, the Advisory Committee decided that further evidence was needed to justify any advice that only Listed and student veterinary nurses should assist with the monitoring and maintenance of anaesthesia, and recognised that any advice must be practicable.

The advice on the monitoring and maintenance of anaesthesia remains as follows:

- Inducing anaesthesia by administration of a specific quantity of medicine directed by a veterinary surgeon may be carried out by a Listed veterinary nurse or, with supervision, a student veterinary nurse, but **not** any other suitably trained person.
- Administering medicine to effect, to induce and maintain anaesthesia may be carried out **only** by a veterinary surgeon.
- Maintaining anaesthesia is the responsibility of a veterinary surgeon, but a suitably trained person may assist by acting as the veterinary surgeon's hands (to provide assistance which does not involve practising veterinary surgery), for example, moving dials.
- Monitoring a patient both during anaesthesia (and monitoring a patient at any other time) is the responsibility of the veterinary surgeon, but may be carried out on his or her behalf by a suitably trained person.
- The most suitable person to assist a veterinary surgeon to monitor and maintain a patient during anaesthesia is a Listed veterinary nurse or, under supervision, a student veterinary nurse.

There is additional advice on RCVSonline for Listed VNs and student veterinary nurses who, under Schedule 3 of the Veterinary Surgeons Act 1966, may carry out medical treatment under the direction of a veterinary surgeon (www.rcvs.org.uk/schedule3).



Acting as a mentor to more recent members of the profession can count as CPD, if recorded.

With a structure for recording clinical skills and procedures undertaken, together with a personal diary of observations, comments on strengths and weaknesses, incident analysis and action plans, the system encourages a reflective approach to professional development and can easily be incorporated into performance appraisal either formally or informally. The individual's PDP record can be used to demonstrate what's been achieved, and to highlight areas for development in the future.

We plan to launch the PDP database to all new graduates from 2007, but it is available for use now on a limited basis, either by new graduates or by those who



No change to current advice on VNs and anaesthesia.

Read more about CPD at
www.rcvs.org.uk/cpd

GUIDE TO PROFESSIONAL CONDUCT – 2006 UPDATE

On 2 March 2006, RCVS Council approved changes to the RCVS Guide to Professional Conduct including those described below. The first section details new/amended guidance and annexes relating to veterinary medicinal products following the implementation of the Veterinary Medicines Regulations 2005; the second describes changes to the guidance on continuing professional development, complaints handling and dart gun medicines.

These have been incorporated into the online version of the *Guide* and a reprint of the 2006 edition will be sent to members shortly. Full details of the changes are available upon request from the Professional Conduct Department (020 7202 0789 or profcon@rcvs.org.uk) or on RCVSONline (www.rcvs.org.uk).

MEDICINES CHANGES

GUIDANCE

Part 2H – The Use of Veterinary Medicinal Products

Prescribing POM-V medicines

The RCVS interpretation of 'under his care' remains the same. The interpretation of 'clinical assessment' and 'minimum amount for the treatment' is as follows:

'Clinical Assessment,

6. *The Veterinary Medicines Regulations do not define "clinical assessment", and the RCVS has interpreted this as meaning an assessment of relevant clinical information, which may include an examination of the animal under the veterinary surgeon's care.'*

'Minimum Amount,

7. *The Veterinary Medicines Regulations do not define "minimum amount" and the RCVS considers this must be a matter for the professional judgement of the veterinary surgeon in the individual case.'*

Prescribing POM-VPS medicines

'POM-VPS Veterinary Medicinal Products

Veterinary surgeons may prescribe POM-VPS veterinary medicinal products in circumstances where there has been no prior clinical assessment of the animals and the animals are not under his or her care. In these circumstances veterinary surgeons should prescribe responsibly and with due regard to the health and welfare of the animals.'

Retail supplies of POM-V, POM-VPS and NFA-VPS medicines

'A veterinary surgeon who supplies POM-V, POM-VPS or NFA-VPS veterinary medicinal products must:

- a) always advise on the safe administration of the veterinary medicinal product;*
- b) advise as necessary on any warnings or contra-indications on the label or package leaflet;*
- c) be satisfied that the person who will use the product is competent to use it safely, and intends to use it for a use for which it is authorised.*

Veterinary medicinal products must be supplied in appropriate containers and with appropriate labelling.

Veterinary surgeons may make retail supplies of POM-V veterinary medicinal products on the prescription of another veterinary surgeon (ie. for animals that are not under the care of the supplying veterinary surgeon).'

Records

'Veterinary surgeons should keep a full record of all incoming and outgoing medicinal products and at least once a year carry out a detailed audit reconciling these with stock, recording any discrepancies. For further information please see the Veterinary Medicines Directorate's Clarification Note on record keeping.'

ANNEXES

VMD's advice on Cascade

The VMD's advice on the Cascade has now been replaced by Guidance Note 15 'Controls on the Administration of Veterinary Medicines', which replaces the existing annex.

Advice on the provision of veterinary services via the internet

There are additional requirements for veterinary surgeons involved in the supply of medicines via the internet, to ensure that clients know who the supplier is and the nature of the **duty of care** for the animals; this is essentially whether the veterinary surgeon is acting as a responsible supplier of medicines, as a pharmacist or SQP might, or whether the veterinary surgeon is acting as a practitioner.

Practice Standards Scheme

The Practice Standards Scheme has been revised as a consequence of the Competition Commission-related advice which is already part of the Guide.

OTHER CHANGES

GUIDANCE

Continuing Professional Development

Part 1 D, Your Responsibilities to Your Clients

1. *Veterinary surgeons must continue their professional education by keeping up to date with the general developments in veterinary science, particularly in their area of professional activity and must maintain a record of CPD undertaken as evidence of so doing.*
2. *Employers should encourage and facilitate participation in CPD programmes.*
3. *New graduates must be supported and assisted by senior colleagues until they are confident of their own ability to provide a full professional service. It is strongly recommended that employers of new graduates support their continued development through an appropriate appraisal system, to enable them to complete the RCVS Professional Development Phase (PDP).*
4. *Those returning to practice, or changing direction, must undertake appropriate training to ensure that they are competent to do so.'*

Complaints Handling

Part 2C, Promoting the Practice – Practice Information

Practices should provide clients with the practice's complaints handling policy.

ANNEX

Medicines for Use in Dart Guns

A revised annex provides guidance for those veterinary surgeons who use or supply medicines for use in dart guns and there is particular emphasis on food safety issues. The revised guidance provides that:

'Veterinary surgeons [or lay darters] administering Large Animal Immobilon, or any other immobilising medicine not licensed for use in a food-producing animal, must mark permanently, with an appropriate tag in each ear, any deer (farmed or wild), or if relevant dispose of the carcass, to ensure, so far as practicable, that such animals will not enter the human food chain.'

View the online
Guide at
www.rcvs.org.uk/guide

PRELIMINARY INVESTIGATION COMMITTEE

CHAIRMAN'S REPORT TO COUNCIL – MARCH 2006

There have been four meetings of the Preliminary Investigation (PI) Committee since the last Council meeting, during which fifty-four new complaints as well as ongoing complaints were considered. The PI Committee referred 13 complaints to solicitors for statements and ten complaints to the Professional Conduct Department for further investigation. Committee members have carried out two informal interviews and four announced visits to veterinary practices. Four complaints have been referred to the Disciplinary Committee.

One complaint and one recurring issue are reported to Council:

Clinical Records and Supervision

The complaint concerned the return of a cat to the owners at the time of a staff Christmas gathering.

The complaint was not reported to the College until 4 August 2005, the complainants stating that the delay was because the episode had been 'too painful to face until now'.

During the evening of 23 December 2004, a cat suffering with a swollen abdomen was taken to the veterinary surgery. Following examination, the attending veterinary surgeon advised the complainants that their animal should be kept in overnight and radiographs taken the next day. The complainants elected to take their cat home overnight and return their cat the following morning.

The next morning (24 December 2004), the complainants took their cat to the practice when it was admitted as an in-patient for radiographs. Radiographs were not taken because the veterinary surgeon noted there was fluid in the cat's abdomen and considered this would obscure peritoneal detail. The peritoneal fluid was aspirated.

The complainants had been asked to collect their cat before midday when the practice would close for the Christmas break. At 11am that morning, the complainants telephoned the practice and, having been told their cat was 'okay', said they were coming to collect their cat 'straight-away'. The veterinary surgeon was then called away from the surgery but, prior to leaving, noted the cat had bilateral palpebral reflexes, head and limb movement and was breathing comfortably; the veterinary surgeon therefore placed the cat in its carrier in the preparation room ready for collection as this was a prominent place for the staff to observe the cat as they prepared to close the practice for the Christmas break.

The complainants said they arrived at the practice to collect their cat at about

12 noon. The veterinary surgeon said the time was closer to 1pm. On their arrival, the surgery waiting area was empty and through the open door of the preparation room, the complainants said they saw some sort of party going on; noting food and glasses of wine. The practice accepted there was a lunch for staff members, with a few festive drinks.

The veterinary surgeon concerned collected the cat in its basket and took the complainants to a consulting room and explained the procedures that had been carried out. The complainants noticed that the cat was not breathing, whereupon, they said that the veterinary surgeon said, "Oh no, he must have just this minute gone". The complainant said that the cat's pupils were fixed and dilated, its body cold and paws white and concluded that it had been dead for some time. The veterinary surgeon apologised and told the complainant that probably the animal would have died in any event, because a large abdominal mass had been discovered; possibly associated with the liver. The veterinary surgeon stated to the PI Committee that as he had not finished his duties when the complainants arrived, he and the other practice staff on duty had not had any 'drinks'.

The facts of the complaint were largely agreed between the complainants and veterinary surgeon and the Committee noted the veterinary surgeon's initial apology to the complainants, which was repeated in the response to the PI Committee. The Committee accepted the veterinary surgeon's view that the cat had been provided with adequate care, at the same time recognising why the complainants' perceived that care had been inadequate. The Committee advised the veterinary surgeon that it is good practice to check the condition of an animal immediately prior to discharge.

At its first consideration of the complaint, the PI Committee noted that the veterinary surgeon provided the Committee with a copy of the clinical record for the cat. This was a photocopy of a record card. The PI Committee was puzzled about the last entry on the record card dated 20 December 2005, when the incident occurred on 24 December 2004; an error which might indicate a retrospective entry. The original clinical records were requested and in due course considered.

The PI Committee recognised that sometimes it may be necessary to add information to a patient's record card at a later time, and advised the veterinary surgeon that when retrospective comments are added, they should set out both the date of the original

event/procedures as well as the date of amendment.

The complaint was closed with no indication of serious professional misconduct against the veterinary surgeon.



Continuity of Care

The PI Committee continues to receive complaints relating to continuity of care; complaints about animals passed between out-of-hours emergency service providers and general practices. Therefore, it is appropriate to provide a reminder of the guidance approved by the Council at its meeting on 2 June 2005, which states:

'Once an animal has been accepted as an in-patient for treatment by a veterinary surgeon or practice, responsibility for the animal remains with the veterinary surgeon or practice until another veterinary surgeon or practice accepts the responsibility.'

Primary practices and out-of-hours emergency service providers must continue to provide for the treatment of an in-patient, if it is considered that the in-patient is not fit to be moved.

Where an animal needs continuous in-patient care, a veterinary surgeon should not leave the animal until appropriate care is provided by a colleague.

It is recognised that critically ill animals will sometimes need to be moved in order to receive appropriate treatment and primary practices should have appropriate transport and transfer arrangements in place.

When considering the transfer of critically ill animals, veterinary surgeons should consider the long-term care that may be required and avoid, so far as possible, the need for such animals to travel more than necessary.

Where it is necessary and appropriate to transfer an animal between the primary practice and an out-of-hours emergency service provider, the responsibility is that of the primary practice, not the client.'

It is good practice to check the condition of an animal immediately prior to discharge

MRS SUSIE MACLEOD

On 8 November 2005, Mrs Susie MacLeod was suspended for a period of eight months for:

- a) failing to make adequate arrangements for 24-hour emergency cover for a Listed VN-run vaccination clinic she set up in Sawbridgeworth, Herts, and failing to give clients information concerning the arrangements; and
- b) five charges of permitting VNs at the clinic to supply/administer POMs (vaccines) and PMLs to animals that were not under her care, and when the VNs concerned were not under her direction.

The clinic had been established by Mrs MacLeod, supplementary to her practice – the A120 at Little Hadden. It was staffed only by Listed VNs who carried out vaccinations of animals after carrying out a “mini health check”. It was Mrs MacLeod’s view that this was permitted on the basis of advice from the RCVS Professional Conduct Department.

The Committee stated that “under [his] care” was a central component of both the Veterinary Surgeons Act 1966 and the Medicines Act 1958 (then in force), and confirmed that, under the *RCVS Guide to Professional Conduct*, it required:

- a) a veterinary surgeon to have been given responsibility for the health of an animal;
- b) that such responsibility must be real and not nominal; and
- c) that the animal must have been seen immediately before prescription or supply, or recently enough for the veterinary surgeon to have personal knowledge of the animal’s current health condition to make a diagnosis and prescribe.

The Committee found that Mrs MacLeod was unaware of each individual animal attending the clinic and she had not examined any animal attending the clinic for the first time.

The Committee rejected Mrs MacLeod’s opinion that, in the operation of the vaccination clinic, being under the care of a VN was equivalent to being under the care of a veterinary surgeon. Mrs MacLeod’s view that the nurses were acting under her direction for the administration of POMs as soon as an animal registered with her practice, although there was no veterinary surgeon on the clinic premises at the time, was similarly rejected.

Mrs Macleod has lodged an appeal with the Privy Council against the decision of the Disciplinary Committee. The date of the hearing has not yet been set.

MR WILLIAM SIM

At a hearing in July 2005, Mr Sim admitted a drink-driving conviction (for which he had been sentenced to three months’ imprisonment and disqualified from driving for three years) and a second charge, itemising eight occasions when he had been drunk whilst working as a veterinary surgeon. The hearing was adjourned on the basis that Mr Sim would participate in an alcoholism treatment programme via the Veterinary Surgeons Health Support Programme and undertake not to practise, pending the conclusion of the Inquiry.

At a resumed Inquiry on 30 and 31 January 2006, Mr Sim was found guilty of an additional charge of disclosing inaccurate information to the Preliminary Investigation and Disciplinary Committees surrounding his drink-driving conviction, and failing to correct it when he knew, or ought to have known, that it was incorrect. Mr Sim had indicated that he had been moving his car within a car park and that he had no intention of driving onto the public highway. However, two witnesses stated that Mr Sim had collided with another car whilst he was on a public road.

The Committee was satisfied that, even if Mr Sim’s original recollection of events was hazy through alcohol, subsequent court hearings and compensation claims from the other driver would have alerted him to the true sequence of events, and that this was different from the description he had conveyed to the RCVS. He was found guilty of the charge, which amounted to disgraceful conduct. The Committee stated that, “any attempt to mislead the College either deliberately or by omission has to be taken very seriously”.

The Committee was satisfied that the charges had resulted from Mr Sim’s alcohol addiction. Medical advisors for Mr Sim stated that although his adherence to his treatment programme had lapsed in autumn 2005, they were confident of his commitment to the alcoholism recovery programme in which he had been participating since July 2005; they also felt that a return to some kind of veterinary work would assist his progress.

In view of this, and the fact that Mr Sim had admitted the charges at the July hearing, the Committee decided to postpone its judgment for two years. However, in order to protect the public and their animals, and to provide a degree of appropriate supervision of his conduct while undertaking clinical work, the postponement was made on condition that Mr Sim:

- (a) would not consume alcohol;
- (b) would continue his therapy under the supervision of a suitably qualified person who would submit written reports on his progress and prognosis, initially quarterly;
- (c) would provide blood samples for testing, which may also be requested randomly by the RCVS from time to time; and
- (d) be allowed to practise as a veterinary surgeon provided that he agreed to attend only those cases where he had made a prior arrangement, in each case with the client’s regular veterinary surgeon or practice, to provide any necessary assistance or after-care.

Any adverse report or breach of these undertakings may result in a resumed hearing.

MR MAURICE KIRK

On 7 November 2005, Mr Maurice Kirk made a second application for restoration that was refused by the Disciplinary Committee. After sitting for seven hours, the Committee decided that he could say nothing further during the hearing that would make the Committee direct his restoration and the proceedings were brought to an end. The Committee’s findings can be viewed on RCVSonline (www.rcvs.org.uk).

Since the hearing, the High Court, of its own volition, has issued an extended civil restraint order against Mr Kirk relating to RCVS matters.

The RCVS costs in relation to Mr Kirk’s appeal and applications to the Privy Council and High Court respectively, remain unpaid.

MR MICHAEL SIMONS

Mr Michael Simons’ application for restoration to the *Register* had been scheduled to take place on 1 February 2006. The application was, however, withdrawn. The College had opposed restoration on the recommendation of the Preliminary Investigation Committee. Mr Simons has received seven criminal convictions since his removal in November 2001, including holding himself out to be a veterinary surgeon, possession of a Class A drug with intent to supply and criminal deception.

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

VN TPs AND PRACTICE STANDARDS: WHAT'S THE DIFFERENCE?

Since its launch last January, a healthy number of VN Training Practices (TPs) have joined the Practice Standards Scheme (PSS) at Tier 2 [waiting for figures]. But there has been some confusion regarding the difference between approval of a practice as a TP and the requirements of the PSS. When a practice is accredited by both schemes and needs to receive various different inspections, this can be frustrating. So what's the difference and what evaluation is required?



The retention rate for VN students is now 83%.

As the Awarding Body for the VN NVQ, the RCVS sets standards for the approval of TPs. Veterinary Nursing Approved Centres (VNACs) take account of these standards when deciding whether or not a practice should be approved. It is important to note that TP approval is linked to a named VNAC and is not transferable.

Shared criteria

To be approved as a TP the VNAC must agree that the TP meets standards in the following areas: suitable

premises, health and safety, clinical resources (for example, equipment, clinical furniture and practice layout), clinical record-keeping and personnel records. These are also criteria for accreditation at Practice Standards Tier 2.

In addition to meeting these shared criteria, a TP must also have a qualified assessor available to lead and assess student VN training, or someone suitable and willing to undertake and train for this role. It must also have a sufficiently large (normally 100 or more cases per week) and varied (range of cats, dogs and exotics requiring out and in-patient treatment and surgery) caseload. In the case of equine work, the required caseload is smaller but must include in-patient treatment and surgery. These criteria do not apply to PSS at Tier 2.

Visits

In addition to the RCVS Awarding Body standards, TPs must also agree to adhere to the national requirements for NVQ training. It is the responsibility of VNACs, as part of their adherence to the same national requirements, to observe and quality-assure the work of an assessor in a TP at least twice per year. The VNAC's internal verifier (IV) will make this visit.

If the TP is not on the Practice Standards Scheme, when the VNAC internal verifier visits they will also need to ensure that practice resources and record-keeping

systems continue to meet standards. This is not necessary if the practice is on the Scheme, but the IV will still need to audit student records in order to comply with the NVQ regulations.

Although the TP accreditation and the PSS accreditation are separate, if while on a visit a TP notices something that is in breach of the Practice Standards Scheme, they cannot ignore this if it is likely to affect training adversely. If it is a major breach and, once notified, the TP does not take action, the VNAC may suspend further student enrolments at the practice and will inform the RCVS PSS inspectorate.

Occasionally a TP may be visited more than twice per year. VNACs are required, as part of the NVQ Code of Practice, to manage their TPs according to risk. If a TP is a high risk, or becomes so, the IV will visit more frequently until the risk is reduced.

VNACs may categorise TPs as high risk if they:

- are new;
- have unqualified assessors or no assessor;
- have students that are making unusually poor progress or are considered by the VNAC to be poorly supported; or
- have fallen below the required standards in a way that might compromise training or assessment.

In addition, RCVS external verifiers (EVs) visit a sample (one in six) of TPs every year to assess how VNACs manage their affiliated practices. EVs try to arrange their visits to coincide with one of the planned IV visits to the TP, although this is not always possible and an additional visit is sometimes necessary.

Finally, students who are receiving funding for their training from the Learning and Skills Council (LSC) must be visited by their training provider (this may be the VNAC or an LSC funding agent) every 12 weeks to ensure that they are being trained in a safe and supportive environment. This regulation is in place to safeguard students and public funds and it applies nationally across all vocational training, not just to veterinary nurse trainees.

This may seem like a lot of visits, but in a decentralised and publicly accountable system it is important that a cascade of evaluation is carried out.

Undoubtedly, in a busy practice day, any additional demands on time will be met with a degree of caution. But since

the NVQ was introduced, and with it a new, more structured approach to VN training, the retention rate for student VNs has increased from around 50%, in 1998, to 83% in 2005. This would seem to demonstrate that a focus on quality assurance and evaluation has paid off and will continue to do so.

SUPPLYING MEDICINE FROM A PRACTICE

The law on veterinary medicines changed last October when the Veterinary Medicines Regulations 2005 superseded the Medicines Act 1968. Veterinary surgeons, veterinary nurses and other practice staff involved in the supply of medicines need to be aware of what is new, but their role is not necessarily changed.

Under the regulations, veterinary surgeons can prescribe and supply prescription-only medicines. It has been accepted for many years that trained members of staff, including veterinary nurses, can assist in the supply of medicines to clients by veterinary surgeons, and that remains the case: nothing has changed. It is **not** necessary for a veterinary nurse to become an SQP in order to carry out this function.

In addition to veterinary surgeons, practices may have a new category of supplier: Suitably Qualified Persons (SQPs).

SQPs have a specific role in respect of one of the new categories of medicines brought in by the regulations: POM-VPS products, which are mainly

parasiticides and other medicines for the routine control of endemic disease. They can be prescribed and supplied by SQPs as well as veterinary surgeons and pharmacists. SQPs can only supply medicines from premises approved by DEFRA for the purpose.

A DEFRA-approved course is now available which allows Listed veterinary nurses to qualify as SQPs. VNs who become SQPs will be able to prescribe and supply POM-VPS medicines on their own authority. They do need, however, to ensure that they are working from approved premises. We are asking the Veterinary Medicines Directorate to approve all premises accredited within the RCVS Practice Standards Scheme.



VNs need not become SQPs to assist in the supply of medicines.



RCVS TRUST IN LISTENING MODE

The RCVS Trust is canvassing the veterinary profession over the next month to seek views on its current provision of educational services. The feedback gathered will be used to inform the future development of its library services and grants programmes.

Key stakeholder groups including library members, grant-holders and corporate partners have been sent a link to a dedicated website www.rcvstrustsurvey2006.org.uk where the 20-question survey can be completed online.

Gerri McHugh, Director of the Trust, said: "As the Trust continues to develop and expand its educational and animal welfare services, we are keen to ensure that we continue to meet need within the veterinary profession.

"In order to achieve maximum impact on veterinary education and animal welfare, we need to make optimum use of our scarce resources by investing in services and programmes that are of real relevance and value to the profession.

She continued: "All members of the profession are warmly encouraged to take part and help shape our services. We look forward to listening to, and learning from, you over the next month."



Dr Mark Sheldon MRCVS used an RCVS Trust grant to research fertility in cattle.

RCVS TRUST LIBRARIAN BATTLES HASTINGS HALF MARATHON

Brendan McDonagh, RCVS Trust Librarian, plans to raise funds for the RCVS Trust by taking part in the Hastings half marathon on Sunday 12 March 2006.

Relatively new to the Trust, Brendan is following in the tradition of other fundraising Trust activities which have had a sporting theme, such as the successful Tour de Vets and more recent, Bike Uganda.

It is Brendan's first run of this kind, but he is determined to raise his own "special goal" for the Trust of £1,000. He is asking for your support in the form of a sponsorship pledge.

Brendan said: "Before Christmas, I couldn't contemplate running more than a couple of flights of stairs, but now that my training has started in earnest, I am feeling confident that I can complete the course in good time.

"My real challenge now is to reach my £1,000 sponsorship target and with the support of the wider veterinary profession, I really hope I can achieve, or even exceed, my goal!"

The RCVS Trust is a small and mightily ambitious charity funding innovative educational and animal welfare projects in the UK and overseas. By way of example, it is currently funding training programmes for veterinary surgeons in the Middle East, Africa and Central America, as well as a newly launched £750,000 Residency programme in the UK.

Please sponsor Brendan online now at www.justgiving.com/brendanmcdonagh, or, send a cheque made payable to "RCVS Trust" to the address below.



Brendan battling along in Hastings

CHEAPER INTER-LIBRARY LOANS FOR TRUST LIBRARY MEMBERS

The RCVS Trust Library has successfully negotiated preferential document delivery charges with the British Library, the savings of which are being passed directly on to Trust library customers.

With immediate effect, non-urgent photocopies obtained from the British Library and other libraries, will cost £9 for Trust library members, representing a saving of 25% compared to the previous £12 charge.

The library has also introduced substantial savings for inter-library loan requests, reducing the borrowing fee from £18 to £15 per item for library members.

RCVS Trust Librarian, Brendan McDonagh, announced the news recently saying: "I am always pleased when we can introduce discounts like this for our members, especially at a time when we are receiving more requests for material other than veterinary science subjects, primarily due to the increasing popularity of our literature search and quarterly alert services.

"Not only do our members benefit from an added-value service, but it hopefully saves them time and money knowing they can come to us directly for all their information needs."

For more information about the benefits of RCVS Trust Library membership, or its literature search or document delivery service, please visit the library services page at www.rcvs.org.uk/library, email library@rcvstrust.org.uk or telephone 020 7222 2021.

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