

## Put your money where your mouse is

*"If voting electronically is easier to fit into a busy day, or night, then so much the better!"*



### Electronic voting introduced for this year's Council Election

Voting in the Council Election 2007 is now as easy as a few clicks of your mouse or some button pushes on your mobile. This year, for the first time, you can vote online or by phone for the candidates you would most like to see on RCVS Council. No more ballot-paper origami, no more dashing to the post box in an April shower, and no more relying on the Royal Mail to deliver your vote by the closing date.

We are well aware that time is at a premium in the veterinary world, and that 'paper phobia' is an understandably common condition amongst members of the profession. Veterinary access to the internet is also soaring – 91% of respondents to the *Survey of the Profession 2006* reported online access at home or at work, or both. So, whilst you may still vote by post if you prefer (indeed, you will need the security numbers printed on the ballot paper in order to vote online or by phone), electronic voting provides a way to vote easily and securely, and at a time to suit you.

There are ten candidates standing for election this year – five of whom are hoping to be re-elected and five who are not currently Council Members. Their short biographies and manifestos are set out in the candidate booklet (the new eye-catching design of which should prevent the annual excuse from some that they "didn't notice it!") and are also available to read on the voting website.

Turnout in RCVS Council elections has fallen steadily over the past ten years and now hovers between 15 and 18 percent of the membership. So will electronic voting help? Registrar Jane Hern is remaining realistic. "We're hoping, of course, that electronic voting will help to reverse the decline in turnout, but we're not expecting voting numbers to double at the first attempt!" she says.

"The main message remains that the decisions of RCVS Council affect all areas of the profession, both now and in the future. It is your responsibility to ensure that the people elected to Council are best placed to help the College fulfil its duties. However, if voting electronically is easier to fit into a busy day, or night, then so much the better!"

As previously, the election process is handled for us by Electoral Reform Services Ltd (ERS), the country's leading independent ballot scrutineer, which also runs elections for a number of other professional bodies. ERS will be hosting and monitoring the secure voting website and telephone service, as well as processing the postal returns.

Vote online at [www.votebyinternet.com/rcvscouncil](http://www.votebyinternet.com/rcvscouncil)

Vote by telephone on 0800 197 4613

ERS must receive all votes by 5pm on Friday, 4 May 2007

**In this issue:** Jill Nute elected JVP, VMD consults, £600k Trust funding, 24/7 cover in remote regions, Controlled drugs interim advice, Advice notes published, GDC guest column, CPD in focus, VN Registration, Notice anything different?

# Jill Nute elected JVP

Sixth female Junior Vice-President will take up post in July



**M**rs Jill Nute BVSc MRCVS has been elected Junior Vice-President of the RCVS, and will take up her office formally on RCVS Day on 6 July 2007.

Jill graduated from Liverpool University in 1970 and initially assisted in mixed practice in the Lake District, Droitwich and Leominster. In 1976, she established a mixed practice with her husband Geoff, a fellow Liverpool graduate, in Wadebridge, Cornwall. The practice is now an eight-veterinary surgeon concern, a veterinary nurse Training Practice, an RCVS Accredited Tier 2 Small Animal General Practice and a Meat Hygiene Service approved contractor, and continues to have a significant farm animal and equine side.

*"I am looking forward to the privilege of serving the profession."*

Jill has been an RCVS Council member since 1993, serving on each of its committees with the exception of the Preliminary Investigation Committee. She has chaired many of its committees and working parties including, most recently, the Public Affairs Committee. She served on the Officer team as Treasurer for three years and is currently Chairman of the Practice Standards Group.

Spending several years on the Councils of the British Veterinary Association and the Society of Practising Veterinary Surgeons (SPVS), she was elected President of the SPVS in 1991.

Commenting on her appointment, Jill said: "I've been fortunate to have spent a lot of time in mixed practice, but have also had the opportunity to work in other areas, for example, as a Temporary Veterinary Inspector (TVI) at Polwhele, public health, food hygiene and exports, teaching and examining.

"I have also been a member of groups looking at topics such as BSE controls and the Over Thirty Months' Review and currently sit on the Food Fraud Task Force. Membership of such groups has given me the opportunity to see how Government works, and to understand the framework required for better legislation and regulation. I hope this knowledge will be a useful contribution to the Officer team, particularly when considering change and the Veterinary Surgeons Act.

"Work and family commitments are now such that I have the necessary time available to spend on RCVS affairs. I am looking forward to the privilege of serving the profession, which has been so much a part of my life."

## Cattle passport rules to change

DEFRA to permit veterinary DNA testing from 6 April

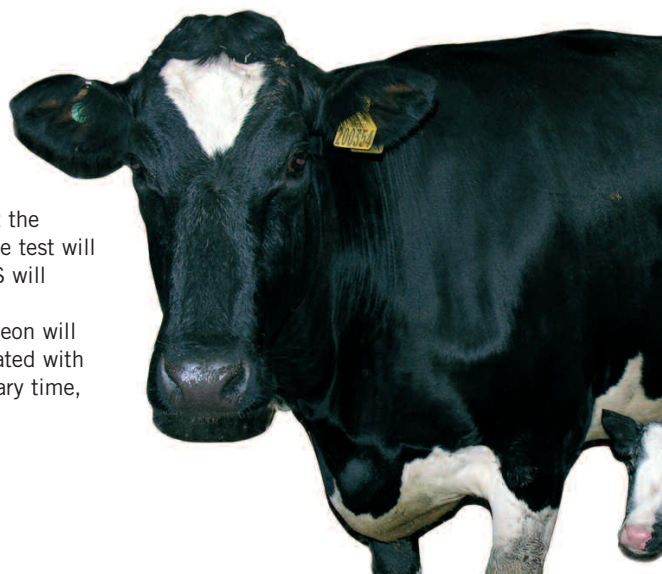
**D**EFRA has announced that, on 6 April 2007, changes will be introduced to the rules on cattle identification and tracing, although the basic rules on tagging, passports, record-keeping and notifications to the Cattle Tracing System will remain unchanged.

One important change in England and Wales will be that keepers refused a cattle passport, due to a late application, can choose to have their calf and its dam DNA tested to prove it is the offspring of the dam stated on the application form (Scotland is still considering its position on this option). This may allow authorities to issue passports when applications are late, without compromising traceability. All appeals will continue to be considered by the British Cattle Movement Service (BCMS) on an individual basis. However, DEFRA has stated that the use of this option will be closely monitored to ensure that there is no reduction in the number of applications submitted within the 27 day deadline.

*"Keepers refused a cattle passport, due to a late application, can choose to have their calf and its dam DNA tested to prove it is the offspring of the dam stated on the application form."*

The procedure, on which the RCVS Certification Sub-committee was consulted last December, will mean that keepers who want to utilise DNA testing will need to ask their own veterinary surgeons to arrange the test for them and to post the samples for testing. The results of the test will be returned to the keeper. The BCMS will provide the keeper with a form to be completed, which the veterinary surgeon will then need to certify. All costs associated with the test, including paying for veterinary time, will be met by the keeper.

As regional variations may apply, DEFRA has advised interested parties, in the first instance, to contact the BCMS for further details on the DNA test. More detail on all the amendments being made to this legislation can be found at: [www.defra.gov.uk/animalh/id-move/cattle/id\\_info.htm](http://www.defra.gov.uk/animalh/id-move/cattle/id_info.htm)



# Registrar celebrates ten years at college

Jane Hern looks back on a decade at the RCVS



When she's not perfecting acrobatic skills, what exactly does the Registrar do?

"The title 'Registrar' conjures the image of sitting behind a desk inscribing names into a leather-bound book," explains Jane.

"Perhaps that's how it once was, but these days registration is mostly handled electronically. My role is more that of Chief Executive, managing College business with the help of our team of excellent staff."

As part of the Officer team, Jane has responsibilities under the College's Royal Charter and the Veterinary Surgeons Act, advises Officers and Council on policy and procedure, and works with a team of approximately 60 staff to support the College's many committees, boards and working parties. Jane is also Secretary of the RCVS Trust.

**W**hen Jane Hern joined the RCVS as Registrar ten years ago, little did she know she would become a tightrope walker.

"Regulatory bodies tend to be unloved by both those they regulate and the public," she admits. "We seek to manage the interface between the two – a bit like walking a tightrope. I sometimes feel that if we are being criticised by both the profession and the public in equal measure, we might be getting it about right!"

Jane's legal background prepared her for the minefields of professional regulation. She read law at Cambridge and qualified as a solicitor in 1979. Following a period working in the Lord Chancellor's Department (now the Department for Constitutional Affairs), she then moved to the Law Society, where she stayed for nine years, culminating in various posts on the Management Board.

***"Helping the profession to navigate through the maze of growing public expectation and ever-more intrusive government regulation will, no doubt, continue to be a challenge!"***

"Looking back over the last ten years, one of the most obvious areas of change has been increasing public expectation," reflects Jane. "Through my work on the UK Inter-Professional Group, which I've chaired since 2005, I see that the veterinary profession is not alone in this."

"Helping the profession to navigate through the maze of growing public expectation and ever-more intrusive government regulation will, no doubt, continue to be a challenge!"

## First ModCert accredited

**A**t its March meeting, Council agreed that Middlesex University should be accredited, in collaboration with the Professional Development Foundation, to assess the Certificate in Advanced Veterinary Practice (Veterinary General Practice). To be known as the CertAVP(VetGP), this is the first of the new modular certificates to receive accreditation from the RCVS.

The deadline for the last enrolments for the current RCVS certificates is 1 November 2007. Turn to page 7 for further details.

## VMD consults

**O**n 5 March 2007, the Veterinary Medicines Directorate (VMD) opened a consultation on the Veterinary Medicines Regulations 2007. Among the areas for consultation is the proposal that all premises from which a veterinary surgeon supplies a medicine should be registered with the Secretary of State as of 1 April 2009.

The VMD has investigated whether the College would be a suitable body to handle such registration. As we currently hold information on approximately 90% of practices as part of our *Directory of Veterinary Practices*, this option could potentially be cost-effective and reduce bureaucracy.

Council has not yet decided whether it wishes take on this task. Papers will be discussed by committees in May and a consultation response agreed by Council in June.

The consultation can be found at:

[www.vmd.gov.uk/Publications/Consultations/vmr07.htm](http://www.vmd.gov.uk/Publications/Consultations/vmr07.htm)

## Trust announces £600k funding

**T**he RCVS Trust has just awarded nearly £600,000 across 68 innovative and high-calibre research and animal welfare projects in the UK and overseas. This funding represents the third stage of a three-year investment of almost £1.5m across a comprehensive range of educational programmes at undergraduate and postgraduate level.

***"We look forward to supporting even more of the exciting projects being developed by veterinary professionals."***

Gerri McHugh, Director of the Trust, said: "The RCVS Trust continues to make a significant investment in the development of veterinary education and animal welfare both at home and abroad. This year, we were able to fund 50% of the applications we received.

"As we grow, we look forward to supporting even more of the exciting projects being developed by veterinary professionals at the veterinary schools and in practices across the UK."

**Read more about projects funded by the RCVS Trust on page 19.**



# Providing 24-hour cover in remote regions?

## Help us to develop a pragmatic approach to additional guidance

**A**t its meeting in January, our 24-hour Emergency Cover Working Party (24/7 WP) decided to request comments from the profession about the realities of providing out-of-hours emergency cover in remote regions of the country.

Although the 24/7 WP confirmed that veterinary surgeons in practice must provide, or make provision for, 24-hour emergency cover, it decided that those working in remote areas of the UK, who are forced by circumstances to take a pragmatic approach to the provision of cover, could benefit from additional supporting guidance. It is from these members in particular that feedback on this draft guidance is now sought.

Veterinary surgeons' responsibilities to provide 24-hour emergency cover, as currently set out in the *RCVS Guide to Professional Conduct 2006*, are in two parts. First, that if in practice, veterinary surgeons must:

*'...take steps to provide 24-hour emergency cover for the care of animals of those species treated by the practice during normal working hours.'*

And second, that veterinary surgeons must:

*'...when on duty providing 24-hour emergency cover:*

- i. not unreasonably refuse to provide first aid and pain relief for any animal of a species treated by the practice during normal working hours*
- ii. not unreasonably refuse to provide first aid and pain relief for all other species until such time as a more appropriate emergency veterinary service accepts responsibility for the animal*
- iii. not unreasonably refuse to accept responsibility for an animal from a colleague, in order to provide first aid and pain relief for that animal'*

We already accept, however, that there may be insufficient veterinary 'manpower' in remote regions to enable members to comply with this guidance, indeed the *Guide's* annex on 24-hour emergency cover states:

*'In isolated communities there may be a need for a pragmatic approach to the provision of 24-hour emergency cover, provided that clients and the nearest veterinary practice are fully informed of the arrangements.'* (paragraph 27)

### Factors to consider...

- stock/animal density in the region
- remoteness of the region
- proximity of other veterinary surgeons in practice in the region providing 24-hour emergency cover
- co-operation between veterinary surgeons in practice to provide 24-hour emergency cover in the region
- veterinary services in the region that are available for a particular species
- whether animals are owned as part of a business
- the business client's knowledge and experience of handling and caring for the animals
- compliance with the Working Time Regulations
- client/patient numbers
- distance between the veterinary surgeon in practice and the client/patient

The 24/7 WP decided that additional guidance might help veterinary surgeons in remote regions to develop such an approach, and

suggested a number of factors (see box) that members might take into account when commenting on the guidance drafted so far.

***"We are particularly keen to hear whether members in remote regions would find additional guidance on 24-hour cover helpful."***

Dr Jerry Davies, Chairman of the Working Party, said: "Whilst I would welcome views from any member on this issue, this additional guidance would only be applicable to remote areas of the UK, such as some of the Scottish islands, so I am particularly keen to hear whether members in these regions would find this helpful."

The draft additional guidance is available on RCVSonline at [www.rcvs.org.uk/consultations](http://www.rcvs.org.uk/consultations) or may be requested in writing. Please email your comments to [lucy@rcvs.org.uk](mailto:lucy@rcvs.org.uk), or write to Lucy Evans in the Professional Conduct Department, by Friday, 13 April 2007.

## Regulating working time

**R**eminders about existing advice and consultations on additional guidance are all well and good, but how do the RCVS's obligations on the provision of 24-hour emergency cover square with the EU Working Time Regulations?

This was another issue for the 24/7 WP to consider in January, when it asked for advice to be drafted for members on the Regulations. When this general advice is available, it will be published as an advice note on RCVSonline (see page 6) to address broadly some of the confusion arising out of the Regulations.

For definitive advice in specific circumstances, members are advised to consult a lawyer who specialises in employment issues.

## Are your clients informed?

**A**lso on the agenda for the 24/7 WP in January was the amount and quality of information that practices make available to their clients about the general nature and cost of their 24-hour emergency cover services or provision.

Whilst acknowledging that all veterinary surgeons were normally aware of the practices in their local area, the 24/7 WP felt that clients were often not aware of the location of the out-of-hours provider before an emergency occurred. This information should be clearly available to clients even if emergency cover is provided in-house, but is particularly important if the cover is outsourced (practice co-op or dedicated provider), where additional travel may be involved.

Dr Jerry Davies, Chairman of the Working Party, stressed: "Clients, particularly new ones, need to be aware in advance about the type and proximity of 24-hour emergency cover available to them. If this cover is outsourced, the responsibility to provide this information should be shared between the primary practice and the out-of-hours provider."

The relevant guidance is available in the *Guide* under Part 2C – 'Promoting the practice' as follows:

### Practice information

- 1) *Veterinary practices should provide clients, particularly those new to the practice, with comprehensive written information on the nature and scope of the practice's services, including:*
  - a) *the provision, initial cost and location of the out-of-hours emergency service*
  - b) *information on the care of in-patients*
  - c) *the practice's complaints-handling policy and could also provide full terms and conditions of business, to include for example:*
    - d) *surgery opening times*
    - e) *whether open or by appointment*
    - f) *fee or charging structures*
    - g) *procedures for second opinions and referrals*
    - h) *use of client data*
    - i) *access to and ownership of records*

### What's next for the 24/7 WP?

Over the coming months, the Working Party will also be looking at the following issues:

- duty to make home visits
- provision of 24/7 cover by referral practitioners
- travelling time to 24/7 cover providers
- rural/urban areas with inadequate veterinary cover for particular species

# Controlled drugs changes post Shipman

## Interim advice on use, prescription and supply of controlled drugs

**F**ollowing the concerns and recommendations arising from the Fourth Report of the Shipman Inquiry, various changes to the Misuse of Drugs Regulations 2001 have been made or are pending. These Regulations govern the legitimate use of controlled drugs and, amongst other things, set out the rules for the prescribing and supplying of Schedule 2 controlled drugs and the maintenance of a Controlled Drugs Register (CDR).

The changes have been made with reference to the human healthcare professions and the NHS, and many of the new rules specifically exclude veterinary surgeons' prescriptions. In due course, however, the Veterinary Medicines Directorate (VMD) will review the legislation with reference to the veterinary profession, in conjunction with the RCVS and the BVA.

In the meantime, it is suggested that members comply with the spirit of the new regulations and when supplying Schedule 2 controlled drugs against a prescription from a colleague:

- seek to identify any person who collects the drug (requesting evidence if necessary); and,
- consider recording in the CDR the name of the person who collects the drug, particularly if that person is another veterinary surgeon (such additional entries are now permitted alongside the required register entries).

Changes to the CDR are proposed for January 2008, so that the capacity of the person collecting the drug, whether proof of ID was requested and whether it was provided, must be recorded in it. If the person collecting was a healthcare professional, their name and address must be recorded, otherwise the entry of name and address remains at the discretion of the person making the entry

(under the Regulations they are permitted to include additional, relevant information).

Other changes to the 2001 Regulations provide that:

- prescriptions for Schedules 2, 3 and 4 controlled drugs are valid for only 28 days (as detailed in the Veterinary Medicines Regulations 2006);
- prescriptions for Schedules 2 and 3 controlled drugs need not be written in the prescriber's handwriting (except for his or her signature); and,
- the CDR may be computerised and if so: '*...shall be in a computerised form in which every such entry is attributable and capable of being audited and which is in accordance with best practice guidance endorsed by the Secretary of State under section 2 of the National Health Service Act 1977.*' [The good practice guidelines – *A guide to good practice in the management of controlled drugs in primary care (England)* – are usually available from the National Prescribing Centre at [www.npc.co.uk](http://www.npc.co.uk) but are being revised currently.]

In addition, good practice guidelines in human healthcare provide that:

- prescriptions for Schedules 2, 3 and 4 controlled drugs should not exceed 30 days' supply at any one time;
- prescribers should not prescribe or administer controlled drugs for close family and friends, except in an emergency; and,
- CDRs should include a running balance.



## Speed read...

- Fourth report of Shipman Inquiry effects change to misuse of drugs regulations
- Regulations govern use, prescription and supply of controlled drugs, and maintenance of a Controlled Drugs Register
- Veterinary surgeons should comply with spirit of new regulations
- Interim advice provided until VMD reviews legislation for veterinary profession

# Use of medicines in dart guns

## RCVS guidance seeks to protect both darter and food chain

According to the website of the National Deer/Vehicle Collisions Project ([www.deercollisions.co.uk](http://www.deercollisions.co.uk)), the estimated toll of deer involved annually in traffic accidents in the UK lies between 30,000 and 50,000. As veterinary surgeons may often be called out to such incidents to administer treatment to injured deer, or asked to prescribe medicinal compounds for use in dart guns, we would like to remind you of our guidance on this subject.

As medicines supplied for use in dart guns (eg Large Animal Immobilon) are very potent, our guidance concerns the safety of those

***“The dart gun licence holder must mark any farmed or wild deer permanently with a tag in both ears, or, if relevant, dispose of the carcass.”***

involved with administering these compounds, as well as advice to ensure, as far as possible, that meat from animals so administered does not enter the food chain. For example, after administering an immobilising

medicine not licensed for use in a food-producing animal, the dart gun licence holder must mark any farmed or wild deer permanently with a tag in both ears, or, if relevant, dispose of the carcass.

The appropriate tags to use are Ketchum tags stating ‘EAT NOT’, and are available from the Veterinary Deer Society by contacting Mr Julian Peters MRCVS on **01403 732219** or at [julian@arthurlodge.co.uk](mailto:julian@arthurlodge.co.uk). The full guidance is available as an annex to the *RCVS Guide to Professional Conduct* ([www.rcvs.org.uk/dartguns](http://www.rcvs.org.uk/dartguns)), and has been considered by the Food Standards Agency, the Veterinary Deer Society and others.



## RCVS advice notes published

### Additional advice on conduct and practice now available online

In addition to publishing the *RCVS Guide to Professional Conduct*, our formal guidance for veterinary surgeons practising in the UK, we continually provide additional advice to both members and the animal-owning public about specific areas of professional conduct and veterinary practice. Figures published in our *Annual Report 2006* demonstrated the extent of this annual advisory function: some 5,500 telephone advice calls, and over 1,100 replies to advice requests by letter or email. That's around 25 pieces of advice a day!

***“In order to maintain consistency, we maintain a series of advice notes covering a range of different subjects on which advice is often sought.”***

In order to maintain consistency, we maintain a series of advice notes covering a range of different subjects on which advice is often sought. Our Professional Conduct Department uses these internally and also provides them to members of the profession and the public on request. One such advice note came under scrutiny in the Disciplinary Committee Inquiry into Mrs Susie Macleod. This prompted a general review of the advice notes to ensure that members know they are available and how to obtain them.

The series so far (see box) has been agreed by the Advisory Committee and noted by RCVS Council, and we will continue to add to them as appropriate. They are available on RCVSonline ([www.rcvs.org.uk/advicenotes](http://www.rcvs.org.uk/advicenotes)) or may be requested in electronic or hard copy from the Professional Conduct Department ([profcon@rcvs.org.uk](mailto:profcon@rcvs.org.uk) or **020 7202 0789**).

### RCVS advice notes

Note	Title
1.	Artificial insemination in mares
2.	Negligence
3.	Serious professional misconduct
4.	Veterinary surgeons' professional fees
5.	Blood transfusions
6.	Micro-chipping
7.	Prosthetic testicles
8.	Canine surgical artificial insemination
9.	Joint RCVS and Home Office advice on the Animals (Scientific Procedures) Act and Veterinary Surgeons Act interface – flow chart
10.	Artificial breeding techniques including embryo collection and transfer
11.	Vaccination of companion animals
12.	The use of new technology tests

Your attention is drawn to *Advice Note 11 – Vaccination of companion animals*, which we first issued in November last year. It has been revised to indicate that the advice for a veterinary surgeon to carry out a ‘full health-check’ relates to vaccination clinics, in accordance with the advice currently in the *Guide*, although this advice is itself currently under review. This advice note now states that:

*‘First vaccination of a POM-V medicine – the animal must be under care of the prescribing veterinary surgeon (see Guide, Part 2H) and the veterinary surgeon must carry out a clinical assessment (see Guide, Part 2H); (for vaccination clinics see Part 2E of the Guide);’*

Just approved by Council at its meeting in March 2007, *Advice note 12 – The use of new technology tests* provides advice for veterinary surgeons involved in the use of tests using genomic or other similar new technology within the context of ‘recognised veterinary practice’.

# Phasing out RCVS diplomas

## Last enrolments for dermatology and ophthalmology on 1 November

**D**uring the autumn round of Subject Board meetings, it was agreed that the Diploma in Veterinary Dermatology and the Diploma in Veterinary Ophthalmology should now be phased out. The deadline for new enrolments in these subjects is 1 November 2007. Candidates who are enrolled by that date will be allowed their seven-year enrolment period in which to sit the examination.

As first reported in *RCVS News* (March 2004), we are gradually phasing out our diplomas where there is an equivalent European Diploma available, and where the European College concerned has received 'full recognition' from the European Board of Veterinary Specialisation (EBVS). Our Subject Boards continue to review the position for their subjects to ensure the coverage of the respective European Diploma is broadly equivalent, and that there are appropriate training routes available for UK candidates.

There is still a number of European Colleges that have not yet received full recognition by the EBVS, or whose diploma content is not close enough to ours. In these cases, our diploma will continue to be available for new candidates for the foreseeable future. We will give plenty of notice via *RCVS News* and RCVSonline ([www.rcvs.org.uk](http://www.rcvs.org.uk)) should this position change.

Please see the adjacent boxes for further details on our diplomas. More information on European Diplomas can be found at [www.ebvs.org](http://www.ebvs.org), including links to all the various European Colleges.

**Last opportunity for new candidates to enrol: 1 November 2007** (last available RCVS examination date: 2014)

Diploma in Veterinary Dermatology  
Diploma in Veterinary Ophthalmology

**Already closed to new enrolments** (last available RCVS examination date: 2011)

Diploma in Small Animal Medicine  
Diploma in Small Animal Medicine (Feline)  
Diploma in Veterinary Anaesthesia  
Diploma in Veterinary Diagnostic Imaging  
Diploma in Veterinary Reproduction (no candidates enrolled, hence no further examinations will be held)

**To be considered for phasing out once EBVS confirm full recognition of respective European College**

Diploma in Cattle Health and Production  
Diploma in Laboratory Animal Science (NB We have now accepted the European Diploma in Laboratory Animal Medicine as a route towards RCVS Recognised Specialist status)  
Diploma in Pig Medicine  
Diploma in Veterinary Public Health

## 2007 Fellowship deadline

**All new applications to be submitted by Wednesday, 1 August 2007**

The RCVS Diploma of Fellowship is our oldest and most prestigious award. We award it following examination of a thesis, or following examination of a collection of the candidate's work to assess their 'meritorious contributions to learning' over a period of 15 years. The subject of a thesis may cover any topic provided it relates to an 'aspect of the art or science of veterinary medicine, whether clinical, experimental or otherwise, or may relate to the general development of the veterinary profession'. The work must demonstrate originality and significantly advance knowledge of the subject. Further information about application procedures may be found on RCVSonline at [www.rcvs.org.uk/fellowship](http://www.rcvs.org.uk/fellowship), or by contacting Janet Etheridge in the Education Department (020 7202 0701, [j.etheridge@rcvs.org.uk](mailto:j.etheridge@rcvs.org.uk)). The deadline for new applications is 1 August 2007.

## RCVS certificates: all change on 1 November

As first announced in *RCVS News* (November 2005), the deadline for the last enrolments for the current RCVS certificates is 1 November 2007. If you enrol by this date, you will be allowed the full five-year enrolment period in which to attempt the examination.

### New modular certificate

After 1 November, RCVS certificates in their present form will no longer be available to new candidates. If you wish to undertake a certificate-level postgraduate qualification after that date, you will need to enrol for our new modular certificate with an accredited university. Further information about the new RCVS Certificate in Advanced Veterinary Practice, and its modules, is available on RCVSonline at [www.rcvs.org.uk/modcerts](http://www.rcvs.org.uk/modcerts).

## Specialist application deadlines

The application deadlines for RCVS Recognised Specialist status are as follows:

### Re-application:

**Friday, 24 August 2007**

(Specialists first listed in 1993, 1998 and 2003)

### New applications:

**Friday, 14 September 2007**

## Certificate and Diploma written exam dates

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

### RCVS Diplomas: Monday 9 July 2007

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

### RCVS Certificates: either Tuesday 24 or Wednesday 25 July 2007 (depending on subject)

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

We will publish the precise timetable for each diploma and certificate subject on RCVSonline shortly, and will notify each candidate separately. Dates for the clinical, oral and practical examinations will be published and notified separately.

# Whatever happened to the VSA review?

VSA Working Party Chairman Lynne Hill explains



**We consulted on a package of proposals for a new Veterinary Surgeons Act (VSA) in June 2005, and Council took stock of the responses and made firm decisions in November that year. What has happened since?**

First, a reminder of what the RCVS now proposes.

We recommend a new structure to regulate veterinary professionals:

- separate councils to register veterinary surgeons and veterinary nurses, set standards for their conduct and competence (for instance requiring continuing professional development) and issue licences to practise;
- a separate body to receive and investigate complaints against individual veterinary surgeons or veterinary nurses; and
- an independent Conduct and Competence Committee to sit in judgment on such complaints when necessary. It would have more flexible powers than the present RCVS Disciplinary Committee.

We also propose that there should be power to move beyond regulating individual practitioners and set mandatory standards for the delivery of veterinary services, building on the present voluntary Practice Standards Scheme.

## Positive assurance

The new structure would be more transparent than now, with the setting of standards separated from enforcement and the investigation of complaints separated from adjudication. Veterinary nursing would come of age as a profession, with its own autonomous council.

For animal welfare and the public the main benefit would be a positive assurance that veterinary services were being provided by competent, up-to-date professionals working in proper premises with the right equipment and information systems. (We do not currently have the legal powers to provide all of this.) If

something went wrong, a member of the public would have a single body to approach, regardless of whether the complaint concerned an individual practitioner or the practice.

*“Veterinary nursing would come of age as a profession, with its own autonomous council.”*

In adopting the proposals, Council decided that the next step should be to communicate them to a wider audience and, in particular, make the case for extending professional regulation to veterinary nurses and for mandatory practice standards. The necessary changes in the law will not happen without Government support, so we have been in discussion with the Department for Environment, Food and Rural Affairs (DEFRA). Ministers have not yet said what they think, but in answering Parliamentary Questions they have confirmed that they see strong arguments for modernising the legislation.



## Changes to human healthcare

In the meantime, there have been dramatic developments in the world of human healthcare. The White Paper – *Trust, Assurance and Safety – The Regulation of Health Professionals in the 21st Century* – published on 21 February 2007, sets out the Government's decisions on changes in the regulation of all the human healthcare professions. The regulatory framework for human health has been under debate for many

years and the Fifth Report of the Shipman Inquiry focused particular attention on the working of the General Medical Council. The White Paper does not say anything about veterinary surgeons, but many of the issues discussed are similar to those which have been debated in the review of the VSA.

Some of the decisions concern the way in which the governing councils of the various regulatory bodies are constituted. Ministers have taken the view that they should have at least 50% lay membership, and that the professional members of the councils should all be appointed, not elected. The reason given for this in the White Paper is that

*‘... patients, the public and health professionals need to be able to take it for granted that the councils act dispassionately and without undue regard to any one particular interest, pressure or influence. This will ensure that the regulators are not only independent in their actions, but, just as critically, that they are seen to be independent in their actions. Doubts based on perceived partiality have threatened to undermine patient, public and professional trust in a number of the regulators over many decades.’*



The RCVS proposals envisage greater lay membership of the RCVS Council and the new Veterinary Nurses Council. There would be both elected and appointed professional members.

## Revalidation

The White Paper goes on to say that over the next five years all human healthcare professionals are to become subject to periodic revalidation designed to demonstrate that they are up to date and fit to practise. Revalidation for doctors has been the subject of long argument, and this will no doubt continue over the details as it is finally put into place. Most human healthcare professionals are subject to the managerial disciplines of National Health Service (NHS) employing bodies and, as a result, the arrangements for revalidation will be able to take advantage of NHS appraisal systems.

By contrast, most veterinary surgeons and veterinary nurses work in small private enterprises. We propose that new veterinary legislation should include power to introduce revalidation, but careful thought will clearly need to be given to what form this might take.





Ministers see strong arguments for modernising the VSA

### Handling complaints

The RCVS proposals concerning the handling of complaints about conduct or competence are squarely in line with the White Paper. This says that where fitness to practise is called into question, there should be separate arrangements for investigation, prosecution and adjudication, and cases should be adjudicated by a body that is independent of the regulator.

*“There should be power to move beyond regulating individual practitioners and set mandatory standards for the delivery of veterinary services.”*

### Emerging professions

The White Paper has interesting things to say about new and emerging professions. It takes the view that there should be standard criteria for recognising a new discipline as a profession. In particular, it should carry out evidence-based practice and there should be an established professional body and a voluntary register of eligible practitioners. This is relevant not only to veterinary nurses, for whom a non-statutory register with regulation of conduct is about to come into operation (see page 18), but to other providers of healthcare for animals who may aspire to become regulated professions.

### Public concern

Should the new arrangements for regulating human healthcare professionals be taken as a template for new veterinary legislation? Not without careful consideration and debate. The decisions in the White Paper respond to the deep public concern over Harold Shipman and the other medical scandals of recent years. Happily, there has been nothing comparable in the field of veterinary medicine. On the other hand, much of the reasoning in the White Paper is potentially applicable to professional regulation in general, not just in relation to human healthcare.

### Not just a regulator

We do not yet know how far the Government will think that its prescriptions for the healthcare professions in the White Paper are valid for providers of veterinary care too. The RCVS is in any case not just a statutory regulator: it is also a professional body with powers under its Royal Charter that are comparable to those of the medical Royal Colleges. The White Paper has given us much to think about and discuss with DEFRA.



Why did the General Dental Council (GDC) decide to register all members of the dental team, how was it done and what has been the response to date?

**Duncan Rudkin, Chief Executive and Registrar, GDC**

## Regulating the dental team

**S**tatutory registration of the whole dental team is an extension of the GDC's responsibilities for safeguarding dental patients and promoting standards within the profession we regulate. It means that all the people responsible for patients' clinical dental care will be registered and regulated.

These changes have not been introduced overnight and are the result of many years of planning and consultation between the GDC and all members of the dental team. The professional groups representing the wider members of the dental team have been very supportive of the changes – have indeed been calling for registration with the GDC for some time – and welcome the introduction of the register.

We believe that statutory registration for all groups of dental professionals will increase public confidence in the dental team. Statutory registration promotes professionalism within the whole team and encourages continuing professional development for all team members – a powerful driver for professional standards.

Dental care is delivered in a wide variety of settings and organisational structures. The GDC takes a broad view of how the members of the dental team can work together, whilst the professional guidance we issue does underline the dentist's unique and non-delegable responsibilities for diagnosis, treatment planning and long-term oversight of care.

The GDC's register for dental care professionals opened on 31 July 2006. Currently, dental nurses and technicians with no formal qualification but years of experience can apply on the basis of that experience. Once registration becomes compulsory, on 31 July 2008, an approved qualification will be required.

Seven months into registration, 34,000 application packs have been requested and there are just over 1,800 dental nurses and technicians registered with the Council. We are really pleased that there has been such a positive response to the opening of the register.

**The GDC is the organisation which regulates dental professionals in the UK. Our purpose is to protect patients. All dentists, dental hygienists, dental therapists, clinical dental technicians and orthodontic therapists must be registered with the GDC to work in the UK – whether they work in the NHS, private practice or any other form of practice. From 31 July 2008, all dental nurses and dental technicians must be registered with the GDC to work in the UK.**

# Continuing to push development

## CPD: of course it's not just about courses

**A** recent letter to the *Veterinary Times* (22 January 2007) voiced the opinion that continuing professional development (CPD) is all about going on expensive courses, and that by imposing a mandatory 35-hours-per-year requirement, the College is out of touch with the financial and time constraints of its members.

The letter-writer was perhaps not alone in this view but was misguided. Yes, RCVS Council has decided that practising members should undertake a minimum of 105 hours' CPD over three years. But no, this does not mean that each member must attend five or so days of courses or seminars each year.

Attending external courses was one of the most popular ways of completing CPD according to the *RCVS Survey of the Profession 2006*. Yet the largest group – at 87% of respondents – also spent an average of 42 hours per year reading books and journals.

Many types of CPD are permissible. By being more creative, the time requirement can be better integrated with day-to-day work, as well as incurring minimal cost: have you thought about setting up an informal learning network or participating in in-house training, secondments or mentoring arrangements?

Working on new projects or case conferences can also count as CPD. The key thing, according to RCVS Head of Education Freda Andrews, is that activities are carefully planned: "It is important that CPD forms part of a personal learning plan, is systematically recorded (particularly self-directed or informal learning) and reflected upon," she advises.

From 2007, CPD is easy for new graduates as the mandatory Professional Development Phases counts as their year-one requirement.

### Practice bias?

Another misconception is that CPD is biased towards clinical or practice-based work. As outlined by RCVS Council Member Bradley Viner at a recent RCVS seminar on lifelong learning (January 25 2007), the purpose of CPD is: "To maintain and advance professional performance, encourage the advancement of knowledge and reassure the public". These are important aims regardless of the type of veterinary practice that is being carried out and CPD can cover any area that you might tackle in your work as an MRCVS.

To shed some light on meeting CPD requirements in different ways, *RCVS News* talked to four members working in different areas of the profession – read on to find out what CPD they carry out and what they think about it.

## Bernice Fitzmaurice BVetMed MRCVS

**B**ernice qualified from the Royal Veterinary College in 1995 and is now one of three partners in a four-vet, RCVS Tier 2 Accredited Small Animal General Practice in Gwent.

"We're a normal front-line practice, and none of us has any specialisms in a particular field, but we still need to keep up with current developments across a broad range of medical areas," says Bernice. "CPD helps maintain interest in the work too."

BSAVA congress is a regular haunt for Bernice and, last year, she found the series of animal behaviour lectures particularly useful. "I think this is a field of practice in which the profession needs to take a more active interest, if only to be able to make an informed and respectable decision when referring cases to an animal behaviour expert!"

The practice provides a CPD allowance for all staff, not just the vets. The receptionists are allocated £250, the nurses £400 to £500, and the vets about £500 a year, although there's room for manoeuvre if someone is particularly interested in something.

In addition, the practice maintains a small library and adds two new titles each year; the staff have an additional book allowance and the nurses are encouraged to source their own textbooks and training manuals.

Bernice and her colleagues don't always choose clinical objectives for their CPD, however; they have actively been including more practice development in their objectives,



such as courses in client management and staff motivation. "It's been very effective at raising staff morale and improving our service to clients," she says.

A key benefit of local CPD meetings for Bernice, however, is the opportunity to get together with other practitioners to share views, discuss cases and exchange ideas on ways of working. "People's perceptions of the same issue can be very informative," she says. "It's extremely useful to hear how other people do things and compare their methods with your own."

So would Bernice change anything about CPD? "I think the current CPD guidelines are about right. Clients need to be safe in the knowledge that we are updating our knowledge and skills, and continuing to learn all the time. I would certainly expect my doctor to be doing this.

"The required level of CPD is achievable and attainable and ultimately beneficial to your personal as well as professional development."

## Graeme Cooke MA VetMB MRCVS

**A** graduate from Cambridge University, Graeme Cooke spent 12 years in practice – latterly equine – before joining the Department for Environment, Food and Rural Affairs, as a Veterinary Advisor (VA) in 2002. His current activities focus on all the serious exotic diseases, recently avian influenza (AI) in particular, and the notifiable equine diseases.

Graeme's present role involves advising Government on disease control measures, contingency planning, investigating suspect cases of exotic disease and working with the veterinary concerns of the various industries with which DEFRA deals.

It is critical that he keeps abreast of the latest developments by attending national and international conferences and meetings: "What we know about serious diseases such as AI moves very quickly. I am lucky to be able to meet regularly with national and international experts, and that educates you very quickly!" he says.

Each member of the DEFRA team has a Personal Development Plan and this helps when formulating CPD objectives. The Department also assists with expenses for approved activities.

It is not always about veterinary knowledge, however. For example, on joining the DEFRA team, Graeme attended courses on the workings of parliament and how the EU operates, as well as the process of policy development. "Training on project management, crisis management and communications skills has also made an important contribution to my CPD and form

## Jane Smith (not real name) BVSc PhD CertLAS MRCVS

**Jane Smith (not real name) is a graduate of eight years who works as part of a team of Named Veterinary Surgeons at a major pharmaceutical company.**

She has been in the role, in which she advises on the health and welfare of animals used for scientific procedures, for over three years. Among other duties, this role involves advising on implementation of the 3Rs (Replacement, Reduction and Refinement), anaesthesia, analgesia; clinical veterinary care and health monitoring.

“Essentially, my role involves fulfilling the requirements of Home Office licences granted under the Animals (Scientific Procedures) Act,” she says.

Although CPD is financially supported by her employer, she is given free rein to develop her own programme of activities.

CPD is critical in a fast-moving environment like Research and Development and her plan includes a variety of activities. Managing CPD

during the last two years was relatively easy as she completed the RCVS Certificate in Laboratory Animal Science.

As well as attending BSAVA Congress and CPD events organised by the Laboratory Animal Veterinary Association (LAVA), she attends seminars staged by suppliers and groups within the research industry to learn about new developments.

**“The online forum allows us to share the expertise of colleagues.”**

She also benefits from in-house training organised by her workplace and has attended courses on topics such as applying for Home Office licences, recognising a humane end-point in toxicology studies and the interface between A(SP)A and the Veterinary Surgeons Act.

Other courses that have specifically related to her role as a Named Veterinary Surgeon include those on pain relief, recognising the

signs of a distressed animal and the cost benefits of research. She is also planning to attend a course in genetically-modified mouse colony management at the Jackson Laboratory in the United States.

But it's not all about structured training. She is also part of an online group managed by LAVA that acts as an informal learning set: “The online forum allows us to share the expertise of colleagues – both posing questions and helping with replies is a useful way to develop knowledge,” she says.

Prior to working in research, she worked as a locum in practice, where she found CPD more challenging: “Working here, there are lots of new challenges to trigger your CPD. In practice, it was all too easy to focus on getting your cases seen within the prescribed time and thus end up not getting around to doing further study from day to day,” she concludes.

**Editor's note: due to the potentially sensitive nature of Jane's work, her employers have asked RCVS News to protect her anonymity.**

## Amanda Boag MA VetMB DipACVIM DipACVECC MRCVS

**Amanda is a lecturer in emergency and critical care at the Royal Veterinary College's Queen Mother Hospital (QMH) for Small Animals.**

After qualifying from Cambridge in 1998, she completed internships at the RVC and the University of Pennsylvania and then moved back to the RVC in 2000 to complete a residency in internal medicine.

At the QMH, she teaches on clinics, runs the internship programme, manages the blood transfusion service and lectures on the RVC's veterinary and veterinary nursing degree courses.

CPD-wise, Amanda (on left) considers herself fortunate. “I work in an environment where good quality clinical CPD is readily and freely available. I'm lucky that I can attend lectures on a weekly basis - and not only in my particular field,” she says.

Whilst Amanda concedes she might not have to plan her CPD as rigorously as she might if working in private practice, she always aims to attend one international conference a year. Last September, she travelled to Texas, to attend the four-day International Veterinary Emergency and Critical Care symposium.

“It's similar to the multi-stream approach of BSAVA Congress, but with more in-depth focus on my subject areas. There are speakers from the human medical fields too, so I can keep track of the latest developments in comparative medicine.”

Although academic staff receive an allowance for CPD, Amanda generally has to partly-fund



such independent clinical CPD ventures herself. However, her CPD activities extend beyond the clinical: the RVC requires (and funds) its teaching staff to undertake a certain amount of CPD in educational practice each year.

“All new academic staff have to undertake the Postgraduate Certificate in Academic Practice when they start, and we're required to keep up with things like exam-setting techniques and teaching methods. Just last week, I went to a course on setting multiple-choice questions!”

Amanda is continually reminding her students how vital CPD will be in their professional lives. “It's phenomenally important,” she says. “Our students feel like they know a lot when they graduate, but it's really just the tip of the iceberg – things will have changed an awful lot in 10 or 20 years' time. But the fact that it's not static is what makes the job so interesting. CPD is the key to staying on top of all the changes.”

For detailed guidance see the *CPD Record Card* or RCVSonline: [www.rcvs.org.uk/cpd](http://www.rcvs.org.uk/cpd)



part of a new requirement for defined skills in government,” he said.

While some of these may not seem like traditional areas for veterinary CPD, they underline the fact that development needs to reflect

the roles in which members find themselves.

“I still enjoy purely veterinary learning and am currently reviewing the benefits of undertaking a Masters degree. I need the balance of skills required for a veterinary policy role, and the Department recognises that,” he added.

Graeme is a horse owner and also a Major in the Territorial Army. This has helped him to maintain his clinical skills: “I have been lucky enough to work with army horses and dogs all over the world,” he says.

Ultimately, CPD needs to demonstrate a commitment to maintaining the highest professional standards, something about which Graeme feels strongly: “It is important that the public has confidence in your skills and knowledge,” he says. “I feel that keeping up to date it is really a moral obligation, and not just part of doing your job.”

## Meet your RCVS

**D**id you know that, last year, we registered over 1,000 new members, awarded around 100 certificates, 10 diplomas and five fellowships, made or received more than 5,500 calls advising veterinary surgeons and the public, approved 116 new veterinary nurse training practices and welcomed 2,200 visitors to the website every day? (*Annual Report 2006*).

*“Open days provide the opportunity ...to hear first-hand from the President and fellow Officers.”*

If you want to find out more about these and all the other activities that go on behind the scenes at Belgravia House, why not join one of our regular ‘Meet the RCVS’ days? Held every two to three months, these open days provide the opportunity for a small group of veterinary surgeons, veterinary nurses and others involved with the profession to hear first-hand from the President and fellow Officers what’s currently on the RCVS agenda.



Visitors may also tour the building and meet heads of department to understand more fully our role and remit. “I welcomed the opportunity to air some of my thoughts,” “Good to get an understanding of how RCVS is made up” and “Nice to see the faces behind the phone calls” are just some of the comments from those who have joined us in the past.

We cover all reasonable travel expenses (no taxis from Tynemouth please!) and also provide lunch, so, if you would like to be invited to meet your RCVS, please contact Fiona Clark, Communications Officer, on 020 7202 0773 or [f.clark@rcvs.org.uk](mailto:f.clark@rcvs.org.uk).

## RCVS Day 2007 – open to all

**A**ll members are welcome to attend this year’s RCVS Day – our Annual General Meeting and award ceremony – taking place on Friday, 6 July 2007 at the Royal College of Surgeons of England (RCS), London.

The AGM and presentation of awards will be followed by a performance of Bach’s *Suite for Unaccompanied Cello No 3 in C major*, by Jonathan Deakin, and a talk entitled ‘The Antarctic and Climate Change’ from guest speaker Sir Howard Dalton FRS, DEFRA’s Chief Scientific Advisor. A fork luncheon will then be served in the Council and Committee Rooms of the RCS.

The origins of the RCS lie in Henry VIII’s union of the Fellowship of Surgeons and the Company of Barbers in 1540 to form the Company of Barber-Surgeons; this uneasy partnership lasted for some 200 years before the surgeons broke away and formed the Company of Surgeons. In 1797, the surgeons moved to Lincoln’s Inn Fields, which coincided with the government placing into their care the writings and specimen collection of John Hunter, a surgeon regarded as one of the most distinguished scientists of his day.

Guests at RCVS Day will have the opportunity to view this collection in the RCS’s Hunterian Museum, which contains many items of interest to veterinary surgeons (although perhaps not

to young children!). The collection highlights Hunter’s historical ties with the RCVS and the close links between human and veterinary medicine and surgery.

We will publish details about how to apply for tickets to RCVS Day on RCVSONline in due course and in the next edition of *RCVS News*.



Royal College of Surgeons of England

## Work up a thirst at Congress

**I**f you have never finished work in time to make it to one of our regional Question Time meetings, but you are going to this year’s BSAVA Congress, come and join us for a glass of wine and we’ll do our best to answer any questions you might have.

Our Question Time session at Congress will start with an overview from President Professor Sheila Crispin about new developments at the College, and move on to an open-floor session where delegates are invited to pose their questions to the Officer panel. It will be held in Hall 6 of the ICC from 4.50pm to 6.30pm on Friday 13 April, although glasses will be filled from 4.30pm onwards.

The main issues on the agenda are likely to be the introduction of the Professional Development Phase for all new veterinary graduates from this summer, and the new non-statutory Register for veterinary nurses in September. Indeed, those attending will be among the first to see the new *Guide to Professional Conduct for Veterinary Nurses*.

If you can’t make Question Time, then the Officer team, members of the Veterinary Nurses Council and RCVS staff will be ready to answer questions on the RCVS stand (916) in the National Indoor Arena for the duration of Congress. We look forward to seeing you.



# Starter for ten...

## Challenge and debate at Cambridge Question Time

**The profession is producing too many graduates, none of them are willing to focus on large animal practice and if they stay in the profession they will end up “disappointed, disillusioned and dismayed”.**

Well if you had listened to some of the questions put to the RCVS Officer panel at its Regional Question Time meeting in Cambridge, that's the impression you might have gained.

### Positive views

But there are two sides to every story and, hopefully, when the 80 or so veterinary surgeons and veterinary nurses who visited the Royal Cambridge Hotel had listened to the responses of the College Officer team and members of the Veterinary Nursing Council, they took home a more positive view.

Regional Question Times offer a valuable opportunity to debate current issues with members of the veterinary team on their home ground. The Cambridge meeting, on 1 March 2007, brought a near-record turn out. The meeting was structured around questions submitted in advance, which in turn stimulated debate from the floor.

Questions covered a range of topics, including student figures, postgraduate education, the Professional Development Phase, the new veterinary nursing syllabus, returning to practice,

sustainable mixed practice and the ethics of religious slaughter.

### RCVS role debated

There was also a more general debate about the role of the RCVS, triggered by the sentiments outlined in the introduction to this article. One veterinary surgeon said that: “Over the 15 years since I have qualified, my initial pride at being a member of the RCVS has been replaced by disappointment, disillusionment and dismay.” She went on to explain how she felt that the College was not “truly supporting and representing” its members. President Sheila Crispin's initial response was to reiterate the difference in the roles of the British Veterinary Association (BVA) and the RCVS. She emphasised that the RCVS was not there to “represent” but to regulate: representation was the role of the BVA.

The College did offer support, she went on, particularly in supporting new graduates through the Professional Development Phase, and working with the BVA and other bodies on the Veterinary Surgeons Health Support Programme.

### Judge and Jury?

The questioner touched on the outcome of recent disciplinary cases as contributing to her dissatisfaction, and Sheila stressed that it was important to realise that the College had no



say over the outcome of such cases. For it to be otherwise would be for the College to be both judge and jury, which would not be acceptable to either the profession or the public.

Clarifying the role of the College to members, and the important distance between the College and its statutory committees (the Preliminary Investigation and Disciplinary Committees) is clearly a communications challenge yet to be met.

### Extremely useful

The debate continued and, in some cases, parties agreed to disagree. However, the opportunity to meet and discuss issues with members was extremely useful, as evidenced by a vote of thanks from one of the attendees.

A full report of the Cambridge meeting is available on RCVSonline ([www.rcvs.org.uk](http://www.rcvs.org.uk)).

## Notice anything different?

**You may remember that we asked for your views about *RCVS News* last year, as we wanted to know what you thought of the College's newsletter before we did anything too drastic.**

We had a lot of responses, which were a heady mix of congratulation and condemnation (some of the most damning comments ultimately becoming the most amusing) but, on the whole, we enjoyed hearing what you had to say!

A particular favourite, “It is almost unreadable, both physically and mentally. A good revamp and the magazine would be read by more,” and others like it, left us with the nagging impression that it was overdue for a change.

To a large extent, what you're now holding in your hands is the result of your feedback. We have taken a considered look at the things you said you liked (or would like) to see, and those you wouldn't be sorry to see pulped, and have tried to incorporate your preferences into this first of the new-look *RCVS News*.

Overall, it's bigger (now 20 pages), brighter (less densely packed) and bolder (writing and pictures) than it used to be – factors that combine, we hope, to make you more likely to want to pick it up and read it. We have retained some of your perennial favourites, such as advice and guidance articles, details of the work of our statutory committees and, in this first edition of 2007, a detailed look at continuing professional development.

We have also introduced some new contributions from outwith the walls of Belgravia House in the form of a guest column, non-RCVS-related news items, and interviews with you, the members. These are all suggestions you made and items that we hope to continue.

There is now a mixture of in-depth features for those who have time for a lunch break; short articles and ‘speed read’ boxes for those who can only manage a coffee break; and a new back page you can take in ‘at a glance’ if you're far too busy working towards your big break.

We hope, indeed fully expect, what you will tell us what you think of your new-look *RCVS News*, and if there is anything that we can change for the better.

To the gentleman who carefully cut out the white space and photographs from an edition of *RCVS News Extra* last year, and posted them back to us explaining why they were a waste of his retention fee, we thank you, but would beg to differ.

Whilst we appreciate it might not be to everyone's taste, we do feel that it is a big improvement and we're really rather proud of it. We hope you enjoy it and look forward to hearing what you have to say.



# Docking of dogs' tails

## Cutting a long story short

President Sheila Crispin explains our ongoing involvement in the legislative process



**T**ail docking is a subject on which strong and contradictory opinions are voiced. Conversely, public affairs work requires sensitivity, subtlety, patience and, more often than not, compromise. In this article, I do not wish to enter into the tail-docking debate, but use it to illustrate how long and drawn-out the legislative process can be and how much work must go on behind the scenes in order to effect even a small change at parliamentary level. For brevity's sake, this is a summary of five years' efforts.

### DEFRA consults

Five years ago, DEFRA consulted widely on proposals to update the animal welfare legislation, and one question raised was whether the docking of dogs' tails should be banned. Our response endorsed a ban on docking for cosmetic reasons, so long as it remained within the veterinary surgeon's discretion to carry out the operation when it was clinically justified. We sent a similar response to the Scottish Executive in July 2004.



### Giving evidence

That same month, DEFRA and the National Assembly for Wales published a draft Animal Welfare Bill for England and Wales. It did not deal specifically with tail docking, but said that it would be an offence to mutilate an animal except in circumstances laid down in a Ministerial order. The House of Commons committee which shadows the work of DEFRA examined the draft Bill and invited comments. We responded in writing and the Committee summoned us to give oral evidence. The then President, John Parker, appeared before the Committee accompanied by Lynne Hill as Junior Vice-President and Jill Nute, who chaired the External Affairs Committee.

***“Public affairs work requires sensitivity, subtlety, patience and, more often than not, compromise.”***

In October 2005, the Animal Welfare Bill and the Animal Health and Welfare (Scotland) Bill were introduced into the Westminster and Scottish Parliaments. Both Bills prohibited mutilations but provided for Ministers to lay down exceptions in regulations. In December 2005 Lynne, by then President of RCVS, appeared before the relevant committee of the Scottish Parliament.

The Animal Health and Welfare (Scotland) Bill in due course passed into law without making any explicit reference to tail docking. It will be forbidden, along with other mutilations, unless the Scottish Ministers make an exception to allow it, and they have decided not to do so.

### Council decides

The story is different in England and Wales. In debate on the Animal Welfare Bill in January last year, members of the House of Commons argued strongly for an outright ban on docking. RCVS Council decided at its meeting on 2 March 2006 to make a public statement supporting that proposal, 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.

Twelve days after the Council meeting there was a free vote in the House of Commons and the Bill was amended to ban tail docking, but with an exception for working dogs. When the Bill went on to the House of Lords that policy was confirmed. It did not go as far as we had

recommended, but ultimately such matters are for Parliament to decide.

In public affairs you don't always get all that you ask for, but it can still be important to try to influence events. This was one such occasion. The Bill, as amended, obliged a veterinary surgeon who chose to dock a puppy to certify that it was likely to become a working dog. Such a certificate would have contravened the established principles of certification, because the veterinary surgeon would have had to make a judgement on matters outside his or her knowledge or control.

### Briefing MPs and Peers

We raised this issue before the vote in the House of Commons, briefed selected members of both Houses of Parliament and had long discussions with DEFRA officials. A solution was only found, however, after Lord Soulsby of Swaffham Prior FRCVS drew attention to the problem in the House of Lords. The Government amended the Bill at the last moment. As a result, the Act now calls upon the veterinary surgeon to certify that certain evidence has been produced to show that the puppy is likely to become a working dog. The veterinary surgeon must see the evidence but does not have to predict the future.

### Advising on regulations

That was still not the end of the story. Last December, DEFRA and the Welsh Assembly consulted on draft regulations specifying the evidence to be produced to the veterinary surgeon. The regulations implied that the veterinary surgeon had to certify that the puppy was likely to be used as a working dog. We responded once again, pointing out this and other problems in the drafting of the regulations, and in March this year, Lynne gave evidence on them to a committee of the Welsh Assembly.

### Why bother?

So, given that we originally advocated a ban with no exception for working dogs, why have we been working to ensure that veterinary surgeons would be able to dock tails within the terms of the Animal Welfare Act? The reason is that we would have had to advise veterinary surgeons that they could not properly certify that a puppy was likely to become a working dog. We could then have been accused of blocking the implementation of the policy adopted by Parliament. That would have damaged the

# Report to Council - March 2007

## PI Committee Chairman David Harding

***“After Lord Soulsby of Swaffham Prior FRCVS drew attention to the problem in the House of Lords, the Government amended the Bill at the last moment.”***

standing of the RCVS and lessened our ability to influence the legislative process in the future.

### What next?

The debate is not over, because the Government and the devolved administrations are bound to come under pressure to change the law in the light of experience. The docking of tails will continue for some types of working dog in England and Wales but not in Scotland, so there is an opportunity to get hard evidence on the incidence of injuries in those dogs with docked and undocked tails. I have been discussing proposals for a study with research providers and funders.

I hope this has helped to illustrate how the RCVS works to influence government policy. It would be tedious for members, not to mention time-consuming for us, if we published a news story every time we responded to consultations, gave evidence to Select Committees or attended policy meetings with Government officials. Only at the conclusion of such matters can the amount of work involved be explained properly, nevertheless, it is a vital function to maintain if we are to make our voice heard at the highest level.

***“You don’t always get all that you ask for, but it can still be important to try to influence events.”***



**T**here have been four meetings of the Preliminary Investigation (PI) Committee since the last Council meeting and, between 21 November 2006 and 21 February 2007, 72 new complaints, as well as ongoing complaints, have been considered. In that time, the PI Committee has:

- referred nine complaints to solicitors for statements;
- referred 11 complaints to the Professional Conduct Department for further investigation;
- carried out seven announced visits to veterinary practices and 11 informal interviews; and,
- referred two complaints to the Disciplinary Committee.

One of these complaints is reported to Council for information.

### Pet Travel Scheme (PETS) – The Pet Passport

The complaint concerned a veterinary surgeon (Mrs A) who stamped and issued a Pet Passport – the passport had been partially completed by a veterinary surgeon colleague (Mr B) who had incorrectly administered the rabies vaccination prior to microchipping the dog. (Under PETS, to be brought into the United Kingdom from a listed country, a dog must be identified by a microchip prior to vaccination against rabies and blood testing.)

On 23 June and 7 July 2004, Mr B administered the dog’s rabies vaccination. Subsequently, on 21 July 2004, Mr B took a blood sample and microchipped the dog. On 10 August 2004, Mrs A stamped the Pet Passport and issued it to the owner, who then took his dog to Canada.

***“The PI Committee accepted her explanation and decided there was no evidence that she had been reckless or dishonest.”***

Upon returning to the UK with his dog, the owner was informed that the animal was unable to re-enter the country because of an error in its passport; the owner was informed the dog had to be either quarantined or returned to Canada. The dog, which had been diagnosed with Addison’s disease, was returned to Canada and, as a result, the owner suffered financial loss.

The information on the dog’s clinical records confirmed that Mr B, an experienced practitioner, had recorded the correct dates for the vaccinations, microchip and blood sample, but had failed to follow the guidance notes that indicated a dog must be identified by a microchip prior to vaccination and blood-testing.

The PI Committee recognised that the complaint concerned alleged negligence by the practice and noted that the owner had been compensated for his financial loss (by the practice insurers).

Mrs A said she had stamped the passport without first checking that the relevant information was correct. The PI Committee accepted her explanation and decided there was no evidence that she had been reckless or dishonest, and agreed that her error had originated from Mr B’s initial error.

The PI Committee noted that when the error had been discovered, Mrs A had been helpful and apologetic towards the owner and that she had also reviewed practice policies.

In the circumstances, the PI Committee decided there was nothing in the complaint that indicated serious professional misconduct against Mrs A and therefore nothing that could question her fitness to practise, and closed the complaint.

## Mr John F McKenna

### **Inquiry concerning: non-therapeutic and non-prophylactic tail-docking of puppies.**

### **DC decision: 28-day suspension from the Register.**

On 14 December 2006, Mr John McKenna was found guilty of serious professional misconduct for docking the tails of a litter of 11 Weimaraner puppies owned by Mrs McNaught, when he ought to have known that there were no therapeutic or prophylactic reasons within the meaning of the *RCVS Guide to Professional Conduct for the procedure*.

The Disciplinary Committee (DC) heard that Mr McKenna had no knowledge of the puppies' future owners or whether they would actually become working dogs. In addition, the DC heard that in a subsequent letter to Mrs McNaught, Mr McKenna described the procedure as "cosmetic." Mr McKenna argued that this meant "minor" and that he did not

know the full extent of the RCVS guidance on the docking of dogs' tails. The DC decided that he was docking to conform to fashion and for no truly prophylactic reason, and that he ought to have known the RCVS guidance.

***"The DC decided that Mr McKenna was docking to conform to fashion and for no truly prophylactic reason."***

Giving expert evidence, Professor David Morton MRCVS described the tail-docking in these circumstances as an unacceptable mutilation that had no therapeutic or genuine prophylactic reason. Advising the DC of his views on the pain and suffering experienced by puppies that undergo tail docking, he stated: "Only when the harms done are outweighed by the advantages realistically sought can docking be justified."

The DC noted this was Mr McKenna's first

appearance before it in a career that had spanned some 40 years; it also recognised his general good character and veterinary skills, and that the proceedings had already caused him great distress, not least due to severely critical press coverage.

Mr Brian Jennings, Chairman of the Disciplinary Committee, said: "While we consider that Mr McKenna's ignorance of the RCVS guidance falls so far short of acceptable and responsible practice that it amounts to serious professional misconduct, we consider his conduct was more cavalier than calculated. There is no evidence to show that he frequently and regularly docked puppies' tails, nor that he had a reputation for doing so.

"For these reasons, we do not wish to make an example of Mr McKenna, but prefer to take the lenient view by suspending him for 28 days. However, this decision is an indication to the profession that the RCVS is unequivocal in its opposition to tail-docking of dogs."

## Dr John A Walker

### **Inquiry concerning: false certification of vaccination dates in horse passports.**

### **DC decision: remove name from Register.**

On 31 January 2007, Dr John Walker was found guilty of two charges of disgraceful conduct after admitting that he had falsely certified vaccination dates in the passports of two racehorses belonging to Mr and Mrs Odell, namely Six Clerks (in 2000) and Moorlands Again (in 2003). As a result, the horses complied with the then Jockey Club (now The Horseracing Regulatory Authority) stipulations for influenza vaccination. The DC accepted that an incorrect date given in the passport of a third horse, Ryland Run, was a genuine clerical error and not misconduct.

The DC heard how Mr and Mrs Odell were in an ongoing but unrelated civil dispute with Dr Walker regarding Moorlands Again. In 2004, in the course of this litigation, they had checked invoices for Mr Walker's visits to their horses and had noticed discrepancies in the vaccination dates recorded in the passports, which they subsequently reported to the College.

Dr Walker admitted to deliberately falsifying dates for Moorlands Again and Six Clerks in order to circumvent the Jockey Club rules. He was clear that the reason for falsifying the record for Moorlands Again was that the vaccination was two weeks overdue (and this would have triggered a renewed primary vaccination course). He said that by

backdating the entries, the horse would comply with Jockey Club rules, adding: "I made [the entry] so it could run." Dr Walker said the owners had not asked him to mark inaccurate entries in the passport, but stated that in relation to Moorlands Again, he believed he would have told Mrs Odell that by altering the dates the horse could continue to train.

***"Dr Walker admitted to deliberately falsifying dates for Moorlands Again and Six Clerks in order to circumvent the Jockey Club rules."***

Dr Walker expressed his 'devastation, embarrassment and remorse' over the events. It was emphasised that he had not benefited materially from making the inaccurate entries, and the mistakes had avoided the need to repeat the full course of vaccination, particularly when the dates fell within the permitted periods specified in the vaccination licensing authorisations.

Ms Jenny Pitman told the DC she attributed a lot of her success as a trainer to Dr Walker's veterinary skills over many years and a letter from Dr Webbon, until recently the Chief Executive of The Horseracing Regulatory Authority, testified to Dr Walker's "excellent clinical judgement and professionalism".

The DC stressed that a certificate "...is a written statement of fact made with authority, the authority coming from the veterinary

surgeon's professional status..." and was mindful that members of the public, authorities and officials rely on the professional integrity of veterinary surgeons to provide truthful and accurate information. Dr Walker knew these certificates would be relied upon by others, who, if they had known the true state of affairs, would not have allowed the owners to race those horses until they had received a further course of vaccination. The DC noted that Dr Walker was an experienced veterinary surgeon who held a senior position as Chairman of the Racecourse Veterinarians Association and was therefore fully aware of the Jockey Club rules on equine influenza vaccination and the importance attached to accurate certification.

***"We regard any falsification as extremely serious because it weakens the confidence of the public, and damages the integrity of the veterinary profession."***

In ordering Dr Walker's name to be removed from the *Register*, Mr Jennings stated: "We regard any falsification as extremely serious because it weakens the confidence of the public, and damages the integrity of the veterinary profession. In these two cases, Dr Walker's actions have fallen far short of the standard expected of a member of the profession."



## Ms Judith L Kay

### **Inquiry concerning: repeated alcohol-related convictions and ongoing alcoholism.**

#### **DC decision: remove name from Register.**

Ms Judith Kay first came before the DC on 11 December 2006. At that hearing, Ms Kay admitted she had been convicted for drink-driving in May 2006, receiving a four-month prison sentence and a five-year driving ban (following three previous convictions of drink-driving-related motoring offences in 2003). She denied, however, that the convictions rendered her unfit to practise veterinary surgery.

Ms Kay told the DC that since her release from prison she had attended Alcoholics Anonymous (AA) meetings several times per week, having finally accepted that she was an alcoholic, and had not had a drink for some eight weeks before the hearing. Deciding to give Ms Kay a final opportunity to address her personal problems and seek help for her condition, the DC adjourned the hearing on condition that she:

1. only practised in a multi-vet practice or institution;
2. met a member of the Veterinary Surgeons Health Support Programme, accepted his/her recommendations and submitted regular progress reports to the DC;
3. registered and regularly consulted with a medical GP, who would send the DC progress reports;
4. bore any expenses arising out of the above herself; and
5. provided employer references commenting upon her sobriety and veterinary ability.

At the resumed hearing on 26 January 2007, Ms Kay reported on her progress and stated she had abstained from alcohol, save for two incidents of social drinking over Christmas. However, this evidence was contradicted by an AA colleague of Ms Kay's, who testified to an incident less than a week prior to the hearing when Ms Kay had admitted to him that she had consumed a bottle of wine.

Reiterating its responsibility to the welfare of animals and their owners and to upholding the reputation of the profession, the DC was concerned that Ms Kay had shown insufficient effort in complying with its conditions. It

***“We are disappointed that Ms Kay misled us in the matter of her alcohol consumption. A period of time needs to elapse for Ms Kay to regain control of her addiction.”***

wished to be sure Ms Kay accepted that her commitment to abstinence was an essential first step, but on the basis of the evidence, it felt she was unable to do so. Mr Jennings said: “We are disappointed that Ms Kay misled us in the matter of her alcohol consumption. A period of time needs to elapse for Ms Kay to regain control of her addiction. We consider it unsafe for her to continue practising as a veterinary surgeon at this time and direct that her name should be removed from the *Register*.”

## Mr Michael M McCarthy

### **Inquiry concerning: theft and personal use of controlled drugs.**

#### **DC decision: remove name from Register.**

On 1 February 2007, Mr Michael McCarthy admitted to the DC that he stole controlled drugs from his employers while working as a locum at three different practices between January and April 2006. He also admitted a fourth charge of obtaining, without proper authority, controlled drugs for his personal use from the National Veterinary Service. Mr McCarthy, who had received a police caution for theft from one practice, agreed in relation to each instance that he was guilty of disgraceful professional conduct.

***“He wished to make a clean break and had sought counselling and treatment for his dependency.”***

He acknowledged that he had a drug-dependency problem and apologised for his conduct, saying he felt shame and embarrassment; he also apologised to witnesses and thanked them for their support. In mitigation, Mr McCarthy outlined the personal circumstances surrounding the tragic events of his father's death and other family circumstances that he believed had triggered his problems. He stated he wished to make a

clean break and had sought counselling and treatment for his dependency. Although he had managed to abstain for several months, he said that a further family death had caused a lapse during January 2007.

Mr McCarthy told the DC he intended to return to New York, where he had family and friends willing to support him and where he would continue with his treatment programme while working in a non-veterinary capacity. He retained his lifetime ambition to work as a veterinary surgeon, but accepted that this was not appropriate until he had fully conquered his dependency.

The DC considered Mr McCarthy had abused his position as a veterinary surgeon in order to obtain veterinary drugs for his own use. It considered that any misuse of veterinary drugs was a serious offence, in particular because Mr McCarthy had been in a position of trust and was supplied with the keys to Dangerous Drug cabinets by virtue of his employment.

The DC was impressed by his full and frank admissions, his open acknowledgement of his problems and his wish to overcome them. While accepting his version of events the DC considered that he would benefit from a period of time away from access to restricted drugs in order to restructure his life and directed that Mr McCarthy's name should be removed from the *Register*.

## Mr Ranee K Sanyal

At the request of his Counsel, Mr Sanyal's application for restoration was adjourned on 6 February 2007 until such time as Mr Sanyal applies for the hearing to be resumed.



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

# Countdown to registration for VNs

**VN non-statutory Register opens 1 September 2007**

**R**CVS Council has agreed a revised timetable for the introduction of the non-statutory Register for veterinary nurses. The change follows recommendations from the Veterinary Nurses Council for a six-month awareness-raising period from the publication in April of documents relating to the Register – the *Guide to Professional Conduct* for VNs and the *Continuing Professional Development (CPD) Record Card* – and the opening of the Register itself.

*“The new non-statutory Register marks the first step towards self-regulation for veterinary nurses.”*

The CPD requirement will come into force as soon as VNs register, although the disciplinary framework will not take effect until 2010, to allow time for the system to bed in and VNs to become familiar with the *Guide*.

The new non-statutory Register marks the first step towards self-regulation for veterinary nurses, paving the way for statutory registration under a new Veterinary Surgeons Act.

“This is a critical development for VNs and one that testifies to their growing importance as part of the veterinary team and a profession in their own right,” according to Mrs Andrea Jeffery, who chairs VN Council (pictured right).

#### Who registers?

Existing VNs who listed on or after 1 January 2003 and veterinary nurses who qualify in the future will enter the new Register automatically and the old RCVS List will close to new entrants. Those who listed before 1 January 2003 will be able to transfer voluntarily to the new Register. All those included in the new Register will be able to use the title ‘Registered Veterinary Nurse’ and the postnominals RVN.

All but one of the VN respondents to a recent consultation on the *Guide* welcomed regulation. Although this was a limited sample, it indicates a positive reception. Those who opt to stay on the unregulated List will remain entitled to practise and undertake Schedule 3 delegated procedures. However, employers and the public will not have the same assurance of their professional conduct or CPD – an important factor according to Andrea:

“Joining the Register will establish greater accountability for the veterinary nursing profession,” she stresses. “It will give animal owners increased confidence in the professionalism of registered veterinary nurses and their fitness to practise.”

#### Guide and CPD

The VN *Guide*, which will be mailed to all VN employers during April, closely follows the *Guide* for veterinary surgeons to ensure consistency across the veterinary team. Guidance falls under familiar headings such as responsibilities to patients, clients, and the general public. It was finalised following consultation with veterinary nurses at the end of 2006 and will be issued with explanatory notes to make it more easily understood by those unfamiliar with the veterinary guidance.

*“Joining the Register will give animal owners increased confidence in the professionalism of registered VNs.”*

A condition of remaining on the Register will be the maintenance of CPD – a minimum of six days (45 hours) over a three-year period. The results of a joint RCVS/BVNA survey (2005) suggest that this will not be a dramatic change for VNs: 48% of VNs responding



Andrea Jeffery speaking at RCVS Council in March

already carried out up to 10 hours of CPD per year, 30% 11-15 hours and the remaining 22% between 16 and 20 hours per year.

#### Cost

VN Council has agreed that the annual retention fee will remain the same for both the new Register and the List until 2010. It will remain a veterinary nurse's responsibility to ensure that her or his registration and annual retention fees are paid and there will be a similar responsibility to ensure that the requirements for CPD are addressed. However, the majority of employers currently fund, either fully or in part, the registration and retention fees for their practice staff and invest in their CPD. The requirements of the new regulations should not significantly add to these costs.

## Speed read...

- *Guide to Professional Conduct for VNs and CPD Record Card* available during April
- Roadshows and publicity from April
- Register opens 1 September
- VNs Listing on or after 1 January 2003 transfer automatically
- Others can opt to register
- CPD requirement of 45 hours over three years on registration
- Disciplinary structure in place from September 2010



## New VNs welcomed

**A** group of newly-qualified veterinary nurses gathered at the RCVS in February to receive certificates in Small Animal Veterinary Nursing from the RCVS President Professor Sheila Crispin.

Family and friends attended the ceremony and Professor Crispin recognised the support that they, together with practice colleagues, had given the veterinary nurses during their studies.

Mrs Andrea Jeffery, who chairs the Veterinary Nurses Council, welcomed the newly-qualified VNs to the College and reminded them that they would be among the first to join the non-statutory Register for veterinary nurses when it opens in September.

# Trust a helping hand

We look at two projects supported by RCVS Trust grants



**T**he RCVS Trust is a unique educational charity that exists to help animals and the people who care for them. Or, put another way, it seeks to give financial support to veterinary surgeons, veterinary students and veterinary nurses who wish to undertake research or postgraduate study into animal health and welfare. It also prides itself on helping people to step onto the first rung of the research ladder, and funding programmes that might not normally attract mainstream attention.

But how does the College's charity actually do this? Starting in this new-look edition of *RCVS News*, and continuing in the future, we take a look in a little more detail at some of the projects that the Trust supports, and the people it helps gain a foothold in the world of animal health and welfare research.

## Canine neurology and neurosurgery

**T**he Trust awarded a £42,000 joint residency in canine neurology and neurosurgery to Cambridge University's Department of Veterinary Medicine and the Animal Medical Centre (AMC) in Manchester – one of the principal aims set out in the joint grant application being to improve the dissemination of neurology expertise into practice. Kate Talbot MRCVS was appointed to the post in October that year and a summary of her activities in a busy first year is set out below.

### On duty in the clinic

Under the supervision of Nick Jeffery for the first half of the residency in Cambridge, Kate spent the majority of her first year working in the Department's hospital clinic, where she was the first point of contact with owners of animals referred there for investigation of neurological problems. She was required to carry out neurological examination of the patients and plan further diagnostic tests, and, under relevant supervision, interpret the test results and design treatment plans.

### Training and progress

According to Nick, much of the informal training in a residency comes through appropriate supervision that is gradually reduced over time. "Kate has quickly learnt to

carry out unsupervised neurological examinations and to plan the further tests necessary," he said. "Her expertise in reading MRI scans has increased enormously, and she has worked on two MRI projects to examine injuries to the central nervous system and instability of the spinal column." Spells in referral clinics also allowed Kate to experience veterinary neurology in a private practice environment.

More formally, courses in neuroanatomy, neurophysiology and neuropathology enabled Kate to develop the essential background knowledge of an effective clinical neurologist, which was then further augmented by personal tuition from Professor Bill Blakemore MRCVS – an internationally-recognised expert in veterinary neuropathology.

### Clinical research

Having written up an article on the clinical, imaging, surgical and *post mortem* findings in a cat that was presented to the Department's Hospital with cerebellar disease, Kate wasted no time in submitting it to the *Journal of Feline Medicine and Surgery*. She has also completed and submitted an article on the relationship between the morphology of the cranial cervical vertebrae and syringomyelia in Cavalier King Charles spaniels. In addition, Kate has made a

promising start on her principal residency research project concerning nerve fibre density in the skin of dogs – extending it into examination of the skin of horses and cats.

In collaboration with the AMC, Kate will now aim to develop a method for reliable and reproducible quantification of nerve fibre density, and then to compare densities between specific selected groups of individuals with the aid of computer software.

### Spare time

In her 'spare time', Kate has presented her clinical research work to colleagues in the Department, prepared further papers for publication and attended the European Society of Veterinary Neurology annual meeting to present the group's work on surgical treatment for hemivertebrae.

### Second half...

Kate has now embarked on the second half of her residency at the AMC in Manchester where she will learn how to integrate her university training into a private practice environment. At the AMC she will gain further experience in neurology and learn a wide range of surgical procedures appropriate to becoming a skilled neurosurgeon, as well as invaluable tuition in ophthalmology and anaesthetics.

## Equine trypanosomosis in the Gambia

**L**ucy Meehan is a final-year veterinary student at the University of Liverpool. She successfully applied for an Extra Mural Studies (EMS) Vacation Research Scholarship from the Trust in 2006, and was awarded £1,000 to help her study the epidemiology of equine trypanosomosis in the Gambia.

Trypanosomes – protozoal parasites found in the bloodstream of vertebrates and transmitted by the Tsetse fly vector – are a significant cause of loss of production in the Gambia, due to the high levels of infected draught animals. The Gambia Horse and Donkey Trust, where Lucy carried out her study, is a small Non-Governmental Organisation that aims to reduce rural poverty by increasing productivity of working horses and donkeys through animal welfare and management education.

With relatively little data available on the prevalence of equine trypanosomosis, Lucy spent four weeks in August 2006 comparing the susceptibility of horses and donkeys to infection, and investigating the effect of seasonality on prevalence



Lucy in the Gambia with her solar-powered microscope

# 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 Vote!

There are now three ways you can vote in Council elections: internet, phone and post. Ballot papers enclosed for those able to vote. Closing deadline 5pm Friday 4 May.

## 2 New JVP

Mrs Jill Nute, long-standing member of Council and mixed practitioner, elected Junior Vice-President. Will take up her position at RCVS Day in July.

## Cattle passport changes

DEFRA introduces changes to cattle identification and tracing rules. Those refused passport in England and Wales due to late application can opt to have calf and dam DNA tested. Vets will need to arrange test.

## 3 RCVS Trust grants

College's charitable trust gives £600K to animal health and welfare research.

## 10 years for Jane

Registrar Jane Hern celebrates 10 years at the College.

## VMD consultation

VMD consulting on Veterinary Medicines Regulations 2007. Includes proposal for all practices from which a vet supplies medicine to be registered. Should we take on role?

## ModCert accredited

Council accredits Middlesex University to assess new CertAVP(VetGP).

## 4 Remote 24/7

We're developing guidance on tackling 24-hour cover in remote areas and need your help.

## 5 Inform your clients

Guidance on keeping clients informed about 24-hour cover: do it early and do it clearly.

## Controlled drugs

Interim advice post-Shipman. Includes advice for when supplying a controlled medicine against a colleague's prescription.

## 6 Dart guns

30-50,000 deer injured on the roads each year. If you're called out to administer treatment, make sure you tag correctly to prevent deer entering food chain.

## 7 Postgrad education

Last enrolments for Diplomas in Dermatology and Ophthalmology and current Certificates: 1 November. Check for Cert and Diploma exam dates and deadlines for Fellowship and Specialist applications.

## 8 VSA review

Summary of current proposals and note on new government White Paper on healthcare regulation: some common ground. Hear how General Dental Council regulates paraprofessionals.

## 10 CPD

Don't forget, it's mandatory – 35 hours a year. PDP counts for the first year if you're a new graduate. Read experiences of four vets from different areas of the profession.

## 12 Meetings

Visit the College for Meet the RCVS Day – contact [f.clark@rcvs.org.uk](mailto:f.clark@rcvs.org.uk). If you're going to BSAVA, come to Question Time on Friday 13 April. Don't forget RCVS Day on 6 July, at Royal College of Surgeons. Hear from Sir Howard Dalton FRS, Defra's Chief Scientific Advisor, and visit the Hunterian Museum.

## 13 Cambridge Question Time

Question Time in Cambridge aroused strong feelings. Topics included the role of the College and why we're not here to represent members individually.

## New-look RCVS News

How your views helped shape the all-new newsletter.

## 14 Tail docking

Docking of dogs' tails proves a good example of how we work with Parliament.

## 15 PIC report

72 new complaints dealt with in three months ending 21 February. Read example involving the Pets Travel Scheme and importance of dealing properly with errors, once discovered.

## 16 DC cases

Mr J McKenna suspended for 28 days for non-therapeutic and non-prophylactic tail-docking; Dr J Walker removed from Register for false certification; Mrs J Kay removed from Register as unfit to practise; Mr Michael McCarthy removed from Register for theft and personal use of controlled drugs; Mr R Sanyal's application for restoration adjourned.

## 18 VN Register

VN non-statutory Register opens 1 September. *Guide* for VNs and CPD structure available from April. Roadshows and awareness campaigns over summer.

## 19 RCVS Trust projects

Where does the money go? Update on two projects: canine neurology and neurosurgery and equine trypanosomiasis in the Gambia.

## DATES FOR YOUR DIARY

**6 April:** changes to DEFRA rules on cattle identification and tracing

**13 April:** RCVS consultation on 24/7 guidance closes

**13 April:** RCVS Question Time at BSAVA Congress

**4 May:** RCVS elections close

**24 May:** RCVS Question Time comes to Wales

**28 May:** VMD consultation on Veterinary Medicines Regulations closes

**6 July:** RCVS Day

**9 July:** Diploma written exams

**24 or 25 July:** Certificate written exams

**1 August:** deadline for Fellowship applications

**24 August:** deadline for reapplication for Recognised Specialist status

**1 September:** opening of non-statutory VN Register

**14 September:** deadline for new applications for Recognised Specialist status

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

**1 November:** deadline for enrolment on current Certificates