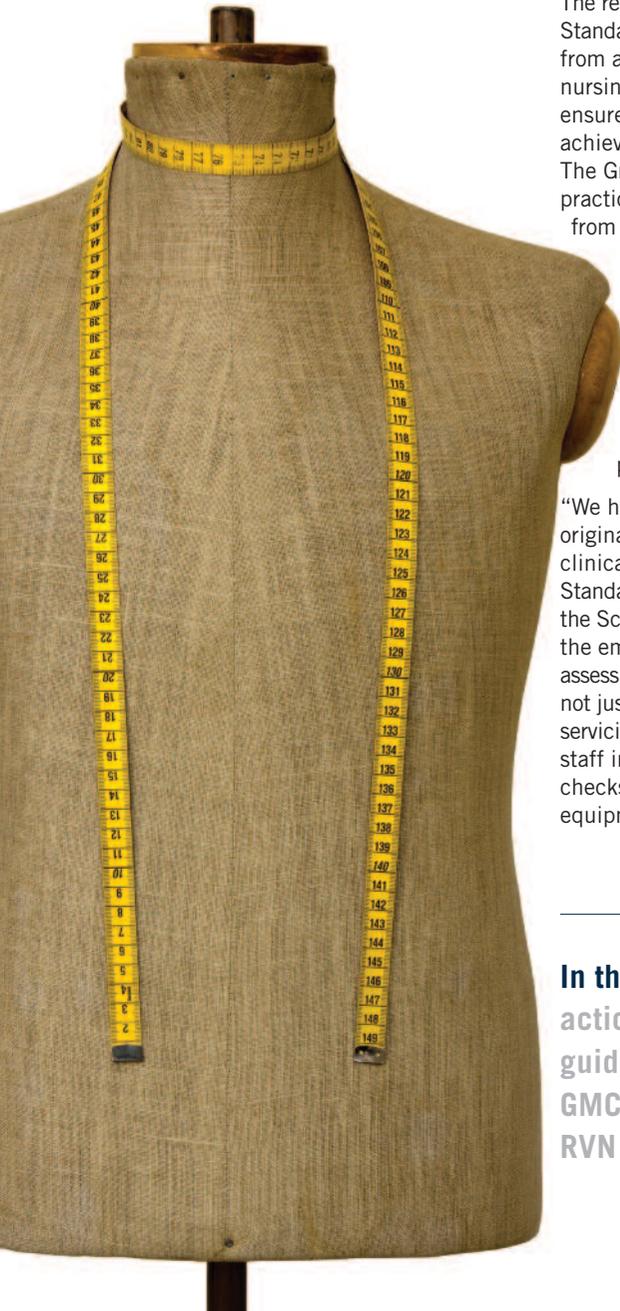


“It was important [to take] account of what the public might reasonably expect of a well-equipped professional practice.”



Measuring up to new standards

New Practice Standards Scheme Manual launched in April

The five-year review of the Practice Standards Scheme has been completed, and the new Manual published. The new standards will take effect from 1 April 2010, and practices in the Scheme will be given plenty of time to comply.

The review was undertaken by the Practice Standards Group, which includes representatives from all of the key veterinary and veterinary nursing organisations. Its objective was to ensure that standards remain relevant and achievable, while representing better practice. The Group took on board improvements in practice over the last five years, and feedback from inspectors and practices.

The Scheme, to which around 50% of practice premises are now signed up, exists to raise standards for the benefit of the public, as well as employees. So it was important that the Group took account of what the public might reasonably expect of a well-equipped, professional practice.

“We have made some adjustments to the original standards, placing greater emphasis on clinical outcomes and training,” says Practice Standards Group Chairman, Jill Nute. “To ensure the Scheme goes beyond a ‘box-ticking exercise’, the emphasis for inspectors has moved towards assessing how standards are applied. For example, not just noting whether a protocol exists for the servicing of anaesthetic equipment, but asking staff involved how this is carried out and what checks are made on a daily basis to ensure the equipment is satisfactory.

“There are some new standards, and others now apply to different types of practice, as expectations of better practice increase,” adds Jill.

The numbered ‘tiers’ have gone, as these were confusing. The descriptive categories (Core, General Practice, Hospital), together with differentiations (equine, small animal, farm animal, emergency services clinic), remain. In addition, to encourage more farm animal practices into the Scheme at GP level, ‘where applicable’ has been added to certain GP standards, so that those without small animal or equine facilities can comply.

Another positive change has been in the Manual (see www.rcvs.org.uk), which now incorporates guidance alongside the standards rather than in a separate document. The new format clarifies the derivation of each standard, so that legislative requirements are distinguished from those required under the *RCVS Guide to Professional Conduct* and those indicated by better practice.

Promotion of the Scheme to the public continues. A video is in the planning stages, and will be available online. In addition, the next issue of our e-bulletin the *Practice Standard* will survey members on the most popular Scheme marketing materials.

Join us at BSAVA Congress to hear more details – see page 14.

In this issue: Jerry Davies elected JVP, voting opens, dog breeding action, Panorama on the horizon, *Guide* quiz results, slaughter guidance, EMS audit, Specialist review, VN qualifications update, GMC view, registration quiz, meetings, investigations, DC hearings, RVN disciplinary system, Trust news.

Your votes help Haiti

Charitable donation for each voter in Council elections

The RCVS Council elections are now open and, for each vet who uses their vote, we will send 20p to the Disasters Emergency Committee (DEC) Haiti Earthquake Appeal. There are 22,617 veterinary surgeons entitled to vote so, if each vet were to use their vote, we could raise over £4,500.

It would be crass to suggest that this donation could fix the problems faced by those in Haiti. However, like voting, it is a small way of making some difference.

"What the RCVS does impacts directly on veterinary surgeons," says Registrar Jane Hern. "Who gets to be on Council – and influence matters such as the disciplinary system, 24-hour cover, and the Practice Standards Scheme – that is up to you."



Candidates' details, together with ballot papers, manifestos and voting instructions for vets eligible to vote, are mailed with this edition of *RCVS News*. If your ballot paper is not enclosed, please contact Ian Holloway (020 7202 0727 or i.holloway@rcvs.org.uk), who will arrange for an official duplicate to be sent to you.

"Who gets to be on Council – and influence matters – that is up to you."

There are ten candidates for the six seats up for election, half of whom are new faces and half incumbent or former Council members. Those successful will take up their positions at RCVS Day on 2 July to serve four-year terms. The online discussion forum set up on www.vetsurgeon.org last year to allow vets to question candidates about their views was popular – with pages

viewed 23,000 times before the voting deadline – so will be repeated this year. Please remember that candidates are busy vets, so the timeliness of their responses will reflect that, and keep your questions relevant and courteous.

SMS (text) voting will be offered for the first time this year, replacing telephone voting, which was not popular. Votes may also be cast online or by post. All votes must be received by **5pm on 30 April 2010**.

As in previous years, the election will be run independently through Electoral Reform Services – an experienced provider of election services in the UK and worldwide. The RCVS will make a donation of 20p to the DEC Haiti Earthquake Appeal on behalf of every vet that votes. Individuals who do not wish a donation to be made on their behalf can 'opt out' via email – please see details in the voting pack.

- Only two nominations were received for the RCVS Veterinary Nurses Council and there were two places up for contest, so there will be no VN Council election this year.

JVD elected JVP

New Junior Vice-President: we must work hard to earn public's respect

Dr Jerry (Vincent) Davies was elected Junior Vice-President of the Royal College of Veterinary Surgeons at the March meeting of RCVS Council. He was uncontested and is due to take up office on RCVS Day on 2 July 2010.

Jerry graduated from the Royal Veterinary College (RVC) in 1974. He then spent two years in the Department of Surgery as a House Surgeon. After a brief spell in general practice he returned to the RVC, gaining a PhD (equine gastrointestinal disease) and a Diploma in Veterinary Radiology. He held the posts of Lecturer in Veterinary Radiology and then Senior Lecturer in Veterinary Surgery.

"Our reputation in the public's eye is fundamental."

In the 1990s, he founded a referral practice in Bedfordshire, which later became Davies Veterinary Specialists. The practice is based on a single site and provides specialist support to general practitioners across a wide range of small animal disciplines. The practice employs 40 veterinary surgeons, 59 veterinary nurses and 36 other support staff. He divides his time

between managing the practice and heading the diagnostic imaging team of four specialist radiologists.

Jerry is an RCVS Recognised Specialist in Veterinary Diagnostic Imaging and a European Veterinary Specialist in Diagnostic Imaging. He was awarded the British Small Animal Veterinary Association Simon Award for contributions to Small Animal Surgery in 2004.

Jerry was elected to RCVS Council in 2001 and has served as RCVS Treasurer since 2006. He chairs the Planning and Resources Committee and also sits on the Advisory Committee. He is Chairman of the 24/7 Working Party and in the past has also chaired the Preliminary Investigation Committee.

Commenting on his recent election, Jerry said: "I have enjoyed my varied career in our profession and still firmly believe that it provides a wonderful opportunity for bright young people to serve the animals and people in the UK and overseas.

"Our significant roles in food animal and companion animal health are manifest to all, however, our important contributions to public



health and scientific research are sometimes overlooked. These opportunities provide a rich and varied career path for veterinary graduates.

"We must continue to be proud of our profession and encourage talented young people to consider veterinary science as a challenging and fulfilling career. Our reputation in the public's eye is fundamental to this and we must work hard to earn their respect."

Familiarity breeds progress

Next steps discussed on dog breeding

Junior Vice-President Peter Jinman represented the RCVS at a recent meeting of key stakeholders to discuss the next steps on dog breeding.

The meeting also included representatives from the British Veterinary Association and British Small Animal Veterinary Association, together with welfare organisations, the Kennel Club, Defra and the Scottish Government, who came together to consider the three major dog breeding reports published recently: *Pedigree dog breeding in the UK: a major welfare concern?* (RSPCA), *A healthier future for pedigree dogs* (Associate Parliamentary Group for Animal Welfare) and the *Independent inquiry into dog breeding* (Patrick Bateson).

“Improving the welfare of dogs is something that all parties in the group can buy into.”

The group agreed to work on a proposal to set up an Advisory Council on the Welfare Issues of Dog Breeding, as recommended by Professor Bateson, whose report had proposed a specific role for the veterinary profession in three areas:

a. Collection of anonymised data from veterinary surgeries;

b. Provision of assistance and information in support of moves to reduce the incidence of specific conditions; and,

c. Provision of expert support for the enforcement of dog breeding and sales legislation, perhaps at *pro bono* rates (as do the legal profession when working in the public interest).

The group identified the key areas to be addressed as education and publicity, legislation and regulation, breeding strategies, and surveillance, research and development.

The meeting was chaired by RCVS Council Member and Past-President Professor Sheila Crispin, who welcomed interest shown by Defra and the devolved administrations.

“Improving the welfare of dogs is something that all parties in the group can buy into,” commented Peter Jinman. “The RCVS is particularly keen to ensure that public interest is front of mind when discussing issues such as confidentiality in relation to surveillance, identification and regulation. It is important that the veterinary profession takes a proactive position with regards to the health and welfare of dogs under its care, while not being asked to assume an enforcement role, which could be inappropriate.”

Healthy changes

New protocol to deal with health problems

The Preliminary Investigation Committee (PIC) plans to establish a new protocol to deal compassionately with veterinary surgeons who have health problems, such as alcohol or drug addiction or mental health issues, while continuing to protect the public interest.

According to independent legal advice, such an approach is appropriate and necessary for us to fulfil our regulatory responsibilities – similar systems exist in the General Medical Council and other regulators.

“The RCVS Preliminary Investigation Committee has striven to help veterinary surgeons to recover from health problems.”

“At present, where veterinary surgeons suffer from health problems that affect their fitness to practise, they may be referred to a formal and public inquiry and stopped from practising. But this is not always in the public interest, which could be protected by a more compassionate

approach, involving medical help, workplace supervision and continued practice, subject to conditions,” says President Sandy Trees.

Where appropriate, the PIC has striven to help veterinary surgeons to recover from health problems affecting fitness to practise, without referral to the RCVS Disciplinary Committee. Often those veterinary surgeons are receiving help from the Veterinary Benevolent Fund’s Veterinary Surgeons Health Support Programme, and legal advice through the Veterinary Defence Society.

We now plan to formalise this process with a protocol that is clear for both the profession and the public. The health protocol will be supported by appropriate changes to the *RCVS Guide to Professional Conduct*, which will be considered by Council in June.



Action on the act

New call for legislative change

RCVS President Sandy Trees has written to Jim Fitzpatrick MP, the Minister for Food, Farming and Environment, making the case for new disciplinary machinery. The letter calls for a legislative reform order to modify the Veterinary Surgeons Act to pave the way for a newly-constituted Disciplinary Committee. To signal its independence, the Committee would no longer include members of the RCVS Council. A meeting with the Minister will take place on 16 March to discuss the issues.

Meanwhile, Council has now set up a new group to look at other possible changes to the Act, including statutory regulation for veterinary nurses and more flexible disciplinary powers

Services with a smile?

Services Directive: what you must do

Hold the front page, the Services Directive came into force at the end of last year. “So what?” you might think, and you might be forgiven for thinking this is yet another piece of EU legislation that probably won’t affect you. Alas, you’d be wrong.

The essence of the Services Directive is to facilitate free movement of service provision within the EU by removing legal and administrative barriers to trade in the services sector. The Directive would appear to be trying to do this, however, by dramatically increasing the administrative burden on those very same service providers.

We have, in our possession, a rather formidable list of service providers’ duties, ie information that service providers are now required to make available to all recipients of those services (plus even more information that should be made available to them on request). It is too long to reproduce here.

Until such times as we can squeeze all these requirements into the next *Guide to Professional Conduct*, please visit RCVSonline (www.rcvs.org.uk) for more details, or download the *Guidance for Business on the Provision of Services Regulations* (www.berr.gov.uk).



Grin and share it

Enter Wonderland for the Trust and National Pet Month

Could you compete with the Cheshire cat's grin? Or host a tea-party fit for the Mad Hatter? The RCVS Trust is looking for people to put on 'Alice in Wonderland' themed events to fundraise for the Trust during National Pet Month, for which it is one of the designated beneficiaries. To hop down that particular rabbit-hole, though, you'll need to be quick – National Pet Month starts on 3 April.

"Over the past five years, the Trust has invested nearly £900,000 in improving the health and well-being of dogs, cats and other popular household pets," says RCVS Trust

Director, Cherry Bushell. "We've put over £10,000 alone into equipment for assessing lameness in cats, dogs and horses."

Why Alice in Wonderland? "Research involves curiosity and a sense of wonder," says Cherry. "There are plenty of ideas in the theme for fundraising – and in the process to get some publicity for the Trust and your practice."

So, if you think your baking rivals the Queen of Heart's tarts, want to help the Trust – and get a bit of publicity for your workplace or practice – see www.nationalpetmonth.org.uk for details and a free events pack.

Adoption's rewarding

Adopt-A-Book campaign jumps the £16k mark

With a flurry of end-of-year adoptions, the Trust's Adopt-A-Book campaign proves there's life in the old books yet – by raising over £16k in sponsorship.

Started in January 2004 as a way of raising funds to repair and restore editions from the historical collection, the adoption of five books since November means the Trust has now raised a total of £16,723 from the campaign – and has been able to restore over 130 volumes.

The latest title to be rescued is a nineteenth century copy of *Experienced Gentlemen: the sportsman's dictionary; or the gentleman's*

companion, whose fortunes have gallantly been reversed through the generosity of Onswitch – a market intelligence and business change company working in animal health.

When you think of 'adoption', you may more readily recall the rescue patients treated in practice than old books. However, these old books also need your help – and are an important part of the veterinary heritage that the Trust seeks to preserve. Restoring a book can cost between £25 and £250, and adopted books carry a book-plate naming their benefactor. They can also be dedicated 'in memoriam'.



If you are interested in supporting this work by adopting a book, you can see available titles at www.rcvs.org.uk/adoptabook, or contact Clare Boulton, RCVS Trust Librarian (c.boulton@rcvstrust.org.uk or 020 7202 0752).



Salmonella in reptiles

New guidance for exotics owners

An ongoing outbreak of *Salmonella* in people has prompted the production of new guidance for owners of reptiles.

The current outbreak has been observed since 2008 and, as of 24 February this year, 315 cases had been reported, over one third of which were children under five years of age. The Health Protection Agency (HPA) has collaborated with the Department for Environment, Food and Rural Affairs (Defra) and the Department of Health (DoH) to control this outbreak. On investigation, a single strain of *Salmonella* was identified (*Salmonella Typhimurium DT191A*) and the HPA's epidemiological investigation determined that many of the infected people kept reptiles. The investigation demonstrated that the likely

source was the importation of dead mice from a specific supplier which were subsequently fed to the pet reptiles. Defra has changed the import requirements as a consequence, and all recent consignments that have been tested are *Salmonella*-free.

The HPA, Defra and DoH have collaborated to produce a leaflet for reptile owners describing the potential risks of *Salmonella* infection and how these risks can be avoided. Pet shops are being made aware of this leaflet and Defra is keen that vets inform clients who keep reptiles of its availability. Vets should also consider this potential issue should pet reptiles be presented to them.

The leaflet is available from the HPA website at: www.tiny9.com/u/reptile_salmonella.

Panoramic view

TV programme on the profession coming soon



The BBC is in the final stages of production for a Panorama programme about the veterinary profession. Not more vet-bashing in the media, we hear you cry!

Although a date has not yet been set for the broadcast, we understand it is likely to be during March. President Sandy Trees was interviewed by Jeremy Vine at Belgravia House on 13 November. That it was a Friday did not bode well, although, as usual, the proof of the pudding will be in the editing.

We understand that the programme is set to cover a range of issues, including the role of unqualified nursing staff in the practice, support for new graduates, over-charging in relation to insurance and regulation of corporate practices.

Once the broadcast date is known, we will announce this on RCVSonline – and following the programme we will comment on any aspects of relevance to the role of the College. No doubt there will be some level of increased public interest in the regulation of the profession following the programme – possibly even an increased incidence of complaints against members.

We currently receive around 700 complaints a year, which works out at about one every 15 years of a member's practising life. It's a record to be proud of. However, if the programme raises areas of genuine concern, we will do all we can to act on them and we have already made it clear to the BBC that we would expect their support in this.

Although the profession seems to have taken more than its fair share of hits in recent times, there remain positive messages to be spread. Following the programme, we will work with the British Veterinary Association and other organisations to ensure that the robust nature of the regulatory system is communicated to the public. Vets can play a part in this by talking to clients about quality control within the profession, from undergraduate degrees through the Professional Development Phase and the *Guide to Professional Conduct*, to mandatory continuing professional development and the voluntary Practice Standards Scheme and Register for Veterinary Nurses.

We have posted a set of briefing papers on commonly-asked questions from members of the public on our ePolitix microsite – ePolitix is the leading resource for MPs and their researchers (www.epolitix.com/rcvs) – which may be of assistance. If, following the broadcast, you receive questions from clients or colleagues on which you need some guidance, do not hesitate to contact us, either on our Advice Line within the Professional Conduct Department (020 7202 0789) or the Communications Department (020 7202 0725).

Gearing up for a celebration!

Three reasons for three cheers

To mark the 250th anniversary of the foundation of the world's first veterinary school, in Lyon, France, in 1761, a number of veterinary institutions around the world – with the support of the World Organisation for Animal Health (OIE) – will come together to celebrate 'Vet 2011'. As the veterinary profession in the UK has recently come in for some negative publicity, it's a great opportunity to positively promote the important role the profession plays in society at large.

The organising committee's plans for the year are under development, and we will endeavour to support them where we can. And there is no reason why individual practitioners can't use the

platform to spread some positivity on a local level. See www.vet2011.org for more information.

If you can't wait that long, EU Veterinary Week will take place from 14-20 June this year. The theme is "Identification and traceability along the food chain" (www.one-health.eu).

Meanwhile, closer to home, next year is 50 years since the introduction of the veterinary nursing qualification. We will be marking this milestone with a range of activities to look at what the profession has achieved, promote the role that qualified and registered veterinary nurses play in the practice team and consider what the future holds for the next 50 years.

Oops!

In the *RCVS Register of Members 2009*, which was published towards the end of last year, the list of 'Qualifications Approved for Inclusion in the Registers' was accidentally curtailed. The full list is available on RCVSonline (www.rcvs.org.uk/register).

Student VN enrolments up

We enrolled 5% more veterinary nurse students in 2009 than in 2008, at 1,114 and 1,060 respectively. Good news, as indications are that practices are crying out for Registered/Listed veterinary nurses to join their teams.

New Guides available

Updated *Guides to Professional Conduct* for both vets and veterinary nurses are now available and were posted to all home-practising members and registered VNs in February. This will be the last time the *Guide* is issued in this format – which has been standard for the last ten years – as a new Working Party is thoroughly revising the *Guide*, including the way in which it is presented. The *Guides* can also be viewed on line: vets at www.rcvs.org.uk/guide, and RVNs at www.rcvs.org.uk/vnregister.

Retention fee notices

Veterinary members should by now have received their retention fee notices. Fees are due by 31 March 2010, and have been held at 2009 rates. Even though some vets are lucky enough to have their retention fees paid by their employers, it remains the responsibility of individuals to ensure that their fees have been paid, so that they can continue to practise legally in the UK. If you have not received a retention fee notice – particularly if you have recently changed address and not notified us – please contact finance@rcvs.org.uk or 020 7202 0723.

Applications up for Trust grants

The Trust received around 300 applications in this year's grants round, up by 130 on last year. Decisions on who benefits will be taken at the board meeting on 25 March, and applicants contacted shortly thereafter.

Universally challenged

Guide quiz results are encouraging

Over 1,100 of you have taken part in our online *Guide* quiz since it was launched last November, with over three-quarters completing it.

We hoped the quiz would offer a light-hearted way for vets – and others – to review their knowledge of the *Guide*, which can be a dry read, and have been pleased with the response. And with an average score in the 25-question quiz of 19.5, rising to just over 20 if only the vets' scores were considered (accounting for over 70% of entrants), the results have been broadly encouraging too.

We were also keen to assess, via the gathering of aggregated (and anonymous) data, if there were any 'black holes' in members' knowledge of the *Guide*, which we needed to address. Despite the generally high positive scores, several questions were answered correctly by less than 75% of people.

The worst answered question related to the role of the RCVS: 76% of people wrongly thought that our remit included negligence, whilst 66%

believed that we cannot consider criminal convictions (we can).

Nearly half of those taking part were not aware that the standard of proof to which the Disciplinary Committee must be satisfied is 'so as to be sure' – the same as for a criminal court.

Other questions poorly answered related to 24-hour cover, delegation to paraprofessionals, consent and ownership of records. Our Communications Board will consider how to improve communications in these areas.

Age-old problem?

We were also able to see if age had any bearing on knowledge of the *Guide*. Have young vets not yet got to grips with it? Do the more experienced members of the profession leave it gathering dust on the shelf? The highest scoring age band was 51-60, achieving an average of 20.5 right answers; the lowest was '30 or under', at 18.7.

However, this is not backed up by the distribution of complaints, where we find that

only 27% of complaints relate to those who have less than ten years' post-qualification experience, yet this group makes up 43% of registrants. Is it a question of older members knowing what they should be doing, but not doing it? Or perhaps the fact that complaints are often made against a practice principal, likely to be older, plays a part.

Mind the (gender) gap

And finally, women may be more careful drivers, but are they more *Guide*-savvy too? The results indicate that there is actually no significant difference, at 19.54 right answers for men and 19.46 for women. This doesn't quite reflect the distribution of complaints received, with only 34% of complaints being made about women, while they account for 51% of the Register. However, as women tend to dominate the younger end of the profession, this statistic may be linked to the fact that a greater percentage of complaints relate to older individuals, more likely to be men.

"The Guidance provides information to aid practitioners in making decisions."



Emergency slaughter

New guidance from BCVA

The critical role of vets in protecting food safety has been underlined by new guidance from the British Cattle Veterinary Association (BCVA). The Association has published revised *Guidance for Veterinary Surgeons on Emergency Slaughter of Cattle*, which has been updated in collaboration with the Food Standards Agency, Meat Hygiene Service and Rural Affairs Departments, to reflect changes to animal welfare and Transmissible Spongiform Encephalopathy (TSE) legislation.

Consumers of meat are protected from food safety hazards on the basis that those animals which are slaughtered and destined for human consumption are healthy: all animals must be subject to a veterinary ante-mortem inspection. On-farm emergency slaughter is permitted for 'an otherwise healthy animal' that has 'suffered an accident that prevented its transport to the slaughterhouse for welfare reasons'. Veterinary practitioners have an essential role in protecting food safety by ensuring that they provide veterinary declarations only for animals that meet this definition.

The veterinary declaration must meet the standards of veterinary certification, as laid down by the RCVS (see *Guide to Professional Conduct* annex d) Certification:

12 principles). The model veterinary declaration in the BCVA *Guidance* has been amended to incorporate new food-chain information requirements and to make clear the conditions that must be satisfied for emergency slaughter. The farmer is now asked to give details about the accident and its occurrence, and the certifying vet to confirm that the signs shown are consistent with this, and to record the time of slaughter.

"When a decision has been made to slaughter an animal to safeguard its welfare, veterinary surgeons are best qualified to determine subsequent actions, which must be based on the protection of animal welfare and food safety," says John Blackwell, BCVA Senior Vice-President (left). "The *Guidance* provides information to aid practitioners in making decisions, including the legal background, and also gives advice about on-farm slaughter or killing."

Vets are advised to use the model declaration in the *Guidance* to accompany slaughtered animals to the slaughterhouse, replacing existing model declarations with the new format.

The *Guidance* and model declaration will be available on the BCVA website from mid-April (www.bcva.org.uk).

Registration time

Registered premises renewals due

It may only seem five minutes since you registered your veterinary practice premises, however, the year has passed and these registrations fall due for renewal on or before 1 April 2010.

The veterinary medicines regulations that came into force in October 2008 required all veterinary practice premises to be registered by 1 April 2009. For a full list of what counts as premises, see *RCVS News* November 2008.

“If you move premises, you must make sure the new premises are registered.”

We have sent out renewal reminders to all registered premises. However, although anyone can do the paperwork to register premises, vets and suitably qualified persons (SQPs) should make sure the premises from which they supply medicines have been registered, as vets and SQPs have a professional obligation to supply medicines only from registered premises.

There is a £40 fee to register each premise, and premises can be medicines inspected by the Veterinary Medicines Directorate (VMD), at a cost of £250 per premises. However, for

Practice Standards Scheme (PSS) practices, the costs of registering practice premises and medicines inspections are included in the PSS fees. This makes being in the Scheme good value for money.

Veterinary practices whose premises are in the PSS must still register their premises, although the fee is paid as part of the PSS fee. Accredited practices' routine medicines inspections are carried out by the RCVS as a part of the PSS inspections, a reduction in the burden of inspections for practices that was recently praised by the Department for Business, Enterprise and Regulatory Reform in its report on VMD's activities (www.tiny9.com/u/BERR_report). Registered premises not in the PSS must pay the fee and will be inspected by the VMD.

If you move premises, you must make sure the new premises are registered. A new application must be made as you cannot transfer premises registration to other premises, although you can transfer an existing registration of the premises to a new owner – if you notify us.

To register veterinary practice premises, please contact the Registration Department on 0207 202 0767.

Named Veterinary Surgeons

Changes in Annex to the *Guide*

At its meeting in January, the Advisory Committee considered changes to the annex to the *RCVS Guide to Professional Conduct* relating to Named Veterinary Surgeons (NVS).

In order to clarify the NVS responsibility to provide, or arrange the provision of, out-of-hours emergency cover, a clarification note has been added to paragraph 21 of the annex to explain that an NVS is not responsible for staffing at the designated establishment.

There is also an update to the section of the annex on prescription-only medicines and controlled drugs (paragraphs 28-31), to bring this advice up to date with the current Veterinary Medicines Regulations; and confirmation that the guidance is issued after consultation with the Home Office and the Laboratory Animals Veterinary Association.

All annexes to the *Guide* are available on RCVSonline at www.rcvs.org.uk/guide.

Out-of-hours communications

Measuring expectations with a new campaign

While emergency cover may not have been a 24-hour preoccupation of the College, it's been pretty high on the agenda for a long time. Over the last 18 months, the 24/7 Working Party has considered the ongoing desire of vets to continue to offer emergency care 24 hours a day, and the feasibility of delivering this, against a backdrop of the Working Time Regulations, geographical variations in animal and vet density, and increasing specialisation. Meetings of the Working Party have been supported by a survey of how vets are currently meeting their 24/7 requirements, a seminar of stakeholders and regular informal polls at RCVS Question Time meetings.

It was agreed at the September 2009 meeting of Advisory Committee, to which the Working Party reports, that the majority of vets remain willing to deliver emergency cover 24/7. Advisory Committee recommended that a communications project be undertaken to help raise awareness amongst the general public and animal owners that although the veterinary

profession continues to make this voluntary commitment, EU rules, geography and financial constraints impose some limitations.

“This campaign will kick off soon and focus on spreading messages via animal-owner publications and websites.”

This campaign will kick off soon and focus on spreading messages via animal-owner publications and websites. The responsibility of pet owners to know how they can access emergency care for their animal in advance of need will be stressed, as will the fact that, in the absence of an NHS for pets, emergency care is a service for which practices must charge a realistic fee (likely to be higher than for day-time work).

We will also outline vets' responsibilities as part of the *Guide*, so the public knows what it can reasonably expect. It would be helpful if



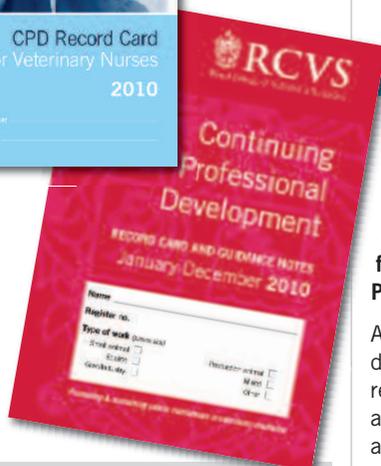
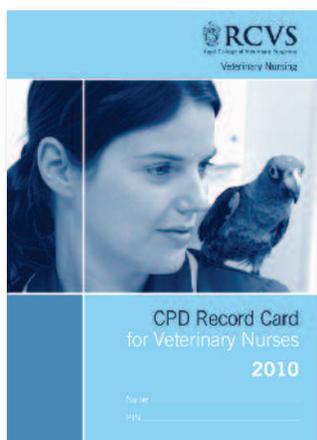
practices could ensure they have clear information available on their 24/7 arrangements – as outlined in the *Guide* – should this campaign stimulate requests from clients.

Competent professionals develop

New Record Cards available

We've sent 2010 CPD Record Cards to all practising veterinary surgeons and registered veterinary nurses, so please do take a bit of time to plan your annual CPD – and make sure you fill out your Record Card.

“Maintaining and developing professional competence throughout your working life is one of the hallmarks of any modern professional,” says Freda Andrews, RCVS Head of Education. “This is why your CPD record can be checked, for example, during a practice inspection, in a CPD audit, or during a complaint investigation. It also means that CPD can be used to demonstrate to clients and employers a commitment to professional competence.”



CPD guidance in brief

- Practising veterinary surgeons must complete at least 105 hours of CPD in any three-year period; for RVNs it's 45 hours
- Undocumented study – such as reading academic journals on an ad hoc basis – can make up no more than ten hours for vets, and five hours for RVNs
- See your CPD Record Card for further guidance – copies of which can be downloaded from www.rcvs.org.uk.

EMS audit launched

Audit team will visit vet schools, students and practices

An audit panel is to visit the veterinary schools to assess how Extra-Mural Studies (EMS) is being carried out and make recommendations for improvement. The exercise is part of a package of measures agreed by Council in November which aims to improve the way that EMS helps veterinary students to gain skills and knowledge in a practice environment.

“The objective of the audit is to identify areas of good practice that can be shared, and identify where improvements could be made.”

Council agreed to the implementation of proposals made by a Working Party set up to review the whole EMS process, and while the system was largely agreed to be valuable and working well, some areas were identified for improvement. Many of the recommendations (summarised in our November 2009 issue) centred on a better understanding amongst all

parties involved – students, practices and vet schools – of the aims and objectives of EMS for the student, and improved communication about expectations and outcomes.

As a first step, the Education Policy and Specialisation Committee has put in place an audit of EMS at the veterinary schools. It has commissioned Dr Barry Johnson, who led the original Working Party, together with practitioners David Black, David Wadsworth and Chris Chesney, to follow through individual cases, talking to the students, practitioners and EMS co-ordinators at the vet schools, to build a picture of how administration, communication and follow-up is managed.

“The objective of the audit is to identify areas of good practice that can be shared, and identify where improvements could be made – it will also promote dialogue between practices and the schools,” comments Barry. “The exercise will be repeated over the next couple of years to track changes.”

The audit panel will report its initial findings in June.

Working in concert

RCVS hosts inter-professional meeting on CPD

Professions ranging from actuaries to mechanical engineering were included amongst the delegates who visited the RCVS in February to discuss continuing professional development (CPD), as part of a regular series of forums held under the auspices of the UK Inter-Professional Group (UKIPG).

Although widely dissimilar in terms of their job descriptions, these occupations are all regarded as ‘professions’ – which means they are regulated to ensure that responsibility and accountability match up to the privileges enjoyed by their practitioners.

Getting this regulation right is the task of a wide variety of regulatory and professional bodies, including the RCVS. It was their desire to learn from each other – and on occasion speak with a common voice – which led them in 1977 to found the UKIPG, a networking forum which, since 2005, has been chaired by the RCVS Registrar, Jane Hern.

“There are issues relating to the regulation of veterinary surgeons and nurses, including CPD, registration and disciplinary systems, which find parallels in other professions,” says Jane.

“There are occasions when the professions acting together can have more impact than each can in isolation.”

Perceptions of public trust in the professions is one such area – and was the focus of particularly lively debate by around 60 UKIPG delegates at an event co-hosted by the University of Leeds’ Centre for Inter-disciplinary Ethics at Staple Inn Hall in February. Attendees agreed this was an area in which UKIPG members should work together.

European and international matters also increasingly affect the professions. This is why the UKIPG has worked with CEPLIS, the organisation which represents the professional and regulatory view to European institutions, to finalise a set of values common to all professions within Europe. It also aims to affect any sector-specific codes that may be drawn up at a European-wide level.

The CEPLIS list of common values may be found at www.tiny9.com/u/ceplis. For more information about the UKIPG, please visit www.ukipg.org.uk.

Are your EMS students prepared?

New online tool supports students

Practices hosting EMS undergraduates may find their students better prepared, thanks to the 'EMS Driving Licence,' an online learning tool developed by veterinary lecturers Dr Catriona Bell (University of Edinburgh) and Dr Sarah Baillie (Royal Veterinary College).

They found that students weren't always aware of simple practical things that can make a difference on placements. After carrying out research using the real experiences of students and practices, they came up with a model based on the online driving test – including a certificate students can print if they complete all of it.

"Students want to do well, however, placements are a new environment," says Catriona. "They need to make sure they convey their interest and enthusiasm to all members of the practice team through their body language."

Other tips that came out of the research include taking a packed lunch – so a busy vet doesn't have to find a shop whilst out on call – and offering to help the veterinary nurses. "We put in what real students told us they'd wished they'd known," says Sarah.

For more information, visit www.vet.ed.ac.uk/ems_driving_licence.



PDP: why bother?

The whys and wherefores of PDP – plus where to get help

"So, this PDP thing: what happens if I don't do it?" It's a question we quite often get asked by veterinary students and new graduates.

In some ways it's disappointing that we get asked: when you join a profession you have to accept certain professional obligations in return for the privileges of being able to call yourself a veterinary surgeon and Member of the RCVS. The Professional Development Phase (PDP) is the first step towards continuing professional development (CPD) and understanding what may be the limits of your competence – all part and parcel of being a professional.

Although the PDP is mandatory for all new graduates working in clinical practice, it is not legally binding. So we can't go striking people off if they don't do it. However, the PDP is there to help new graduates as they turn the knowledge they have gained in vet school and as part of EMS into skills they can use every day in practice, so we strongly advise that it is completed.

Reflective learning

Completing the PDP, including the notes fields, should encourage a reflective approach to personal development which stays with the vet throughout their practising life. When we have asked recent

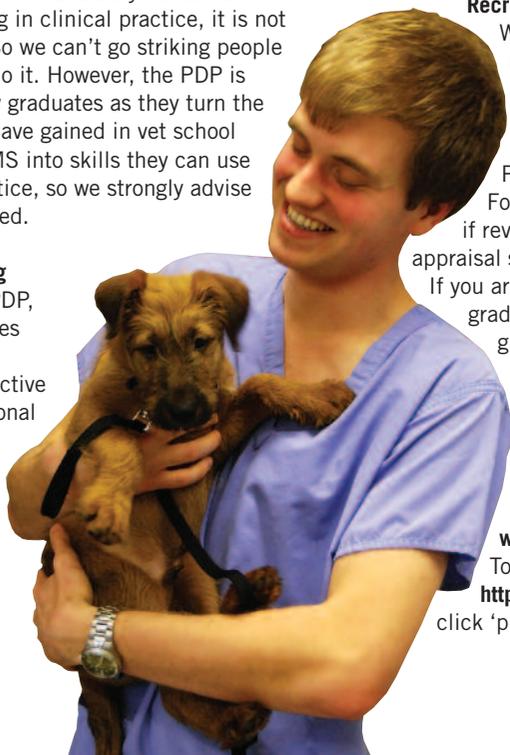
graduates about their experience of PDP, those who had taken the time to fill out the notes fields as well as 'tick the boxes' have valued the experience much more highly than those who treated clocking up the skills as a numbers game.

The PDP is the first rung on the ladder of lifelong learning – and, if completed properly, counts as the first year of CPD. In addition, PDP completion/enrolment is checked as part of Practice Standards inspections and any vet graduating since 2007 must have completed the PDP before embarking on a Certificate in Advanced Veterinary Practice.

Recruitment

We also hope that recruiters of recent graduates will start to check that candidates for a post have either completed, or are enrolled on, the PDP, as a matter of course. For employers, PDP works best if reviewed as part of a regular appraisal system for new graduates.

If you are an employer of recent graduates and would like guidance on how to factor in the PDP, see page 14 for details of free surgery sessions with a Postgraduate Dean, or download *Guidance on the PDP for Employers* from www.rcvs.org.uk/pdp. To view the PDP, visit <http://pdp.rcvs.org.uk> and click 'preview'.



Special interest group

New specialisation Working Party

A new RCVS Working Party (WP) has been set up to consider a simplified structure for veterinary specialisation, for possible inclusion in new legislation or a new Charter.

Confusion exists both within the profession and among the public about the specialist qualifications for veterinary surgeons. This was summed up recently by Professor Philip Lowe in his report to Defra, *Unlocking Potential - A report on veterinary expertise in food animal production*: "Not only is the organisation of veterinary specialisation confusing and opaque, but the profession's concept of specialisation is inward-looking and orientated towards fellow professionals rather than aimed at informing the customer."

The WP will include a mix of veterinary surgeons and lay people, Council members and non-Council members – its Chairman is to be confirmed. Its remit will cover seeking to define the term 'specialist' (taking account of how other professions use this title and its use across the EU), and reviewing the RCVS List of Recognised Specialists – including the option of a statutory register of specialists. It will also consider whether there is greater scope for harmonisation of RCVS Diplomas with their European equivalents, the future role of the Subject Boards and the positioning of, and routes to, the RCVS Fellowship.

The WP is due to report to the RCVS Education Policy and Specialisation Committee in 2011, and will pay particular attention to what could be implemented on a voluntary basis, or under our current legislative framework, and what could only be achieved under a new Act or Charter.

New VN qualifications are in training

Preparations on target for summer deadline

Those of you involved with veterinary nurse training will by now be aware that changes are afoot. All current practically-based training qualifications – NVQs and VRQs – are being phased out this summer by government, with a new qualification being established as part of the new Qualifications and Credit Framework (QCF). VN training is no exception.

The QCF allows more flexibility for people to gain qualifications in smaller steps, building from a series of units that each have a credit value. The RCVS Awarding Body has delegated



the task of developing new qualifications to fit this framework to a Working Party (WP). The WP has been sticking to a very tight time-frame and, following several periods of consultation with employers, trainers and educators, is on track to finalise the new qualifications in time for delivery in the autumn. As well as building a new qualification that fits the QCF's guidelines, the WP's underlying objectives have been to reduce bureaucracy for Training Practices and make VN training more accessible to a broader range of individuals.

The proposed qualification framework was updated towards the end of last year, following consultation (see *RCVS News*, November 2009), and draft units have now been completed (www.rcvs.org.uk/vnawardsreview).

The most recent piece of the jigsaw to fall into place was recognition by Ofqual to operate within the QCF, which ensures that the Awarding Body can provide its qualifications within this new system. It was among the earliest organisations to receive such recognition, which is no mean feat as we understand many applications have been rejected.

For more details about the changes, look out for the April issue of *VN Standard*, the Awarding Body's newsletter, which is sent to all Training Practices.

Questions? If you are heading to BSAVA, join us in Hall 6 at 4.30pm on Saturday 10 April for an update on the new qualifications and a chance to pose your queries.

Key changes compared with the NVQ include:

- Small animal and equine pathways
- Option of an initial year of full-time study (part-time option remains)
- Online progress log to replace the NVQ portfolio
- One theory exam instead of two
- Practice-based Assessors to be replaced by 'Clinical Coaches'
- Auxiliary Training Practice status for those without full requisite case-load
- Fewer Centre visits for TPs

Straight from the horse's hoof

Award encourages interest in farriery

Response has been positive for a new award that encourages veterinary students to experience farriery. As reported in our June 2009 issue, the Worshipful Company of Farriers (WCF) has generously agreed to fund an Equine Veterinary Studies Award, which enables one student from each of the seven UK veterinary schools to spend a week with a farrier. The WCF will meet the cost of the students' travel, accommodation and subsistence expenses.

"We have received an enthusiastic response from all seven veterinary schools for this newly launched award," says Reginald Howe, Master of the WCF, a City of London Livery Company. "Each school uses its own selection criteria to choose the most suitable student, and three have already selected their students for 2010.

"We already have excellent relationships with equine veterinary surgeons, and look forward to even closer ties with the profession through the young students who have a particular interest in the welfare of horses," he adds.

More to build with

New CertAVP module assessments available

The University of Bristol has joined the other UK veterinary schools and the Universities of Middlesex and the West of England in offering module assessments for the RCVS Certificate in Advanced Veterinary Practice (CertAVP). Candidates for assessment in 'Animal welfare science, ethics and law – applying the theory,' may now enrol at Bristol.

Last November, the University of Glasgow also obtained RCVS accreditation to assess four further CertAVP modules. This means that all six of the modules of their Masters in Veterinary Public Health can now also be counted towards the RCVS CertAVP.

"The CertAVP framework offers candidates 101 'optional' modules to choose from to build up qualifying credits," says Freda Andrews, RCVS Head of Education. "They must also take two

compulsory modules, and, if they are pursuing a designated Certificate, an overarching 'synoptic' assessment."

"All six of the modules of their Masters in Veterinary Public Health can now also be counted towards the RCVS CertAVP."

The CertAVP replaced the old-style RCVS Certificates in November 2007. Candidates seeking to gain the CertAVP need to enrol with us before starting module assessments. They then have ten years in which to build sufficient credits by taking modules to complete the qualification. Candidates can also enrol to take individual modules without committing to a full qualification. Full details are available at www.rcvs.org.uk/modcerts.

Specialist fees

Annual fee notices for RCVS Recognised Specialists will be sent out in April, and fees are due by 1 July 2010. In addition, Specialists who first listed in 1996, 2001 and 2006 are required to re-apply by Friday 20 August 2010 – a reminder will be enclosed with the annual fee notices, where relevant.

Visit update

RVC and Bristol receive visits

A team led by Professor Stuart Reid headed to the Royal Veterinary College (RVC) in February for its regular visitation. We visit each of the UK vet schools at least once every ten years, collecting progress reports in between times, as part of our statutory duty to monitor the standards of veterinary degrees. The RVC report will be presented to Education Policy and Specialisation Committee in May.

Meanwhile, at its meeting last week, RCVS Council agreed that Bristol's veterinary degree, which has been under conditional approval since 2007, continues with that status for another two years.

The original condition was imposed because of concerns about work that needed to be done to improve some of the facilities at the school, particularly for teaching small animal surgery and on the university farm. Although improvements were seen by the revisit team in October, they recommended that conditional approval status be maintained for a further two years to ensure that changes can be fully implemented. The conditional approval status has no effect on the qualification received by the veterinary undergraduates or their eligibility to register with the College.



RCVS Visitors watch a demonstration from PhD student Heather Paxton in the RVC's Structure and Motion Laboratory

Exam dates

The Certificate written examinations will be held at the Emmanuel Centre, Marsham Street, London SW1 3DW, on either Tuesday 20 July or Wednesday 21 July 2010 – candidates will be advised which date relates to their subject.

The Diploma written examinations will be held at the RCVS, Belgravia House, 62-64 Horseferry Road, London SW1P 2AF on Wednesday 30 June 2010.

Candidates will be advised of clinical, oral and practical exam dates by subject.



What can the veterinary profession learn from the GMC?

Professor Peter Rubin, Chair, General Medical Council

What the doctors ordered

The GMC and RCVS both have statutory powers and responsibilities which are designed to protect patients and the public. We operate in a rapidly changing world where doctors and vets are capable of producing much better outcomes, but one which expects much more from them, and where individual and institutional performance is subject to greater scrutiny. The GMC differs from the RCVS in that we have never had a Royal College function.

For the GMC, the rapidly changing external environment, coupled with a series of high-profile cases where self-regulation was found wanting, has meant the need to find the right balance between fostering individual responsibility and ensuring that patients and the public can have confidence in the safety of the care and treatment that is provided. This means a more proactive role for the regulator – on setting standards, monitoring education and encouraging good practice, as well as having robust systems for dealing with the small number who fall below those high standards. It has also led us to propose revalidation – the process by which doctors will have to demonstrate regularly that they are up to date and fit to practise.

As a consequence, our governance has changed dramatically. We now have a Council of 24, half medical and half lay, all of whom are independently appointed and have to demonstrate the ability to work effectively on a national strategic regulatory body. This compares with 104 members, most of them elected, just seven years ago. The Council sets the strategic direction, agrees high level policy and holds the executive to account for implementation. In my first year as Chair there has never been an occasion when opinions were split on medical and lay lines: discussions and decisions are made on the strength of the arguments and in line with our charitable and statutory purpose.

Council members stopped judging Fitness to Practise cases in 2003, to bring us into line with modern governance practice. Panel members, both medical and lay, are recruited, trained and appraised to undertake this role. They are independent from, but still act under, the auspices of the GMC. Next year, there will be a further major change when this adjudication transfers to a new body, because of concerns that it is wrong for the same body to be investigator, prosecutor, judge and jury. We welcome this development.

While we have good relations with all four administrations in the UK, we value our independence from Government – our funding comes from the profession and we are accountable to Parliament. Medical regulation has become more effective and more important as demands have changed. Of course there is a balance to be struck. Regulation must not impose unnecessary bureaucratic burdens on busy professionals: it should improve the quality of healthcare and enhance patient safety by stimulating professionalism and innovation.

The GMC registers doctors to practise medicine in the UK. Its purpose is to protect, promote and maintain the health and safety of the public by ensuring proper standards in the practice of medicine (www.gmc-uk.org).

The importance of being registered

Know enough about the current registration rules? Test yourself with our quick quiz

Categories of registration ... not the most exciting subject to have to think about, we grant you, but imperative to get right if you are to avoid the risk of practising illegally and potentially invalidating your indemnity insurance.

What's more, if you employ veterinary surgeons or veterinary nurses, the onus is very definitely on you to check that your clinical staff members are correctly registered for the work you expect them to undertake.

So, how well do you know your 'home-practising members' from your 'non-practising members', or your 'overseas-practising members' from your 'home-practising members from overseas'? Or are you about to turn the page already?

Before you do, cast a glance over the six short scenarios below, and see if you can answer the questions that follow. Answers are provided underneath. Names and situations have been completely fabricated to protect the guilty.

The usual suspects

1. Harry



Harry, 70, a UK graduate and mixed animal vet of some 40 years is enjoying retirement, spending his time between the golf course, sailing his yacht around the south coast and taking his motley assortment of mongrels for long woodland walks. He's also recently taken advantage of free registration as an over-70 non-practising member. Despite having sold his majority share of the practice to his younger partner a few years ago, he retains a financial interest as a silent partner and likes to call in at his old practice from time to time to keep an eye on the troops.

Can Harry...

- Provide 'locum' cover at his old practice when one of the vets goes on holiday?
- Prescribe veterinary medicines for his own pets
- Provide veterinary treatment for his friend's animals
- Provide minor medical treatment for his family's animals

2. Felicity



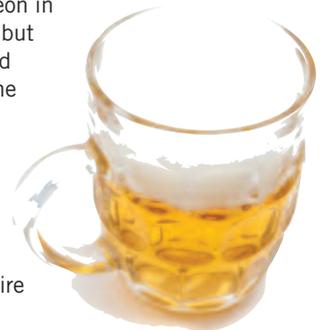
Felicity, 48, completed her veterinary degree at Glasgow, registered with the RCVS as a home-practising member and went straight into small animal practice where she remained for 25 years, becoming a senior partner in the practice. Financially secure but wanting a new challenge, she decided to sell her share in the practice to take up the post of veterinary advisor at a national animal welfare charity.

As Felicity is no longer in clinical practice should she now:

- Voluntarily remove her name from the Register (and save herself the retention fee)
- Remain on the Register as a home-practising member (and continue to pay the full retention fee)
- Remain on the Register as a non-practising member (and only pay the reduced retention fee)

3. Rafael

Rafael, 24, qualified as a veterinary surgeon in Spain last year but struggled to find work in his home country. With a Geordie girlfriend, a preference for cold weather and warm beer, and a desire to improve his English, he decides to move to the UK. On arrival, he registers with the RCVS as a non-practising member, pending getting a job. Unfortunately, there are no veterinary vacancies in Newcastle, either, so Rafael finds a job as a veterinary nurse instead and starts work at a small animal practice.



Can Rafael...

- Give intravenous medication
- Collect blood samples
- Pass a urinary catheter
- Provide veterinary consultations whenever the practice is a vet down
- None of the above

4. Sarah

Sarah, 29, passed all her VN exams and got her Level 3 NVQ certificate several years ago. She has been working at a practice local to your own ever since. Seeing a chance for some career advancement, she applies to your practice for a head nurse vacancy you've advertised, seems very competent and has glowing references. You know her current employer, who speaks very highly of her and seems sorry she might be moving on.



Should you:

- Invite Sarah for interview asap
- Ask her current employer whether she's properly qualified
- Check with the College whether she's listed/registered

5. Tamzin

Tamzin, 36, and one of your best assistant vets, is currently on maternity leave. Her second child was born three months ago and the practice is creaking a little under the strain (of her absence, not the birth). It's unlikely that she will be returning to work for the next six months at least and, even then, has intimated she will want to work part time.



She's currently on the Register as a non-practising member, but wants to take advantage of the Government's 'Keeping in Touch' scheme relating to maternity benefits.

Should you tell her:

- She can do as many 'Keeping in Touch' days as she likes – the more the merrier
- She can work part time and not have to change back to being a home-practising member
- She can work part time and only then needs to pay a proportion of the full retention fee
- If she wants to work as a veterinary surgeon, however short a period, she will need to be registered as a home-practising member

6. Seeing Practice



It's been a while since you graduated, but you remember how valuable you found your time as a student 'Seeing Practice'.

You've also worked abroad and appreciate how hard it can be to get a foot on the first rung of the veterinary practice ladder in a foreign country. You're therefore happy to offer 'Seeing Practice' opportunities to students and overseas veterinary surgeons. However, before you do, do you know which of the following people are not legally allowed to see practice with you?

- Veterinary student in the clinical part of their course at a UK/wider European vet school
- Veterinary student in the clinical part of their course at a non-European vet school
- Overseas veterinary surgeon intending to sit the statutory membership exam
- Overseas veterinary surgeon who has failed the statutory membership exam four times
- None of the above

and potentially invalidate her professional indemnity insurance (not to mention risking the ire of the Disciplinary Committee).

There is also no facility currently under the law to only pay part of the retention fee if working part time (although if Tamzin only wanted to practise during, say, a three-month period, she may be entitled to a proportional refund of the full fee). Part-time veterinary surgeons are also expected to undertake the full 35 hours' annual average continuing professional development.

6. Seeing Practice: The answer is (d)

Under the current 'Practice by Students' Regulations, veterinary students are entitled to practise veterinary surgery under direction and supervision as part of their clinical training provided they are full-time undergraduates in the clinical part of their course. There is no distinction between veterinary students from different countries: they could be studying in Blyth, Bangladesh or Bolivia. Similarly, overseas-qualified veterinary surgeons who don't hold a degree recognised by RCVS and who therefore have to pass the RCVS Statutory Examination for Membership in order to practise in the UK are also entitled to see practice, provided they have declared their intention to sit the RCVS exam. We ask them to do this by completing a short form (available at www.rcvs.org.uk/statexam) so you should always check with us first to make sure this intention has been declared properly. However, someone who has failed the exam numerous times may no longer be eligible to take the exam and will not be entitled to see practice under the Regulations.

undertake these procedures than a lay person is. For the same reason, he is not permitted to undertake veterinary consultations. NB We would also consider Rafael unqualified to carry out general VN duties because he has trained as a veterinary surgeon, not a veterinary nurse. They are distinct professions with very different (if complementary) education and training, and it should not be assumed that a veterinary surgeon is capable of working as a veterinary nurse.

4. Sarah: The answer is (c)

You could certainly ask Sarah's current employer, but possibly she has only assumed Sarah has been working for him/her legally for the past several years, without ever having checked her registration status with the RCVS.

In actual fact, Sarah can only work as a veterinary nurse undertaking Schedule 3 procedures (ie medical treatment and minor surgery not involving entry into a body cavity and under the direction of a veterinary surgeon) if her name is listed in the VN List/Register.

Unfortunately, some people who successfully complete their VN training fail to register with the RCVS as veterinary nurses, and so could end up working illegally.

5. Tamzin: The answer is (d)

As with Harry (above), whenever Tamzin wishes to practise veterinary surgery in the UK, she must be registered as a home-practising member. To practise whilst incorrectly registered would be illegal.

1. Harry: The answer is (d)

Each action described in (a) to (c) involves the practice of veterinary surgery. Irrespective of Harry's experience, ownership of the animals or relation to the animals' owners, he must be registered as a home-practising member to avoid practising illegally. However Harry may provide minor medical treatment for his own animals. He will still be practising veterinary surgery, but the law allows animals to be given minor medical treatment by their owner (or a member of the owner's household or an employee of the owner).

2. Felicity: The answer is (b)

Although Felicity no longer works in a veterinary practice, she remains a practising veterinary surgeon in her new role at the charity as she is still using her veterinary qualification. A home-practising veterinary surgeon is defined as one who is undertaking acts of veterinary surgery or is otherwise engaging in any activity in the UK which is, in the opinion of Council, veterinary related.

3. Rafael: The answer is (e)

The procedures described in (a) to (c) may be carried out only by a listed/registered veterinary nurse, or a student veterinary nurse enrolled with the RCVS, under the direction of a veterinary surgeon. Rafael is neither of these. Whilst he is a qualified veterinary surgeon, he has not registered with the RCVS as a home-practising member and is therefore no more entitled to

Sock it to us!

Bring your question to Preston

Do you have a question you would like to put directly to the RCVS Officer team? President Sandy Trees is brushing up his best David Dimbleby impersonation in preparation for chairing the next in our series of Regional Question Time (RQT) meetings, on Thursday 18 March at the Marriott Hotel in Preston, Lancashire.

What's on the agenda is up to the delegates – although we are expecting questions on veterinary legislation, VN training, the new Standards for the Practice Standards Scheme and 24-hour cover.

Vets and VNs living within reasonable travelling distance of Preston have already received personal invitations, but all are welcome – contact Lydia Meakin at l.meakin@rcvs.org.uk or 020 7202 0773, or sign-up online at www.rcvs.org.uk/events.

RQTs usually attract between

40 and 80 delegates. For a more personal service, join one of our free private surgery sessions during the daytime of 18 March. There are two to choose from:

- **Practice Standards Scheme:** members of the team from practices that are facing inspections, or thinking of joining the Scheme, can put their questions to Scheme Chairman Jill Nute or one of the inspection team
- **Professional Development Phase:** new for Preston is the opportunity for employers of new graduates, or recent graduates themselves, to seek guidance on the PDP from RCVS Postgraduate Dean Julian Wells

Contact Lydia on the details above to book your free 45-minute appointment on either topic – sessions will run from 11am to 5pm and will be allocated on a first-come, first-served basis.

The next RQT is planned for Berwick-on-Tweed on 6 May.



Falling on deaf ears?

Do we listen? Join us at BSAVA to find out

Last year was a bumper year for consultations – LEMS, PSS, replacement VN NVQs, VSA – we gave those acronyms a hammering and asked for your views on a wide range of topics. But, sadly, some of the feedback we received came appended with comments such as “for what it’s worth,” and “not that you will take any notice!” The veterinary and veterinary nursing chat-rooms also cast some doubt on anyone at the RCVS taking account of comments received. Some even said that they didn’t agree with proposed changes so would signal this to us by not responding...

This is a bit frustrating, as we genuinely do value constructive feedback and act on it. Although the RCVS Council and VN Council are not representative bodies, it is important that we understand and take account of the views of the profession: although regulation is to protect the animal-owning public, it needs to be relevant and workable for the regulated.

So, if you want to find out whether your comments fell on deaf ears, join our session at the British Small Animal Veterinary Association Congress on Saturday 10 April, at 2pm in Hall 6, where we will outline changes made following our consultations last year. It’s also your chance to get a sneak preview of the headline results of our Surveys of the

Veterinary and
Veterinary
Nursing
Professions.

One of the
consultations
we ran last
year was on
new Standards



for the Practice Standards Scheme. These come into force in April (see cover). If your practice is on the Scheme, or you are thinking about joining and would like some more detail about the new Standards, we will be holding a more detailed session on these at 3.30pm in the same venue. A Q&A on the new VN qualifications will follow, at 4.30pm.

If you can’t make the Saturday sessions, do join us on the RCVS stand (911), where members of the Officer team and staff will be on hand to answer your questions. You may find us making unusual calling sounds to lure you to the stand... You can also test your hearing with our ‘animal calls’ quiz – correctly identify three animal noises to stand a chance of winning an iPod Nano.

Join us at BSAVA Congress

You are welcome to our stands...

- RCVS stand 911
- RCVS Trust stand 916

And our sessions...

Saturday 10 April, Hall 6

- Falling on deaf ears?: 2pm
- Launch of the new Practice Standards: 3.30pm
- Q&A on the new VN qualifications: 4.30pm

Curiouser and curiouser...

The Trust will be at Congress on stand 915, and their theme is ‘RCVS Trust in Wonderland’, reflecting the fact that research involves curiosity and a sense of wonder. The Trust will be challenging delegates to spot their Queen of Hearts, who will be wandering the exhibition hall twice a day. She will give you a raffle ticket which can be entered at the Trust stand for a prize draw to win £25 John Lewis vouchers. The Trust will also be giving away jam tarts, and encouraging visitors to visit the Trust website to enter a quiz for the grand prize of an Elonex E-Reader.

RCVS Day – date for the diary

Venue, date and speaker now confirmed

It’s back to One Great George Street, London, for this year’s RCVS Day – our annual general meeting and awards presentation – which will be held on Friday, 2 July 2010.

This will be the third year we have been back to the venue, the home of the Institute of Civil Engineers.

The format of the event will be the same as last year, with the AGM at 10am and the

Awards Presentations at 11am. This will be followed by a talk about the challenges of climate change, entitled “The way ahead for the veterinary profession in a warming world,” from our guest speaker, the renowned veterinary polymath Professor Roger Short FRS FRCVS, Professorial Fellow in the Faculty of Medicine, Dentistry and Health Sciences at the University of Melbourne. Following the address, lunch will be served in the Great Hall.

RCVS Day marks the big change-over for RCVS and VN Council, with new members taking up their seats and changes in the Officer team - Peter Jinman will take over as President for 2010-11.

The meeting is open to all members and veterinary nurses and we would like to welcome as many of you there as possible – look out for more details in our June issue.

A study in enthusiasm

Students welcomed to the College

Abreath of fresh air blew through Belgravia House on 17 February, when we played host to a group of bright and enthusiastic representatives of the Association of Veterinary Students (AVS) for a special Meet the RCVS Day.

Thirteen students, representing all of the English vet schools (we had also invited the Scottish AVS representatives) joined us to find out what really goes on at Belgravia House – dispelling a few myths along the way.

As with our regular Meet the RCVS sessions, the day started with an overview of the role and function of the College. This was then followed by a guided tour round the building – led by President Sandy Trees (pictured, centre) and Senior Vice-President Jill Nute – with the students hearing first hand from Heads of Department how the statutory and Charter roles of the College translate into day-to-day activities, and what impact this has on our members and registered/listed VNs. There was also the opportunity for a demo of the Professional Development Phase – not to mention a nice lunch which the students tucked into with great gusto!

“It was such a fantastic opportunity to learn about the College, which I think is so important for us to understand as members of the AVS. We were all made to feel very welcome, and relaxed enough to ask all our burning questions,” said AVS President, Jennifer Hall (pictured, right), a fourth-year student at the University of Nottingham’s vet school. Jennifer also hopes to formalise student input into RCVS activities, with student observers on the relevant committees, a proposal that will be discussed by both AVS and RCVS.

February was a student-focused month as, a week earlier, President Sandy Trees had been the guest of the AVS at its annual Congress – this year held in Liverpool on 5-6 February – where he gave a reprise of his Wooldridge Lecture entitled ‘What exactly, is a vet?’.

If you would like to attend a Meet the RCVS Day, please contact Lydia Meakin on l.meakin@rcvs.org.uk or 020 7202 0773. The next meetings will be held on 24 March and 23 June and are open to any veterinary surgeon, veterinary nurse or practice manager. Reasonable travel expenses are reimbursed.



Not just skin deep

Considering a change in looks

We are taught not to judge a book by its cover, but appearance has a big effect on our perception. Corporations and organisations, including august bodies such as the RCVS, are no different. In fact, in a world where every single one of us is subjected to countless images all day, every day, an organisation has to work hard to convey quickly and effectively what it stands for.

Over the last few years, we have gradually evolved the way that we communicate with our members, nurses and other key audiences. The award-winning *RCVS News* that you hold in your hand (or read online) was one of the first things to be modernised, followed by *RCVS Review* and *RCVS Facts*. The next in-line for a new look is our website, which we hope to relaunch towards the end of the year with a host of new features to make your interaction with the College more accessible at any time of night and day. But in considering the new site, we thought it was time for a more thorough design review, which will affect the way we look from top to toe.

To know what you want to communicate, you need to have a clear idea of who you are and what you stand for. You might think that for an organisation such as the RCVS, where our role

is clearly defined in statute, there is not much room for manoeuvre. But you only need to look at our website, then that of the General Medical Council, or the Financial Services Authority, to see how even organisations with similar remits communicate very differently.

We last reviewed our corporate look and feel ten years ago, when everyone was worried about the Y2K bug and the Twin Towers still stood. Things have moved on, not least the public’s expectations of what a regulator should do. As part of the process of review, we are asking vets, veterinary nurses and members of the public about their perceptions of us and our role in a series of phone interviews. These will be carried out by consultants helping us with the project – Poulsen Selleck – so if you receive a call, please assist them. We will report on our findings, and how this will affect the way we present ourselves, in a future issue.

Meanwhile, research is ongoing to ensure our new website is as easy to use as possible. We are aware that although there is some useful information online, it’s not easy to find things at the moment. If you would like to assist us (and fellow website users) by taking part in our online research, please email danielle@rcvs.org.uk.

Managing expectations

VPMA gets PSS preview

Members of the Veterinary Practice Management Association (VPMA) were given a preview of the new Manual for the Practice Standards Scheme at their Conference in Oxford at the end of January, in recognition of their key role in maintaining standards within the practice. Senior Vice-President and Practice Standards Group Chairman Jill Nute outlined the rationale behind the changes and took delegates through the new Manual in detail. Join us at BSAVA Congress to hear more.



Mr Hepper investigates

We tail a PIC investigator to learn about his role

For the past eight years, Mike Hepper, RCVS Senior Case Manager, has assisted the Preliminary Investigation Committee (PIC) in investigating complaints against vets. A barrister and former 'special branch' police officer used to handling serious cases, he looks into the facts underlying these complaints, and may need to visit the vets involved. We asked him if every complaint investigated means a knock on the practice door – and what vets can expect if they receive a visit. Here's what he had to say...

We probably visit a couple dozen of veterinary practices each year to investigate complaints for the PIC. When you compare this with the over 700 complaints that the RCVS receives annually, you can see that most complaints won't mean a visit from a PIC investigator. It can be very useful though, to go and see people face to face, particularly if there are discrepancies or contradictions between different people's accounts. Visits have been increasing this year, after four veterinary surgeons were appointed as PIC investigators to help with investigations.

I'm very aware of how stressful complaints are for vets and animal owners, and visiting a practice can cut down the amount of time that a case takes to investigate, as it may mean less to-ing and fro-ing of letters. Visits also act as a further check to stop spurious complaints going forwards. During my time at the RCVS, only two interviews and one visit have then gone on to a Disciplinary Committee hearing.

One of the four PIC investigators leads the visit – these are vets who are not part of the PIC, and who are based in different regions to cover the whole of the UK. I go along as a legal advisor. A visit is basically to ask a series of questions and have a look at the practice – to gather information.

Committee consideration

We are generally reactive or 'complaint-motivated,' and most complaints come from members of the public, but we also get some from vets. The complaint is first assessed to see if there is an issue of conduct that could amount to serious professional misconduct. If so, the complaint is investigated and a visit may be considered. Generally, the Chairman of the PIC and the Head of Professional Conduct jointly authorise a visit. If a visit has not been undertaken before the complaint is considered by PIC, the Committee may ask for one.



The majority of visits are 'announced', which means we ring up and arrange them with the practice and the complainant. Vets can have anyone they like with them – colleagues, friends, legal representatives – that's absolutely fine. If the visit is 'announced', and the vet is with the Veterinary Defence Society (VDS), then the VDS will usually send a claims consultant to advise the vet.

"During my time at the RCVS, only two interviews and one visit have then gone on to a Disciplinary Committee hearing."

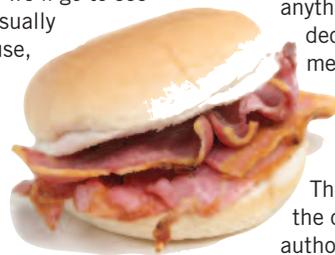


We make 'unannounced' visits only when absolutely necessary, such as in some complaints about record-keeping or practice hygiene. On any visit, all interviews and findings are 'on the record,' and we tell vets clearly the purpose of our visit, that they don't have to let us in and that they can ask us to leave at any time.

In general, though, vets are very co-operative when I meet them, partly because we have a duty to investigate properly and most vets have nothing to hide.

Early starts

When I'm out on a visit I see everyone involved in a complaint on the same day – the complainant, any witnesses and the vet – so I'm usually up by 4am to fit the travelling in. I start by meeting the PIC investigator to discuss the complaint, generally over a bacon roll. Then we'll go to see the complainant. We usually meet them at their house, since it's a familiar environment and comfortable for them, we have a cup of tea and talk. It's a chance for the complainant to get to know us, and us them, and means we can get the story at first hand and understand better why they are upset. We take notes and have



evidence bags for any evidence we collect. We go through the complaints process again, including explaining that there will be external solicitors if the complaint goes to the Disciplinary Committee, and tell the complainant what other outcomes there could be – for example, closing the investigation, closing it with formal advice to the vet, keeping the case open for two years – so that they have an idea about what might happen. Our comments about outcomes are usually based on previous cases.

Complainants often want to know why something has happened, and the investigating vet can give answers on any clinical matters. This can include explaining that we can only deal with clinical mistakes that are so serious that a person should not be registered. We may have to answer why we think a clinical mistake is not sufficiently serious, which can be difficult to communicate, particularly if an animal has died. Sometimes the animal will be there and we can take photos – it's very useful for the vets on the PIC to have photographs, for example, of a wound that's gaping open.

Next we go and see any witnesses. In order to find out what has happened in a chain of events, we usually interview each person separately to get all the links in that chain. We also don't generally tell the complainant who else we will be speaking to, unless they know one of the other witnesses. After we've spoken to the witnesses, we then go to visit the vet.

Reality check

Quite often when we arrive we find that what has been put on paper doesn't bear out the reality, so it's helpful to see what things are actually like. I'll take photos and look for anything that will help the PIC come to a decision, such as correspondence or medicines. With permission – we have no powers to search and seize – I may take away, for example, medicine boxes or labels, and consent forms.

The other side of my work, separate from the complaints process, is assisting other authorities with enforcement of the Veterinary Surgeons Act, anything from fraudulent registrations, illegal supplies of medicines and 'bogus vets'. Over the past eighteen months,



we've been told about five allegations of non-vets practising veterinary surgery. These are criminal offences and so we help the police investigate these matters. I work closely with the police and trading standards and have built up a good book of contacts within the different forces and local authorities across the UK.



“Quite often when we arrive we find that what has been put on paper doesn't bear out the reality, so it's helpful to see what things are actually like.”

Runners and raiders

There are several things we can help the police with during their investigations. The police may agree, for example, to take a vet and myself along when they make a raid. This is to assist with veterinary medicines and correspondence, the more technical side of things, with which they may not be familiar.

The police can then prosecute and we support by giving



evidence and preparing statements for use in court; this happened most recently in the case of fraudulent vet Russell Oakes, where I made a complaint to the London Met and then followed it up with Merseyside police. I've also recently accompanied the police on a dawn raid on a bogus veterinary practice and a breeder carrying out tail-docking. Both of these may result in prosecutions – so I can't say much about them.

We take care with all complaints we investigate because, although many are closed, some are pretty serious. Perhaps the most difficult are where a mistake may have been made and there may even be negligence, but it's the sort of mistake that any vet could have made and is not a fitness to practise issue. Complainants are understandably upset about such matters but without any performance or

competence jurisdiction we cannot take these further and that leaves some complainants dissatisfied. Complaints are judged strictly on their merits – there are no targets to skew decision-making and there are strict protocols that we all follow.

In summary, a visit to a practice can be very useful. They do make for long days, however, I enjoy getting out and meeting vets and animal owners and, although it may not feel

like it if you receive a knock on the practice door, I think this face-to-face investigation shows we really care about people's complaints, and helps to resolve them.



Report to Council

March 2010

PI Committee Chairman Lynne Hill



There have been four meetings of the Preliminary Investigation (PI) Committee since the last Council meeting, during which 36 new complaints as well as ongoing complaints were considered. In that time, the PI Committee has:

- referred ten complaints to solicitors for statements;
- requested further investigation by the Professional Conduct Department for another four complaints;
- carried out two announced and three unannounced visits;
- referred eight complaints (against four veterinary surgeons) to the Disciplinary Committee.

Between 1 April 2009 and 8 February 2010, the PIC Investigators and the Senior Case Manager carried out 34 announced and unannounced practice visits, including visiting complainants and witnesses. During these visits, 98 interviews were carried out.

Two cases were reported to Council, one of which is outlined below.

Prescribing and supply of medicine

The complaint concerned a 15-year-old cat which was overdosed with Baytril. The complaint was closed by the PI Committee and advice issued to the two veterinary surgeons to review written protocols on dispensing veterinary medicinal products and to put in place safeguards to reduce the likelihood of a future dispensing error.

In February 2009, the complainant's cat was examined by Vet A who concluded that a previously diagnosed kidney infection had not cleared. Vet A changed the cat's medication to Baytril; injecting Baytril inj 2.5% and prescribing 'Baytril flavour tablets, 150mg, 100, Give a half tablet once per day'. The receptionist dispensed the medication and, at that time, the complainant queried the dosage but was told it was correct. In actual fact, the cat received a dose three times greater than the manufacturer's recommended dose.

Three days after the prescribing error, the cat was presented to Vet B because it was displaying 'weird behaviour'. Initially, this was attributed to a possible collision with a patio door. Vet B administered two injections: Voren injection suspension and Baytril inj 2.5%. The complainant considered Vet B's failure to recognise the cat may have been displaying signs associated with an overdose of Baytril was incompetent, however, the PI Committee disagreed.

In the written response to the complaint, Vet A admitted the prescribing error, explaining that 150mg tablets had been selected instead of 50mg tablets, the size Vet A had intended to prescribe. Vet A also said he had not informed the complainant of the potential side effects of Baytril.

The PI Committee noted that the receptionist had dispensed the Baytril and, because of this, there had been less chance for the prescribing error to be detected. The PI Committee took the view that this was human error and, even if negligence were proved in a court, it would not be so gross as to amount to serious professional misconduct, affecting either veterinary surgeons' fitness to practise.

The PI Committee was encouraged that the veterinary surgeons involved had revised the practice's written protocols for dispensing veterinary medicinal products immediately the complaint was made to the practice and before the complaint was made to the RCVS.

The full report is available on RCVSONline at www.rcvs.org.uk/pic.

Mr James Lockyear

Inquiry concerning: attempt to acquire medicines dishonestly

DC decision: remove name from Register

Registration status: name to be removed from Register on 8 March 2010

On 2 February 2010, after a two-day hearing, the Disciplinary Committee (DC) directed that James Lockyear's name be removed from the Register having found that he had attempted to obtain 24 vials of Sustanon 250 (a prescription-only anabolic steroid for humans) by dishonestly representing that it was for legitimate veterinary use.

At Mr Lockyear's request, the case was heard in his absence. The Committee did not draw any adverse inference from his non-attendance and took into account all his written submissions.

The DC heard from a pharmacist in Colchester that Mr Lockyear had presented him with a prescription for 12 ampoules of Sustanon 250. Being unfamiliar with the requirements for a veterinary prescription, he telephoned the National Pharmacy Association and ascertained that it was incomplete as it failed to provide information about the recipient animal and client. Evidence was given by a colleague at the same pharmacy that, the following day,

Mr Leslie Higgott

Inquiry concerning: application for restoration to the Register

DC decision: application refused

Register status: name removed from Register on 2 September 2008

On 15 January 2010, the Disciplinary Committee (DC) refused Leslie Higgott's application for restoration to the Register.

The Committee heard that, in July 2008, Mr Higgott's name was removed from the Register after he was found guilty of serious professional misconduct for failing to provide adequate veterinary care to a Springer Spaniel; failing to provide adequate hospitalisation conditions; failing to treat a client with respect, courtesy and consideration; failing in his duties regarding medication; and, between April 2006 and August 2007, notwithstanding advice from RCVS representatives, failing to keep accurate and adequate clinical notes, and failing adequately to keep up to date with his continuing professional development (CPD).

On behalf of Mr Higgott, a proposal was put forward that on restoration he should only work within the limited context of a vaccination

Mr Lockyear returned and told him he could not give these details as it was for stock at the practice where he was currently a locum, but would return with details of one of the animals concerned.

The Committee was told that, later the same day, Mr Lockyear presented a prescription for double the quantity, purportedly for his own dog. The pharmacist told the Committee that this was approximately a year's supply; he did not believe the prescription was genuine and suspected – given Mr Lockyear's appearance as a body builder – that he wished the drug for his own use and so contacted the practice principal. She told the Committee that on taking matters up with Mr Lockyear, he told her that the drug was for a friend's dog for treatment of perianal adenomas. By contrast in his submissions, Mr Lockyear had maintained that the drug was required to prevent the onset of hip dysplasia and to build up the physique of his own dog.

The Committee heard evidence from Dr Jill Maddison, an expert pharmacologist, who said that as there was a veterinary alternative product (Durateston), there was no justification for using Sustanon under the cascade system; nor was it an appropriate drug to treat hip dysplasia. Further, she indicated that Sustanon would be contraindicated for the treatment of a

dog affected with anal adenomas. In her view, the most likely outcome of using Sustanon, at the level prescribed by the Mr Lockyear, might be to make a dog more aggressive.

The DC was satisfied that Mr Lockyear's representation that he required the drug to treat his own dog was untrue and dishonest. It also found that he had given inconsistent explanations for his need for the drug. The Committee considered there was a significant possibility that the drug had been intended for his own use, but found it unnecessary to make a finding on that. The Committee stated that it was sure that his representation was untrue and dishonest and that Mr Lockyear had his own reasons for trying to procure the drug dishonestly.

“This conduct fell far short of that which is expected of a member of the profession.”

Whilst recognising that it was a one-off incident, the DC was satisfied this conduct fell far short of that which is expected of a member of the profession. It involved dishonesty; represented an abuse of a veterinary surgeon's authority to prescribe drugs; concerned abuse of a controlled drug; and, was conduct which

tended to undermine public trust in the profession and the integrity of its members. Such conduct also compromised other professionals – the pharmacists involved – and undermined the trust which ought to exist between pharmacists and veterinary surgeons generally in the important area of drug prescription. The Committee concluded that Mr Lockyear's actions amounted to serious professional misconduct.

Mr Lockyear was also charged in connection with several instances of inappropriate and unprofessional behaviour, including the showing of an offensive image to another member of staff on a mobile telephone, placing the testicle of a castrated dog in his mouth and the misuse of an endotracheal tube. The Committee was most concerned about the incident relating to the dog's testicles, which it felt offended against Mr Lockyear's duty to treat with respect all animals which were his patients. Taking the three incidents as a whole, the Committee felt that Mr Lockyear should be seriously criticised for behaviour that was “unprofessional ... juvenile, inappropriate, disgusting and offensive”. However, they considered that the conduct was not malicious, and did not occur in the presence of a member of the public, so concluded that this did not amount to serious professional misconduct.

clinic, under supervision of a mentor. However, the DC did not believe that this would be adequate protection for the public or the future welfare of animals. The DC commented that it had no jurisdiction to direct a conditional registration in the case of an applicant for restoration to the Register, and that once a name was restored to the Register, it had no jurisdiction to monitor, or to take steps in relation to a breach of the proposed arrangement.

The DC accepted that Mr Higgott might want an agreement to practise in a limited context as his only route to the restoration of his name to the Register; however, evidence at the previous hearing showed Mr Higgott had repeatedly assured RCVS representatives that he would rectify deficiencies in the operation of his practice, in particular the keeping of clinical records, the cleanliness of the premises and his own CPD requirements, but that he had consistently failed to do so. The DC expressed concern that, under pressure from clients of his vaccination clinic, he would return to providing a general service whilst not equipped with the necessary skills and knowledge to do so.

The DC also considered whether Mr Higgott currently met minimum standards of clinical competence, and took note of Mr Higgott's

assertion, backed up by a detailed *RCVS CPD Record Card*, that he had undertaken some 35 hours' CPD over the past 12 months. The Committee did not, though, consider this training sufficient to put right the deficiencies in clinical competence identified when his name was removed from the Register.

“Mr Higgott appeared to accept the seriousness of the findings.”

The DC also noted that while Mr Higgott appeared to accept the seriousness of the findings and their effects upon himself and the veterinary profession, and he acknowledged that he had been out of his depth when treating the dog concerned, he failed to appreciate the effects of his actions on the dog and the client. He also continued to assert that evidence accepted by the DC in previous hearings was untrue.

The Committee heard of the medical difficulties Mr Higgott faced, and said that any future application for restoration would be assisted by assessments of his health and ability to work as a veterinary surgeon, from a qualified medical practitioner and an occupational therapist. Mr Higgott was advised by the Committee to

undertake the specific steps on professional development, before making any further restoration application, in addition to 35 hours' CPD per year. These steps included a minimum of eight days per month, for a period of not less than ten months, observing practice at an RCVS-accredited veterinary surgery or hospital, with learning outcomes to be reviewed by a mentor.

Speaking of the reasons why the Committee had decided not to restore Mr Higgott to the Register, Chairman Alison Bruce said that the Committee's “principal concerns related to Mr Higgott's clinical competence as a veterinary surgeon.”

These concerns had been found proved at a previous hearing and were “so serious that it would require persuasive evidence to reassure the Committee that the level of his competence had undergone a significant improvement following the decision to remove his name from the Register,” continued Mrs Bruce, noting that: “[Mr Higgott's] answers to clinical questions from professional members of the Committee on anaesthesia and analgesia, amongst other matters, caused us real concern notwithstanding that he had attended CPD courses on those subjects in May 2009.”

Mr Robert Morris

Inquiry concerning: application for restoration to the Register

DC decision: application refused

Register status: name removed from Register on 6 November 2007

On 7 January 2010, the Disciplinary Committee (DC) refused Robert Morris's application for restoration to the Register.

The Committee was reminded that in October 2007, Mr Morris's name was removed after he was found guilty of serious professional misconduct for falsely certifying a horse to be fit for sale, despite knowing that it had a respiratory problem that could prejudice its use in the future by its new owners.

The Committee heard that on the day after the Committee's decision in October 2007, Mr Morris had certified that two horses had been fully vaccinated by his practice every six months, to facilitate the horses' entry to the Horse of the Year Show. Mr Morris told the Committee that although it was not true (one of the horses had never been in the UK), he was aware that the horses had competed in a Fédération Equestre Internationale (FEI) competition two weeks previously, for which their vaccination would have been required.

The Committee also heard evidence that on two occasions during September and October 2009 (whilst his name was removed from the Register), Mr Morris had held himself out as a veterinary surgeon, including examining, diagnosing and treating animals (horses and a dog). The Committee rejected Mr Morris's explanation that in these instances he was acting 'as an agent' for another veterinary surgeon in his practice, or 'at the direction' of another veterinary surgeon from another practice, or merely giving advice that was commonsense in the equine world. The Committee noted that in both cases the clients believed Mr Morris was treating their animals as a veterinary surgeon.

In refusing Mr Morris's application for restoration, the DC indicated it was not satisfied that Mr Morris understood the seriousness of the previous findings, which had led to his removal from the Register; such a decision should have sent him a clear message of the importance of certification. The DC considered there was a risk to the future welfare of animals in the event of his name being restored to the Register.

The DC also considered two convictions for possession of unauthorised veterinary medical products since his removal from the Register and indicated these were relevant to the issue of protection of the public and to the future welfare of animals. Another area of continuing

concern that was highly likely to have an adverse impact on the future welfare of animals was his admitted failure to keep adequate clinical records. The DC was further concerned about the lack of continuing professional development undertaken by Mr Morris both before and since his removal from the Register.

The DC noted the particular difficulties Mr Morris faced in attempting to separate himself fully from his former veterinary work, given that the practice had been based at his home and operated by a limited company controlled by his wife. However, the DC made it clear that veterinary surgeons who have been removed from the Register, and continue to work or assist in the practice in which they have previously worked, are likely to experience problems in avoiding situations where they hold themselves out, or are believed to be acting, as veterinary surgeons.

It was stressed that there must be a clear distinction between managing or working within a veterinary practice and practising veterinary medicine. Any member who has been removed should recognise the difference between these activities. Further, any member who has been removed must refrain from examining animals, making diagnoses or performing treatments, even under the direction of another veterinary surgeon, including giving veterinary advice.

Mr Russell Oakes

Inquiry concerning: fraudulent registration

DC decision: remove name from Register

On 5 February 2010, the Disciplinary Committee (DC) directed that the name of a man who had been illegally practising as a veterinary surgeon in the north west of England be removed from the RCVS Register, having found him guilty of fraudulent registration.

By way of background, in June 2005 Russell Oakes, a registered Osteopath, was advised by the Professional Conduct Department of the RCVS that use of the title registered veterinary osteopath in his business was inappropriate. After correspondence, in February 2006, he accepted the advice and changed the title used in his osteopathy practice and the advice file was closed.

In November 2006, Mr Oakes submitted an application to the RCVS Registration Department to register as a veterinary surgeon. His application was supported by a copy of a Bachelor of Veterinary Science and Medicine degree from Murdoch University in Australia, stating his degree was awarded in July 2006. A 'letter of good standing', signed by the Dean of the School of Veterinary and Biomedical

Sciences at Murdoch University, was also submitted, which bore a fax annotation stating it was from Murdoch University. It was therefore presumed to have emanated directly from that University.

On 14 November 2006, Mr Oakes attended the RCVS in person and affirmed that he lawfully possessed the required veterinary qualifications and that all information submitted was correct. In accordance with the reciprocal 'Commonwealth' arrangements in place, on completion of these formalities Mr Oakes was admitted to the RCVS Register.

"The RCVS has revised its registration procedures in the light of this case."

Mr Oakes practised as a veterinary surgeon from Warren Farm, Southport Old Road, Formby, Lancashire, a different address to his osteopath practice.

On 4 December 2007, and again on 11 February 2008, the Professional Conduct Department received enquiries about Mr Oakes' status as a practising veterinary surgeon. His registration status was checked with the Registration

Department, which confirmed him as a home-practising member, registered in 2006, based upon the presentation of a degree from Murdoch University and a letter of good standing.

On 14 February 2008, a formal complaint was received in relation to Mr Oakes, and on 19 February, email enquiries about him were made to the Dean of Murdoch University. On 20 February, a further complaint was received bringing to light the earlier correspondence in 2005; on 22 February, the Dean of Murdoch University confirmed that the degree certificate and letter of good standing were forgeries. The matter was reported to the police.

In March 2008, Mr Oakes was charged with fraudulent entry onto the RCVS Register, on the basis that he had (either (A) knowingly, or (B) unknowingly) submitted a fake degree certificate and letter of good standing from Murdoch University. A DC hearing for his removal from the Register commenced on 18 April 2008. Mr Oakes agreed to plead guilty to charge (B) and for the hearing to proceed in his absence. He denied the charge that he knowingly submitted fake documentation. Any proceedings on charge (B) alone would have needed to be heard in private so as not to prejudice the ongoing police investigation.

Ms Judith Kay

Inquiry concerning: resumed application for restoration to the Register

DC decision: application granted

Register status: name restored to the Register on 20 January 2010

On 5 January 2010, the Disciplinary Committee (DC) approved Judith Kay's application for restoration to the Register.

The DC was reminded that Ms Kay had been removed from the Register in January 2007, following her multiple convictions for drink-driving offences, driving disqualification and four-month imprisonment.

She had first applied to be restored to the Register in January 2008, but the DC had felt that Ms Kay still did not appreciate the severity of her addiction, which remained much in evidence, and rejected her application. She had also continued to practise whilst off the Register.

It was noted that her second application for restoration was first considered by the Committee in July 2009, when judgment was suspended pending the Committee's satisfaction with a range of third-party corroborated evidence to support Miss Kay's progress in addressing her addiction, in respect of which she had given a number of

undertakings. These included undertaking random blood tests; attendance at Alcoholics Anonymous (AA) meetings; regular contact with the Veterinary Surgeons Health Support Programme (VSHSP); a suitable continuing professional development (CPD) programme; and, mentorship from an experienced veterinary surgeon, such that she would be equipped to return to practice with a proper understanding of the requirements and demands of managing a veterinary practice in current market conditions. At that time, the DC did accept that Ms Kay appreciated the seriousness of the original findings.

“We would like to commend Ms Kay on the efforts she has made and the considerable progress that she has achieved since the adjournment.”

At the resumed hearing, the DC was satisfied that Ms Kay had complied with the undertakings designed to ensure her progress towards rehabilitation. It heard oral evidence from Ms Kay, and a fellow member of AA, as well as Mr O'Connor, National Co-ordinator of the VSHSP. It also saw documentary evidence which included blood test results from Ms Kay's

GP, her CPD records, a business plan for her proposed new practice and diary extracts.

In considering whether Ms Kay was now fit to resume practising as a veterinary surgeon, the DC took into account her acceptance of the findings of the original Inquiry and the seriousness of those findings. It also considered the protection of the public, future animal welfare, the length of time which she had been off the Register, her conduct since her removal, her efforts to keep her knowledge up to date, the impact on her of having her name removed from the Register and the public support for her restoration.

Chairman of the Disciplinary Committee, Mrs Alison Bruce, said: “The Committee was very encouraged to note Ms Kay's positive attitude to CPD and her realisation that she needed to make genuine efforts to experience modern practice before attempting to work alone. Her intention to work initially as a locum in a multi-vet practice strikes the Committee as being a very sensible course of action.

“We would like to commend Ms Kay on the efforts she has made and the considerable progress that she has achieved since the adjournment. We are satisfied, on the balance of probabilities, that Ms Kay is now a fit person to have her name restored to the Register.”

The Committee decided to adjourn the hearing, as it felt that it was in the public interest for an open hearing to take place in respect of both charges at a later date (*RCVS News* June 2008). In the meantime, animal welfare was protected as the RCVS requested bail conditions that prevented Mr Oakes from practising as a veterinary surgeon.

Extensive police investigation continued for the next 18 months with the support of the RCVS, during which time Mr Oakes continued to maintain that he had not acted fraudulently.

Eventually, on 16 October 2009, after entering a guilty plea, Mr Oakes was convicted at Liverpool Crown Court of over 40 counts, including four offences relating to the fraudulent entry of his name on the RCVS Register. The remaining counts related to over 20 offences of fraud on the basis of false representations to members of the public that he was a qualified veterinary surgeon; 10 similar fraud offences regarding false representations that he was a qualified medical doctor and two offences of perverting the course of justice. On 11 January 2010, he was sentenced to two years in prison.

On 5 February 2010, the RCVS Disciplinary Committee's hearing resumed. As well as

evidence from RCVS staff regarding the registration process, the Committee received statutory declarations from representatives of Murdoch University confirming that the documentation produced by Mr Oakes was fake. The Committee was also provided with evidence from an equine veterinary surgeon, who had become suspicious of Mr Oakes' qualifications and membership of the College. His statement outlined incidents that had cast doubt on Mr Oakes' competence. This complaint had initiated the enquiries to the RCVS which had led to the charges against Mr Oakes. The Committee recorded its commendation of the veterinary surgeon and his colleagues.

Having found that Mr Oakes knowingly submitted fraudulent registration documents, the Committee was bound, under Sections 14 and 16 of the Veterinary Surgeons Act 1966, and paragraph 17 of the 2004 Rules, to direct that his name be removed from the Register.

Alison Bruce, Chairman of the Disciplinary Committee, said: “Even if it retained any discretion by virtue of Section 16 of the Act in respect of sanction, the Committee would have had no hesitation in directing Mr Oakes' name to be removed from the Register in this case. This was a deliberate and dishonest offence by

a man without the necessary qualifications to practise as a veterinary surgeon, and it had the effect of exposing members of the public to his fraud, and their animals to harm.”

The RCVS has revised its registration procedures in the light of this case, and now requests that all registrants produce originals of degree certificates and letters of good standing at the registration ceremony. In addition, its procedure when such complaints are received has also been revised.



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

Disciplinary system coming together

We talk to RVNs on the new committees

With the disciplinary process for Registered Veterinary Nurses due to be introduced towards the end of the year or early 2011, the VNs who are to sit on its two committees – the VN Preliminary Investigation Committee (VN PIC), and the VN Disciplinary Committee (VN DC) – have been appointed and are preparing for their new responsibilities.

Of these committees, the VN DC is likely to have the higher profile, as it will sit in public to adjudicate on complaints. However, a hearing in front of the VN DC is only one possible outcome for a complaint, and many complaints will not progress as far as this. Kim Souttar, Andrea Jeffery and Jenny Thompson are the RVNs who will sit on the VN PIC and consider, with veterinary and lay colleagues, whether to close or refer complaints.

“The VN PIC looks at complaints to decide if they are genuine, valid and have the substance needed to go to DC,” says Kim, a clinic manager and clinical research RVN who is interested in the ethical and legal aspects of veterinary nursing. “The VN PIC deals very much with the nitty gritty of the complaints.”

These are heavy responsibilities for the new VN PIC members, and so the RCVS is providing full training before the committee starts hearing complaints.

“We joined the existing annual two-day training for veterinary PIC members and Lay Observers in November that looked at the process for veterinary surgeons, and the types of cases which come up,” says Andrea. “Many of these, such as fee disputes or complaints about rudeness, are matters in which a nurse could be involved. I found this really useful – and formal induction training is planned over the summer.”

Independence

Like its veterinary counterpart, the VN PIC will work independently from – and not share members with – the VN DC. It will also meet in private; unless a complaint reaches the VN DC, the RCVS will not make public the name of RVNs who are complained about, although, usually, their employer will be informed.

Complaints referred to the VN DC will then be considered by the two RVNs – Claire Defries and Jenny Smith – along with veterinary and lay colleagues on the Committee.

“I’ve got broad experience of veterinary nursing and am interested in regulation, so once I saw the ‘ad’ in *RCVS News*, I decided to apply,” says Claire, who qualified in 2001 and, having worked both in referral and first-opinion practice, is currently employed at a small animal practice in North London.



Kim Souttar

Andrea Jeffery

Claire Defries

Like their VN PIC counterparts, Claire and Jenny are receiving training and support before taking up their new roles. So far, this has included sitting in on the annual two-day training for the veterinary surgeons’ Disciplinary Committee, going through case scenarios, studying legal updates and taking part in ‘role play’ exercises. “We’ve also looked at examples of cases that the Nursing and Midwifery Council have considered,” says Claire, “and discussed with the vets and lay people on the veterinary DC the sorts of cases that they have dealt with.”

Andrea acknowledges that RVNs are nervous about the changes. “Having a disciplinary system though, will help inform the profession about what is expected,” she says. “In terms of regulation, there should be parity between the two professions.”

Progress

Kim agrees. She says a disciplinary system “is progression and will strengthen veterinary nursing as a profession,” and emphasises that that it is an important part of an evolving profession. “Most nurses won’t be affected by it; however, it should encourage RVNs who may be considering doing something dubious to think again,” she says.

RVNs who are concerned about the new system are advised by Claire to “make sure that they read and are aware of the *Guide to Professional Conduct for Veterinary Nurses*, always keep your work within Schedule 3 – and keep up with your continuing professional development (CPD).”

One of the difficulties faced when seeking to develop veterinary nursing into a fully regulated profession, is the current legislative framework. The List referred to in Schedule 3 of the Veterinary Surgeons Act (which identifies those VNs who are qualified to undertake certain reserved procedures at the direction of a vet)

needs to be accommodated as part of the new non-statutory system of regulation and this presents certain legal difficulties. Our latest legal advice recommends that struck-off and suspended RVNs should remain on the List, however, this issue is to be discussed by VN Council in May and RCVS Council in June.

“The VN PIC deals very much with the nitty gritty of the complaints.”

The best indications we have from government – the 2008 Select Committee recommendations, the government white paper on regulating the human health professions, and our own contacts with politicians and DEFRA – suggest introducing a non-statutory disciplinary system should precede a change in the law.

Like many veterinary nurses, Claire recognises the situation is not ideal. However, as she says, “a disciplinary system is a step forwards and we should embrace it and do the best we can until the law can be changed.” As Andrea points out, “having a complaint found against them by the VN DC is something which will impact on that nurse’s professional reputation, increasingly so as the number on the List diminishes.”

RVNs who are removed from the Register will have this removal publicised in a similar manner to veterinary surgeons. They will not be able to rejoin the Register without applying to the VN DC for reinstatement and persuading the committee to approve this.

As the disciplinary system is finalised, we will continue to give information about the changes through our publications, RCVSonline and the press. Any veterinary nurse or surgeon is also welcome to contact the Veterinary Nursing Department (020 7202 0788 or vetnursing@rcvs.org.uk) to discuss any specific questions they may have.

In trust-worthy hands

One of our recently-appointed Trustees outlines the role



Last year, four new Trustees were appointed to the RCVS Trust's Board. We asked one of them, Ross Tiffin, what inspired him to get involved – and what exactly it is that Trustees do.

So what do Trustees actually do?

Trustees are volunteers and, collectively, we're responsible for the strategic direction of a charity, as well as acting to ensure financial probity and guard its reputation. In the case of the Trust, this means bringing expertise in governance, library services, finance and marketing, as well as veterinary matters (including research and nursing). We spend around six days a year in meetings and away-days, and provide advice and consider reports in between meetings.

What inspired you to get involved?

I've been involved with the veterinary profession since launching Hill's Pet Nutrition in the UK in 1986, and I've been encouraged to be a part of things ever after. For the past seven years I've also worked closely with the Feline Advisory Bureau and the European

Society for Feline Medicine, and am a Trustee for Dogs for the Disabled. All these activities bring me into close contact with a profession that is made up of honest, hard-working people who display a refreshing lack of ego but often some sense of isolation from what else is going on in the world. So, for me, the opportunity to work with the RCVS Trust is a chance to give something back to a profession which has readily accepted me for almost 25 years.

"The opportunity to work with the RCVS Trust is a chance to give something back to a profession which has readily accepted me for almost 25 years."

What would you say the particular challenges are for the RCVS Trust?

Well, it's a small charity – so it has the perennial problem of making the most of not much money and a lower profile in the press than bigger charities. The services it provides – a specialist quality library, much of which is online, historical archive and grants that aren't tied to commercial interests – are important. They don't, though, have the same emotional

appeal as, say, animals or young children, or the profile of large research grants.

How can the Trustees help?

Essentially we're there to guide and steer the Trust, and bring a healthy mix of skills, experience and deep commitment to its objectives. Taking a dispassionate and objective view is also crucial to making the right strategic choices.

In my case, I suppose I have a fair mix of experience – I'm on the editorial board for *Veterinary Times* and edit *SPVS Review*, run my own marketing company, and have a background in human pharmaceuticals, corporate veterinary practice and the pet food industry. This means I have an overview of the veterinary profession and business that I hope the Trust will find useful. I'm particularly interested in consumer behaviour and choice, something which is relevant to any organisation providing services, charitable or otherwise.

- If you would like to know more about the Trust, then please visit our website at www.rcvstrust.org.uk or get in touch (info@rcvstrust.org.uk or 020 7202 0714).

Managing bluetongue risks

Trust supports research into possible disease control

Risk management' is probably more often associated with bankers and business seminars than traipsing about muddy fields, manure heaps and cowsheds to check fly traps and count midges. Yet this painstaking work is what the RCVS Trust granted £5,900 to veterinary surgeon Suzanna Bell to carry out, as part of her research into the influence of farm management factors on localised *Culicoides* midge species, vectors for bluetongue, on a lowland farm in South-West England.

"I wanted to study bluetongue since it is a major disease that in recent times has been introduced into northern Europe, illustrating the current risk of exotic disease introduction into Europe and how it can become endemic," says Suzanna, who carried out her research as part of a self-funded masters degree in tropical disease. "The arrival of bluetongue highlights the risk of other exotic diseases that could also become introduced into the UK."

Others have suggested that bluetongue control could be achieved through animal husbandry

looking, for example, at housing at the risk periods of exposure to the insect vector and by reducing factors influencing the *Culicoides* vector population, and this has guided Suzanna's research.

"The arrival of bluetongue highlights the risk of other exotic diseases that could also become introduced into the UK."

"The suggestion has been made that controlling the *Culicoides* breeding sites and reducing the level of livestock contact with the *Culicoides* midge vectors could be used to control the disease," says Suzanna. "My project aimed to examine if this is either feasible or likely to be effective on a typical dairy and sheep farm by looking at the distribution of the *Culicoides* and the possible factors influencing it."

She thanks the RCVS Trust for their support, without which, she says, the research would not have been possible. "The Blue Sky

Research grants are so important for allowing people who are not linked to a research team to carry out research projects," says Suzanna.

Suzanna hopes that the areas for further study identified by her research – the findings of which are expected shortly in the *Veterinary Record* – can be developed and applied to the UK's methods of exotic disease surveillance. She is currently working on designing methods of risk assessment and improved detection for other exotic diseases.



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 New standards

PSS gets a five-year overhaul.

2 Charity vote

Vote in the Council elections and help Haiti.

Junior Doctor

Doctor Davies is Junior Vice-President.

3 Breed deeds

New action on dog breeding following high profile reports.

In sickness and in health

PIC plans new protocol to deal with vets who have health problems.

Reform club

We call for Legislative Reform Order to modify VSA.

4 Book luck

Trust's Adopt-A-Book campaign saves 130 volumes.

Blame the mice!

Salmonella outbreak stems from reptiles fed infected mice: new guidance for owners.

5 Panorama drama

Upcoming TV programme to focus on profession.

6 Were you a whiz at the quiz?

Guide quiz results revealed.

Slaughter guidance

BCVA publishes new guidance on emergency slaughter.

7 Register roll-call

Don't forget to renew your premises registration.

Enough talk, time for action

Communications programme planned to educate owners on 24/7 realities.

8 EMS up for audit

Audit panel to visit vet schools to see how EMS system can be improved.

CPD: compare and contrast

UKIPG meets to consider best practice for regulating CPD across different professions.

On the Cards

New CPD Record Cards issued for vets and VNs.

9 In the driving seat

New online 'EMS Driving Licence' helps students get to grips with placements.

Simples!

Working Party aims to simplify veterinary specialisation structure.

Am I bowvered?

We explain why new grads really should bother with the PDP.

10 Qualified progress

New VN qualifications on course for autumn intake – we outline the key changes.

11 Doctors' orders

The RCVS and the GMC have many shared issues: what can we learn?

12 The registration game

Test your knowledge of the legalities of registration with our quiz. No Bruce Forsythe in sight.

14 Within earshot

Join us at BSAVA to hear how we listen to you.

15 Studying form

Students visit Belgravia House – why don't you?

Excuse us while we change

We explain what's going on behind the changing-room doors.

16 Watching the detectives

Find out how the investigation process works.

18 PI cases

PIC reports on a cat overdose case.

19 DC cases

Mr J Lockyear struck off for attempting to acquire medicines dishonestly; Mr L Higgott's application for restoration refused; Mr R Morris' application for restoration refused; Ms J Kay's application for restoration accepted; and Mr R Oakes' struck off for fraudulent registration.

22 Serious business

We hear from three RVNs involved in the new committees to deal with RVN disciplinary issues.

23 Trusty Tiffin

New Trustee Ross Tiffin tells us about his role.

No flies on us

Trust supports research into bluetongue midge.

News to your desktop

Can't wait for the next issue of *RCVS News*? Sign up to our free e-newsletter, imaginatively titled *RCVS e-News*, for monthly updates direct to your inbox. Subscribe at www.rcvs.org.uk/enews.

For RCVS-accredited practices, there is also *Practice Standard*, a quarterly e-bulletin containing Practice Standards Scheme news, views, updates and events. Email practicestandards@rcvs.org.uk to sign up.

DATES FOR YOUR DIARY

18 March

Regional Question Time – Preston

24 March

Meet the RCVS Day

31 March

Retention fees due

1 April

Premises registration fees due

3 April

National Pet Month starts

8-11 April

See us at BSAVA Congress

30 April

Your vote must be in by 5pm

6 May

Regional Question Time – Berwick

3 June

RCVS Council

23 June

Meet the RCVS Day

1 July

Specialist fees due

30 June

Diploma written exams

2 July

RCVS Day

20 or 21 July

Certificate written exams



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