



RCVS

Royal College of Veterinary Surgeons

news



NOVEMBER 2006

PROMOTING AND SUSTAINING PUBLIC CONFIDENCE IN VETERINARY MEDICINE

DOCKING OF DOGS' TAILS – ANIMAL WELFARE BILL AMENDED

The Animal Welfare Bill has been amended to meet concerns raised by the RCVS.

Last March, the RCVS Council called for an outright ban on the docking of dogs' tails, other than for therapeutic purposes, with a review after five years to see whether this led to an increase in tail injuries in working dogs. The House of Commons, however, voted to prohibit tail docking except for working dogs, and this was accepted when the Bill went to the House of Lords. Different organisations expressed different views on the issues, but ultimately it was



for Parliament to decide.

We saw a difficulty with the wording of the exception for working dogs. The Bill, as amended in the House of Commons, obliged any veterinary surgeon who

agreed to dock a puppy's tail to certify that it was likely to be used as a working dog. This conflicted with the principles of veterinary certification, because the veterinary surgeon would have been predicting future events on the basis of information provided by the owner of the dog.

We discussed this issue with DEFRA, and when the Bill reached the House of Lords, Lord Soulsby of Swaffham Prior HonFRCVS tabled an amendment. Lord Soulsby withdrew his amendment on receiving an assurance that the Government would make the necessary correction, and this was done at a later stage. The veterinary surgeon will now only have to certify that certain evidence has been produced by the owner to indicate that the dog is likely to be used for work, and DEFRA will make regulations specifying what that evidence must be.

The Animal Welfare Bill relates to England and Wales. In Scotland the Animal Health and Welfare (Scotland) Act 2006, which has already become law, will prohibit any mutilation of an animal unless the procedure in question is permitted in regulations made by the Scottish Ministers. The Act also makes

it an offence to take an animal out of Scotland in order to have a procedure carried out that would be prohibited in Scotland. Scottish Ministers have made clear that they do not intend to make regulations permitting the docking of dogs' tails, but they have said that they will be prepared to reconsider this in the light of practical experience of the working of the new law.

We will issue new guidance to the profession taking account of the changes in the legislation.

GUIDE CHANGES

At its recent meeting, Council approved a number of small changes to the *RCVS Guide to Professional Conduct 2006*, and brought Part 2H into line with the new Veterinary Medicines Regulations, which switch duties relating to the retail supply of a POM-V or POM-VPS product from supplier to prescriber. An article detailing these changes will be posted in [Latest News on RCVSonline](#) and the online *Guide* will be updated accordingly. These changes will also be included in the 2007 annual update, which will be distributed to the profession in the New Year.

24-HOUR EMERGENCY COVER IN REMOTE AREAS

The provision of 24-hour emergency cover was back on the agenda recently after being cited as a possible constraint to the provision of veterinary service in remote areas, particularly islands off the UK mainland.

The issues were considered by the Advisory Committee, which reported to Council that there was no need to change the existing advice on 24-hour emergency cover, which was last revised and approved by Council in March 2005.

The Committee also indicated that:

- *The RCVS advice on the provision of 24-hour emergency cover recognises that: "...in isolated communities there may be a need for a pragmatic approach to the provision of 24-hour emergency cover provided that clients and the nearest veterinary practice are fully informed of the arrangements".*

- *The RCVS continues to consider requests for advice on the provision of 24-hour emergency cover to remote areas (usually from individual members of the profession) in the light of all the individual circumstances.*
- *The 24-hour emergency cover working party that proposed the advice approved in March 2005 should be reformed (in full or in part) to consider future developments.*
- *The impact and development of the European Working Time Directive on*



the provision of 24-hour emergency cover should also be considered.

Council endorsed the Advisory Committee's report.

ADVICE AND GUIDANCE

COMPANION ANIMAL VACCINATIONS

Following the Privy Council decision in the Macleod appeal (see page 10), we have reviewed our guidance on the vaccination of companion animals.

The Privy Council upheld the RCVS guidance on 'under his care' and 'direction' (within the *Guide to Professional Conduct*), but commented that advice from the Professional Conduct Department on vaccination and certification by Listed veterinary nurses was ambiguous in places (although the Privy Council stated it was "tolerably clear where the permissible limits lie"). The revised guidance, which was approved by the Advisory Committee and noted by RCVS Council, is as follows:

RCVS guidance for the vaccination of companion animals

- a. *First vaccination of a POM-V medicine – the animal must be under care of the prescribing veterinary surgeon (see Guide, part 2H) and the veterinary surgeon must carry out a clinical assessment (see Guide, part 2H); also a full health check (see guidance on vaccination clinics in part 2E of the Guide); and then the veterinary surgeon may administer or under his or her direction a listed or student VN may administer (see Guide, Part 2F, on the Veterinary Surgeons Act and Schedule 3 specifically and also the interpretation of "direction"). If the veterinary surgeon is to certify the vaccination, the certification rules apply (see Guide, Part 2G and the annex on certification) and generally he or she must do it him or herself or witness it done.*
- b. *Subsequent vaccination some two weeks or so later (close in time to the first vaccination) – this is usually authorised by the veterinary surgeon at the time of the first vaccination (directed by the veterinary surgeon when the animal is under his or her care and when the clinical assessment is carried out) and therefore the administration of this vaccination and all dealings may be through a Listed or student VN at the practice, provided the veterinary surgeon is not intending to certify this vaccination. Nevertheless, it is helpful for a veterinary surgeon to be on the premises at the time the vaccine is administered to the animal, to be able to assist in the event of the animal suffering an adverse reaction.*
- c. *Booster (or subsequent vaccination not close in time to the first vaccination) - exactly the same as for the first vaccination.*

In addition, it was decided that enquirers should also be directed to the Privy Council judgment on the Macleod appeal, which is available via RCVSonline at www.rcvs.org.uk/disciplinary.

PET NUTRITION

Over the last few years we have received considerable correspondence on pet nutrition. This interest perhaps mirrors a growing preoccupation with healthy eating at large, whether in the form of improved school dinners or initiatives to reduce trans-fats, salt and other additives in human diets.

During discussions with MPs and other individuals, questions have been raised about veterinary surgeons' responsibilities for pet nutrition. The Pet Food Manufacturers Association has recently launched a new website to provide better information, and individual pet food companies have called for more focus on pet nutrition at undergraduate level.

Meanwhile, an action group called UKRMB (United Kingdom Raw Meaty Bones) has proclaimed its mission: "... to draw attention to the harm that feeding processed pet food causes our

pet dogs and cats, and the continuing refusal by the veterinary authorities to acknowledge this."

We have indicated to this group and others that there is no current evidence to support the allegation that processed pet food causes harm to cats and dogs. We have also suggested that other views should be submitted for peer-reviewed publication in the usual way.

Nevertheless, it is worth reminding members that while the responsibility for pet food sold out of practice premises may be limited to that of a retailer, if specific advice is given on pet nutrition, or particular products recommended, then this is part of professional practice. Veterinary surgeons should be aware that many

There is a growing interest in pet nutrition.



clients buying pet food from them in either context will assume it carries some veterinary endorsement.

BLUETONGUE – REMAIN VIGILANT

In a recent letter to the veterinary profession, DEFRA has reported on the current Bluetongue outbreak in northern Europe and asked the veterinary profession to continue to help in the fight against the disease.

In his letter, Deputy CVO Fred Landeg said: "Over the past months, Bluetongue has been found in the Netherlands, Belgium, in parts of Western Germany and in areas in Northern France and new outbreaks of recent infection continue to be reported. Competent midge vectors are known to exist in Great Britain and we are at risk of introduction of disease, though this will decrease over the winter months. Surveillance of animals that have been imported from the continent is ongoing."

Bluetongue is an insect-borne viral disease which affects all ruminants, such as cattle, goat, deer and, in particular, sheep, although it does not affect humans. As at 1 November 2006, there had been a total of 1,375 outbreaks in these areas, with 111 new outbreaks reported since 27 October.

Mr Landeg continued: "Bluetongue is a notifiable disease, so please be vigilant. If you suspect disease, then you should report this to your local Animal Health Office. Raising awareness of the current disease situation with your clients is also vital; it is important that people know what they need to look out for."

Further information, including descriptions of the clinical signs, is available at www.defra.gov.uk.



Culicoides imicola - a major vector of bluetongue virus (image courtesy of the Institute for Animal Health).

ADVICE AND GUIDANCE

DISABILITY DISCRIMINATION – A REMINDER

The first case to have been supported by the Disability Rights Commission involving direct discrimination within the veterinary profession concerned the dismissal of a veterinary nursing assistant employed by a veterinary practice.

Members are reminded it is unlawful for an employer to discriminate against a disabled employee by dismissing him or her.

An employer discriminates against a disabled person if, on the grounds of the disabled person's disability, he treats that person less favourably than he treats, or would treat, a person not having that particular disability whose relevant circumstances, including his abilities, are the same as, or not materially different from, those of the disabled person.

Members are invited to contact the Professional Conduct Department if they require any advice on this matter (020 7202 0789 or profcon@rcvs.org.uk).

FREEDOM OF INFORMATION

The Freedom of Information Act started to apply to the RCVS on 1 June 2006. The Act applies to specified public bodies and those, such as the RCVS, carrying out public functions. It places certain additional responsibilities on the RCVS and gives a general right of access to information we hold, subject to various exemptions. Information on the Act may be obtained from the Information Commissioner's Office website at www.ico.gov.uk.

In accordance with the Act, we have produced the *RCVS Publication Scheme* to enable anybody to find out more about the RCVS and what we do. The *Scheme* is in three parts: Part 1 explains the nature of the *Scheme*; Part 2 lists the types or classes of information available and what is generally exempt from disclosure; and, Part 3 lists the documents available. The *Scheme* is available to download from RCVSonline at www.rcvs.org.uk.

COST AND THE CASCADE

Members are asked to note that the Veterinary Medicines Directorate (VMD) has changed its stated enforcement position on cost and the cascade. The paragraph on cost in relation to the cascade has changed from:

In exercising clinical and professional judgement, the Veterinary Medicines Directorate does not consider that cost is a factor that can be legitimately taken into account by the veterinarian in having recourse to the cascade as an alternative to an authorised veterinary medicine, although it is ultimately a matter for the Courts.

However, while every case will be examined on its merits, prosecution may, for example, be considered inappropriate where a client was prescribed the cheaper human alternative because he/she was unable to afford a costlier treatment, and failure to use the cheaper alternative would, for example, have meant that the animal would have to be put down. (Paragraph 28)

to:

EU and UK legislation on the cascade does not allow the cost of the medicine to be taken into account when deciding which medicine to use. For example, it is not permissible to use a human medicine because it is cheaper. Any use of a human medicine instead of the authorised veterinary medicine has to be justified by the veterinary surgeon on clinical grounds alone. (Paragraph 27)

We have expressed concern to the VMD about the change, which suggests there will be no recognition of exceptional or difficult cases. If an owner cannot afford an authorised veterinary medicine and the alternative is the euthanasia of the animal, will the VMD prosecute a veterinary surgeon who prescribes an unauthorised POM-V medicine for the treatment of the animal?

After considering the matter, the Advisory Committee expressed concern at the change to the former pragmatic and sensitive guidance. Officers are planning to discuss this matter further with the VMD.



No recognition of exceptional or difficult cases?

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REFERRALS – BEST PRACTICE REMINDER

As the frequency of referrals increases, we would like to remind members that providing a referral practice with clear clinical and other relevant information (reasons for referral, specific needs of the patient or owner etc) is likely to ensure the most successful outcome for all concerned. This is especially pertinent when emergency appointments need to be arranged.

Members are reminded that when animals are referred to colleagues, the referring and referral veterinary surgeons must liaise with each other, even though the client may make the appointment with the referral veterinary surgeon or practice. The *RCVS Guide to Professional Conduct* states (Part 1F, para 1c and Part 2D, para 33):

[Referring] veterinary surgeons must provide proper documentation for all referral cases ... A full case history [eg diagnostic images, laboratory results and any other relevant clinical material] and instructions as to the particular reason for referral should be supplied [to the referral veterinary surgeon], together with an indication of the client's wishes and responsibility for the fees incurred. Any further information which may be requested should be supplied promptly.

At the referral practice, the financial arrangements (eg for payments and insurance claims) may be different to those at the referring practice and, at the time of referral, it is important to advise clients to discuss such arrangements directly with the referral practice. In addition, and as stated in the *Guide* (Part 2D, para 32):

The referral veterinary surgeon should discuss the case with the client and report back to the primary [referring] veterinary surgeon.

Reports to referring veterinary surgeons need to be timely and when animals are hospitalised for an extended period, interim reports may be appropriate.

With the increasing outsourcing of out-of-hours emergency services, a recently discharged animal that has problems may be seen by a veterinary surgeon who has no access to the referral veterinary surgeon's report. Brief discharge notes for the owner to keep for this eventuality may be helpful.



Referring and referral veterinary surgeons must liaise with each other.

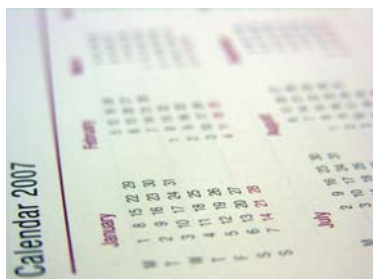
EDUCATION

DATES FOR YOUR DIARY

Would you like to visit the College and meet the team at Belgravia House? Some places are available for the next **Meet the RCVS Day**, which will take place on 23 January 2007. Please contact Fiona Clark on f.clark@rcvs.org.uk or 020 7202 0773 if you would like to reserve a place. Reasonable travelling expenses are reimbursed.

Next year's **RCVS Day** will take place on 6 July at the Royal College of Surgeons – more information will be available in the New Year.

The next **Regional Question Time** will be held in March 2007 in Cambridge. Registered vets and Listed VNs within a reasonable travelling distance will be invited



personally, but all members and their practice colleagues are welcome. Keep an eye on RCVSonline (www.rcvs.org.uk) for venue details and confirmation of the date.

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IMPACT OF WOMEN IN THE PROFESSION

There is no question that women make excellent vets, but the growing gender imbalance in the profession – 73% of 2005 graduates were women – will no doubt have an impact, according to Lynne Hill, Senior Vice-President, who explored the gender balance of the profession at this year's BVA Congress.

However, based on findings of the *RCVS Survey of the Profession 2006*, she believed much of this impact to be positive, with women catalysing an improved work-life balance, shorter hours and more flexible working patterns. Read the full survey findings at www.rcvs.org.uk/surveys or see *RCVS News Extra* (August 2006).



Lynne Hill and David Catlow at BVA congress.

ALL NEW GRADUATES TO COMPLETE PDP FROM 2007

From 2007 onwards, we will require all new veterinary graduates to complete the RCVS Professional Development Phase (PDP) once they have registered with the College. In preparation for this, an updated website has now been launched with more detailed guidance for both graduates and their employers.

During the PDP, an online database for recording clinical experience provides a system for new graduates to log their progress as they attain their Year-one Competencies. Although graduates qualify with Day-one Competencies, additional support during their first year of work pays dividends: the PDP system encourages a structured approach to the ongoing development of clinical competence, which in turn can help to reduce stress. Using the system enables new graduates to see how their clinical experience is developing and requires them to be fully aware of the standards expected of them.

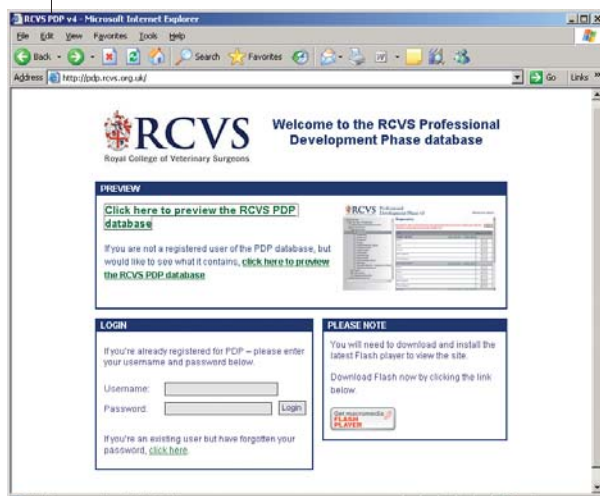
Employers can also benefit from the PDP. New graduates are more likely to make a more worthwhile contribution to the business and to stay longer in their first job if they are offered support and encouragement by senior colleagues. The PDP database can easily be incorporated into existing mentoring and appraisal programmes, and provides a national standard that will help employers work with their new graduates to identify strengths and areas for development. It need not involve any additional costs for the employer, based as it is on sound employment and personnel management principles. Employers and practices that do not currently operate appraisal systems for staff may need to familiarise themselves with such principles, but plenty of advice and guidance is available in management literature and through bodies such as the Chartered Institute of Personnel and Development (www.cipd.co.uk).

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

The PDP is self-assessed via a password-protected website where graduates log their clinical experience and case histories against a set of Year-one Competencies for small animal, equine or

farm animal practice, or a combination of the three. It is also possible for graduates to benchmark their progress against the rest of their year group.

The new website, which can be previewed at <http://pdp.rcvs.org.uk> (click the preview button), includes a detailed guidance section on how the PDP works, together with sample graphs and charts to give an indication of how records are stored and presented.



The updated PDP website.

The requirement to complete the PDP, which was agreed by RCVS Council in November 2005, includes all new graduates registering with the RCVS, regardless of where they qualified. It is also open to this year's graduates on a voluntary basis. In the future, PDP completion will be a requirement for candidates wishing to enrol on RCVS postgraduate certificate programmes.

"The PDP has been piloted for four years and we have benefited from the feedback of those who have used the system during its development. It forms the first phase of the RCVS's lifelong learning framework, linking with compulsory CPD, the new modular postgraduate certificate and other postgraduate qualifications," according to Dr Barry Johnson, RCVS Council Member and Vice-Chairman of its Education Committee.

"It offers a structured way for new graduates to consolidate their university learning with their day-to-day experiences and should also prove a useful tool for those returning to work or wishing to move into a new area of practice," he concludes.

For more information, please contact the Education Department at education@rcvs.org.uk, on (020) 7202 0778 or visit www.rcvs.org.uk/pdp.

EDUCATION

NEW MODULAR CERTIFICATES – PREPARATIONS FOR LAUNCH

The new sub-committee with responsibility for overseeing the new modular RCVS Certificate in Advanced Veterinary Practice held its first meeting on 31 October 2006. The committee's remit includes considering submissions from universities interested in offering and assessing modules, as well as overseeing module development.

We are starting to receive submissions for accreditation, but for universities and other associations interested in accreditation, there is no deadline for sending us submissions. Nevertheless, an informal approach at this stage to discuss plans would still be helpful so that the sub-committee can start to build up a

“We would welcome any suggestions for certificate modules not already included.”

picture of potential providers. Universities should not worry if they are not yet able to provide all the details, as these can follow in due course. Further information

on accreditation and the application forms can be downloaded from RCVSonline at www.rcvs.org.uk/modcerts.

A list of the proposed RCVS modules being developed to date is also available on RCVSonline, along with many of the modules themselves. We would welcome any suggestions for modules not already included on this list. This year's round of Subject Board meetings is about to commence, where we hope that further progress will be made on finalising the modules currently under development so that we can make these available also.

We aim to offer an online enrolment process for candidates wishing to take the modular Certificate in Advanced Veterinary Practice, which should be available in 2007. We will require a small initial enrolment fee from candidates to ensure that their achievement of modules is officially logged and credited; thereafter, a yearly re-enrolment fee can be paid by direct debit. It is important that candidates enrol with us before they complete modules with one or more universities, so that these credits can count towards the RCVS certificate. We will publish more information on the enrolment process and fees early next year, along with details of the modules available for enrolment from 2007.

Seminar for CPD providers and universities

CPD providers will be able to work in partnership with universities to deliver modules. In order to encourage and develop these opportunities further, we will be hosting a half-day seminar – ‘Partnerships in Lifelong Learning’ – on Thursday, 25 January 2007. All organisations that provide training of

“We aim to offer online enrolment for the modular Certificate in Advanced Veterinary Practice.”

relevance to veterinary surgeons are welcome to attend (but, as space is limited, we reserve the right to limit representatives to two per organisation). If you are interested in attending, please read more details at www.rcvs.org.uk/seminar and complete the online registration form, or contact Elizabeth Barter (020 7202 0778 or e.barter@rcvs.org.uk).

2007 CERTIFICATE AND DIPLOMA EXAMS – DEADLINES

Enrolled candidates who have received ‘final approval of experience’ and who intend to take their certificate or diploma examination in 2007 should make a note of the deadline for receipt of their completed examination entry forms, which we will send to eligible candidates towards the end of this year.

The deadline for receipt of examination entry forms, which must be accompanied by the appropriate fee (£700 for Certificate, £900 for Diploma) and submitted work (Section (a) of the examination), is 1 March 2007.

Full details on the requirements are contained in the *Guidance Notes to Candidates*, published on RCVSonline at www.rcvs.org.uk.



RCVS CERTIFICATE AND DIPLOMA EXAMINATION STATISTICS

EXAM RESULTS 2006 (2005)	Candidates who entered the exam	Candidates who failed at Section (a) – submitted work	Candidates who took the written exams	Candidates who took the C/O/P* exams ONLY	Candidates who withdrew	Candidates who failed written & C/O/P* exams	Candidates who passed the whole exam
Certificates	188 (207)	49 (53)	135 (152)	1 (1)	5 (2)	51 (42)	83 (110)
Diplomas	28 (22)	1 (3)	26 (19)	1 (0)	0 (0)	6 (8)	20 (11)

C/O/P* = clinical/oral/practical

RCVS COUNCIL

ELECTION OF MEMBERS OF COUNCIL OF THE ROYAL COLLEGE OF VETERINARY SURGEONS

In accordance with the provisions of the Veterinary Surgeons Act 1966, and the Royal College of Veterinary Surgeons Council Election Scheme 1967 (as amended 2006), there will be an election for six RCVS members* to serve on RCVS Council for a period of four years from the Annual General Meeting in July 2007.

The current members of Council who will retire at the Annual General Meeting in 2007 and are eligible for re-election are:

Dr L A Brown BVSc BA PhD MBA FRCVS Pharmaq Ltd Unit 15 Sandleheath Industrial Estate Fordingbridge Hampshire SP6 1PA	Professor S M Crispin MA VetMB BSc PhD DVA DVOphtal DipECVO FRCVS Cold Harbour Farm Underbarrow Kendal Cumbria LA8 8HD
Mr R G Eddy BVetMed DipECBHM FRCVS Penmayne North Wootton Shepton Mallet Somerset BA4 4ES	Dr R N W Ellis BVSc PhD MRCVS Llwynderw Abergwesyn Llantwrtyd Wells Powys LD5 4TW
Mrs L V Hill MVB MBA MRCVS The Eclipse Building Royal Veterinary College Hawkshead Lane North Mymms Hatfield Hertfordshire AL9 7TA	Mr R P Moore BVM&S MRCVS Meadow Brow Broadway Ilminster Somerset TA19 9RG

Nominations must be submitted in writing on the prescribed form to the Registrar, duly completed on or before **31 January 2007**, along with accompanying statements and photographs. The nominations form and details about the form and content of statements from candidates are available from the Registrar.

Voting papers will subsequently be distributed to all members* of the College on or before 14 March 2007. Each nomination form must bear the signatures and registered addresses of two proposers. **No proposer*** may nominate more than one candidate or be a member of the Council.

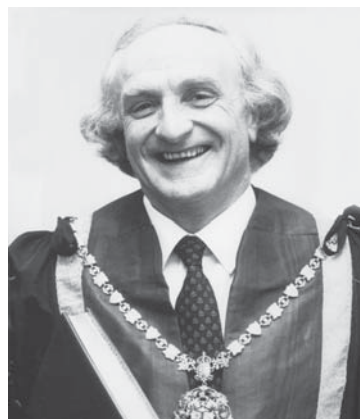
Miss J C Hern
Registrar

* 'members' and 'proposers' must be members of the RCVS resident outside the Republic of Ireland unless they have retained their right to vote in Council elections in accordance with the Veterinary Surgeons (Agreement with the Republic of Ireland) Order 1988).



SAD LOSS OF PAST PRESIDENT

The College was saddened to hear in August that Mr Don Haxby CBE HonFRCVS, its President in 1983-4, had died.



Don Haxby as RCVS President in 1983.

Mr Haxby, who was in his late 70s, had been involved in veterinary politics at all levels for over 30 years. He sat on RCVS Council for 28 years and was elected President of the British Veterinary Association in 1977.

His interests included animal welfare and, as a member of the Farm Animal Welfare Council for 10 years, he was involved in helping to improve the welfare of animals at religious slaughter, sometimes at a risk to his own personal safety.

During his term as scientific adviser to the Agriculture Select Committee he was known for offering sound advice on issues such as animal transport and salmonellosis in poultry, and built strong bonds of trust between the veterinary profession and government.

As Chairman of the Inter-Professional Group from 1989-93, Mr Haxby was also involved with the development of a strategy to protect the rights of the UK professions to maintain self-regulation.

Mr Haxby was awarded an Honorary Fellowship by the RCVS in 2003 and will be fondly remembered by colleagues for his good humour, gregarious style and irrepressible approach to life.

Speaking in August, current RCVS President Sheila Crispin said: "Don was unique and, in many respects, appeared indestructible. There is no doubt that he shaped many important aspects of professional life, but in such a far-sighted and good-humoured fashion that the veterinary profession was happy to follow his lead. The profession will miss him immensely and our thoughts are with his family and friends at this sad time."

PRACTICE STANDARDS

COULD YOU BE A PRACTICE STANDARDS SCHEME INSPECTOR?

As the Practice Standards Scheme approaches the end of its second year and the number of practices on the Scheme continues to grow, an increasing number of inspections will be required and so we now need to appoint additional Inspectors to supplement the existing pool.

Applications are welcome in all practice categories under the Scheme, ie small animal/equine/farm animal (although a minimum of five years' professional experience in the relevant category is required) and for all tiers of accreditation, ie Core standard, General Practice or Veterinary Hospital. A capacity to undertake inspections in more than one practice category would be particularly advantageous.

Most inspections take place over one or two days with a written report and recommendations submitted thereafter. Inspectors are paid a daily fee and expenses are reimbursed.

If you are a UK-based veterinary practitioner, currently in full- or part-time practice (or have been so within the previous three years) and would like to be considered for one of these positions, please contact Eleanor Ferguson for full details and requirements (020 7202 0767 or e.ferguson@rcvs.org.uk).

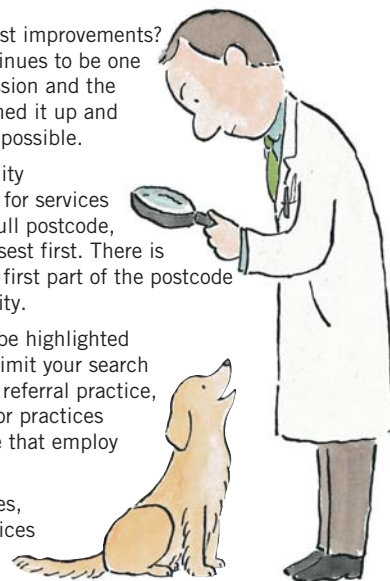
FIND A VET, FASTER

Have you visited Find a Vet recently and seen all the latest improvements? This section of RCVSonline – www.findavet.org.uk – continues to be one of the most popular amongst members of both the profession and the public with around 800 searches a day, so we've smartened it up and added new functions to try to make it as user-friendly as possible.

The new search engine now uses a 'find my nearest' facility – something which is increasingly common when looking for services online. By entering either a Royal Mail postal town or a full postcode, you can now retrieve a list of practices that are listed closest first. There is additional assistance provided in case you only know the first part of the postcode – useful if you're looking for practices outside your locality.

RCVS Practice Standards Scheme members continue to be highlighted with the Accredited Practice logo, but you can now also limit your search results to only these practices if you wish. To help find a referral practice, click on the 'Advanced Search' button and then search for practices with RCVS Recognised Specialists on their staff, or those that employ certificate or diploma holders in particular subjects.

The options to search for practices treating certain species, those offering Extra-Mural Studies and for Training Practices remain, and you can still submit changes to your own practice details online.



QUESTIONS ABOUT PRACTICE STANDARDS?

We would like to draw the attention of all practices – not just those applying to join the Scheme for the first time – to the frequently asked questions (FAQs) available on RCVSonline (www.rcvs.org.uk). These cover a wide range of points relevant to all types of practice. If the answer to your question does not appear, please do contact us and we will be happy to assist (020 7202 0767 or practicestandards@rcvs.org.uk).



7

TRACKING THE RURAL VET

Why deliver veterinary services to rural Great Britain? What do consumers of these services want? How can this be delivered best?

These are just a few of the questions set to be answered at a workshop on 15 November, organised by DEFRA and supported by the RCVS and the BVA.

The issue of sustainable rural veterinary practice has come to the fore of late with reports of service-provision difficulties being experienced in both the Isles of Scilly and remote areas of Scotland. The combination of reduced farm incomes, low animal population density in rural areas and higher potential veterinary margins in other types of practice all contribute to the situation.

DEFRA's Vets and Veterinary Services Working Group is hosting the event at its Reading-based Innovation Centre and a range of stakeholders has been invited, including practising vets and farmers,

and those representing veterinary, farming and consumer organisations. RCVS Officers and Council Members will attend.

Through a combination of presentations and workshop sessions, the aim is to reach an understanding about the role of the vet (for example, in relation to disease surveillance), and the needs of veterinary service users. The meeting will consider how these needs can be effectively met within the context of reduced farm fortunes and increased biosecurity threats, whilst maximising the skills of the veterinary profession.



What is the vet's role in disease surveillance?

Following the workshop, it is proposed that an action plan will be drawn up by the Vets and Veterinary Services Working Group, with future steps potentially including a review of the way in which this group works.

A full report of the meeting will be available on RCVSonline in due course.

PRELIMINARY INVESTIGATION COMMITTEE

CHAIRMAN'S REPORT TO COUNCIL – NOVEMBER 2006

There have been three meetings of the Preliminary Investigation (PI) Committee since the last Council meeting, during which 61 new complaints, as well as ongoing complaints, were considered. The PI Committee has:

- referred 12 complaints to solicitors for statements;
- referred 11 complaints to the Professional Conduct Department for further investigation;
- carried out five announced visits to veterinary practices and eight informal interviews; and,
- referred four complaints to the Disciplinary Committee (DC).

One complaint, which was "closed with advice", is reported to Council. ("Closed with advice" means closed with no indication of serious professional misconduct against the veterinary surgeon but where advice was given to the veterinary surgeon. This may be explained to the complainant as follows: that the veterinary surgeon has done nothing which could affect his fitness to practise or work as a veterinary surgeon, which is the only basis on which a complaint may be referred to the DC.)

"The owner had searched the internet and discovered the contraindications of mixing the medicines"

Contraindication

The complaint concerned, in part, an allegation that a veterinary surgeon prescribed both Metacam (meloxicam, a non-steroidal anti-inflammatory drug [NSAID]) to a bitch at double the recommended dose, and an inappropriate additional medicine - Prednicare (prednisolone, a systemic glucocorticosteroid). Published drug interactions state that the simultaneous administration of NSAIDs and corticosteroids is contraindicated.

On 8 November 2005, the owner requested a home visit for his 12-year-old arthritic bitch and Mr A (the veterinary surgeon) attended. The owner and Mr A later disputed the condition of the bitch. The owner said his bitch was reasonably well and on her feet. Mr A said she was recumbent and in his view, considering

her overall condition and the owner's ability to look after a recumbent dog, there were only 24 hours to get her back on her feet before euthanasia became an option.

"The Committee was concerned by the prescribing"

Mr A doubled the previously prescribed dose of Metacam from 33 units to 66 units for the owner's bitch (each unit is a drop of Metacam 1.5mg/ml oral suspension, which contains the equivalent of 0.05mg active ingredient, meloxicam, and the bitch had been on 33 units per day for the previous two years). Mr A also prescribed Prednicare (two 5mg tablets per day). The prescriptions were for four days. The owner said that later he telephoned the practice and queried the higher dose for Metacam and was informed the dose was correct.

On 11 November 2005, the owner noticed that his bitch was vomiting bile and mucus (he also said that she had not been eating). The owner telephoned the veterinary practice and spoke with a second veterinary surgeon, Ms B, who advised the owner to stop the medication and to give the bitch a small saucer of water only. The next day the bitch had not improved and the owner again telephoned the practice and spoke with a third veterinary surgeon, Mr D. Mr D carried out a home visit and diagnosed an ulcerated digestive system, and prescribed 5ml Antepsin (every eight hours) and 5ml cimetidine (30 minutes after administering the Antepsin), and also provided four cans of dog food. Mr D forgot to leave the dog food and by the time he returned with it the bitch's breathing had deteriorated and her heart rate had increased. The owner asked Mr D if this might be due to the cimetidine. Mr D re-examined the bitch and advised the owner not to give the midnight dose of cimetidine but to give the Antepsin.

On 12 November 2005, Mr D made another home visit to the bitch; she had a temperature of 104.5 degrees. Mr D administered two injections (metoclopramide and amoxicillin LA). The clinical records indicated that during the visit the owner informed Mr D that he had read the Metacam datasheet and that he had searched the internet for the Prednicare datasheet. The owner said he had discovered the contraindications of mixing the medicines, and asked Mr D why the combination was

prescribed. Mr D advised the owner that he could not answer him specifically, but that Prednicare and Metacam were occasionally used at low doses together, but would carry an associated risk of gastrointestinal ulceration, as would the increased dose of Metacam.

On 13 November 2005, the bitch's condition worsened and Mr D made another home visit and advised that she should be taken to the surgery and put on a drip. The owner agreed and the bitch was transported to the surgery.

"The owner was informed that his allegation of negligence had to be decided between the parties or in the civil courts"

Prior to transport, Mr D administered 4.5ml Baytril. Later that same day Mr D telephoned the owner and informed him that his bitch had died despite attempts to resuscitate her (intubation and three doses of adrenaline; two doses intracardiac and one tracheal). There was no post-mortem.

No explanation

The PI Committee made no decision on the cause of the bitch's death, but expressed concern with Mr A's prescribing of Metacam and Prednicare to the bitch without any apparent explanation to the owner of the risks involved. However, the PI Committee decided there was nothing in the complaint that could indicate serious professional misconduct against Mr A and therefore closed the complaint. Mr A was advised accordingly and the owner was informed that an allegation of negligence, which he had raised, had to be decided between the parties or in the civil courts.

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DISCIPLINARY COMMITTEE HEARINGS

MR LYNDON A BASHA

Between 4 and 21 September Mr Basha faced four charges, each comprising a number of elements. The Disciplinary Committee was satisfied that six elements of inadequate care were proved and amounted to disgraceful conduct, which included:

- First, prescribing antibiotics for a cat over a period of five years, where the Committee was satisfied that there were no clinical signs that justified such treatment; that such treatment could have been of no benefit to the animal; and, that no explanation was given to the owner of alternative treatment. The Committee considered that Mr Basha had demonstrated gross clinical incompetence, as well as creating potential harm to the welfare of the cat.
- Second, inadequate care of a dog suffering ongoing abdominal bloat (subsequently diagnosed as a tumour). The Committee found that, despite an inconclusive laparotomy, the dog's condition continued to deteriorate without appropriate discussion of further investigative procedures to establish the actual cause of the condition. The Committee stated that Mr Basha failed to recognise the seriousness of the dog's condition as well as his own limitations as a veterinary surgeon.

Mr Basha was also found guilty of dishonestly representing to an owner that test results for her dog had been received and were positive when in fact he had not received the test result; and asking a nurse to complete false details on an insurance claim form, by claiming the cost of treatment for an uninsured animal against the insurance policy of another animal. In addition, Mr Basha admitted five additional elements in relation to inadequate clinical records.

Following its findings, the Committee heard from Mr Basha's Counsel and received advice from the legal assessor before stating it was "prepared to postpone final judgment until 10 November 2006 before deciding whether to give judgment forthwith or to postpone judgment for a period of two years".

It was agreed that during the period of adjournment Mr Basha's practice would be subject to an RCVS Practice Standards Tier 2 Inspection, and Mr Basha would submit a detailed plan "to address his clinical, medical, surgical and diagnostic shortcomings". The Committee directed that such a plan should include "attendance at structured and recognised

CPD courses, particularly those offering 'hands-on' practical sessions, and should be in addition to the annual average of 35 hours CPD expected" of any veterinary surgeon.

MR JOSEPH L HOLMES

On 4 October 2006, Mr Joseph Holmes was found guilty of four charges of serious professional misconduct.

The Committee heard how a client of Mr Holmes had brought her Labrador dog for treatment of a soft swelling on his leg. At that time, Mr Holmes noticed a large hard lump which, after x-raying, he diagnosed might have been bone cancer or osteoarthritis. Before confirming the suspected diagnosis of bone cancer, Mr Holmes administered an injection of vincristine sulphate and later prescribed a course of 24 cyclophosphamide tablets (Endoxana) in a plastic bag. He gave no explanation to the owner that Endoxana was not licensed for use in dogs, and did not discuss a range of reasonable treatment options.

The client, unhappy about administering the tablets, took her dog to another practice. After taking additional x-rays (which failed to show bone destruction as well as new bone formation) and noting that cancer would not be expected to affect more than one joint, the second practice diagnosed osteoarthritis, a finding confirmed by subsequent specialist opinion.

Although the Committee decided that Mr Holmes' treatment (which he admitted to first using 20 years ago) had been given in good faith, it was considered totally inappropriate.

The Committee stated that such a serious course of treatment should only have been undertaken after having first obtained the full informed consent of the owner. The medicines prescribed were also potentially carcinogenic and he was told that the medicines should have been issued in childproof containers and that very careful advice should have been given as to their handling.

Although the dog did not appear to have suffered any ill effects on this occasion, the Committee found that Mr Holmes' "cavalier use of chemotherapy" might have adversely affected the animal's welfare. Mr Brian Jennings, Chairman of the Disciplinary Committee, said: "We think that [Mr Holmes'] conduct would be viewed by reasonable and competent members of the veterinary profession to be deplorable and such conduct falls far below the standards that members of the public are entitled to expect."

Nevertheless, the Committee decided that a sanction of suspension or removal from the *Register* was not appropriate at this stage. Subject to the Committee's approval of detailed proposals by Mr Holmes – to include continued participation in the RCVS Practice Standards Scheme with annual inspection; attendance at a pharmacy course; reading and abiding by the *RCVS Guide to Professional Conduct*; obtaining up-to-date publications such as the *BSAVA Formulary* and other relevant texts; attendance at relevant CPD courses away from his surgery; and, submission of six-monthly progress reports – the Committee decided to postpone judgment for two years.

MR MAURICE J KIRK

On 6 October 2006, Mr Maurice Kirk's application for restoration to the *Register* was refused for a third time. Mr Kirk chose not to address the Disciplinary Committee directly during his application, which was instead presented by Mr Cullinane, a "Mackenzie friend" (a lay adviser who helps someone who is not legally represented).

Mr Kirk, of St Donat's, Llantwit Major, South Glamorgan, had been convicted of criminal offences including those relating to violence and antisocial behaviour, for which the Committee found him unfit to practise veterinary surgery at a hearing in May 2002, and directed that his name be removed from the *Register*. He was struck off in January 2004 when his appeal against the direction was dismissed by the Privy Council. Mr Kirk's first and second applications for restoration to the *Register* were refused in January and November 2005 respectively.

After Mr Kirk's last hearing in November 2005, the Committee set out a number of questions that they required him to answer if he was to achieve re-instatement to the *Register* in the future. However, as he produced no evidence or any submission addressing any of these questions, despite the hearing lasting four hours, the Committee found that Mr Kirk had not discharged the burden that fell upon him and so dismissed his application.

Once again, the Committee advised Mr Kirk that its powers were limited to the consideration of his application and it was unable to reopen or reconsider earlier matters, or conduct an appeal against any of the earlier decisions. At the end of the hearing and at the College's request, the

continued on page 10

continued from page 9

Committee made a number of directions [attached to the judgment] to ensure that any future application was not frivolous or vexatious, had a reasonable chance of success and did not seek the determination of irrelevant issues. These directions included consideration of any communications by Mr Kirk with members or representatives of the College since his last application for restoration, and the material posted by him on his website since his last application for restoration.

Mr Brian Jennings, Chairman of the Disciplinary Committee, said: "It is for Mr Kirk to demonstrate to us that he is a fit and proper person to be restored to the *Register of Veterinary Surgeons* and practise as a veterinary surgeon.

"He must also demonstrate to our satisfaction that his restoration to the *Register* would not adversely affect the welfare of animals, would not put the public at risk and would not damage the good reputation of the veterinary surgeons' profession."

During the hearing, Mr Kirk argued for the removal of the extended civil restraint order imposed on him by the High Court in London (of the Court's own volition) and argued against the setting aside of his witness summons by the High Court in Cardiff.

PRIVY COUNCIL DECISION ON MACLEOD APPEAL

Following Mrs Susie Macleod's appeal to the Privy Council on 12 June 2006 against an RCVS Disciplinary Committee (DC) decision to suspend her from the *Register* for eight months, the Law Lords, at a hearing on 24 July 2006, upheld the DC's finding of disgraceful professional misconduct but reduced its sanction against her to a reprimand and a warning as to her future conduct.

At the DC hearing in November 2005, Mrs Macleod had been found guilty of multiple charges of permitting the supply and/or administration of prescription-only veterinary medicines to animals that were not under her care, and by persons who were neither veterinary surgeons nor under her direction. She had also been found to have inadequately implemented and supervised the provision of 24-hour emergency cover at her Health4Pets practice in Sawbridgeworth, and failed to provide sufficient information to her clients on the arrangements for emergency cover.

However, as the DC had found these actions to be the result of Mrs Macleod being mistaken in her opinion of what RCVS guidance permitted, the Lords felt that a suspension was too harsh a sanction.

Their Lordships said: "Approaching the case as one of a genuinely mistaken, if seriously misconceived, interpretation on [Mrs Macleod's] part of her professional obligations, [we] are inclined to see a fair amount of substance in her submissions.

"...given the finding that [Mrs Macleod] laboured under a misapprehension, which has to be regarded as genuine, however unjustified, [we] have concluded that the penalty was disproportionately heavy."

In allowing the appeal, their Lordships then reduced the sanction against Mrs Macleod but made no order for costs against the RCVS.

WHAT YOU THOUGHT ABOUT RCVS NEWS...

A big thank you to all 1,040 of you who took the time to complete and return our reader survey on *RCVS News* over the summer. We have since compiled all the answers and are pleased to find that our newsletter continues to be generally well received, with 98% of respondents reading either some or every edition, and 75% reading some or all sections thoroughly. Only 2% of people found *RCVS News* no use at all, whereas 74% found it either useful or very useful.

A majority of respondents (84%) felt that the current publication frequency, at three times a year, was sufficient, although almost half of respondents would appreciate more editions of *RCVS News Extra* - a new venture tried this year to report in more detail on specific issues. Our electronic communications also seemed popular, with 57% of respondents either already subscribed to *RCVS e-News*, or wanting to (please do remember to sign up to *RCVS e-News* at www.rcvs.org.uk/enews), but there remained a strong preference to receive a hard copy in the post.

A number of readers raised environmental concerns about the amount and type of paper used. Currently, *RCVS News* paper is produced from sustainable forests and is also fully recyclable; we will continue to find a balance between environmental concerns and production costs.

Regarding content, you find articles on guidance, education and CPD most interesting, and would like to see more information provided on these areas. You also wanted to have longer features on specific issues, case studies on RCVS activities in practice and the introduction of guest columns. Bullet points and short summaries were a frequent request though, to assist those already suffering from information overload!

These consensus opinions will help shape the future of the newsletter as we continue to endeavour to make it relevant, interesting and useful for all members of the profession. The additional individual comments from respondents were also informative and generally helpful, some were less so but raised a smile - a choice selection of which is provided in the box on the left.

...AND WHAT YOU SAID

"*RCVS News* just goes to show that even the most interesting career gets dragged down by committee-philic pen-pushers. Nothing personal."

"Brief, concise articles much appreciated like Advice and Guidance on AI handling."

"It is almost unreadable both physically and mentally. A good revamp and the magazine would be read by more."

"I find *RCVS News* extremely useful - this 'professional newsletter' style of communication should be copied by other societies!"

"Do you think you could occasionally be critical of RCVS Council rather than delivering the benevolent edicts to us happy dutiful peasants."

"This self-congratulatory babble doesn't interest me - reminds me of my employer."

"As an overseas member news from the RCVS is valued."

"At times, I wish RVC [sic] would just go away and stop meddling in my life."

"Information about which elected members of council are involved, and when, in any RCVS business, to create more interest in RCVS business and voting each year."

"At the moment feels like a gentleman's club publication. You almost smell the old leather chairs and the vade mecums from the 1950s stacked in the corner."

"I love the *RCVS News* as it is. Any longer and I may pay less attention to it for lack of time. Images are superb."



VETERINARY NURSING

VN AWARDING BODY FLIES NEW IDENTITY

A new identity has been unveiled for the RCVS Veterinary Nursing Awarding Body, with the aim of distinguishing it from the RCVS's veterinary nursing regulatory function.

It is important that the Awarding Body, which has responsibility for delivery of the VN NVQ awards, has a distinct identity. This was particularly highlighted by last year's independent review of the Awarding Body, which uncovered some confusion about its role and remit. The new identity will help to communicate the differences more clearly.

"The logo is based on the bird being held by St Francis on the veterinary nursing badge, and we hope it gives a fresh, positive feel, while maintaining some traditional links," explained RCVS Head of Communications Lizzie Lockett.

The new identity, which has been developed in-house, saw its first public airing at BVNA Congress. It will be rolled out across Awarding Body materials over the coming months.



RCVS AWARDING BODY

Quality awards for veterinary nursing

Confused about the Awarding Body and VN Council's regulatory role? Here's a quick guide.

VN Council

- Sets standards for practice and training – including assessment of higher education routes to VN qualifications and the post-qualification Diploma
- Manages VN listing process and maintains *List*
- Produces publications – *RCVS VN News* and the *VN Annual Report*
- Manages election process
- Will monitor CPD and carry out disciplinary function for Registered VNs
- Oversees work of VN Awarding Body

Awarding Body

- Recognised by Qualifications and Curriculum Authority (QCA) as Awarding Body for VN National/Scottish Vocational Qualifications
- Accredits VN Approved Centres (VNACs) and assesses them through External Verifier system
- Produces guidance for VNACs
- Subcontracted by VN Council to deliver Diploma

DIRECT ACCREDITATION FOR BRISTOL'S VN DEGREE

The RCVS VN Council has agreed that Bristol University's BSc Hons in Veterinary Nursing should be directly accredited. This means its graduates will be eligible to join the *RCVS List of Veterinary Nurses* without achieving VN National Vocational Qualifications (levels 2 and 3).

The decision was made at the VN Council meeting on October 17 2006, following a recommendation from the VN Awarding Body Management Board, which is recognised by the Qualifications and Curriculum Authority (QCA) as the Awarding Body for VN National Vocational Qualifications and also quality-assures veterinary nursing higher education courses on behalf of the VN Council.

A number of monitoring visits to Bristol University have been carried out during 2006, covering the management and support of students, course assessment and evaluation and clinical activities. It was felt that the University now had sufficient quality assurance mechanisms in place to allow direct accreditation. Annual monitoring will continue.

"Nearly one-in-four student veterinary nurses now enter training through higher education, with 11 course providers offering degrees - it is an increasingly popular route to qualification," according to Lt Col Neil Smith MRCVS, Vice-chairman of VN Council.

"It is important that graduate VNs meet the criteria for practical skills laid down

CONSULTATION ON NEW VN GUIDE

In April 2007, the RCVS will introduce a non-statutory Register for veterinary nurses. This will enable nurses to demonstrate that they are committed to maintaining their professional skills through continuing professional development (CPD) and are prepared to adhere to guidance on their professional conduct.

The new Register will be known as a non-statutory Register because there is not the current requirement for it in legislation that there is for other professionals, such as veterinary surgeons, doctors and nurses for humans. Veterinary nurses themselves, by signing up to the new Register, will give the RCVS authority to regulate their professional work in accordance with a *Veterinary Nurses Guide to Professional Conduct*.

The new Register will exist in 'shadow' form for the first two to three years. This means that all the new regulatory requirements will be in place but most will be advisory to begin with. VNs will be expected to adhere to the CPD requirements and the *VN Guide to Professional Conduct* but will not be subject to disciplinary action if they transgress in the early days.

A new *VN Guide to Professional Conduct* has been drafted and will be available for consultation during December 2006. It will be posted to all Listed VNs. Others will be able to access it via RCVSonline at www.rcvs.org.uk.

The introduction of a *VN Guide* is an important step which will affect the whole practice team – please spare some time to send us your thoughts.

Neil Smith: no desire to impose excessive burdens on students or staff.

by the VN Occupational Standards. However, we have no desire to impose excessive burdens on either students or academic staff through duplication of effort. It is the long-term aim that all degree students will be able to join the *List* without also having to undertake the vocational qualifications. We are pleased that Bristol University's degree course now joins those of the Royal Veterinary College and Middlesex University and the College of Animal Welfare in achieving direct accreditation."



RCVS TRUST



RCVS TRUST LIBRARY

MEMBERSHIP - 14 MONTHS FOR THE PRICE OF 12

The RCVS Trust Library is offering two months' free Library membership to new members who sign up now for 2007.

An annual subscription costs as little as £60 for individual members and generous practice rates are also available.

Library membership entitles you to a range of library services including:

- A wide range of electronic journals allowing access to millions of abstracts and thousands of full-text reprints of journal articles
- Discounts on our document delivery, book loan, literature search and update services - representing a saving of 30% on our normal charges
- A regular library newsletter to help you keep abreast of developments in animal health and veterinary science.

Trust Library member David Morgan MRCVS said: "I have used the RCVS Trust Library Service for many years now and it's an invaluable help in finding references and data I need on a regular basis.

"Through the membership scheme, I am able to access via the web many of the top journals needed for my work; it's both quick and easy. And, I can also easily request copies of any article I need from the helpful staff. It's such a success that I have now enrolled 17 other veterinarians as the yearly subscription is so reasonable and great value for what you can get from the RCVS Trust Library."

Existing Members – if you know a colleague or friend who would benefit from RCVS Trust Library membership, please let them know about this offer. For every new individual or practice membership resulting from your recommendation we will offer you a free quarterly update of your choice (usually £25).

If you are interested in becoming a member of the RCVS Trust Library, or would like to recommend a new member, please contact us at library@rcvstrust.org.uk, visit us on our website (www.rcvstrust.org.uk) or telephone 020 7222 2021.

TRUST STEPS UP STRATEGIC INVESTMENT IN EDUCATION AND WELFARE

The RCVS Trust was delighted to launch its 2007 grants round in September, featuring a comprehensive range of research and animal welfare programmes. Building on the success of the 2005 and 2006 grants rounds, the Trust is offering its most popular programmes, including Residencies, Blue Sky Research, Travel Scholarships and Small Grants, and a new programme designed to support practice-based veterinary surgeons in their diploma studies.

The round closes on 25 January and the Trust is expecting to release over £600,000 next March, which represents a 35% increase on its 2005 and 2006 figures.

Gerri McHugh, Director of the Trust, said: "The Trust is now in the final year of a three-year programme of strategic

investment in innovative and high-calibre research and animal welfare projects. We have significantly increased our grant-making activity this year and are particularly pleased to have added a new programme focusing on diploma studies for practice-based veterinary surgeons. We are working on a number of initiatives to ensure we continue to develop the range and scope of our grant-making and meet need within the profession as effectively as possible."

Full details of the individual programmes can be found at www.rcvstrust.org.uk or from the Trust Office on (020) 7202 0741. The Trust is also exhibiting at the BCVA Congress on 17-19 November, where application packs will be available.



Luis Vivas Alegre MRCVS received just under £2,400 as an RCVS Trust Small Grant in 2006 to attend a Food Safety Risk Analysis Course in Maryland.

TRUST RUNNING

RCVS Trust Librarian Helen Heathcote successfully completed the RunLondon Nike 10K race in one hour and eight minutes on Sunday 8 October, and raised over £750 for the Trust.

After the race in Hyde Park, Helen said: "It was a glorious day, just the right temperature. With over 30,000 runners, there was a really good atmosphere and we must have been a sight with green and orange t-shirts as far as the eye could see!"

Paula Radcliffe, at six months pregnant, also ran (in 43 minutes) but Sebastian Coe opted out of the run at the last minute. Helen added: "A BIG thank you to everyone who sponsored me – your support and words of encouragement really helped me along."

