

RVNs: stand up and be counted!

RCVS Register opens for veterinary nurses



"It's the most major change for the veterinary nursing profession for decades."

There are now more Registered Veterinary Nurses than unregistered veterinary nurses, just two months after the opening of new non-statutory register.

Over 4,000 veterinary nurses are now entitled to use the postnominals RVN, which signal to their colleagues and the public that they are accountable for their professional practice.

RVNs agree to keep their skills up to date by means of compulsory continuing professional development (CPD), at a rate of 45 hours over three years, and to maintain standards of professionalism by following the *RCVS Guide to Professional Conduct for Veterinary Nurses*.

From 2010, once the new Register has bedded in, a disciplinary mechanism will be put in place, to mirror that for veterinary surgeons.

All those veterinary nurses who listed since 1 January 2003 were registered automatically. Meanwhile, the unregulated List will close to future entrants: newly-qualified VNs will go straight on to the Register. Other veterinary nurses can opt to register if they wish, and the profession is reacting positively to this. Over 95% of qualified nurses asked at the recent British Veterinary Nursing Association (BVNA) Congress, were either already registered or definitely intending to.

The new Register is a subset of the Veterinary Nurses List and whether or not a VN is registered does not affect a listed VN's ability to carry out Schedule 3 tasks.

The non-statutory Register is the first step towards formal regulation for veterinary nursing and its launch reflects a long period of hard work for the Veterinary Nurses Council. It's the most major change for the veterinary nursing profession for decades, and acknowledges the increasingly important role that veterinary nurses play within the practice team.

With topics such as CPD, advice and guidance and disciplinary matters now pertinent to veterinary nurses and veterinary surgeons alike, and in recognition of the fact that veterinary nursing is becoming a profession in its own right, we now wish to communicate with the veterinary team as one. This issue of *RCVS News* is therefore being sent to veterinary nurses as well as veterinary surgeons. *RCVS Veterinary Nursing News* will no longer be published and specific information relating to the training and education of veterinary nurses will be brought to those involved via a new publication from the RCVS Awarding Body – *VN Standard* – the first issue of which will be launched in December.

For more information about the new VN Register, turn to page 10.

In this issue: VN e-exams, EFRA Committee Inquiry, historic collection acquisitions, visitation updates, VN Register overview, consider a Fellowship, College strategy, PI report, DC hearings, bogus vets.

VN exams go electronic

More accessible exam centres for VNs

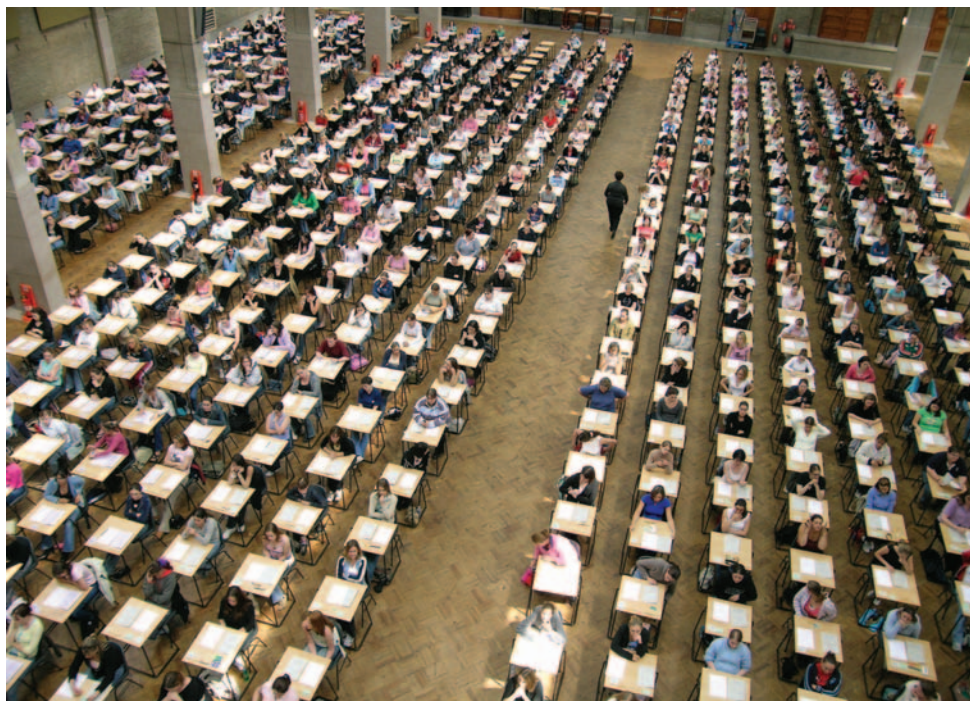
RCVS and VN Councils have given the green light for veterinary nursing exams to be taken in driving test centres.

From summer 2008, candidates will be able to take their multiple-choice question examinations on computer at one of 150 managed test centres across the UK – from the Hebrides to the Channel Islands. The facilities will be open to VNs for four weeks during the year (a fortnight during July and two one-week blocks in March and November).

"This new approach will be much more flexible for candidates."

The RCVS Awarding Body is working with e-assessment specialists Pearson VUE to develop the new system, which will allow for the rapid analysis of data and speedier processing of assessment results. There will be some increases in examination fees - £15 for the Level 2 exam and £77 for the Level 3 exam. However practices are less likely to need locum cover (students can attend exams on different days) and travel and potential accommodation costs will be lower.

"This new approach will be much more flexible for candidates," according to Chairman of the Awarding Body Management Board, Neil Smith. "Previously, everyone had to come to one of



No more mass examination migration to London for VN students

only a few RCVS exam centres on a specific day. Now they can choose a date, time and venue to suit themselves as most candidates will be within 20 miles of a test centre. This

should not only be more convenient and less stressful for most candidates, but will also be easier for those practices with more than one candidate to manage cover."

Veterinary premises to be registered

VMRs require medicines to be supplied from registered premises



The new Veterinary Medicines Regulations which came into operation on 1 October 2007 will require veterinary surgeons who supply veterinary medicines from particular premises to have those premises registered with the Secretary of State, with effect from 1 April 2009. The Veterinary Medicines Directorate (VMD) says that the object is to make it easier to monitor compliance with the medicines legislation (including the legislation on controlled drugs).

We have agreed to set up and keep the register on behalf of VMD. We already publish a voluntary *Directory of Veterinary Practices*. Currently, we are thinking about how best to set up the new register so as to minimise costs and bureaucracy for practices.

The VMD has also suggested that we might carry out periodic inspections of registered premises to ensure that medicines are being stored and handled correctly. Inspections under the RCVS Practice Standards Scheme already cover compliance with the medicines legislation. Possible arrangements for inspecting other practices will be considered as part of the current review of the Scheme.

EFRA Committee looks at VSA

Select Committee considers need for new legislation

The Environment, Food and Rural Affairs Committee of the House of Commons has set in hand an inquiry into the need to replace the Veterinary Surgeons Act 1966.

The remit of the Committee is to examine the expenditure, administration and policy of the Department for Environment, Food and Rural Affairs. Each Government department is shadowed by a committee of MPs which looks critically at its work and publishes reports from time to time. Their advice is not binding, but Ministers consider recommendations from the committees very carefully.

"Their advice is not binding, but Ministers consider recommendations from the committees very carefully."

In launching its inquiry, the EFRA Committee said it would "consider whether the provisions of the 1966 Act are out of step with developments in the veterinary surgeon and related professions". In particular, the Committee invited evidence on the changes RCVS has proposed. RCVS Council adopted a

set of proposals for new legislation in November 2005. The main aims are to introduce more transparent arrangements for regulating veterinary surgeons and veterinary nurses, recognise veterinary nurses as a profession in their own right, provide more flexible powers for the supervision of professional conduct and competence, and give the public a positive assurance that practitioners are up to date and are fit to practise.

The Committee called for written submissions by 25 September and plans to take oral evidence in the New Year.

DEFRA prepares for Bluetongue vaccination

Defra issues tender for vaccine supply

In partnership with veterinary organisations, the farming industry and other experts, DEFRA has recently been preparing for a vaccination programme against Bluetongue, in case the disease overwinters and returns next year. This follows on from the commitment it made in its Bluetongue Control Strategy in August.

On 1 November, the Department issued a tender to supply between 10 and 20 million doses of inactivated BT-8 vaccine, subject to an assessment of anticipated demand. The tender has been issued to those vaccine companies that are in the process of developing a suitable vaccine for use against the strain.

DEFRA is hoping that the vaccines will be available for use by next summer. Until now, only live vaccines were available for BT-8, but these would not normally be considered

for use in the UK as a disease control measure due to concerns about re-assortment with field strains, reversion to virulence and teratogenicity.

The Department has said its planning work includes whether to follow a voluntary or compulsory approach, and whether a vaccination programme should follow a phased approach according to disease control priorities (such as certain high-risk areas, certain species and so on).

In keeping with the principles set out in its Bluetongue Control Strategy, DEFRA says that livestock keepers will be responsible for purchasing vaccine from the bank. That keepers should purchase their own vaccine would be consistent with vaccination against other economic diseases, such as clostridial

diseases, and the benefits of vaccination will be of clear economic value to many farmers, particularly in terms of permitting movements to free areas.

"Local vets will play a key role in advising farmers of the benefits of Bluetongue vaccination"

Fred Landeg, Chief Veterinary Officer, said: "Local vets will play a key role in advising farmers of the benefits of Bluetongue vaccination and, potentially, delivering vaccination on the ground. DEFRA will continue to work in close partnership with veterinary organisations to develop a robust vaccination plan and ensure that vets have all the available information."



Picturing history

Purchase of historical prints by the College

The veterinary college in London (now the Royal Veterinary College) was the first of the UK veterinary schools to be established, in 1791. Up until this point, the treatment of horses had been administered by farriers. Nowadays, both veterinary surgeons and farriers are regulated by statute, and relations between the RCVS and the Farriers Registration Council are cordial. It was not always so, as new acquisitions to our historical collection may suggest...

Our collection, which includes books, documents and works of art, has recently been augmented with the addition of a series of prints and engravings, purchased on the recommendation of Norman Comben, advisor to the collection.

"The prints purport to illustrate the veterinary college's lectures but in fact lampoon the newly-fledged veterinary school, the professor and his methods."

The works include a series of four prints published in London by F Jukes during 1792. The prints purport to illustrate the veterinary college's lectures but in fact lampoon the newly-fledged veterinary school, the professor and his methods. For example, the first is entitled "First Lecture upon the improv'd mode of Cropping" and is signed by "Nick Dock'em and Phil Fire'm". For many years the farriers have been blamed for the publication of these prints, but a number of veterinary historians have more recently questioned this attribution.

This is an important acquisition for the collection, as underlined by Norman:

"Complete sets of these four prints have always been scarce. The opportunity to acquire a set in original mint condition was unlikely ever to be repeated," he says.

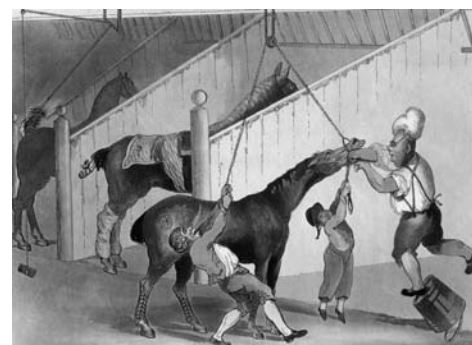
The other new acquisitions include *Veterinary Operations*, a small hand-coloured caricature engraved under the pseudonym "Giles Grinagain", where three characters in a style reminiscent of James Gillray are depicted treating a poor undernourished horse in a



manner again intended to ridicule the emerging veterinary profession. A further four works illustrate very early use of the word "veterinary".

Please do come and view the new works when you next visit us.

Norman Comben's detailed account of the additions to the collection will be published in *Veterinary History*, the journal of the Veterinary History Society, Vol. 14 No. 2 in February 2008, under the title "The Farriers Fight Back?".



Trust launches bigger grants round

Planned release of over £850,000

The RCVS Trust has stepped up its strategic investment in veterinary education and animal welfare with the launch of its 2008 grants round, featuring a comprehensive and expanded range of research and animal welfare programmes.

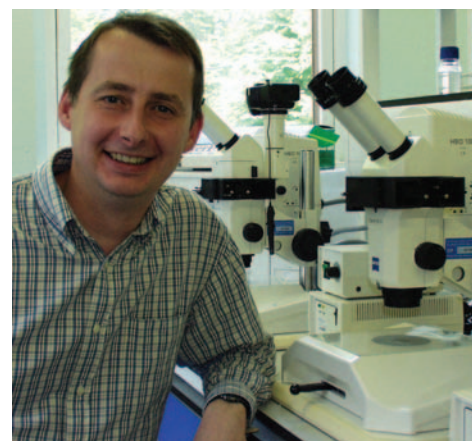
The Trust is offering eight programmes this year, including Residencies, Blue-Sky research, Travel Scholarships and Small Grants, and a new programme designed to support practice-based veterinary surgeons in their diploma studies. It expects to release over £850,000 next March, representing a 40% increase on its 2007 programme.

Gerri McHugh, Director of the Trust, said:

"The Trust is delighted to continue its strategic investment in innovative and high-calibre research and animal welfare projects in the UK and overseas.

"We are particularly pleased to have significantly increased our grant-making activity with an additional £250,000 "Golden Jubilee" award for a single project in any discipline within veterinary science or medicine to mark our 50th birthday celebrations in 2008."

Full details of the individual programmes can be found on the Trust's website (www.rcvstrust.org.uk) or from the Trust Office on 020 7202 0741.



Professor John Gilleard, University of Glasgow, winner of a Blue Sky Award in 2007

Vetlife: lifeline for stressed vets

New website to improve access to support

There is a very high suicide rate amongst veterinary professionals – twice that of doctors and dentists and four times that of the general population.

To help veterinary professionals access emotional and professional support, and thus reduce stress levels at critical times, the Veterinary Benevolent Fund (VBF) has developed a new website: Vetlife (www.vetlife.org.uk).

“Vetlife is designed to make it easy for veterinary surgeons, nurses and students to find information about the different types of professional and emotional support.”

Launched at this year's British Veterinary Association Congress in Belfast, Vetlife is designed to make it easy for veterinary surgeons, nurses and students to find information about the different types of professional and emotional support available to them. This includes information from the RCVS, for example, about the disciplinary process – we recognise how stressful it can be to become involved in a complaint.

Other information is provided by established veterinary care organisations such as Vet Helpline and the Veterinary Surgeons' Health Support Programme and trusted sources outside the profession such as Mind, the leading mental health charity, and the Samaritans.

The website was conceived after the VBF asked RCVS Council Member Dr Wendy Harrison to chair a Veterinary Support Working



Party, formed from representatives of all the main veterinary organisations and the Samaritans, to look at what could be done to improve support to the profession.

The website is the first of a series of recommended initiatives, others will include a series of mental health surveys and a campaign aimed at new graduates. Vetlife has the support of all of the veterinary schools and is working to integrate with existing student support.

Dr Harrison commented: “While many organisations provide excellent support mechanisms for the veterinary profession, people often don't know how or where to go in order to access that help. When people are under stress, that's not the time they are thinking most clearly or are able to start doing the research that's needed. We felt that providing a portal that brought together information on all these support mechanisms in one place would be most useful.”

VN ad ban lifted

The new Veterinary Medicines Regulations (2007) have lifted the ban on the advertising of prescription-only medicines to veterinary nurses. This is a change we recommended and is good news for VNs who want to keep up to date. It does not change the rules on who can prescribe which medicines.



Cascade prescription changes

The Veterinary Medicines Regulations 2007 came into force on 1 October, revoking and replacing the previous version of the Regulations.

In response to concern from pharmacists and pet owners, the Veterinary Medicines Directorate (VMD) is keen to remind veterinary surgeons of an addition to the requirements for written prescriptions. If the product is prescribed under the cascade, the prescription must contain a statement to that effect. No set wording has to be used but it must be clear to the reader.

Pharmacists and veterinary surgeons should no longer dispense unauthorised veterinary medicines if there is no cascade statement on a prescription presented to them; the VMD's advice is to contact the prescribing veterinary surgeon if there is any uncertainty over which product to dispense.

For more details please contact Caroline Povey at the VMD c.povey@vmd.defra.gsi.gov.uk or on 01932 338319.

An Inspector calls (again?)

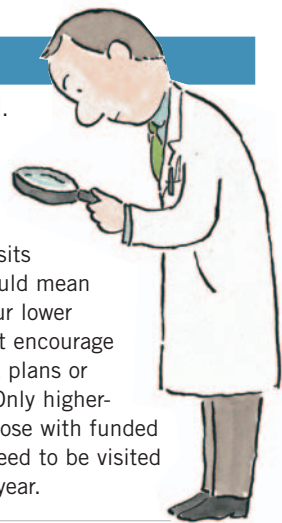
If you're a VN Training Practice, how many inspections are you due?

Since the inception of the Practice Standards Scheme (PSS), a significant number of VN training practices (TPs) have been "grandfathered" into the scheme on the basis of their facilities and ongoing quality assurance as a TP. While the two types of accreditation serve very different purposes, there are some important crossovers, particularly in the areas of Health and Safety and clinical facilities. We are working hard both to ensure that TP and PSS accreditation standards articulate in these areas, and to improve communication between the RCVS Awarding Body and the PSS team.

We are often asked why we can't reduce the Veterinary Nursing Approved Centre (VNAC) fees for PSS practices. Unfortunately, this just isn't possible. The centres are obliged (under the national regulations for National Vocational Qualifications) to visit training practices a minimum of twice per year and need to cover their costs.

These visits are predominantly concerned with the monitoring of assessment and candidates rather than the "inspection" of clinical facilities. Centre charges vary, depending on factors such as the distance travelled and whether or not candidates are Learning and

Skills Council-funded. Nonetheless, we do actively encourage centres to risk-assess their affiliated practices and plan visits accordingly. This should mean that low-risk TPs incur lower VNAC costs. We don't encourage 'one size fits all' visit plans or over-frequent visits. Only higher-risk practices, and those with funded candidates, should need to be visited more than twice per year.



Mutilations report cut out

Veterinary surgeons should be aware that the *Mutilations Report* has been removed as an annex to the *RCVS Guide to Professional Conduct*, because mutilations are now largely covered by legislation.

The new animal welfare legislation in England, Scotland and Wales makes it an offence for anyone to carry out any procedure that involves interference with the sensitive tissues or bone structure of the animal, otherwise than for the purpose of 'medical treatment'. However, the Secretary of State (in England), the Welsh Assembly and the Scottish Government can make regulations laying down exceptions to this rule. The regulations which have been made are listed below.

The main substance of the Scottish regulations is in the Schedules, which deal with different categories of animal: Schedule

1 for cattle, Schedule 2 for pigs, etc. Each Schedule lists the permitted procedures, the purposes for which they may be carried out and any conditions that apply.

The regulations for England and Wales adopt a different approach. Schedule 1 sets out which procedures are allowed for different kinds of animal, and Schedules 2-9 lay down conditions. Thus, for example, Schedule 1 allows the dehorning of cattle, while Schedule 2 says that an anaesthetic must be administered. Schedule 1 allows trimming of the tusks of pigs, but Schedule 3 stipulates that there must be evidence that this is necessary to prevent injury to other animals or for safety reasons.

The regulations on mutilations do not cover the tail-docking of dogs. Guidance on this can be found at Annex R in Part 3 of the *Guide*.

Take note...



The latest batch of RCVS Advice Notes will be published on RCVSonline shortly, under the following titles:

14. Pregnancy in veterinary practice
15. Prescription charges
16. Removal of dew claws
17. Euthanasia
18. Veterinary nurses and dentistry
19. Maintenance and monitoring of anaesthesia

All the Advice Notes can be found at www.rcvs.org.uk/advicenotes.



The regulations can be downloaded from www.opsi.gov.uk/stat.htm, which lists them by year and number, although experience has shown that inputting the following references into a well-known search engine might be faster!

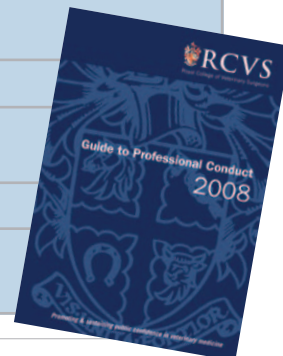
- The Prohibited Procedures on Protected Animals (Exemptions) (Scotland) Regulations 2007, SI 2007/256
- The Mutilations (Permitted Procedures) (England) Regulations 2007, SI 2007/1100
- The Mutilations (Permitted Procedures) (Wales) Regulations 2007, SI 2007/1029

Guide changes at a glance

During 2007, Council approved a number of changes to the *RCVS Guide to Professional Conduct*. We have notified members of these changes throughout the year in *RCVS News* and on RCVSonline, and they are summarised herewith (see right).

These changes have been incorporated into the online *Guide* and will be included in the new 2008 hard copy edition that we will send to members early next year.

What's new	Where to find it
Reference to the Animal Welfare Act 2006 and Welfare (Scotland) Act 2006 and associated subordinate legislation	Part 1G – Your responsibilities under the law
Additional guidance for referral practices	Part 2D – Maintaining practice standards
Confirmation that the standard of proof for charges heard by the Disciplinary Committee is so that the Committee is 'sure', (tantamount to the criminal standard of proof)	Part 2I – Complaints and disciplinary matters
Changes to the provisions on 24-hour emergency cover	Part 3 – Annex A
'Animal Health' replacing references to the 'State Veterinary Service'	Part 3 – Annex Q
Guidance on tail-docking of dogs	Part 3 – Annex R
Mutilations report removed from annexes as legislation is now in place	See article on page 6



24/7 guidance – worth another look...

Readers sharp of eye and keen of memory will recall the article 'A pragmatic approach to 24-hour cover' (*RCVS News*, June 2007, page 4) which set out the detail of Council's changes to guidance on the provision of 24-hour emergency cover. These changes were approved following a consultation with the profession by the 24-hour Emergency Cover Working Party in March, which included representatives from the practising arm of the profession. They were also published in latest news and the *Guide* on RCVSonline and will be incorporated into the next full paper edition of the *Guide* in early 2008.

Nevertheless, if the feedback we've received at recent Regional Question Times and elsewhere is anything to go by, it might be worth using a few more column inches to run through the key changes again. Lacking news value, perhaps, but hopefully a useful refresher!

The following is just a summary – please see Annex A in Part 3 of the online *Guide* for the full guidance (www.rcvs.org.uk/guide).

- **Animals of a species not treated by the practice during normal working hours.** In all reasonable circumstances, veterinary surgeons should provide first aid and pain relief to species treated by the practice during normal working hours. For other species, veterinary surgeons should provide first aid; the *Guide* no longer obliges veterinary surgeons to provide pain relief, but asks them to facilitate this i.e. through a colleague.
- **Referral practices.** Referral practices must provide 24-hour availability in all their specialities, or they must, by prior arrangement, direct referring veterinary surgeons to an alternative source of assistance. This responsibility extends beyond current referral cases. Referral veterinary surgeons must provide post-operative or in-patient

care, or arrange for this to be provided by another veterinary surgeon with similar expertise and facilities, unless the client agrees to something different and the animal's welfare is not compromised.

- **Home visits.** We do not expect veterinary surgeons or anyone else to risk 'life or limb' when asked to attend an animal away from the practice premises. All that is asked is that a veterinary surgeon acts reasonably, taking into account all the circumstances of a particular case.

NB. Practice policies to exclude house visits are **not** acceptable – a veterinary surgeon should assess each individual situation.

- **Travelling time.** Veterinary surgeons providing 24-hour emergency cover (which includes dedicated providers of emergency services and those sharing in the provision), must ensure that:

- clients of the practice and other practices are expected to travel only reasonable distances;
- information regarding the arrangements for 24-hour emergency cover is available to clients; and,
- when entering into an arrangement to provide 24-hour emergency cover for another practice, they have confirmation that clients of that other practice will be informed of the agreed arrangements.
- **Remote regions of the UK.** The *Guide* has always recognised the pragmatic arrangements for 24-hour emergency cover that may be found in remote regions of the UK where there is insufficient veterinary manpower. The guidance has been clarified to support those practising in remote regions.
- **Complaints.** When considering complaints, we will consider all relevant factors before deciding whether a veterinary surgeon has acted reasonably.



Ready for the visitors?

UK visits and overseas harmonisation for veterinary and VN accreditation

One of the College's key statutory functions is to maintain standards of undergraduate education. The main way we do this is via a series of visitations to the veterinary schools. Each is visited at least once every 10 years, with interim reviews held after five years, and statistical data returns reviewed annually.

Cambridge

Next year (10-14 March) the visitation team, under the chairmanship of RCVS Past-President Stephen Ware, will be visiting the University of Cambridge. The visitation team would welcome comments about the veterinary curriculum and standards at Cambridge from any recent Cambridge graduates, employers of recent graduates, and from practices that take on Cambridge undergraduates for Extra-Mural Studies. If you have any observations that you would like the visitors to take into account, please contact Freda Andrews, Head of Education, f.andrews@rcvs.org.uk or 0207 202 0702.

The visitation team will comprise:

Chairman - Stephen Ware
Pre-clinical studies - Dr Cathy Fuller (University of Bristol)
Para-clinical studies - Professor Stuart Reid (University of Glasgow)
Small animal clinical studies - Mrs Lynne Hill (Royal Veterinary College)
Large animal clinical studies - Professor Aart de Kruif (University of Ghent)
Veterinary public health and food hygiene - Professor Frans Smulders (University of Vienna)
Observer from the Australasian Veterinary Boards Council Inc. - Professor Reuben Rose

Bristol

Bristol School of Veterinary Science was visited during March of this year. The visitors' report was considered by the Education Policy and Specialisation Committee at its October meeting and a recommendation was made for conditional approval.

The visitors noted many positive features at Bristol, but were conscious that important work still needed to be undertaken to improve some of the facilities, particularly for teaching small animal surgery and to improve the farm. If the visitation committee is satisfied that these improvements have been made within two years, Bristol will return to unconditional approval status.

The conditional approval status will have no effect on the qualification received by the veterinary undergraduates or their eligibility to register with the College.



Visitation team Chairman - Stephen Ware

International collaboration

An observer from the Australasian Veterinary Boards Council Inc. (AVBC) will join the Cambridge visitation panel in March. This reflects ongoing collaboration between international accreditation agencies to reduce bureaucracy and cut down the number of individual visitations required for those schools that are accredited by more than one agency. During October, Council Member Lynne Hill and Head of Education Freda Andrews attended a meeting in Chicago of representatives from the American Veterinary Medical Association (AVMA), the AVBC, the South African Veterinary Council (SAVC) and the European Association of Establishments for Veterinary Education (EAEVE), with the objective of harmonising the standards for approving veterinary schools in these countries.

Acovene

This drive for harmonisation of accreditation standards across borders is mirrored by work being carried out in veterinary nursing on a European basis.

ACOVENE (the European Accreditation Committee for Veterinary Nurse Education) is a European Commission-funded project that aims to quality-assure veterinary nursing education in Europe.

Under a pilot phase, ACOVENE developed standards for veterinary nursing programmes, and the first tranche of schools has been accredited - the UK's Warwickshire College was amongst them. Other accredited institutions were from Belgium, Denmark, Holland, Ireland, Italy, Norway and Sweden.

ACOVENE is now being established as a foundation with the support of the Federation of European Companion Animal Veterinary Associations (FECAVA) and the Veterinary European Transnational Network for Nursing Education and Training (VETNNET). The long-term aims of the Foundation are to extend accreditation to schools of veterinary nursing in all European countries and to encourage the development of training courses in countries where these are currently weak or absent.

The pilot project board was chaired by Head of Veterinary Nursing, Libby Earle, and the RCVS will act as secretariat for the new foundation: "ACOVENE accreditation should help to build the confidence of veterinary employers in the professional education and skills training of veterinary nurses across Europe," she said. "This should facilitate greater ease of employment across national boundaries."

For more information visit www.acovene.com



Delegates in Chicago - top (left to right): Julie Granstrom (AVMA), Dr James Nave (AVMA), Prof Fred Troutt (AVMA), Prof Gerry Swan (SAVC), Prof Reuben Rose (AVBC), Dr Hans Dietz (EAEVE); bottom (left to right): Dr Beth Sabine (AVMA), Hanri Kruger (SAVC), Lynne Hill (RCVS), Freda Andrews (RCVS), Julie Strous (AVBC)

Going modular

Enrolments for the old-style postgraduate certificate have now closed. The new modular approach is the only way to go, and the options for modules to take are growing all the time. In the last issue we announced that the Royal Veterinary College had been accredited to assess a range of modules as part of the new modular certificate – the Certificate in Advanced Veterinary Practice (CertAVP).

The full list of RVC modules, which literally goes from A-Z (Small Animal Anaesthesia to Zoological Medicine) is available on RCVSonline, as are details about modules available from Middlesex University. Other universities are in the pipeline for accreditation under the new scheme.

It is also now possible to enrol online with the RCVS on the modular certificate – www.rcvs.org.uk/modcerts. Enrolling with the RCVS will ensure that the credits candidates achieve across different universities are 'banked' and will count towards a full certificate. Candidates will also have to enrol with the universities of their choice to be assessed.

Don't forget that you have three options on enrolling: take the CertAVP; take a named certificate with a more prescribed route through the modules; or, take modules to bank as continuing professional development and potentially convert into a certificate at a later stage.

Boost for veterinary research

The veterinary research community received a major boost in September. The Wellcome Trust announced the launch of a £10.7m initiative to support a range of activities designed to encourage veterinarians to take up research careers.

The scheme was the result of a collaborative bid from all of the UK's veterinary schools and the University of Oxford, led by the Dean of the Faculty of Veterinary Science at Liverpool University, Professor Sandy Trees.

"This programme aims to create clinically-literate researchers and research-literate clinicians," said Sandy Trees. "It will provide a cohort of veterinarians superbly equipped to contribute to the solution of some of the major health and welfare problems facing animals and humans in the 21st century."

The programme will deliver 20 Clinical Research Training Fellows, each with a PhD and a clinical or pathology specialist qualification, as well as number of postdoctoral fellows and clinical doctoral fellows, each with

a DVM and specialist postgraduate training in laboratory animal medicine. In addition, leading to these centrepiece awards will be 175 Vacation Scholarships, 175 Intercalation Awards, support for five Summer Schools, and nine one-year Research Entry Scholarships.

To coincide with the announcement of the new programme, the College launched *The Impact of Veterinary Research* (see *RCVS News*, June 2007). Through the use of novel research case studies, the publication highlights the role of veterinary science in, for example, helping to develop new treatments for diseases such as River Blindness in humans.

The brochure will be used to inform people about the vital role that veterinary research plays in the health of animals and humans in the UK today, and to persuade young veterinary surgeons and students that veterinary research can be an exciting, worthwhile and fulfilling career.

For copies of the brochure, please contact: education@rcvs.org.uk or 020 7202 0778.

Professor Quintin McKellar, Chairman of the Research Subcommittee (centre), considers *The Impact of Veterinary Research*.



PDP – don't leave it too late!

If this is the first issue of *RCVS News* you have read, the chances are that you are a new graduate. Have you started your Professional Development Phase (PDP) yet?

PDP, which helps new graduates record how they are turning their day-one competences into usable practical skills, is compulsory for all new graduates. It's an online, password-protected system that should not be time consuming for graduates to complete.

Employers are also encouraged to build the PDP approach into their appraisal systems for new graduates, to help identify continuing professional development needs and areas where further development or support may be needed.

Our records show that around 50% of new graduates have signed up so far, so we expect more to come forward as they start their first jobs. Full details were provided in the RCVS registration packs and are also available online. If you haven't signed up yet, it's very simple: email pdp@rcvs.org.uk with your full name, where you graduated, date of birth, and RCVS registration number, and we will issue a password.

Don't forget, you can't sign up for an RCVS Certificate if you did not complete your PDP.

Deadlines ahead

Practices that have candidates for the RCVS Statutory Membership Examination seeing practice with them are reminded that the deadline for entry to the exam is 14 February 2008. All candidates will need to have passed an English Language qualification (IELTS at Level 7) before this date.

Please also encourage any such exam candidates to send their 'seeing practice' form to the Education Department, to keep us up to date with their experience and whereabouts. Please send to education@rcvs.org.uk or the postal address (see back page).

Exam success

Results of this year's postgraduate Certificate and Diploma examinations are now available. Of the 199 candidates entered for Certificate examinations, 106 succeeded; for Diplomas, 17 entered and 12 passed.

The VN Register – all you need to know

Your questions answered on VN regulation

The new Veterinary Nurses Register was launched on 1 September 2007 and the response to-date has been very positive.

However, it's a major change for veterinary nurses, and their employers, and means that veterinary nurses are being introduced to new responsibilities, such as continuing professional development (CPD) and following a *Guide to Professional Conduct*. In the sections to follow we take you through some of the key areas of which you need to be aware.

Keeping up to date

What's the point of CPD? Firstly, and most importantly, it helps ensure that clients and their animals are in the hands of VNs whose knowledge and skills are up to date, providing quality assurance for animal owners. Maintaining competence also brings benefits to the individual, as it should help VNs to carve out a career path that suits their personal goals. Furthermore, CPD also helps to develop the VN profession as a whole by increasing the skills pool available.

"CPD does not only mean going on expensive courses."

Feedback at the recent BVNA Congress suggested that many veterinary nurses are confused about the amount of CPD they must complete: it's 45 hours over a three-year period (about two days a year). Undocumented private study can account for five hours per year; the rest must be part of a documented and planned programme of activities.

The important point to note is that CPD does not only mean going on expensive courses.



CPD for veterinary nurses, as for veterinary surgeons, can come in a range of guises, for example, in-house study sets with colleagues, practice-based meetings with external speakers, distance learning or attending external events such as congresses and courses.

The RCVS provides a *CPD Record Card for Veterinary Nurses* on which activities should be noted. It contains detailed guidance about what counts as CPD and how to record it. It can be downloaded from RCVSonline at www.rcvs.org.uk/vnregister.

Return to practice

Linked to the CPD requirement is the fact that RVNs must undergo a 17-week period of supervised practice in order to return to the Register after a break of five years or more. This would need to be carried out within either a veterinary nurse Training Practice (TP) or a practice accredited at tier 2 or 3 within the Practice Standards Scheme.

Maintaining standards

There is now a *Guide to Professional Conduct for Veterinary Nurses* and its purpose is to help veterinary nurses to practise within the realms of what their peers consider to be acceptable professional behaviour.

The *Guide* for VNs was developed by the RCVS Advisory Committee in conjunction with VN Council, and took account of comments received from VNs via a consultation exercise in 2006.

The VN *Guide* reflects the format of the corresponding *Guide* for vets, to ensure consistency across the practice team. It is broken into three sections. Part one covers 'The Responsibilities of a Veterinary Nurse', which includes the 'Ten guiding principles', together with information about responsibilities to patients, clients, the public and professional colleagues.

The second part, 'The Guidance', is directly reproduced from the *RCVS Guide to Professional Conduct* for veterinary surgeons, and covers issues such as client confidentiality, record keeping, fees, practice promotion, maintaining practice standards and running the business. The third section, which is only available online, is made up of annexes on specific subjects such as 24-hour emergency cover, microchipping, tail-docking and medicines controls.

Professional indemnity insurance

There is not space here to go into the detail of the *Guide*, although changes will be regularly flagged up in the 'Advice and Guidance' section.

However, one point that deserves special mention, due to the concerns raised at various meetings with veterinary nurses, is professional indemnity cover.

"The majority of RVNs working in practice will be covered by their practice's insurance."

The *Guides* for both vets and veterinary nurses state that professional indemnity cover is required. The majority of RVNs working in practice will be covered by their practice's insurance, although it is worth checking with employers. This may change from 2010, with the introduction of the disciplinary process (see below). At this point, insurers may require RVNs to have different cover. The Veterinary Defence Society, the principal insurers to the profession, are currently in discussions with the BVNA on this issue.

RVNs not employed in a practice should discuss insurance cover with their employers. If RVNs are using their veterinary nursing qualification in a self-employed environment, such as pet behaviourist, pet sitter, nutritionist etc – they also require professional indemnity insurance. In fact, even non-registered VNs using their qualification on a self-employed basis would be well advised to consider taking out such insurance cover.

Accountability

From 2010, a process will be established to handle complaints against veterinary nurses. It will work in the same way as the current veterinary complaints process and the Disciplinary Committee that would hear any case against a veterinary nurse would always include an RVN on the panel. As is the current situation, we would only be able to consider cases involving alleged serious professional misconduct, not negligence, the latter being a potential matter for civil courts.

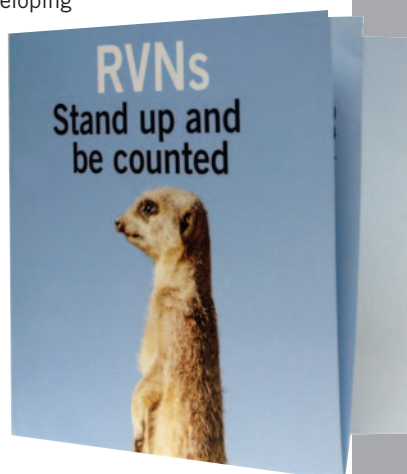
A diagram explaining the complaints procedure can be found in an appendix of the *Guide* and there is more information at www.rcvs.org.uk/complaints.



What next?

The non-statutory Register is voluntary. Compulsory regulation would require new legislation. The Veterinary Nurses Council is represented on the Veterinary Surgeons Act Working Party that is developing proposals for new legislation and working to persuade the Department for Environment, Food and Rural Affairs that changes are required.

The Veterinary Surgeons Act 1966 is the subject of a current Inquiry from the Environment, Food and Rural Affairs Select Committee, and we are hopeful that this will catalyse reform of the legislation. In the meantime, it will be helpful if the VN profession can demonstrate successful implementation of non-statutory regulation.

**More information**

Documents relating to the Register – such as the *Guide*, *CPD Record Card* and *VN Byelaws* – can be downloaded from www.rcvs.org.uk/vnregister. This page also includes links to question and answer documents and a summary of the issues raised at the VN Question Time meetings held over the summer.

Don't hesitate to contact the Veterinary Nursing department directly on **020 7202 0788** or vetnursing@rcvs.org.uk if your questions aren't answered online.

Anyone wishing to check if a veterinary nurse is registered can do so on RCVSONline at www.rcvs.org.uk/veterinarynurses.

Ten things you need to know:

1. Compulsory for those qualifying since 1 January 2003 and voluntary for others
2. Only Registered Veterinary Nurses can use RVN postnominals
3. CPD: 45 hours over three years
4. RVNs must follow *Guide to Professional Conduct for Veterinary Nurses*
5. RVNs must be covered by professional indemnity insurance
6. Return-to-practice phase required following five-year gap in registration
7. Registration does not affect the listing required to undertake Schedule 3 activities
8. Disciplinary structure from 2010
9. Statutory regulation for VNs proposed in RCVS recommendations for new legislation
10. Documents at www.rcvs.org.uk/vnregister



What role does the veterinary surgeon play in the rural economy?

Professor Philip Lowe OBE, Chairman of the Vets and Vet Services Working Group

Rural veterinary surgeons in focus

We would probably all agree that the days of the James Herriot-style rural veterinary surgeon are well and truly over. But what role can and should the veterinary surgeon play in the modern rural economy? What veterinary services are required in rural areas – by private clients and the government – and how can the profession best structure itself to respond?

These are some of the questions faced by the Vets and Vet Services Working Group, the chairmanship of which I have recently taken.

A partnership between the Department for Environment, Food and Rural Affairs, the Devolved Administrations, the RCVS, British Veterinary Association and National Farmers Union, the Working Group has been established for several years. Its remit is to provide strategic and practical solutions to concerns about the long-term sustainability of farm animal veterinary practice, especially in rural areas.

I don't have a veterinary background – my specialist area is the rural economy – so I was brought in as an independent chairman. My first task was to bring some structure to future debate. During my 12-month appointment, I will run a series of workshops, involving experts from the profession, farmers and Government.

We will explore concrete evidence, not anecdote, and I hope this process will identify pragmatic and achievable solutions.

The key themes will be:

- Vets as businesses
- The 'public good' functions of rural vets
- New governance models in farming and food production
- Long-term issues affecting the future of the livestock industry

Following the workshops, a report will be written to summarise outcomes and recommend future activities.

Communications will play a key part in the whole process, from updating interested parties on the progress being made, through stimulating debate, to communicating the final outcomes of the Working Group programme via activities and materials.

If you have any thoughts you would like to contribute on any of these topics, please feel free to contact the RCVS, BVA or DERFA.

Professor Lowe is Director of the Rural Economy and Land Use (RELU) programme of the UK Research Councils. In 1992, he founded the Centre for Rural Economy at Newcastle University where he holds the Duke of Northumberland Chair of Rural Economy. He is a member of DEFRA's Science Advisory Council.

Jolly good fellows

The Fellowship: an attainable route to specialisation from practice

The Diploma of Fellowship of the Royal College of Veterinary Surgeons is one of the highest awards, and the oldest, that the College can bestow upon a member. There are currently 267 Fellows, which means that just over 1% of registered veterinary surgeons hold the honour. So why don't more people give it a go?

Nearly 90% of RCVS members spend some time working in clinical practice (*RCVS Survey of the Profession 2006*). The Fellowship is achievable by those in practice and is an important route open to the majority of members to further their careers. The Diploma of Fellowship also confers eligibility to apply for RCVS Recognised Specialist status.

In a profession where high academic achievement is a basic entry requirement, and routine clinical work is often circumscribed by economic realities, embarking on the Fellowship can provide a vital cerebral challenge.

There are two routes to the Fellowship – either by the examination of a bound thesis of up to 30,000 words, together with an oral, or by recognition of Meritorious Contributions to Learning (MCL). The former route is more suitable for veterinary surgeons in practice. There are also 28 recipients of Honorary Fellowships, only three of which may be awarded in any one year to members of the College or holders of a registrable qualification, who have made an outstanding contribution to the profession.

Studies undertaken by Fellows are extremely varied, taking in any aspect of the art or science of veterinary medicine. "It's about finding a question you want to answer and pursuing it – that's what makes it such a satisfying endeavour," according to Nigel Harcourt-Brown FRCVS, who practises with his wife and fellow Fellow, Frances, in a four-vet practice in Harrogate, North Yorkshire.

Originality

The stipulation from the College is that the Fellowship thesis must demonstrate originality, must significantly advance knowledge of the subject concerned, and show a level of accomplishment comparable with a higher degree awarded after the equivalent of three years' full-time postgraduate research study in a UK university (for example, DVM&S). It's the requirement for the subject to represent genuinely innovative research that is stimulating, according to Nigel, whose Fellowship subject was "Diseases of the pelvic limb of birds of prey".

Completing a Fellowship whilst in practice is a realistic goal. It can be seen as the next step on the life-long learning ladder after



Past-President John Parker was examined on equine ophthalmology

completing an RCVS Certificate, although possession of a Certificate is not a requirement for enrolment. Undertaking an RCVS or European Diploma usually necessitates a university residency, not an easy option when working in practice – the Fellowship therefore provides an excellent alternative route to specialisation.

A Fellowship should be within the grasp of everyone in the profession once they have gained enough experience – it's just a question of being organised and motivated enough, according to Nigel: "It's a bit like the truism that everyone has a novel inside them – it's just that not everyone has the discipline to get it out," he believes.

"A Fellowship should be within the grasp of everyone in the profession once they have gained enough experience."

Self-motivation is particularly important as Fellowship candidates are unlikely to receive any funding – it really has to be a labour of love.

Support

Frances Harcourt-Brown, who was awarded her Fellowship in 2006 for a successful thesis on "Metabolic bone disease as a possible cause

of acquired dental disease in pet rabbits", stresses that good levels of support are required. "It's really important who you pick to support you," she says. "You need to look critically at your own weaknesses and strengths and find someone who can help you where you need it."

Most Fellowship candidates will have a formal advisor working in their area of study and also a mentor to help choose a subject area and assist with study skills and maintaining motivation. "It is often the less technical aspects – such as presentation and writing skills – that are most daunting for those who have not been in the academic world for some time," says Frances.

The RCVS Trust Library holds copies of successful Fellowship theses and papers submitted for MCL, which provide a useful resource. Members of the RCVS Fellowship Subcommittee, chaired by Professor Elaine Watson, are also available for advice.

Determination

Working on a Fellowship thesis alongside a full-time job in practice can be demanding and the successful candidate must be disciplined. Nigel worked in six-week blocks from 10pm until 2am, whereas Frances got up at 5.30am to cover a few hours of Fellowship study before starting work. Thankfully, the pair didn't take their Fellowships at the same time!

So how does having a Fellowship affect your professional standing? One thing most of the Fellows agree is that Fellowship status doesn't necessarily mean a great deal to clients. Research work carried out when planning communications for the Practice Standards Scheme would back this up: many animal owners don't understand what MRCVS means, let alone other qualifications. Education at animal-owner level is in the College's communications plan, but it's a long-term task.

What does seem to be important is the respect accorded to Fellows by others in the profession, which may then have a positive effect on recruitment, referrals and opportunities to publish.

"The Fellowship was the best thing I've achieved in my career."

This was certainly the case for Past-President John Parker, who was one of the last candidates to sit the Fellowship by examination, a route no longer available. His subject was equine ophthalmology and he feels that achieving the Fellowship helped to consolidate his knowledge and experience in this area and give him confidence when dealing with other members of the profession, particularly when accepting referrals: "It was a challenge, but completing the Fellowship was the best thing I've achieved in my career," he says.

"I was lucky enough to have received referrals for many years in the area of equine ophthalmology and I felt a duty to give an account of my capabilities. I am proud to be a Fellow," he adds.

Contribution to learning

For the second route, Meritorious Contributions to Learning, the College invites applications from members of more than 15 years for submissions of works published in journals and books, or contributions to books, which are available to be purchased. The applicant would be expected to be the sole contributor or senior co-author of the work which should be of special merit and have a specific theme.

Senior Vice-President Sheila Crispin received her Fellowship in 2000, via the MCL route, submitting work on veterinary ophthalmology. Her motivation was quite specific: "I'd been involved with postgraduate education for a decade and heard many of the arguments about the relative merits of Diplomas and the Fellowship. I decided that the only real way of being able to compare the two was to complete both myself," she says.

The MCL route requires the selection and submission, in bound form, of a comprehensive body of work. Sheila advises choosing a theme around which to organise work, and being selective.



Husband and wife team Nigel and Frances Harcourt-Brown both hold the RCVS Fellowship

It would be fair to say that the MCL route is mainly suitable for academics – it may be difficult to achieve from practice because less emphasis is placed on regular publication. However, universities do not take the Fellowship as seriously as a PhD or other university-based qualification when considering the career advancement of their academic staff: "This is a problem and something I would like to see change," says Sheila. "Fellowships – and Diplomas – are an essential part of the promotion criteria for clinical staff."

Contribution to the profession

Although the Fellowship is often regarded as the equivalent of a doctorate in terms of academic status, its appeal is different: "The Fellowship is not a data-driven exercise, unlike a traditional PhD," according to Nigel Harcourt-Brown. Yet with a huge throughput of cases in the average practice, potentially many more than are seen in a university environment, the raw information is certainly there to be studied.

And it's not just about what Fellowship status can do for the individual. Fellowship theses draw from an often-untapped source of knowledge that is vital for the development of the profession, according to Dr Andy Matthews, member of the RCVS Fellowship Subcommittee: "There is a considerable unpublished body of both evidence-based clinical experience and field experimental and epidemiological expertise within the practising arm of the profession. This professional knowledge and understanding should be in the veterinary public domain," he says.

Talking to Fellows you get the distinct impression that it's the learning itself, rather than what might come on the back of achieving Fellowship status, which makes it worthwhile. A final word on how rewarding this can be must go to Nigel Harcourt-Brown: "I would really like to do another," he says, "only College guidelines won't allow me to!"

- A dinner for Fellows and Honorary Fellows will be held in London on Friday 4 July 2008 (the evening of RCVS Day). More information will be mailed shortly.

Applying for a Fellowship

- The next closing date for applications is 1 August 2008
- Full information pack is available at www.rcvs.org.uk/fellowship or in hard copy from Janet Etheridge on j.etheridge@rcvs.org.uk or 020 7202 0701
- The RCVS Trust library holds copies of successful theses
- Preliminary Registration fee is £335
- Submission of a Thesis or MCL fee is £850
- Re-submission fee is £425
- Enrolment period is seven years



President Sheila Crispin received her Fellowship for Meritorious Contributions to Learning

Strategic revision

Strategy Plan underpins all RCVS activities

Unless you read the *RCVS Annual Report* from cover to cover each year – and we know few of you have time to do that – you probably hear about our activities on a piecemeal basis. The Practice Standards Scheme, compulsory Continuing Professional Development (CPD), the new modular certificate, the Professional Development Phase.... each of these might seem like stand-alone initiatives when viewed in isolation.

But at the risk of sounding like an episode of *Yes, Minister*, there is 'joined up thinking' at the College. In fact, all of our recent major activities link to the College's Strategy Plan, which has been in place since 2004 and has recently been reviewed and updated.

The College is a complex organisation that needs to juggle the needs of members, the public, their animals and legislators. Registrar Jane Hern recognises that a strategic plan helps the College run smoothly: "The Strategy Plan acts as an underpinning framework that links together what are sometimes seemingly disparate activities into a cohesive whole," she explains.

With daily requests from third party organisations for the College to become involved in their activities, the Plan also acts as a kind of sieve: "It gives us a set of criteria against which to judge activities," explains Jane. "If something wouldn't help us meet our objectives, then there has to be a very convincing argument for it taking up College time and resources."

Overriding mission

All activities of the Strategy Plan are designed to support our overriding mission: "To safeguard the health and welfare of animals committed to veterinary care through the regulation of the educational, ethical and clinical standards of the veterinary profession,

thereby protecting the interests of those dependent on animals and assuring public health". We also commit to act "as an impartial source of informed opinion on animal health and welfare issues and their interaction with human health".

The Plan is broken down into seven aims, as illustrated in the box below.

Within the Plan, each of the aims is set out in more detail and each set of aims is supported by a list of tactical means by which the aims might be met. The Plan was reviewed this year and the updated version agreed by Council at its November meeting. The updated Plan lists a number of achievements in relation to each of the aims, some of which are illustrated on these pages.

For example, in taking forward the aim "to establish a regulatory framework for all those engaged in providing veterinary services which meets both the current and future requirements of the public and the profession" the following achievements are recorded (amongst others):

- Consultation Paper issued in 2005; proposals for legislation submitted to DEFRA following the Council meeting in November 2005. Discussions for implementation ongoing, with DEFRA and other interested parties
- Non-statutory Register for veterinary nurses introduced in 2007, along with a *Guide to Professional Conduct for Veterinary Nurses* and a timetable for implementation of disciplinary provisions in 2010
- Professional Development Phase (PDP) launched for all new veterinary graduates in 2007, following pilot studies
- Continuing Professional Development (CPD) made mandatory for veterinary surgeons with effect from 2006

The aims of the Strategy Plan

1. To establish a regulatory framework for all those engaged in providing veterinary services that meets both the current and future requirements of the public and the profession
2. To establish a framework to regulate the delivery of veterinary services
3. To determine the future role of the RCVS, whether as a regulatory body for veterinary surgeons, and possibly others, or solely as a 'Royal College'
4. To develop the Royal College, or Charter, function
5. To develop a relationship of mutual support with the RCVS Trust
6. To ensure that the RCVS communicates its role and function clearly so that the profession and the public fully understand what role the RCVS, and other bodies, will have in future
7. To develop the governance and management of the RCVS so that it is well placed to establish whatever structures are needed for the future and to transfer or to take on additional functions as appropriate





The means by which all the aims might be met have been revised in the light of the achievements to date and a stretching, yet achievable, set of future activities is now in place. Many of these build on existing work. For example, Officers and the Chairman of the Veterinary Surgeons Act working party are continuing to look for ways of achieving a new statutory framework for the veterinary profession, taking into account proposals agreed by Council, arrangements put in place for other professions and government-approved guidelines for Better Regulation (that is, regulation that is proportionate, risk-based and does not duplicate existing provisions).

"It links together seemingly disparate activities into a cohesive whole."

Although the Strategy Plan separates our statutory and charter functions, there is some overlap. Therefore, while urging government to update veterinary legislation, we must prepare for a parallel review of the Charter. Educational activities such as CPD, the PDP and postgraduate qualifications fall under the ambit of the Charter as well as possibly featuring in a new statutory framework. The ongoing development and maintenance of these activities will need to be handled with this dual aspect in mind.

Many new initiatives have been introduced since 2004 and, going forward, the aim must be to maintain momentum. The Plan also envisages that the Charter role of the College might be strengthened in future to enable the College to be more like the medical Royal Colleges and to act "as a scientific body providing information and informed views on veterinary science, medicine and surgery" and "promoting and providing strategic direction for veterinary research to ensure that the scientific basis of the profession is developed and stimulated". Ways in which this could be done are currently being considered and will be discussed by relevant committees during the course of next year.

Another area of activity going forward will be to publish an Equality Scheme and a policy for the social, economic, institutional and environmental sustainability of the College. A nod in the direction of this last area is that we won't be printing and issuing a copy of the Strategy Plan to each and every member of College: it can be read in full online (www.rcvs.org.uk/strategy), or contact us if you really can't live without a hard copy!

Meet the RCVS team



Freda Andrews BA PGCE

What's your role?

Head of Education

What's your background?

I graduated from Manchester University in 1977 with a degree in Philosophy, trained as a teacher, then went into education administration. I worked for a school exam board, then for the Technician Education Council (TEC) accrediting new art and design vocational courses. TEC became BTEC (Business and Technician Education Council) and I took a break to raise a family. I then worked as a Principal Adviser at what became the Qualifications and Curriculum Authority, on the accreditation and quality assurance of vocational qualifications. I joined the RCVS in 1999.

What do you do?

I head a team of seven staff who provide support to the College's Education Policy and Specialisation Committee and all its various sub-committees. We run the formal visitations to veterinary schools and administer the statutory membership exam, as well as around 40 separate Certificate and Diploma exams each year.

We also run the Fellowship, the RCVS List of Recognised Specialists and the Professional Development Phase (PDP). Right now we're introducing the new modular Certificates. I'm also involved with ongoing discussions with other international accrediting bodies on developing common standards for veterinary school accreditation. I was pleased that we recently raised £175,000 of funding to support the "Gateways to the Professions" project which will see some improved communications, materials produced next year.

What's been your biggest challenge?

The development and implementation of the PDP and modular Certificates.

Surprise us...

I used to play the church organ and did a mean line in Tocattas before I went to university!

Practice Standards developments

Three years on from the launch of the Practice Standards Scheme, approximately 50% of practice premises are now on board. But what about the other half? It is unrealistic to think that everyone will join a voluntary programme but, as we prepare for the first review of the standards, we are keen to find out what motivates practices to join.

We are therefore carrying out a survey of 1,000 practices not on the Scheme towards the end of this year to help identify the barriers to signing up.

When the Scheme was launched we committed to making no changes to the standards (other than to meet new legislation) for five years, to allow the Scheme to bed down. The Practice Standards Group (PSG), under the chairmanship of Junior Vice-President Jill Nute, is now starting the process of review, with the aim of any changes becoming effective in 2010. All of the major

veterinary and veterinary nursing bodies have representatives on the PSG, so please contact them, or the RCVS directly, with your views.

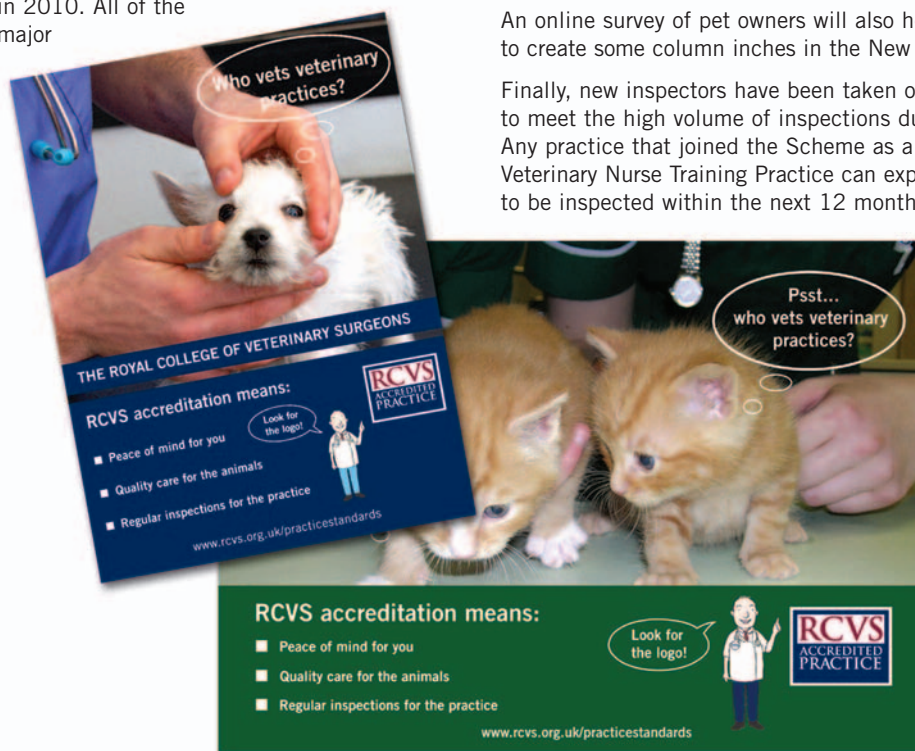
Advertising

There was positive coverage of the Scheme in the August issue of *Which?* magazine and RCVS Accredited Practice materials featured in a July episode of *EastEnders* (admittedly at 'blink-and-you'll-miss-it' speed). We are now aiming to broaden the Scheme's awareness through a targeted advertising campaign (see below) in cat, dog and horse magazines in early 2008, coupled with leaflet inserts.

"We are now aiming to broaden the Scheme's awareness through a targeted advertising campaign in cat, dog and horse magazines"

An online survey of pet owners will also help to create some column inches in the New Year.

Finally, new inspectors have been taken on to meet the high volume of inspections due. Any practice that joined the Scheme as a Veterinary Nurse Training Practice can expect to be inspected within the next 12 months.



VN views sought

Veterinary nurses: how are you using your qualifications? Where are you working? What are your aspirations for the future?

These are just some of the questions we will be posing to veterinary nurses as part of the 2008 Survey of the Veterinary Nursing Profession.

The objective is to gain a better understanding of the VN profession to help inform the development of training and to support decisions that will affect the future shape of veterinary nursing.

The research will build on the results of a survey of veterinary nurses carried out in 2004 and the questionnaire has been designed so that results can be compared with the *RCVS Survey of the [Veterinary] Profession 2006*.

It is currently being piloted and will be posted to all student, listed and registered veterinary nurses in January 2008. Headline results will be available at BSAVA Congress in April next year.

Lively meetings, north and south

Over 140 veterinary surgeons, veterinary nurses and practice staff joined the RCVS Officer team and members of the Veterinary Nurses Council across two recent Regional Question Time meetings in Dunblane, on 25 September, and Tunbridge Wells, on 1 November.

“RCVS President Dr Bob Moore opened the meetings with an overview of the RCVS.”

RCVS President Dr Bob Moore opened the meetings with an overview of the RCVS before inviting guests to put their questions to the panel. The provision of out-of-hours cover, disciplinary hearing procedures, the development of the new modular certificate, the new Veterinary Nurses Register and recruitment and retention of VNs are just a few of the topics raised and discussed by the panel and guests.

Colleagues also had the opportunity to chat with RCVS staff and other members of the profession over a glass of wine and a bite to eat.

The next Question Time meeting will be held near Nottingham on Thursday 13 March. Look out for further details in the New Year.



All change at RCVS Day

This year's RCVS Day was held at the Royal College of Surgeons of England on 6 July. The event saw the investiture of new President Dr Bob Moore (centre), with past-President Professor Sheila Crispin (second right) becoming Senior Vice-President and Jill Nute (second left) taking up the role of Junior Vice-President.

Registrar Jane Hern (right) and Treasurer Dr Jerry Davies (left) make up the remaining members of the Officer team.

New RCVS Council members Dr Agnes Winter, Mark Elliott and Beverley Cottrell were also welcomed, as was new VN Council Member Jenny Thompson and returning member Elizabeth Branscombe.



Want to make a difference?

Do you have what it takes to become a Council Member of the RCVS? Insert cheap gags here ... and then have a serious think about it.

Standing for election to Council is no small decision. Serving on Council takes time, commitment, hard work and no small amount of courage (you will have read the letters columns and may even have some criticisms of your own) but it does represent your best chance of contributing to and influencing the College's work and activities.

“...it does represent your best chance of contributing to and influencing the College's work and activities.”



You should not stand if you are hoping to represent a particular branch of the profession, or even your colleagues in the 'constituency' where you live or work. Professional representation is the BVA's area of responsibility and expertise.

However, if you care about how best to maintain the highest standards of veterinary undergraduate and postgraduate education; how to uphold the good reputation of the profession and the public's confidence in veterinary care; or even how the regulation and governance of your profession will take shape in the future, then leave that letter to the editor to one side for a moment and take a look at www.rcvs.org.uk/nominations for more details.

The deadline for receipt of nominations is 31 January 2008.

Report to Council November 2007

PI Committee Chairman Lynne Hill



There have been four meetings of the Preliminary Investigation (PI) Committee since the last Council meeting and, between 13 June and 10 October 2007, 63 new complaints, as well as ongoing complaints, have been considered. In that time, the PI Committee has:

- referred six complaints to solicitors for statements;
- referred 13 complaints to the Professional Conduct Department for further investigation;
- carried out eight announced visits to veterinary practices and three informal interviews; and,
- referred four complaints to the Disciplinary Committee.

One complaint reported to Council is outlined below.

In-patient supervision

The complaint concerned the death of an animal held overnight in a practice when the client had not been informed of the level of supervision to be provided to the animal.

On 3 March 2007, the complainant telephoned a Veterinary Hospital because her pregnant Chihuahua bitch was unwell. The client was advised to bring the bitch to the Veterinary Hospital where Vet 'A' examined the bitch, put her on a glucose saline drip and administered antibiotic and anti-inflammatory medicines.

Vet 'A' also carried out a scan which showed the bitch had live puppies. It was agreed that it would be in the bitch's best interests to admit her and continue the drip. Vet 'A' did not consider the bitch was 'fit enough to withstand a caesarean section'.

Vet 'A' checked the bitch at 12 midnight and found the bitch a 'little brighter'.

At approximately 2.00am (4 March 2007) Vet 'B', the on-duty veterinary surgeon, checked the bitch. Because she found improved clinical signs and because there were no clinical signs the bitch was in labour, Vet 'B' decided that it was not necessary for the bitch to be checked again until 7.00am, by Vet 'A'. Vet 'A' found the bitch dead at 7.00am.

When collecting the bitch's cadaver, the client said that she noticed a greenish discharge from the vagina. The client took the bitch's cadaver to another veterinary practice where a radiograph indicated four pups, none of which was engaged in the bitch's pelvis. A veterinary surgeon at the other practice explained that the bitch had not been in labour when she had died and the discharge she observed the previous day might have been due to post-mortem changes.

Complaining to the RCVS, the client stated that she had been under the impression her dog would be monitored and looked after at all times – even throughout the night.

The Veterinary Hospital had a policy for the overnight supervision of in-patients which had been followed, except that the policy stated the first check in the morning would be at 6.00am by the on-duty nurse. Mr 'A' said that the client had not asked about the level of supervision overnight and he had not raised the issue with her.

The case was 'Closed with Advice' and, by highlighting it, the PI Committee wished to remind the profession of the need for clients to be made fully aware of the level of supervision to be given to in-patients.

The full report is available on RCVSonline (www.rcvs.org.uk).

Complaints procedures reviewed

The PI Committee has revised its complaints procedure and protocols, to make the handling of complaints more transparent to both the public and the profession.

The protocols cover decision-making for the three stages of a complaint: assessment, screening and PI Committee consideration. They will be signed-off during December and published on RCVSonline.

In addition, all PI Reports to Council (dating back to 1999) will soon be indexed online by subject area – such as informed consent or clinical records – so it will be possible to see how a particular type of complaint has been dealt with in the past.

Meanwhile, the Disciplinary Committee (DC) is reviewing its procedures and practices, including formal guidance on 'sentencing'. Again, this is to ensure transparency and consistency of approach. These guidelines will also be published online during December.

There is existing information available about previous DC hearings on RCVSonline and the full transcripts of hearings from 2000 (excluding those held in private) are available from the RCVS Trust Library.

Motion to Council

At its November meeting, Council received a motion proposing that it considers the establishment of an independent investigation of the disciplinary process of the RCVS within the terms of the existing Veterinary Surgeons Act, the aim being to reassure the public and the members of the profession that the procedures are fair, efficient, impartial and transparent.

It was agreed that the motion would not be discussed then, but would return to the agenda for the March meeting, at which point Council will have had time to comment on the revised documents outlined above.

NSAIDs

The PI Committee noted to Council that it continues to receive complaints relating to the supply of Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) where there has been no adequate explanation to clients of the risks involved. The *RCVS Guide to Professional Conduct* reminds veterinary surgeons of the need to obtain a client's consent to treatment and to advise on any warnings or contra-indications on the label or package leaflet.

Mr William R Morris

Inquiry concerning: false certification in pre-purchase examination.

DC decision: remove name from Register.

The charge faced by William Morris on 1 October 2007 was that in completing a certificate of veterinary examination for a horse, Toby, on behalf of prospective purchasers, he falsely certified that he had found no signs of disease, injury or physical abnormality likely to affect the horse's intended use, when he had actually found a respiratory roar at exercise that was likely to prejudice such use.

At Mr Morris' request, the hearing had been adjourned on several occasions previously, most recently in April 2007 on health grounds. However, a medical report from a consultant psychiatrist in July 2007 had indicated that Mr Morris was "unhappy rather than suffering any clinical depression", and concluded that he was "not unfit to face the demands of a disciplinary hearing". No further medical evidence was submitted.

Mr Morris decided not to attend the hearing, choosing instead to make written submissions. There was an issue concerning his legal representation but the DC heard that Mr Morris had known for nearly two months that his solicitor would be unable to represent him and

had had ample time to find alternative representation. He had not done this, so the DC decided to proceed in his absence.

"Mr Morris decided not to attend the hearing, choosing instead to make written submissions."

The DC heard that the vendors had recommended Mr Morris to the purchasers for the pre-purchase examination (PPE), undertaken in March 2004, because Mr Morris was due to attend the vendor's yard in any event. The purchasers had specifically mentioned their concern about respiratory noise, and had repeatedly asked for Mr Morris' opinion on this and whether it would affect Toby's use for riding club activity and driving. They reported that Mr Morris carried out some form of test on the neck saying there was no significant respiratory problem, only that there might be a minor accumulation of mucous in the trachea. The purchaser also told the Committee that Mr Morris said his endoscope was not available as it was broken.

In his submissions, Mr Morris admitted that: "At stage 3 of the examination there was an obvious wind noise which was quickly

discerned", but he insisted that he had been asked to omit reference to this by the purchaser. The purchaser was adamant that this was not the case.

The purchaser's own veterinary surgeon, Eric Belloy MRCVS, told the Committee that when he examined the horse some time after the vetting, he diagnosed Toby as having noticeable inspiratory and expiratory noise on exercise, and confirmed that there was a paralysis of the right vocal cord. He concluded that Toby was unfit for his intended purpose. A referral was made to Geoffrey Lane FRCVS, an RCVS Recognised Specialist in Equine Soft Tissue Surgery, who confirmed Mr Belloy's findings. Mr Lane told the DC that the recurrent laryngeal nerve on the right side of Toby's throat was "completely wrecked" and the only cause identified was a deep penetrating injury, consistent with the obvious scarring at the base of Toby's neck on the right hand side.

After hearing the evidence, the DC decided it was sure that Mr Morris had signed the certificate when he was aware of Toby's respiratory problem and that "he chose to ignore this to the detriment of the owners". The Committee therefore considered it both appropriate and proportionate to direct that Mr Morris' name be removed from the Register.

Mr Peter G Hanlon

Inquiry concerning: Conviction – causing death through careless driving whilst under the influence of alcohol.

DC decision: unfit to practise – judgment postponed for up to two years, subject to undertakings.

On 14 September 2007, Peter Hanlon MRCVS admitted to the DC that a conviction of causing death through careless driving whilst under the influence of alcohol rendered him unfit to practise veterinary surgery. Mr Hanlon attended the hearing on leave from prison where he was currently serving a 30-month sentence.

The DC heard that Mr Hanlon had been involved in a road traffic accident in February 2006. Driving to Ely railway station to pick up his partner and son, his car had drifted across the road and collided with an oncoming car. The driver, Mr Barber, was killed instantly and his wife sustained injuries, as did Mr Hanlon. Following the accident, Mr Hanlon was found to have over twice the legal limit of alcohol in his blood. He later admitted to having drunk two bottles of wine the previous day and three-quarters of a bottle of wine on the day of the accident.

The DC noted the victim impact statements from a transcript of the hearing at Cambridge Crown Court in December 2006. The DC also noted that Mr Hanlon had written to the College expressing his remorse for causing Mr Barber's death. He told the DC that he had a longstanding problem with alcohol and described his attempts to deal with this, including seeking assistance from his GP, Drinksense and The Cogwheel Trust. He said he had attended Alcoholics Anonymous meetings since being in custody and had not drunk alcohol since the accident.

"We can properly maintain public confidence in the profession by taking measures to monitor his abstinence from alcohol."

The DC heard from a number of veterinary and lay witnesses who attested to Mr Hanlon's personal and professional qualities. The DC also received written testimonials, a letter from Mr Hanlon's partner and the pre-sentence report from the Crown Court Judge.

Confirming its duty to maintain public confidence in the profession, as well as protect the welfare of animals and uphold proper standards of conduct, the DC stated it would only be prepared to impose a lower sanction, such as a postponement of judgment, if it determined that animal welfare and the public interest would be sufficiently protected.

Mr Hanlon undertook to abstain from alcohol, to undergo medical checks at quarterly intervals and to provide the reports of the checks to the DC; and, to provide a copy of his *CPD Record Card* to the DC every six months.

Giving judgment, Brian Jennings, DC Vice-chairman said: "In reaching our decision, we have weighed the circumstances of the accident [in particular, the amount of alcohol Mr Hanlon consumed and the effects of his actions on the victim's family] against Mr Hanlon's significant subsequent attempts to address his alcohol problem and his commitment to continue to practise as a veterinary surgeon. We have concluded that by postponing judgment for two years, subject to Mr Hanlon's undertakings, we can properly maintain public confidence in the profession by taking measures to monitor his abstinence from alcohol and continued practice as a veterinary surgeon."

Mr Paul M Hallum

Inquiry concerning: false certification for insurance purposes.

DC decision: two-month suspension from Register.

The charge against Paul Hallum was that, in autumn 2004, he issued a certificate for horse insurance purposes that was missing key information. Specifically, he had failed to refer to treatment given to the horse, Noah, between November 2002 and September 2004, when he knew or ought to have known that such treatment had been given; it was also alleged that he failed to include a date on the certificate. At the hearing on 20 June 2007, the DC found that he had issued the certificate when he ought to have known that such treatment had been given.

The Committee heard that, in 2002, Mr Hallum had examined Noah for intermittent hind leg lameness. The case was referred for more specialised investigation and treatment and, later that year, Mr Hallum re-examined Noah and noted no apparent lameness. In May 2004, Noah collapsed when mounted and was examined and treated by Dr Green, Mr Hallum's then partner, as noted in Noah's clinical records. Dr Green also verbally reported this incident to Mr Hallum, who then referred Noah for physiotherapy. Mr Hallum received oral and written communications from the physiotherapists in May and June 2004.

In September 2004, the owner wanted her insurance company to remove its exclusions on Noah's insurance policy, following the injury in 2002, and asked Mr Hallum to certify that Noah was in good health.

A message from the owner was recorded in the practice message book which stated: "Letter – but don't include the slip in the field".

Mr Hallum denied ever seeing this note. A few weeks later, the owner phoned the practice again to ask for the letter while Mr Hallum was on rounds. Mr Hallum then dictated a letter over the telephone to the practice receptionist, certifying "that to his knowledge the horse had not suffered any further lameness episodes relating to the incident in November 2002, and was currently in good health", and instructed her to print the letter and send it to the owner. On the basis of this letter, the owner was able to sell Noah.

When Noah fell lame on his left foreleg in 2005, the new owner asked Mr Hallum whether Noah had suffered any further lameness. Mr Hallum had checked the clinical notes and "readily reported" the incident involving Dr Green and the physiotherapist.

Mr Hallum told the Committee he had made the mistake of wording the certificate based on memory, rather than referring to the clinical records, and admitted there was no date on the certificate. He also stated that there was no intention to mislead the insurance company

and he had not been asked by the owner to omit anything from the certificate.

"Made the mistake of wording the certificate based on memory, rather than referring to the clinical records."

Considering the Legal Assessor's advice that it must be sure the evidence proved Mr Hallum had deliberately withheld information from the insurance company – an allegation tantamount to fraud – the Committee was not sure there was such evidence. However, the Committee considered that supplying a certificate that was not checked for accuracy and was undated and unsigned was far below the standard to be expected of any veterinary surgeon and concluded that Mr Hallum's actions amounted to serious professional misconduct.

Mr Jennings said: "We wish to make clear the importance and status of any document signed by a veterinary surgeon that another body might rely on. Whilst inaccurate information on such documents referred to this Committee would normally result in severe penalty for the veterinary surgeon concerned, we find that Mr Hallum genuinely believed the contents were correct and was not aware it would be used to assist in the sale of the horse."

The DC suspended Mr Hallum from the Register for two months.

Mr Reza D'Ehghani

Inquiry concerning: informed consent for treatment options/fees.

DC decision: acquitted.

On 5 September 2007, Reza D'Ehghani MRCVS was found not guilty of a charge alleging that he failed to ensure a client was in a position to give informed consent for treatment to his dog, Affra – specifically, that he failed to discuss a range of treatment options and prognoses, and/or failed to discuss likely fees and the total cost of the various procedures.

The DC heard that on the night in question, Mr D'Ehghani was covering the out-of-hours service for another practice. A client of that practice phoned Mr D'Ehghani when Affra became ill and received directions to meet him at his practice. The owner alleged that Mr D'Ehghani was the only veterinary surgeon he saw at the practice and that, during a five-minute consultation where gastric dilation with possible torsion was provisionally diagnosed, he was told surgery would be necessary. After

indicating that Affra was insured, the owner was asked to sign a blank consent form.

The owner alleged that later that evening, he telephoned Mr D'Ehghani who said that Affra was fine and could be collected the next day. When he did so, Mr D'Ehghani told the owner that the total bill would be between £2,000 and £3,000. After a check up a week later, the owner received a bill from his insurers for £4,667.

Mr D'Ehghani and Syd Azimi MRCVS, his assistant, gave a different account to the owner, supported by records, which the DC accepted. They stated that when the emergency call was received, they both went to the practice together. They said Mr Azimi explained the treatment and cost options to the owner, twice offering him a printed estimate. They said the owner signed a consent form approving a fee estimate of £1,500 and "surgery if needed", and was told the cost of surgery would be approximately £2,500. The DC heard that Mr Azimi had tried to treat Affra with non-

invasive treatment and then carried out surgery when this was unsuccessful. Some of the records they provided to the DC (including the scanned copy of the consent form and scanned handwritten notes) had not been provided to the Preliminary Investigation Committee.

"Whilst [the owner] was not being untruthful in his evidence, he may have been mistaken in his recollection of events."

Alison Bruce, DC Chairman, said: "We have considered carefully the evidence that has been adduced by both parties and are not satisfied that it has been proved to the requisite standard that Mr D'Ehghani was the sole treating veterinary surgeon on the night in question. We recognise that Mr Bradley was under considerable stress at the time due to his dog being seriously unwell and have concluded that whilst he was not being untruthful in his evidence, he may have been mistaken in his recollection of events."

Mr William A Baird

Inquiry concerning: refusal to make out-of-hours home visit.

DC decision: remove name from Register.

On 20 July 2007, William Baird was found guilty of serious professional misconduct for failing to make a home visit to an animal in distress. The charge against Mr Baird was that on 22 February 2005, he refused to visit his clients' home to attend their 14-year-old German Shepherd-cross bitch, Cassie, when he knew or ought to have known that it was necessary.

The DC heard that Cassie had exercised normally through the day, but in the evening had collapsed, letting out a loud bellow. The owners found Cassie in obvious and great discomfort, and unable to stand. They telephoned the practice where Cassie was registered, described the symptoms to Mr Baird and requested a home visit urgently. Mr Baird suggested they bring Cassie to the surgery, to which they explained that they were unable to do so, because Cassie was heavy, they both had serious back conditions and one had also had recent hip surgery, and it was impossible for them to lift her. In addition, their neighbours were elderly and unable to assist. Despite repeated requests, Mr Baird refused to attend.

The DC heard that the owners then telephoned another veterinary surgery and

spoke to Graham Watson MRCVS, who, on hearing the owners' account, decided that a home visit was necessary. He told the DC that he telephoned Mr Baird who still refused to visit, saying: "I'm not doing a visit, I don't give a stuff. If you want to go, you go."

Mr Watson visited the owners and examined Cassie. Due to her condition, however, Mr Watson euthanased her at the house. With difficulty, due to the dog's weight, Mr Watson took Cassie's cadaver away for cremation and followed up with a condolence card. He told the DC that in his career in the Yeovil area he had never had cause to worry about his personal safety. The DC commended his response to Cassie's distress as "an example of good veterinary professional conduct."

Mr Baird, who had declined to attend the hearing, wrote to the DC, denying that his actions amounted to serious professional misconduct. He said that it was not the policy of his practice to offer home visits out-of-hours or to supply an ambulance, reasoning that "employee work-safety and security issues cannot be controlled outside the clinic environment." He denied that he knew or ought to have known that a visit was necessary and considered that Cassie would have been better served if she attended the clinic.

The DC said it was sure that Mr Baird was, or should have been, aware of the need for

Cassie to receive immediate first aid, that Cassie could not be moved and that, therefore, a home visit was necessary. It was the DC's view that Mr Baird had disregarded one of the fundamental guiding principles of the veterinary profession that 'veterinary surgeons must make animal welfare their first consideration in seeking to provide the most appropriate attention for animals committed to their care.' (*RCVS Guide to Professional Conduct*). It indicated that Mr Baird's decision also ran contrary to guidance regarding the provision of 24-hour emergency cover (which, in 2005, recognised that attendance away from practice premises could be necessary and that, where there might be concerns for the personal safety of staff, suitable provision should be made for their protection).

"Not every case of a refusal to make a home visit out of hours would merit the severest sanction."

Mr Jennings said: "Not every case of a refusal to make a home visit out of hours, even if unjustified, would merit the severest sanction, but in this case the Committee has been unable to avoid it. Mr Baird's conduct demonstrated, the Committee judges, a flagrant refusal to acknowledge or abide by the fundamental principles of the profession set out above."

Mr Mark D Hinds

Inquiry concerning: illegal supply of prescription-only medicines.

DC decision: reprimand.

On 11 September 2007, Mark Hinds MRCVS was found guilty of serious professional misconduct, having admitted supplying the medicine Remedeine Forte (a product licensed only for human use for treatment of moderate to severe pain), to his wife, between October 2005 and July 2006.

The Disciplinary Committee (DC) was told the supplies were an offence under the Medicines Act 1968, carrying a maximum penalty of a £400 fine and/or two years' imprisonment. It heard that the College had received a complaint from a former veterinary nurse employed at Mr Hinds' practice, who reported that the practice had ordered quantities of Remedeine Forte, but not for a particular client. She said she learned that the medicine was intended for Mrs Hinds, and saw Mr Hinds take the medicine with him. The VN also said that Mrs Hinds admitted that she was taking the medicine.

The DC heard that Mrs Hind had suffered a serious car accident in 1999. She had undergone repeated surgery to stabilise her spine and, later, to remove metal works from her spine when she contracted MRSA. Since then, she had suffered "unremitting pain." Mr Hinds told the DC that before he supplied the medicine, his wife had taken it on prescription from her GP; that he had discussed the supply of his wife's medicine with her doctor and did not feel that he was taking over her care; and, that obtaining the medicine through the practice had been a matter of convenience. Mr Hinds expressed regret for his actions and acknowledged that he should have known about his responsibilities under the Medicines Act.

"The considerable personal mitigation made a reprimand the appropriate judgement."

The DC accepted Mr Hinds' explanation and also acknowledged his early admission of the supplies. The DC also heard over 40 written

testimonials from Mr Hinds' colleagues and clients, praising his skills and dedication as a practitioner.

The DC found that the supplies amounted to serious professional misconduct but the considerable personal mitigation made a reprimand the appropriate judgment.

Giving judgment, Mr Jennings said: "Veterinary surgeons should be reminded of the importance of the provisions of the Medicines Act 1968 which permit them to sell or supply Prescription-Only Medicines [authorised for human use] for administration to an animal or herd under their care [subject to the additional controls of the Veterinary Medicines Regulations]. A criminal offence is committed if medicines are sold or supplied in other circumstances."

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

Hocus bogus

Our powers to deal with bogus veterinary surgeons explained

“What’s the College doing about all these bogus vets?” A not uncommon question, certainly, but one that contains two not altogether accurate assumptions: one, that the country is awash with people pretending to be veterinary surgeons, and two, that the RCVS can and should sort the problem out. Allow us to shed some light on the situation.

What is a bogus vet?

‘Bogus vets’ tends to be an all-inclusive term for a variety of miscreants. Generally speaking, it refers to anyone holding themselves out to be a veterinary surgeon, whilst not being a registered member of the RCVS. This could be a qualified veterinary surgeon who has been removed or suspended from the Register for disciplinary reasons, but who continues to practise. Or, it could be someone who has not successfully completed a recognised veterinary degree, but nevertheless has undertaken some veterinary training and mixed it with sufficient chutzpah to pull the wool over the eyes of potential employers and ‘clients’. Most worrying, though, is when someone with no veterinary education and training pretends to be a veterinary surgeon, be that through offering veterinary diagnoses, undertaking veterinary medical or even surgical procedures, or illegally buying or selling veterinary medicines.

Overrun with charlatans?

Fortunately, bogus vets do not seem to be a common occurrence in the UK. In the last five years, we have received only three reports of people pretending to be vets. The most recent of these was one Len ‘Ginger’ French – now serving a 12-month prison sentence thanks largely to an undercover BBC investigation (see box).

In 2005, a repeat offender named Peter Keniry (amongst other pseudonyms) assumed the identity of a registered member in order to secure a position in a practice. However, whilst attending another practice for interview, a joint exercise by the police, the College and the veterinary practices involved led to Mr Keniry’s successful apprehension, arrest, and a nine-month stretch at Her Majesty’s pleasure.

And then Ben Hazelwood, an 18-year-old dog breeder, was caught masquerading as a member of the College in 2006 in order to obtain veterinary medicines direct from a supplier. His plan to save money resulted in a six-month suspended sentence and 150 hours of unpaid work.

So what’s the RCVS doing?

Under the Veterinary Surgeons Act, our regulatory reach is limited to our registered members. Bogus vets are, by definition, not

on our books, so we have no powers to deal with them directly. However, as with other limitations to the 1966 Act, we endeavour to work around this.

We tend to hear about bogus vets from members of the public; or, as in the case of Len French, from the media. After determining if illegal veterinary practice might be occurring, we can recommend an appropriate course of action. In the first instance, bogus vets should be reported to the police as it is a criminal matter, although the local Trading Standards Office should also be informed. Once a case has been reported, we will often then liaise with the relevant authorities, advising on what comprises an act of veterinary surgery and confirming whether or not an individual is on the Register. A few calls from the College can also help to add credence to individuals’ complaints and help speed up investigations.

Veterinary employers can also have suspicions about interview candidates. Our Registration Department is at your disposal if you need to verify the details of a prospective employee (always check both the registered name *and* address), but you should always obtain bona fide employer/university references as well. If suspicions about an individual remain, checking with the Criminal Records Bureau can provide a further level of reassurance.

We only become formally involved if the authorities take a case to court, providing witness statements when requested. RCVS Officers are also sometimes required to attend court in person.

And finally, we publicise cases wherever possible to alert the profession and the public to the very real dangers that bogus vets present to human, as well as animal, health.



Photo: BBC Look North

RCVS President highlights bogus vet dangers

Following a 12-month BBC undercover investigation, a Lincolnshire man who posed as a veterinary surgeon over a number of years was sentenced to 12 months in prison last August.

Leonard ‘Ginger’ French was secretly filmed selling unlicensed veterinary medicines to BBC Look North reporter, Guy Lynn, and administering medicines to a dog. Mr French had been illegally importing veterinary medicines and was said to have made £170,000 from their sale.

We assisted the BBC’s investigation by providing information about veterinary

practice and veterinary medicines, and supplying the subsequent court hearing with witness statements to the effect that Mr French was not, and had never been, registered as a veterinary surgeon with the RCVS.

To help publicise this case, we published articles on RCVSonline and in RCVS e-News and issued a press release. Two RCVS Officers, Lynne Hill and Bob Moore, also participated in television and radio interviews to highlight the dangers of illegal veterinary practice and to encourage members of the public to contact the College if they had any suspicions about an individual claiming to be a veterinary surgeon.

Health on earth

We report on another project funded by an RCVS Trust Small Grant



After graduating from the University of Zaragoza in 1997, Angela Lahuerta Marin MRCVS is now working in the Department of Veterinary Pathology at Liverpool's Faculty of Veterinary Science. Most of her waking hours are spent on her PhD, evaluating the role that wildlife plays in the epidemiology of enteric diseases of domestic cattle. However, thanks to an RCVS Trust Small Grant, and an understanding supervisor, she was able to take seven weeks away from her thesis last summer to train at the Envirovet Summer Institute.

Established by Professor Val Beasley in 1991, the Institute is relatively young, but its aims are laudable: to implement an efficient approach to ecosystem repair that will enable synchronous gains in wildlife, domestic animal, human and economic health. More specifically, it offers a unique seven-week training course of intensive lecture, laboratory and field experiences for veterinary surgeons, veterinary students and wildlife biologists, in the areas of terrestrial and aquatic ecosystem health in both developed and developing country contexts.

Ecosystem health

Professor Beasley spent five years in veterinary practice before gaining his PhD in toxicology at the University of Illinois. He established the Institute after becoming concerned about the effects of pesticides and pollutants on wildlife, domestic animals and public health. He also realised the importance of the veterinary profession's contribution to this field, and the necessity to produce well-prepared professionals to help preserve wildlife species as part of healthy ecosystems in which humans, domestic animals and wildlife could share a balanced coexistence.



Priceless experience

In what she describes as a "priceless experience", Angela (above left) used the Trust's £4,000 grant to fund her participation in this training course, and is now one of over 450 veterinary surgeons around the world to have done so. She travelled to Florida in June

to undertake the developed country part of the course, spending four weeks learning about the environmental problems faced by terrestrial and aquatic ecosystems and the health challenges to their wildlife populations.

The comprehensive course of lectures included subjects such as ecosystem health and conservation medicine; climate change and the spread of exotic diseases; translocation medicine and the reintroduction of species into their original habitat; ecotoxicology and the impact on wildlife species of chemical contamination; emerging diseases in marine mammals; and, terrestrial and aquatic habitat degradation – described as the greatest threat to species biodiversity.

"We had to capture hippos, carry out TB testing of water buffalo, de-worm zebras and take samples from a rhino."

There were also complementary laboratory sessions where Angela and her colleagues performed post-mortems on a variety of species, including fish, wild birds and red deer, as part of an annual wildlife population health assessment to determine parasite levels and disease incidence. More practical training was provided in the form of dart gun instruction – a skill that was to prove invaluable for the second part of the course in the Republic of South Africa.

Theory into practice

Three weeks in the Mpumalanga province – also known as 'Paradise Country' – gave Angela the chance to put into practice some of the concepts learned during the first four weeks, as well as honing her aim with a dart gun. Together with the rest of her group, she was faced with real problems that a semi-developed country like South Africa encounters in terms of wild and domestic animal management, biodiversity and health. They saw at first hand the links between poverty and biodiversity and how educational programmes can help create sustainable economies based on wildlife conservation and community involvement. They learned more about human population growth and the consequent drain on natural resources and saw evidence of the overpopulation of some wildlife species, such as elephants – the control of which is a very controversial and political topic.

Describing her experiences in South Africa, Angela says: "The practical work here was much more hands on. We had to capture

hippos, carry out TB testing of water buffalo, de-worm zebras and take samples from a rhino that was subsequently diagnosed with leukaemia." Assisting with a vasectomy on an elephant was something she describes as a "large task", although its effectiveness as a population control method is limited due to the amount of time and expense involved.



Working with local communities, Angela also participated in education seminars for children on rabies vaccination and deparasitisation for their dogs, after which she was able to help vaccinate and de-worm the dogs at a temporary clinic.

Vital role for vets

Angela's experiences at the Institute have left her with a clear idea of the important and active role veterinary surgeons can play in wildlife conservation, as part of an interdisciplinary approach. "It's made me realise how interconnected everything is and how veterinary surgeons have a big part to play in conservation biology and disease control in wildlife populations. The animal disease impact on ecosystem health has been largely ignored until relatively recently," she says.

"Vets can take a leading role in the management and control of wildlife and domestic populations, in designing public health and zoonotic disease education programmes, and in assessing animal welfare in wildlife populations. We can also research disease transmission between humans, domestic animals and wildlife, and help to determine how pathogens might influence wildlife population dynamics and affect ecosystem health."

What's next?

Once her PhD is under her belt, and armed with the knowledge and training she has acquired at the Envirovet Institute, Angela aims to pursue further research into zoonotic diseases and the impact they have on human, wildlife and domestic animal health.

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 VN Register

Over 4,000 RVNs stand up to be counted.

2 VN exams

Written exams at a driving test centre near you.

Medicines

We will set up and keep premises register for VMD.

3 DEFRA/EFRA

Bluetongue vaccination preparation and Inquiry into VSA.

4 Picture perfect

New acquisitions for historic collection.

Grant givers

Trust announces £850,000 grants round.

5 Stress help

Vetlife.org.uk will provide information in times of stress.

VN ads back

New VMRs allow medicines ads for VNs.

Cascade Aid

Advice regarding new prescription requirements.

6 Inspections to expect

Guidance for VN TPs and Tier 2 practices.

No more mutilations

Mutilations Report now replaced by legislation.

Take our advice...

Six new Advice Notes published.

7 Groundhog Day

Yet another reminder about 24/7 obligations! *Guide* updates.

8 Visiting time

News on Cambridge and Bristol visitations, and moves to harmonise international accreditation.

9 Education, education...

More modules available for Certificate; research funding announced; PDP reminder.

10 Meerkat mania

CPD, the *Guide*, disciplinary, insurance: all you need to know about the new VN Register.

11 After Herriot

Where now for the rural vet? Professor Philip Lowe's finding out.

12 Fellowship

Considering the benefits as a route to specialisation.

14 Strategic intent

We've revised the Strategy and look back at some achievements.

16 Meet the team

Freda Andrews knows her education – learn all about her.

Practice Standards update

Why aren't more practices joining? Plus, Scheme advertising for animal owners.

17 New Bobby on the Beat

Introducing the new Officer team.

Questions, questions

Announcing 2008 VN Survey and answering your questions in the regions.

Don't just sit there...

... why don't you stand for Council?

18 In-patient care

PI Committee stresses obligations; revised guidelines for PI and DC Committees.

Complaints

Procedures reviewed and advice on NSAID supply.

19 DC cases

Mr W Morris struck off for false certification; Mr P Hanlon declared unfit to practise - judgement postponed for two years; Mr P Hallum given two-month suspension for false certification for insurance purposes; Mr R D'Ehghani acquitted in case concerning informed consent; Mr W Baird's name removed from Register for refusing to make out-of-hours home visit; and Mr M Hinds reprimanded for admitting illegal supply of prescription-only medicines to his wife.

22 Bogus vets

What can the College do about them? Legally, not much, but we help the police as much as we can: features a recent case.

23 RCVS Trust projects

Report on a Trust-funded placement at the Envirovet Summer Institute.

DATES FOR YOUR DIARY

2007

28 November

Meet the RCVS Day

24-26 and 31 December

College closed

2008

1 January

College closed

31 January

Deadline for Council nominations

14 February

Closing date for Statutory Membership Exam

6 March

RCVS Council meeting

10-14 March

Cambridge visitation

13 March

Question Time, Nottingham

4 April

Question Time, BSAVA Congress

22 May

Question Time, Sherborne

5 June

RCVS Council meeting

4 July

RCVS Day; Fellows' Dinner

1 August:

Deadline for Fellowship applications



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